

# MPC

METROPOLITAN  
PLANNING  
COMMISSION  
TENNESSEE

Suite 403 • City County Building  
400 Main Street  
Knoxville, Tennessee 37902  
865 • 215 • 2500  
FAX • 215 • 2068  
www.knoxmpc.org

# APPEAL OF DECISION

(Please Note: Original application and staff report are made a part of this application.)

Type: ☐ One Year Plan Amendment ☐ Sector Plan Amendment ☐ Rezoning  
☒ Use on Review ☐ Street Name Change ☐ Right-of-Way Closure  
☐ Certificate of Appropriateness ☐ Other: \_\_\_\_\_

RECEIVED  
MAR 22 2017  
Variance  
Metropolitan  
Planning Commission

Decision by: ☒ MPC ☐ BZA ☐ Other: \_\_\_\_\_ Date of Decision: 3/9/17  
 Jurisdiction: ☒ City 3 Councilmanic District ☐ County \_\_\_\_\_ Commission District \_\_\_\_\_

Original Applicant Name: HELEN ROSS MENABB CENTER Original File Number: 3-L-17-UR

Name of Owner of Subject Property: HELEN ROSS MENABB CENTER INC.

Description of Subject Property (Include city block and parcel number or lot number): \_\_\_\_\_

CITY BLOCK: 43060 PARCEL NO.: 093HB 056

☒ Zoning map of all property within 300 feet of the subject property is attached.

## DECISION BEING APPEALED

APPEAL MPC DECISION TO APPROVE USE ON REVIEW FOR SUBJECT  
PROPERTY CURRENTLY ZONED O-1, TO ALLOW A BEHAVIORAL HEALTH  
URGENT CARE CENTER.

## REASON FOR THE APPEAL

Attach additional pages, if necessary. SEE ATTACHED. THE USE ON REVIEW DOES  
NOT ABIDE BY THE DEVELOPMENT STANDARDS OF THE MPC.

## PETITIONER INFORMATION

Name of Petitioner: JOHN ZIMMERMAN - NORTHWEST COMMUNITY

Petitioner's Interest in the Matter (Include a description of affected property owned by Petitioner): I AM

REPRESENTING A COMMUNITY GROUP WHO IS OPPOSED TO THE LOCATION  
OF THE PROPOSED FACILITY.

Application Authorization: I hereby certify that I am the applicant/authorized representative for the above named petitioner.

Signature: John Zimmerman

All correspondence should be sent to: Name (Print): JOHN C. ZIMMERMAN

5805 BRIERVIEW LN. KNOXVILLE TN 37921  
 Street Address City State Zip

Phone: 865-385-5898 Fax: \_\_\_\_\_ E-mail: JOHN.C.ZIM@GMAIL.COM

## For MPC Staff Use Only

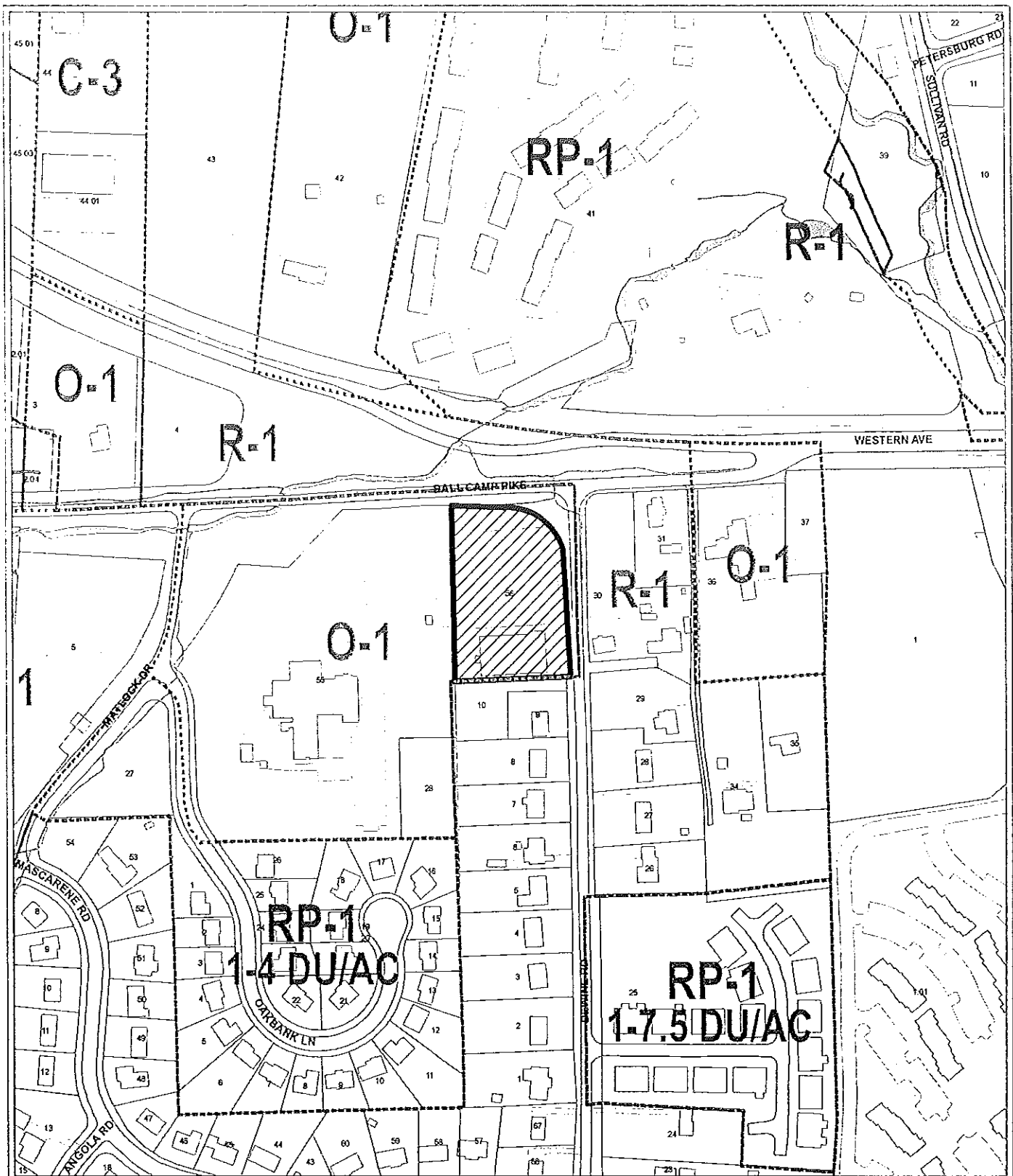
Application Accepted by MPC Staff Member: DD

Appeal Fee Amount: \$ 500.00

Date Appeal Received: 3/22/17

## BODY WHO WILL HEAR THE APPEAL & MEETING DATE OF THE APPEAL

<input checked="" type="checkbox"/> City Council - 6 p.m. <u>4/25/17</u> Month • Date • Year	<input type="checkbox"/> County Commission - 7 p.m. _____ Month • Date • Year	<input type="checkbox"/> City BZA - 4 p.m. _____ Month • Date • Year	<input type="checkbox"/> MPC - 1:30 p.m. _____ Month • Date • Year
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3-L-17-UR  
USE ON REVIEW



Behavioral Health Urgent Care Center in O-1 (Office, Medical, and Related Services)

Original Print Date: 2/15/2017 Revised:  
Metropolitan Planning Commission \* City / County Building \* Knoxville, TN 37902

Petitioner: Helen Ross McNabb Center

Map No: 93  
Jurisdiction: City

0 250  
Feet



**Appeal of Use on Review for Helen Ross McNabb, Dewine Road – MPC Meeting 3/9/17 Agenda Item  
3-L-17-UR**

Community members are opposed to the use on review for this property, and request that the Knoxville City Council reverse the decision by MPC to approve the Use on Review Application. Below are the General Standards taken from MPC's Development Standards that are considered for zoning issues.

1. *The use is consistent with adopted plans and polices, including the "General Plan" and the "One Year Plan".*

- The MPC Staff analysis (page 58-3) states that the Northwest City Sector Plan and the One Year Plan propose Low Density Residential uses for this site. It also states that the O-1 zone is regularly used as a transitional zone from more intense uses to lower intensity uses such as residential neighborhoods. This property is at the corner of Ball Camp Pike and Dewine Road. The zoning map included in the MPC staff analysis does not show the hundreds of residential dwellings in the surrounding area. However, the attached map depicts zoning within the surrounding area, which is predominantly residential, except for businesses located along Western Avenue. The community disagrees with the MPC staff analysis that this facility is consistent with the Sector and One Year Plans.

2. *The use is in harmony with the general purpose and intent of these zoning regulations.*

- The Tennessee Code Annotated (TCA 68-11-201 (26A) defines a hospital as *any institution, place, building, or agency represented and held out to the general public as ready willing and able to furnish care, accommodations, facilities and equipment for the use, in connection with the services of a physician or dentist, of one (1) or more nonrelated persons who may be suffering from deformity, injury, or disease or from any other condition for which nursing, medical or surgical services would be appropriate for care, diagnosis or treatment.* The proposed behavioral health urgent care facility will not treat the general public; only persons as designated by a judge or law enforcement. MPC presented an opinion by Peter Ahrens, Building Official & Director, Plans Review & Inspections for the City of Knoxville. This opinion is based on flawed logic, in that it states 1) the proposed facility will provide similar services to the existing, adjacent facility operated by Helen Ross McNabb, and 2) the facility will accept non-violent persons. The existing facility operated by Helen Ross McNabb does provide services to the general public, and the proposed facility will not. The Request for Proposals (RFP) issued by Knox County (to operate a behavioral health urgent care facility) states that the proposed facility WILL accept violent offenders (see definition of Second Avenue offenders). MPC's Use on Review Report for this application states that the facility will accept non-violent adults, which is in DIRECT CONFLICT with the RFP. MPC's Use on Review Report also states that the existing HRM facility is a "Crisis Stabilization Unit (CSU) which provides non-hospital facility based services. How can MPC classify a facility as a hospital when (by MPC's own definition) provides non-hospital services?

- The Use on Review application stated that this is a hospital. Knox County has issued a request for proposals (RFP) to construct and operate a behavioral health facility in Knox County. Subsequently, an addendum was issued which responded to questions posed by the bidder. It is the community's understanding that Helen Ross McNabb (HRM) was the only bidder. The RFP addendum question #7 indicated that neither Knox County nor HRM has any idea of how this facility is classified. It was also stated (in Question #4) that minimal health care (limited to first aid) is being delivered per the RFP. Thus, this is further proof that the facility is NOT a hospital. Furthermore, doctors will not staff the facility 24/7 according to comments made by HRM to community members at a community meeting on March 2, 2017. This facility is being proposed to treat people who would otherwise be involuntarily incarcerated, as opposed to the existing neighboring HRM facility. Therefore, this facility is not a hospital. How can zoning be addressed when the facility does not fit the zoning classification?
  - Question #7 from the RFP – What facility license regulation needs to be obtained.... As it is not currently defined. The answer was that all licensing provisions required by the State of Tennessee apply. If the offerer (Knox County) and the vendor (HRM) do not know the answer to this, then how can MPC assign a zoning category for this facility?
  - Since the closing of the Lakeshore Mental Health Facility, it was reported by WATE on August 13, 2016 that there has been a spike in the inmate population in Knox County as well as the percentage of those inmates who were homeless at time of arrest. This has led to other zoning issues (725 Ebenezer Rd – see item #48, MPC File ID 1-I-17-RZ) where a rezoning was requested for an existing halfway house in a residential neighborhood. It is clear to the community that MPC has not developed zoning standards for facilities that are being proposed to replace the Lakeshore Facility.
3. *The use is compatible with the character of the neighborhood where it is proposed, and with the size and location of buildings in the vicinity.*
- The neighborhood is residential development, with commercial and office property situated on Western Avenue. Although HRM operated a treatment facility on the adjacent parcel, the proposed facility differs from the existing facility because it will house people who would otherwise be incarcerated. It is not clear to the community how this facility should be classified, because it is essentially an extension of the jail, and is staffed by law enforcement personnel. Inmates will be transported to and from the facility by law enforcement personnel. The zoning application and the RFP do not address the public safety aspects of the facility.
4. *The use will not significantly injure the value of adjacent property or by noise, lights, fumes, odors, vibration, traffic, congestion or other impacts detract from the immediate environment.*
- The facility will involuntarily house people charged with criminal activity, and conduct treatment for substance abuse, and is staffed by law enforcement personnel. Thus, it is essentially an extension of the jail. Furthermore, this type facility has never been undertaken in the City of Knoxville or Knox County. It does not fit any current zoning designation. By its very nature, property values will be diminished by this facility.

5. *The use is not of a nature or so located as to draw additional traffic through residential streets.*
  - The MPC Staff analysis states that an additional 377 trips would be generated, and these would impact Ball Camp Pike. The traffic analysis did not consider the traffic from the existing surrounding neighborhoods already on Ball Camp Pike.
6. *The nature of development in the surrounding area is not such as to pose a potential hazard to the proposed use or to create an undesirable environment for the proposed use.*
  - This type of facility (combination of jail extension and treatment for substance abuse) has never been operated in Knox County. The applicant (HRM) is proposing to construct and operate this proposed facility in a residential neighborhood. This facility is NOT consistent with the residential nature of the community. The fact that HRM operates a treatment facility on an adjacent tract of land is irrelevant, because the existing facility is open to the public (thus meets the definition of a hospital), whereas the proposed facility is NOT open to the public, does not meet the definition of a hospital as codified by the State of Tennessee, and treats individuals on a voluntary basis. The proposed facility has significant operational differences.
7. *Other relevant information.*
  - In a public meeting held on March 2, 2017, public officials stated that this proposed facility would not accept patients that had exhibited violent behavior. MPC's Use on Review Report states the same information. Refer to the RFP Addendum, Question #12. In reference to Attachment D (of the RFP), what are their arrest profiles? Answer – most will have a history of several public order crimes. Attachment D of the RFP lists the crimes committed by persons being referred to treatment, and these include violent behavior. Violent criminal conduct may disqualify admission. In other words, the facility will accept persons with violent conduct. Thus, the entire premise of the proposed zoning application is rendered moot. Knox County MPC does not have a defined zoning classification for the proposed facility because it is both a jail and a substance abuse treatment facility for criminals, both violent and non-violent people.
  - It is not clear to the community that MPC, or Knox County, has adequately considered public safety in this application.
  - The neighborhood is concerned that the proposed facility will undergo continued expansion. The existing HRM facility has been expanded before. Other concerns include the possibility that HRM will convert (and expand) the existing facility to the same use as the proposed facility. Should the proposed facility go forward, the number of beds would exceed 70.
  - The community understands that the state is funding this as a pilot program, with \$1.5 million being appropriated annually over a two year period. What will happen to the facility if it is not funded beyond the initial 2 year period? Other uses allowed under the "use on review" category include methadone treatment clinics or facilities, or halfway houses. This particular issue is of concern to the community because of the mis-information presented to the community in public meetings by public officials, as detailed herein.

# KNOXVILLE/KNOX COUNTY METROPOLITAN PLANNING COMMISSION USE ON REVIEW REPORT

► **FILE #:** 3-L-17-UR

**AGENDA ITEM #:** 58

**AGENDA DATE:** 3/9/2017

► **APPLICANT:** HELEN ROSS MCNABB CENTER

OWNER(S): Helen Ross McNabb

TAX ID NUMBER: 93 H B 056

[View map on KGIS](#)

JURISDICTION: City Council District 3

STREET ADDRESS: 3343 Dewine Rd

► **LOCATION:** South side Ball Camp Pike, west side Dewine Rd.

► **APPX. SIZE OF TRACT:** 1.57 acres

SECTOR PLAN: Northwest City

GROWTH POLICY PLAN: Urban Growth Area (Inside City Limits)

ACCESSIBILITY: Access is via Dewine Rd., a minor collector with a pavement width of 18' to 20' within a 40' wide right-of-way.

UTILITIES: Water Source: Knoxville Utilities Board

Sewer Source: Knoxville Utilities Board

WATERSHED: Third Creek

► **ZONING:** O-1 (Office, Medical, and Related Services)

► **EXISTING LAND USE:** Church

► **PROPOSED USE:** Behavioral Health Urgent Care Center

HISTORY OF ZONING: None noted

SURROUNDING LAND USE AND ZONING: North: Ball Camp Pike & Western Ave. right-of-way / R-1 (low density residential) and RP-1 (planned residential)

South: Detached houses / R-1 (low density residential)

East: Detached houses, Church / R-1 (low density residential) & O-1 (office, medical, and related services)

West: Helen Ross McNabb / O-1 (office, medical, and related services)

NEIGHBORHOOD CONTEXT: The site is in an area of established attached and detached residential development south of Western Ave. The site is adjacent to the Helen Ross McNabb Centerpointe facility which provides alcohol and drug residential rehabilitation, medical detoxification, and crisis stabilization unit services.

## STAFF RECOMMENDATION:

► **APPROVE** the development plan for an approximate 9,200 sqft hospital with no more than 31 beds, limited to a drug and alcohol rehabilitation treatment, subject to the following 5 conditions.

1. Meeting all applicable requirements of the Knox County Health Department.
2. Meeting all applicable requirements of the Tennessee Department of Health.
3. Meeting all applicable requirements of the Knoxville Department of Engineering.
4. Meeting all applicable requirements of the City of Knoxville Zoning Ordinance.

5. Prior to certificate of the development plan approved via use on review, a landscape plan must be submitted to and approved by MPC staff. The landscape plan shall, at a minimum, indicate the following:

- a) Compliance with City of Knoxville Tree Protection Ordinance (trees to be planted shall be of a minimum 2.5" caliper)
- b) Removal of unused parking lot asphalt and replanting with vegetation consisting of groundcover and trees with minimum 2.5" caliper.
- c) Landscaping of parking lot with minimum of 1 tree (minimum 2.5" caliper) and 2 shrubs per 2,000 SF of vehicular use area.
- d) Planting of a landscape buffer with an average width of 15 feet, but no less 10 feet, along the rear property line. Such buffer shall be planted with a minimum of 3 deciduous trees (minimum 2.5" caliper at planting), 4 evergreen trees (minimum 6' height at planting), and 10 shrubs (minimum height at maturity - 30") per 100 linear feet. If the distance between the rear property line and the building makes it impossible to meet the buffer width, the width of the buffer may be reduced provided a solid wood fence with a minimum height of 6' is provided with planting as permitted in the buffer; planting shall be on the side of the fence facing the neighboring property. If the buffer width is less than 10' and there is not room for planting a landscaped buffer, a solid wood fence of a minimum 6' height may be installed without landscaping.
- e) Large maturing trees (Minimum 2.5" caliper at planting) shall be planted along Dewine Road at a minimum ratio of 1 tree per 35' of street frontage.

With the conditions noted above, this request meets all requirements for approval in the O-1 zoning district, as well as other criteria for approval of a use on review.

#### **COMMENTS:**

The proposed Behavioral Health Urgent Care Center is classified as a hospital which requires use-on-review approval in the O-1 zone. The facility will be operated by the Helen Ross McNabb Center, which owns and operates the adjacent drug and alcohol rehabilitation center which is also classified and approved as a hospital. The proposed facility includes a maximum of 31 beds. The facility will house a similar service already at the adjacent Helen Ross McNabb Center called the Crisis Stabilization Unit (CSU), which provides non-hospital facility-based services that render short-term treatment to facilitate access to services and stabilization to prevent acute psychiatric hospitalization. The difference between two services is that the existing facility accepts adults that arrive voluntarily on their own and the proposed facility will accept adults that are brought only by law enforcement personnel and that voluntarily choose rehabilitation treatment instead of being taken to jail for minor, nonviolent offenses. The facility will not accept anyone that is a sex offender, had a DUI charge, or has committed a crime of violence in the past.

The facility will have up to 8 staff members if 31 beds are installed, and will always have one law enforcement officer on duty. The facility will only accept patients brought by law enforcement officers and patients will only leave the facility with a law enforcement officer or a family member. The average stay for patients will be 3 days.

The proposed facility will have less vehicular impact on the roads than a traditional hospital but will have more consistent everyday traffic than the previous use of a church. The facility should generate no more traffic per bed than the adjacent Helen Ross McNabb facility, and the majority of traffic is anticipated to come from Western Avenue rather than through the neighborhood since there is not a direct and obvious street network to the south toward Middlebrook Pike. As part of the recent TDOT project, the Western Avenue, Ball Camp Pike and Matlock Drive intersections have been improved which provide safe access to and from this major roadway.

#### **EFFECT OF THE PROPOSAL ON THE SUBJECT PROPERTY, SURROUNDING PROPERTIES AND THE COMMUNITY AS A WHOLE**

1. The proposed treatment facility will provide similar services to the adjacent facility operated by Helen Ross McNabb.
2. The traffic generated by the facility will be more consistent over the full length of the day but should be no more than other office or medical uses that are allowed in the O-1 zone district.
3. The proposal will have no impact on schools.

#### **CONFORMITY OF THE PROPOSAL TO CRITERIA ESTABLISHED BY THE KNOX COUNTY ZONING ORDINANCE**

1. The proposed treatment facility meets the standards for development within the O-1 zoning district and all

other requirements of the Zoning Ordinance.

2. The proposed treatment facility is consistent with the general standards for uses permitted on review: The proposed development is consistent with the adopted plans and policies of the General Plan and Sector Plan. The use is in harmony with the general purpose and intent of the Zoning Ordinance. The use is compatible with the character of the area where it is proposed. The use will not significantly injure the value of adjacent property. The use will not draw additional traffic through residential areas.

#### CONFORMITY OF THE PROPOSAL TO ADOPTED MPC PLANS

1. The Northwest City Sector Plan and the One Year Plan propose Low Density Residential (LDR) uses for this site, however, the current zoning is O-1 which allows various residential, office and medical uses. The proposed facility is considered a hospital which is a "use permitted on review". The O-1 zone is regularly used as a transitional zone from more intense uses to lower intensity uses such as residential neighborhoods.
2. The site is located within the Urban Growth Area of the Knoxville-Knox County-Farragut Growth Policy Plan.

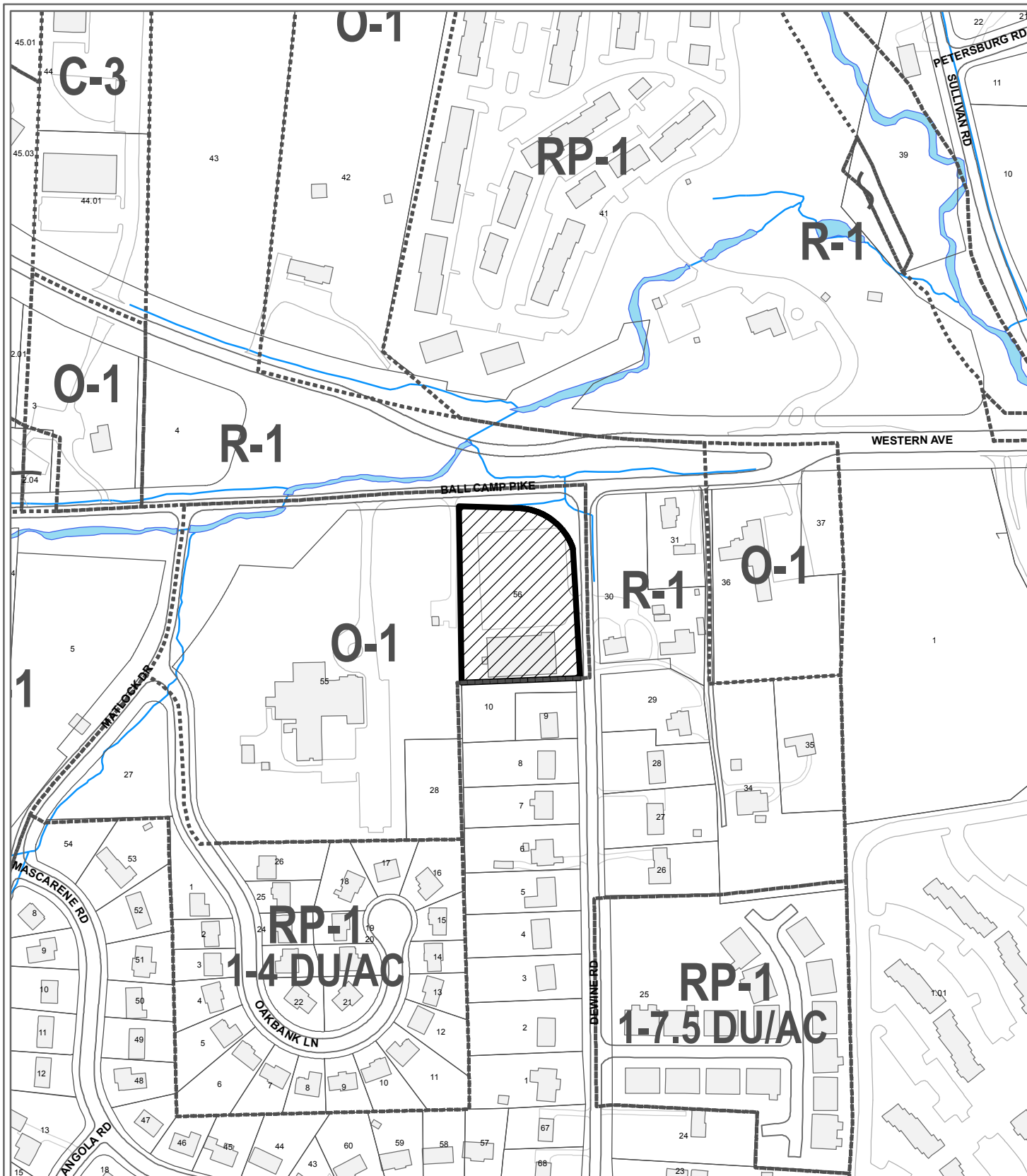
ESTIMATED TRAFFIC IMPACT: 377 (average daily vehicle trips)

Average Daily Vehicle Trips are computed using national average trip rates reported in the latest edition of "Trip Generation," published by the Institute of Transportation Engineers. Average Daily Vehicle Trips represent the total number of trips that a particular land use can be expected to generate during a 24-hour day (Monday through Friday), with a "trip" counted each time a vehicle enters or exits a proposed development.

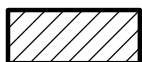
ESTIMATED STUDENT YIELD: Not applicable.

MPC's approval or denial of this request is final, unless the action is appealed to the Knoxville City Council. The date of the Knoxville City Council hearing will depend on when the appeal application is filed. Appellants have 15 days to appeal an MPC decision in the City.





**3-L-17-UR  
USE ON REVIEW**



Behavioral Health Urgent Care Center in O-1 (Office, Medical, and Related Services)

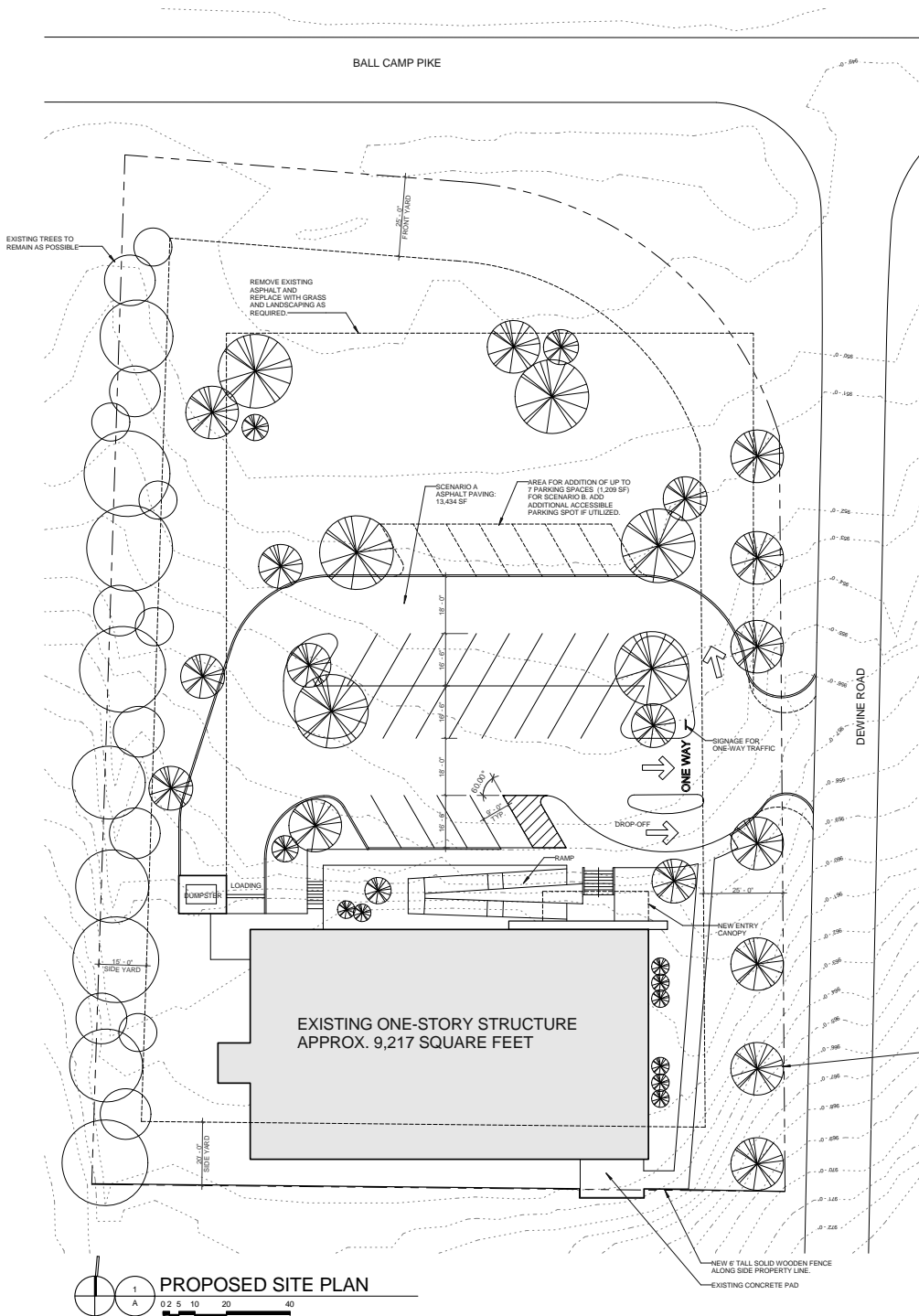
Original Print Date: 2/15/2017  
Revised:  
Metropolitan Planning Commission \* City / County Building \* Knoxville, TN 37902

Petitioner: Helen Ross McNabb Center

Map No: 93  
Jurisdiction: City

0 250  
Feet





3343 DEWINE ROAD  
KNOXVILLE, TN 37921  
AREA: 1.57 ACRES  
PARCEL ID: 093HB056

ZONING: O-1  
PROPOSED USE: HOSPITAL

**PARKING REQUIREMENTS:**

Two (2) class "B" spaces per three (3) patient beds, exclusive of bassinets, plus one (1) class "B" space for each staff doctor, plus one and one-half (1½) class "B" space for each two (2) employees including nurses on the maximum working shift, plus adequate parking for emergency vehicles.

**SCENARIO A:**

PATIENT BEDS: 24  
STAFF: 6  
REQUIRED PARKING: 22  
PROPOSED PARKING: 22

**SCENARIO B:**

UP TO 31 TOTAL BEDS  
STAFF: 8  
REQUIRED PARKING: 29  
PROPOSED PARKING: 29

REQUIRED TREES: 13 OR AS REQUIRED. SPECIES TO BE CONSISTENT WITH ORDINANCE.

NOTE: SITE PLAN TO BE REVISED AS NECESSARY UPON RECEIPT OF OFFICIAL SURVEY.

3-L-17-UR  
Revised: 3/6/2017





20 FEB 2017

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SKETCH PERSPECTIVE  
URGENT CARE CENTER FOR BEHAVIORAL HEALTH  
HELEN ROSS McNABB CENTER

3-L-17-UR  
3/3/2017

bma BARBERMcMURRY  
architects since 1915  
©2017 BARBERMcMURRY architects

179900



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

**[MPC Comment] Concerned Resident RE: Behavioral Health Urgent Care Center**

1 message

**Jeffery Romaniuk** <communications@maplegroveknoxville.com>

Sun, Feb 26, 2017 at 11:03 AM

Reply-To: communications@maplegroveknoxville.com

To: commission@knoxmpc.org

Commission,

My name is Jeff Romaniuk and I am a resident and the communications chair for Maple Grove Homeowners Association located on Ballcamp Rd. and the McKamey intersection. We learned recently that Helen Ross McNabb was putting in a proposal to acquire the adjacent building next to their current drug detox facility to renovate into a 'safety' center. While I can empathize with the City for wanting to help individuals mental health issues I have the following concerns outlined below:

The name of this center has changed from a Safety Center to Behavioral Health Urgent Care Center. After getting a better understanding of what services will be offered it appears to be more about individuals with drug and alcohol issues and getting them off the street and putting them in a facility that isn't a jail cell. This to me contradicts, or at minimum stretches, the the proposed mission statement for this facility: Behavioral Health (which many construe to mean mental health issues). Although the services will generally cover people with mental issues it is definitely geared to stabilizing individuals with drug problems and doesn't go far enough to help those in real need of mental help. I think we could all agree that three days is not long enough to help someone going through severe mental health issues.

The other primary issue I have is with the proposed location. Our neighborhood already offers the largest drug detox center in the county and we are concerned that by putting in this new facility right next to it, it will strengthen the concentration of individuals with drug and alcohol issues in our immediate neighborhood proximity. Helen McNabb tells us that this proposed facility is already the type of facility we have but that isn't true. The current building is voluntary whereas the proposed building is in lieu of going to jail. Two very different things. I think it is reasonable and fair that the entirety of the County share the effort in helping individuals in need and this responsibility requires that these facilities be distributed as evenly as possible throughout the communities across Knox County.

The current building has served as a local gymnasium and a community church which proves that there are other practical applications for this building that would better serve our neighborhood. We feel that this safety center is beyond the original intent of that structure.

I humbly ask that you work with Helen Ross McNabb to consider other locations within Knox County that allow for more fair and even distribution of these types of treatment centers.

Best Regards,

Jeff Romaniuk

3348 Maple Grove Way, Knoxville, TN, 37921

[865-789-6065](tel:865-789-6065)

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Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

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**[MPC Comment] Behavioral Health Urgent Care Center**1 message

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**Harry Livergood** <livergoodhw@knology.net>

Fri, Feb 24, 2017 at 12:49 PM

Reply-To: livergoodhw@knology.net

To: commission@knoxmpc.org

As a longtime resident and Knox County tax payer I am strongly opposed to any zoning change or plan to use property proposed location of on Dewine Road and Ball Camp Pike for a Behavioral Health Urgent Care Center.

The proposal is outside the following general standards of the MPC:

1. *The use is in harmony with the general purpose and intent of these zoning regulations*

notes: Previously the proposed building was mixed-use. It held a gymnasium and a church. Both of which seem appropriate next to residential zoning.

2. *The use is compatible with the character of the neighborhood where it is proposed and with the size and location of buildings in the vicinity*

notes: Our neighborhoods already have the largest drug rehab facility (42 beds) in the county and adding an additional 24-31 beds in a new building means a much larger concentration of individuals located in multiple structures in close proximity to residential zoning.

3. *The use will not significantly injure the value of adjacent property or by noises, lights, fumes, orders, vibration, traffic, congestion or other impacts detract from the immediate environment*

notes: Police will maintain a presence at the facility. This could also contribute to an increase in traffic, detract from commercial properties on Western Ave., and reduce property values for surrounding residents.

4. *The use is not of a nature or so located as to draw substantial additional traffic through residential streets*

notes: Similar to above, there will be additional traffic on the roads surrounding this proposed building: Ball camp and Dewine Rd.

5. *The nature of development in the surrounding area is not such as to pose a potential hazard to the proposed use or to create and undesirable environment for the purposed use*

notes: Individuals that are picked up by the police may choose to go to this proposed facility instead of going to jail if arrested for certain things (mostly drug-related). Individuals will generally be released after 3 days and it is unclear what happens once they are released. Do they have a place to go? Will they be picked up? Will there be additional people waiting around for individuals to be released? What about school bus stops in close proximity?

Doesn't Knox County owns a large track of land at the Roger D. Wilson Detention Facility on Maloneyville Rd. 12.6 miles from downtown Knoxville? Are the taxpayers already paying taxes for the property? Why can't the Urgent Care Center be built there? It is a perfect spot since it is an intake facility. Ideal location. This is what the citizens that you are representing want!

Respectfully,

Harry and Nancy Livergood



2/24/2017

KnoxMPC Mail - [MPC Comment] Behavioral Health Urgent Care Center

5123 McKamey Rd

Knoxville, TN 37921

865 693-1081

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

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**[MPC Comment] Proposed Urgent Behavioral Health Care Center**

1 message

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**Jack Copeland** <jackcopeland@maplegroveknoxville.com>

Wed, Feb 22, 2017 at 3:30 PM

Reply-To: jackcopeland@maplegroveknoxville.com

To: commission@knoxmpc.org

Knox Metropolitan Planning Commission,

Re: Proposed Urgent Behavioral Health Care Center on Dewine Rd adjacent to the Helen Ross McNabb Center location on Ball Camp Rd.

As Chairman of the Maple Grove Homeowners Association consisting of 38 families, we are in opposition to the proposed Urgent Behavioral Health Care Center being located at the corner of Dewine Rd and Ball Camp Rd. We are concerned of its likelihood of lowering property values and other detrimental effects on our community.

We suggest/recommend you either enlarge the present facility or place the new facility on Springdale Ave.

Thank you for your

Time and attention,

*Jack Copeland*

MGHA Chairman

3435 Maple Grove Way

Knoxville, TN 37921

865 385 8784

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

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**[MPC Comment] Impending Urgent Care Facility Meeting**

1 message

**'Mary Kistler' via Commission** <commission@knoxmpc.org>

Wed, Feb 22, 2017 at 7:42 PM

Reply-To: kistler9mary@yahoo.com

To: "commission@knoxmpc.org" &lt;commission@knoxmpc.org&gt;

I wish to state my strong opposition to the proposed rezoning to allow an Urgent Care Center at the corner of Dewine Road and Ball Camp Pike.

1. The proposed use for this property is not in harmony with the area. This building was a gymnastics Center for many years, then a church. Those were appropriate business for a residential area. The proposed is not.

2. Our area already has a drug rehab facility, however it is not inhabited by those who have the choice of going there or going to jail. We are not an area that is appropriate for a higher concentration of not only the inmates/"patients" but also their acquaintances. It already takes an inordinate amount of time for police response in our area. Adding more citizens who have disregard for their own well-being and the law will most certainly create additional difficulty in our area.

3. The presence of people who are unwilling/unable to maintain their stability due to drugs and mental illness will definitely injure our property values, our peace of mind, our health and well-being. The additional traffic, noise, additional security lighting will all disturb neighbors. Not to mention the unpleasant addition of security around the building, and if there is no perimeter security, the fear of criminals/"patients" escaping this facility into our yards.

4. This facility will definitely ramp up traffic that has already increased due to the UNWANTED and UNASKED for Walmart neighborhood market that opened at the corner of Ball Camp and McKamey Road. Getting on and off Oak Ridge Hwy has become very difficult and traffic accidents are increasing.

5. We feel that this facility places a danger in our area that is not tenable. These inmates/"patients" will choose to go to this facility rather than jail, and then be released after a short duration...usually three days. Are you providing them transport back to their homes or are they going to be picked up by their acquaintances...who very likely would be of the same ilk? Or will they just be allowed to wander off about the neighborhood? We have children waiting for buses, elderly people who live alone (who often have the very sorts of medications on hand that might make them a target for someone who has had a couple days to "dry out" but is now back to temptation again.

We are a quiet family NEIGHBORHOOD. You have the option of putting this facility elsewhere. There seems to be plenty of room out east by the Knox County detention center. We beg you to PLEASE don't ruin our quiet neighborhood life with this type of facility.

Mary Kistler  
3356 Maple Grove Way  
Knoxville TN 37921

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)



# You're Invited!

We are pleased to share information regarding the proposed Urgent Care Center for Behavioral Health in our community. The facility will be an expansion of the Helen Ross McNabb Center's CenterPointe services at the adjoining site located at 3343 Dewine Road NW, Knoxville, TN 37921.

In keeping with our philosophy of reaching out to the communities we serve, we have scheduled a neighborhood meeting to provide information on the project. Representatives from Knox County, City of Knoxville and the Helen Ross McNabb Center will be present to answer questions regarding the Urgent Care Center for Behavioral Health.

**Location:** Cumberland Baptist Church  
5600 Western Avenue  
Knoxville, TN 37922

**Date:** February 23, 2017

**Time:** 6:00 p.m. – 7:00 p.m.

Please join us for an informal neighborhood meeting and refreshments. We look forward to seeing you.



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

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**[MPC Comment] Planned Urgent Care Facility at Dewine and McKamey**1 message

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**Jessica Emert** <jemert01@gmail.com>

Wed, Feb 22, 2017 at 10:08 AM

Reply-To: jemert01@gmail.com

To: "Houston.smelcer@mcnabb.org" <Houston.smelcer@mcnabb.org>, "commission@knoxcounty.org" <commission@knoxcounty.org>, "commission@knoxmpc.org" <commission@knoxmpc.org>, "eason.mpc@gmail.com" <eason.mpc@gmail.com>, "gerald.green@knoxmpc.org" <gerald.green@knoxmpc.org>, "herb@claibornehauling.com" <herb@claibornehauling.com>, "jtocher.mpc@gmail.com" <jtocher.mpc@gmail.com>, "mgoodwin.mpc@gmail.com" <mgoodwin.mpc@gmail.com>, "tim.burchett@knoxcounty.org" <tim.burchett@knoxcounty.org>

**Good morning. I am writing in regards to the proposed development of the Urgent Care Center on Dewine and McKamey. I have some concerns.**

- 1. What other areas are being considered for this facility?**
- 2. Why in our neighborhood? If we already have the largest drug rehab facility in our neighborhoods, wouldn't it make sense to allocate beds to other areas?**
- 3. With the addition of Wal-Mart, we have already seen an increase in traffic. The two lane roads that incase our neighborhood are becoming more congested as it is.**
- 4. A police presence will hinder people from seeing our neighborhoods as a safe place to live and raise a family.**
- 5. What about children waiting for school buses? There are so many neighborhoods with school stops within a short distance from the planned facility. This could be a dangerous situation.**
- 6. What if individuals escape the facility?**

**I strongly oppose building this facility in my neighborhood at McKamey and Dewine. We are a peaceful, law-abiding area and our neighborhoods have already been impacted by the new Wal-Mart and the traffic it now has caused. The store is very nice though and the road improvements and landscaping are a nice addition. They were greatly needed.**

**I strongly encourage you to reconsider. I look forward to receiving your feedback.**

**Thank you for your time.**

**Jessica Emert**

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)

# **Knoxville/Knox County Behavioral Health Urgent Care Center**

## **FACT SHEET**

**Purpose:** To offer a safe alternative to incarceration or an emergency room visit at a hospital for citizens that have behavioral health issues. With this community solution we will expedite interventions and treatment by professionals specifically trained in behavioral health.

### ***Who is served?***

Non-violent adults who have come to the attention of law enforcement and are deemed in need of mental health or substance abuse intervention.

### ***Who is not served?***

Adults charged with violent crimes, known sex offenders.

### ***What is the best location for the Center?***

The proposed site needs to be within the city limits to expedite access by law enforcement.

### ***What security precautions are taken?***

The facility will have a community policing station on site. The facility will be staffed 24/7 by therapeutic personnel. Additionally the facility will have video cameras to monitor activity within the facility and the grounds.

### ***How do people access care?***

Citizens that are picked up by law enforcement for non-violent offenses who appear to have mental health issues or substance use influence will be brought the Center for evaluation. Admission for care occurs if the individual is deemed appropriate for this setting.

### ***What will occur within the building?***

The Center will perform health assessments, initial diagnostic evaluations, crisis intervention, treatment planning, mental health respite, substance abuse pre-treatment, detoxification (if adequately funded), discharge planning, and case management. The goal is to begin treatment and to help the individual transition into ongoing care when discharged.

### ***What does the total project cost?***

The project, if fully funded, will cost approximately \$3.5 million annually. The local government and the Helen Ross McNabb Center will leverage existing funds to draw down state funds and community partners.

### ***What should the community expect from its investment in the Urgent Care Center?***

The goals are to reduce the recidivism of citizens being incarcerated. Furthermore the goal is for citizens to have ready access to behavioral health treatment to begin a life of recovery. Active participation in treatment correlates with being a better citizen, neighbor, and employee.



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

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**Fwd: Use on Review for 3343 Dewine Rd.**

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**Betty Jo Mahan** <bettyjo.mahan@knoxmpc.org>  
To: Betty Jo Mahan <bettyjo.mahan@knoxmpc.org>

Fri, Mar 3, 2017 at 8:19 AM

**From:** Rae Ann Guinn <jrguinn1@bellsouth.net>  
**Date:** 3/3/17 7:08 AM (GMT-05:00)  
**To:** Jrguinn1 <jrguinn1@bellsouth.net>  
**Subject:** Use on Review for 3343 Dewine Rd.

Jeff and Rae Ann Guinn  
4309 Deerfield Rd.

Knoxville, TN 37921

March 3, 2017

Subject: "Use of Review at 3343 Dewine Rd"

MPC Committee, I am writing to request the denial of changing the use-on- review of 3343 Dewine Rd. which is proposed for a drug/alcohol/safety center. We are Knoxville's largest neighborhood and live within 1/8th mile of this proposed site, this is a family/residential location. There are 8 Churches, 2 City Parks, numerous daycares, Pre-schools, Public Schools, Private Schools and 24,000 residents in this immediate area (1mile). We as a neighborhood agree that Knoxville needs a facility like this but NOT in our neighborhood. NOT 20ft. from our backdoors. NOT next to two of Knoxville's city parks. NOT HERE!! You as the MPC do realize the road leading in and out of this facility had no stripes (no median stripes, no lane stripes), it is a NEIGHBORHOOD Rd.

We as a community have asked repeatedly for proof and examples of other centers like this proposed one to show effectiveness and impact on the community....we have recieved NOTHING. I ask that each of you think on this, do the research, a 3 day treatment center in NOT going to change anyone's mental health. It takes 21 days to create a habit, it takes 14 days to years to regulate medications especially brain, mood, chemical balance medications. You are voting on a 24-31 bed facility staffed by 1 Knoxville Police Officer that does not scream security to me. If these residents walk out the door of this facility they end up in our backyard! Do you want that in your backyard?

There is plenty of empty CITY property in Knoxville that is NOT residential and better suited for a facility of this type. The old St. Mary's building is a perfect place this this type of facility. NOT OUR NEIGHBORHOOD.

So in conclusion I ask that you deny this use on review for the property at 3343 Dewine Rd.

Thank you from a concerned citizen, tax payer, Mother and KNOXVILLE resident,

Rae Ann Guinn



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

**[MPC Comment] Fwd: Helen Ross McNabb 72-Hour Jail Diversion Program**

1 message

**Mike Reynolds** <mike.reynolds@knoxmpc.org>  
Reply-To: mike.reynolds@knoxmpc.org  
To: Commission <commission@knoxmpc.org>

Tue, Mar 7, 2017 at 8:46 AM

----- Forwarded message -----

From: **John Zimmerman** <johnczim@gmail.com>  
Date: Tue, Mar 7, 2017 at 8:26 AM  
Subject: Helen Ross McNabb 72-Hour Jail Diversion Program  
To: pahrens@knoxville.tn.gov, gerald.green@knoxmpc.com, Mpc Mike Reynolds <mike.reynolds@knoxmpc.org>, knoxcc@knox.vic.gov.au

Peter,

Our community is strongly against the proposed HRM 72-hour jail diversion program. Our group, Northwest Community, is reviewing the MPC file# 3-L-17-UR and the Procurement Proposal #2404. Based on the documents cited below, we are officially appealing the current 0-1 zoning for the property.

Along with this appeal, we are requesting that the MPC use on review for file 3-L-17-UR on March 9th, 2017 be postponed until the services and the use of the facility are clearly defined as a hospital according to state, city, and county code. If this cannot be determined, how can the MPC consider it to be "in harmony with the general purpose and intent of these zoning regulations" according to UOR Standards Sec. 3 A.2. or any of the other standards under Sec. A. (1,3,4,5,6) General standards.

1. The MPC report states that "The proposed Behavioral Health Urgent Care Center is classified as a hospital". The statement conflicts with the Procurement Proposal which to our knowledge does not refer to it as a hospital. How did the MPC determine that the Care center is a hospital?

a.) MPC file# 3-L-17-UR. "The proposed Behavioral Health Urgent Care Center is classified as a hospital".

b.) Procurement Proposal #2404 section IV, 4.1. The scope refers to it as "an alternative to jail for qualified low risk offenders who, in the opinion of the arresting officer or Judge, have exhibited signs of mental illness and/or substance abuse, and for whom treatment rather than incarceration will be beneficial. This facility is not currently envisioned to be an open facility for any individual or their families to seek care."

2. The descriptions of the jail alternative differ from the description of a hospital.

a.) A hospital defined by state code 26 A "'Hospital" means any institution, place, building, or agency represented and held out to the general public". E. "It is unlawful for any institution, place, building or agency to be called a hospital if it is not defined in this section;"

b.) Procurement proposal #2404 section IV, 4.1. The scope refers to "This facility is not currently envisioned to be an open facility for any individual or their families to seek care."

3. Both documents agree that the proposed facility will operate differently than the current rehab center which is zoned 0-1. Use of the proposed 72-hour alternative to jail facility differs from the current rehab center as cited below.

a.) Procurement proposal #2404 section IV, 4.1. The scope refers to it as "an alternative to jail for qualified low risk offenders who, in the opinion of the arresting officer or Judge, have exhibited signs of mental illness and/or substance abuse, and for whom treatment rather than incarceration will be beneficial. This facility is not currently envisioned to be an open facility for any individual or their families to seek care."

b.) MPC UOR Report file #3-L-17-UR. Pg. 2 under comments section. "The difference between two services is that the existing facility accepts adults that arrive voluntarily on their own and the proposed facility will accept adults that are brought only by law enforcement personnel and that voluntarily choose rehabilitation treatment instead of being taken to jail...."

Again, this is our official appeal of the 0-1 zoning based on the cited documents. We are asking for the UOR file #3-L-17-UR on March 9th to be postponed. The MPC cannot determine if the proposed Helen Ross McNabb 72-Hour Jail Diversion Program is "in harmony with the general purpose and intent of these zoning regulations" according to UOR Standards Sec. 3 A.2., or any of the other standards under Sec. A. (1,3,4,5,6) General standards, until the facility use

3/7/2017

KnoxMPC Mail - [MPC Comment] Fwd: Helen Ross McNabb 72-Hour Jail Diversion Program

and practices are clearly defined and meet all requirements of the state, city and county.

John C. Zimmerman  
Northwest Community  
[865-385-5898](tel:865-385-5898)

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

**[MPC Comment] 3343 Dewine**

1 message

**Carol Zimmerman** <czimmerman@advantagetn.com>

Mon, Mar 6, 2017 at 7:29 AM

Reply-To: czimmerman@advantagetn.com

To: Mpc Mike Reynolds &lt;mike.reynolds@knoxmpc.org&gt;, commission@knoxmpc.org, commission@knoxcounty.org, houston.smelcer@mcnabb.org

Good morning, Mike,

In my email Friday, I put the wrong address for the use on review- it is 3343 Dewine Rd - not Devine rd! Sorry, so, I am re-sending my email below for your official records & for the commissioners. Please use this dated email of March 6 to replace my Friday, March 3, email.

Mike,

Thank you for attending our meeting last night. I know you said that our input last night (March 2) didn't change your mind & that you will approve this plan to the MPC Board. We feel our time was wasted. I hope you will reconsider "to recommend to deny" until you research the zoning for methadone & other drugs that might be used in the detox period for the inmate residents.

Since there is no current zoning for this type of facility- I think you said it is somewhere between Medical & hospital. More research needs to be done to make sure this recommended type of facility fits the proper zone, since there is no code for this type. This facility is called "72 hr jail Diversion Program" by the office, Knox County Procurement Division. To locate a Jail in this R-1 / O-1 is out of character with this neighborhood. The use on review should be denied for this reason alone.

The type of drugs in the detox program is a grave concern to us. HRM denied the use of methadone as a detox drug was not used by HRM. We have talked to an employee who said methadone is used regularly at some facilities. We would like for you to prove by the medical records of the Ball Camp Rd drug rehab centerpoint to confirm what drugs they use or have used in the last 3-5 years as a detox drug. We understand it takes 5-7 days to detox before any drugs can be given to help suppress the desire for drugs & before HRM can begin to help them. Below is the code document that was sent to me by one of our members. Please research if this applies & what detox drugs are being used. I would like copies of the medical records that HRM Ball Camp facility has used in the last 3-5 years & what it uses currently. Will you please provide this documentation? The following is the description of requirements for this type of facility:

#### **4.81. - Requirements for the location and development of methadone treatment clinics or facilities as uses permitted on review in the OA, Office Park, and OB, Office, Medical and Related Services, Zones.**

This section prescribes the conditions under which methadone treatment clinics or facilities may be permitted as uses permitted on review in the OA, Office Park, and OB, Office, Medical, and Related Services, Zones.

##### *4.81.01. Minimum requirements.*

A.

The approval by the planning commission of a methadone treatment clinic or facility shall be contingent upon the receipt of the appropriate license and certificate of need by the state department of health.

B.

Applicants seeking approval of a methadone treatment facility shall provide written documentation that the county sheriff's department has been notified in writing regarding the facility's proposed

location, hours of operation, programs and treatment methods offered, and staffing levels and qualifications. This same information shall be made available to the planning commission as part of the use-on-review application.

C.

The clinic or facility shall not be located within one thousand (1,000) feet of any school, day care facility, park, church, residential use, pharmacy, or similar facility that sells or dispenses either prescription drugs or over the counter drugs, as measured from property line to property line.

D.

The clinic or facility shall not be located within one thousand (1,000) feet of any establishment that sells alcoholic beverages, for either on- or off-premise consumption, measured from property line to property line.

E.

The facility shall be located on and have access to an arterial street as shown on the Major Road Plan for Knoxville and Knox County, Tennessee.

F.

In reviewing each application, the planning commission may establish additional requirements or conditions of approval to further reduce the impact such a facility may have on surrounding properties.

(Ord. No. O-04-4-101, § 1(Exh. A), 5-24-04; Ord. No. O-12-9-102, § 1(Exh. A), 10-22-12)

Also, please send me the description of HRM plan & program details that will be used in the Dewine rd facility. I want to know what will be happening as to the type of treatment & how it will be administered. I hope there are more details than what was said last night, March 2, at Cumberland Baptist Church. There was quite a bit of contradiction as to the program scope, so I/we would like to get this communicated in writing.

Again, our community supports the work of HRM & commends the programs that are available, but we are not in favor of a Jail in this location to treat inmates, whether they are non violent or violent.. This proposed location is right in the middle of a residential neighborhood. Children's Gymtek(dance, ninja & gymnastics) is right across the street, Trinity Development Daycare Center is a few 100 yards, as well as the Bowling Alley, grocery stores, other business. Also, 4 churches are within 100 yds.

There are approx. 10 subdivisions within 1 mile of 3343 Dewine Rd. It is enough for this community to have 1 drug & alcohol center at Ball Camp rd which is right next door to this proposal. You should not be asking us to use our tax monies to support a Jail in our neighborhood. It just doesn't fit this low density residential area. We will continue to oppose our tax monies (State, county & city) to be used for this Jail drug & alcohol rehab in the Dewine Rd location. Thank you very much,  
Carol Zimmerman, March 6, 2017



**Carol Zimmerman**

Realtor, Weichert Realtors Advantage Plus

865-474-7100 | 865-386-7157 | 1-888-689-4866 |  
czimmerman@advantagetn.com | www.carolzim.com |  
10160 Parkside Drive Knoxville, TN 37922

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)





Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

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**[MPC Comment] Behavioral Health Center @ Dewine and Ball Camp Pike**1 message

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**Jayne Knittle** <jayneknittle@gmail.com>

Mon, Mar 6, 2017 at 1:48 PM

Reply-To: jayneknittle@gmail.com

To: commission@knoxmpc.org, commission@knoxcounty.org, tim.burchett@knoxcounty.org,  
Houston.smelcer@mcnabb.org, fsaunders@knoxvilletn.gov, marshallstair@knoxvilletn.gov, gwallace@knoxvilletn.gov,  
mikereynolds@knoxmpc.org

Hello Metropolitan Planning Commission

I oppose this facility in my residential neighborhood, The city has a great need for this type of mental health unit but please find another home for it.

Concerned Citizen and Neighbor,  
Jayne Knittle  
3315 Cummins Lane  
Knoxville TN 37921

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When you believe in a thing, believe in it all the way, implicitly and unquestionable.  
Walt Disney

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

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**[MPC Comment] Helen Ross McNabb**

1 message

**M S HODGES** <mhodges4@bellsouth.net>

Sat, Mar 4, 2017 at 9:18 PM

Reply-To: mhodges4@bellsouth.net

To: "mike.reynolds@knoxmpc.org" &lt;mike.reynolds@knoxmpc.org&gt;, "commission@knoxmpc.org" &lt;commission@knoxmpc.org&gt;

Cc: Mary Sue Hodges &lt;mhodges4@bellsouth.net&gt;, Jack Copeland &lt;jackcopeland45@att.net&gt;, Carolyn Rambo &lt;crambo@maplegroveknoxville.com&gt;

Mr. Reynolds and Metropolitan Planning Commission,

I attended both information meetings at Cumberland Baptist Church where we heard information regarding the proposed new Helen Ross McNabb center at 3334 Devine Road. It was disappointing to recently read in the Knoxville News-Sentinel a statement (no longer able to locate online) to the effect that we were having information meetings but it would not affect the decision. It is sad that the citizens affected have no input and such statements (if true) serve only to frustrate citizens even more.

According to the information given at <http://agenda.knoxmpc.org/2017/mar2017/3-L-17-UR.pdf>, this site is in a neighborhood (listed as low density). While this area is single homes or a PUD as where I live, we call it a neighborhood for a reason and have chosen to live in such developments. I did not see a school housed at Cumberland Baptist Church listed on the nearby facilities. Per the information from the meeting on March 2, the school has 100+ students. Per Mapquest, the church is located **.6 mile (6/10)** from 3334 Devine Road location. Discussions regarding the facility was for 24 beds but the request states 31 beds. One security is minimal if problems should develop with individuals with personality deviation. How does 3 days "fix" them enough to come back into the community?

I do not feel safe with this type facility being located near my home and believe my property value will decrease.

I sincerely request you not approve this development at this location.

Sincerely,

Mary Sue Hodges  
3461 Maple Grove Way  
Knoxville, TN. 37921

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

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**[MPC Comment] Proposed Helen Ross McNabb Center**

1 message

**Denise Stahl** <dstahl05@gmail.com>

Tue, Mar 7, 2017 at 10:10 AM

Reply-To: dstahl05@gmail.com

To: commission@knoxmpc.org, Commission@knoxcounty.org

Bcc: commission@knoxmpc.org

To All, I live in a neighborhood near the proposed Behavioral Health Urgent Center and I am apposed to the center being at this location. I do agree with the need for this facility, but request that it not be here. I have attended the meetings on this subject and feel that this is an informed request.

Thank you for your consideration.

Denise Stahl  
3356 Cummins Lane (Ball Camp Villas)  
Knoxville, TN 37921

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)



Betty Jo Mahan &lt;bettyjo.mahan@knoxmpc.org&gt;

**[MPC Comment] HRM Jail or Hospital?**

1 message

**connie hughes** <conniehughes4521@gmail.com>

Wed, Mar 8, 2017 at 10:39 PM

Reply-To: conniehughes4521@gmail.com

To: commission@knoxmpc.org, commission@knoxcounty.org

Cc: Mary Lou Baker &lt;maryloubakerlrc@gmail.com&gt;, akatiehelms &lt;AKatieHelms@hotmail.com&gt;, alex smith &lt;FootballTackle75@comcast.net&gt;, Carol Zimmerman &lt;CZimmerman@advantagetn.com&gt;, Deb H &lt;msclaus@bellsouth.net&gt;, George Jones &lt;bygeorgea@gmail.com&gt;, gbsummit@juno.com, John Zimmerman &lt;JohncZim@gmail.com&gt;, tammy janow &lt;tammyjanow@hotmail.com&gt;

Mayor Rogero, Mayor Burchett, MPC, County Commission, City Council;

I understand the need for such a facility as is being proposed in our city by Helen Ross McNabb at 3343 Dewine Street near Ball Camp Road, but I am somewhat concerned by the site selected and the unanswered questions regarding the use and management of this facility and simply the business decisions that seem not to have been considered. I am not in favor of the proposed site at 3343 DeWine Street/Ball Camp Road location.

The site in question is in a residential area. There are numerous homes, with children that will be affected. Many of these homes are owned by working parents whose children are home alone after school and in the evenings. A decision to put this facility on Dewine is not in harmony with the general purpose and intent of the zoning regulations. The placement of this facility will undoubtedly draw substantial additional traffic through this residential area.

In addition to the above, residential homes are located less than 100 ft from this proposed site. This will affect the value of the property around it. I challenge anyone on the County Commission, City Council, MPC, or Mayors, to get a professional opinion from several realtors and appraisers to verify this. Activity of bringing clients to and taking them away from the facility will indeed injure the value of the adjacent and surrounding properties by the increase noise and lights.

In regards to the business of simply caring for this needed population, I believe many things need to be considered that have not, such as, how many times will a particular client be able to use this facility? 1 time? 2? A dozen? What about the client who has no one to pick them up after discharge? If the time to actually detox an individual is approximately a week, then, why is the County even considering a 72 hr facility? To really help these people, it appears that a 72 hr detox is not addressing the long term problem, and that it is a bandaid to put off the real issue. If helping these folks is the heart of the issue, then lets think long term and address the actual needs.

If this problem is not properly addressed, it will be a burden on future administrations and taxpayers. Even if moving forward is a forgone conclusion and the public meetings is a dog and pony show for the community, then has the County received a detailed, specific project proposal that identifies the specific business plan? Questions asked by the community has been addressed with contradictory and changing answers.

Given the lack of business forethought, I would hate to see Knox County jumping toward a seemingly good short term solution to jail overcrowding by moving forward on this without the legalities being well thought out

and addressed. Is this a detox facility? A hospital? A jail annex? Have these folks been booked as inmates by the jail, or are they just being housed to dry out until, hopefully a family member will take responsibility for them. And if no friend or family member is available, then they are taxied to the downtown jail and released? What steps are being done and who is paying for Case workers to follow up with these folks? And what happens when a mentally ill client misses an appointment with a Case worker that has been assigned to them by HRM? So many unanswered questions. Is subsidizing HRM going to be an ongoing line item in the Knox County budget from now on? Is State dollars always going to be available to help with this expense?

What is the short and long term budget of this facility? Will HRM be asking for assistance down the road from the County? And what is the specific dollar amount that this facility will save the Sheriffs department? How is this being tracked? Have we, as a County, considered that other organizations could provide this service at a lower cost? Such as KARM, or an outside business. Have we as a County researched what works and doesn't work in other parts of the country? There are so many cities and counties around the country that have done this right and wrong. Have we identified them and learned anything? It appears that we are jumping on a quick fix to this solution as State funding is available.

What about expansion? What is in the contract the prevents or allows this? Has this even been addressed? And at this Dewine St location, is this a possibility? Would another site be a more frugal, long term solution? Lets not bandaid this problem for the sake of saying that this community is helping the less fortunate. If we indeed, want to really help and care for these folks and rehab them appropriately, then lets spend alittle more time in learning how to do this correctly. This proposed 3 day detox center is creating problem not solving one.

Is locating facilities such as this all in one area, good for them and for any community? Other cities in this nation has tried this approach. Congesting one area with multiple facilities such as the one proposed here has proven to be detrimental. Shouldn't every part of the City and County share in this responsibility?

As mentioned at the outset, this is a definite need. Let Knox County address it wisely and with compassion for all.

Sincerely,  
Connie Hughes  
Robindale Road, Knoxville Tn 37921

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This message was directed to [commission@knoxmpc.org](mailto:commission@knoxmpc.org)

## **Use on Review for Helen Ross McNabb, Dewine Road – MPC Meeting 3/9/17 Agenda Item 3-L-17-U**

Community members are opposed to the use on review for this property, and request that this application be denied. Below are the General Standards taken from MPC's Development Standards that are considered for zoning issues. Our bullet points show the inconsistencies & why we disagree.

1. *The use is consistent with adopted plans and policies, including the "General Plan" and the "One Year Plan".*
  - The MPC Staff analysis (page 58-3) states that the Northwest City Sector Plan and the One Year Plan propose Low Density Residential uses for this site. It also states that the O-1 zone is regularly used as a transitional zone from more intense uses to lower intensity uses such as residential neighborhoods. This property is at the corner of Ball Camp Pike and Dewine Road. The zoning map included in the MPC staff analysis does not show the hundreds of residential dwellings in the surrounding area. However, the attached map depicts zoning within the surrounding area, which is predominantly residential, except for businesses located along Western Avenue. The community disagrees with the MPC staff analysis that this facility is consistent with the Sector and One Year Plans.
2. *The use is in harmony with the general purpose and intent of these zoning regulations.*
  - The Use on Review application stated that this is a hospital. Knox County has issued a request for proposals (RFP) to construct and operate a behavioral health facility in Knox County. Subsequently, an addendum was issued which responded to questions posed by the bidder. It is the community's understanding that Helen Ross McNabb (HRM) was the only bidder. The RFP addendum question #7 indicated that neither Knox County nor HRM has any idea of how this facility is classified. It was also stated (in Question #4) that minimal health care (limited to first aid) is being delivered per the RFP . Furthermore, doctors will not staff the facility 24/7 according to comments made by HRM to community members at a community meeting on March 2, 2017. This facility is being proposed to treat people who would otherwise be involuntarily incarcerated, as opposed to the existing neighboring HRM facility. Therefore, this facility is not a hospital. How can zoning be addressed when the facility does not fit the zoning classification?
  - Question #7 from the RFP – What facility license regulation needs to be obtained.... As it is not currently defined. The answer was that all licensing provisions required by the State of Tennessee apply. If the offerer (Knox County) and the vendor (HRM) do not know the answer to this, then how can MPC assign a zoning category for this facility?
  - Since the closing of the Lakeshore Mental Health Facility, it was reported by WATE on August 13, 2016 that there has been a spike in the inmate population in Knox County as well as the percentage of those inmates who were homeless at time of arrest. This has led to other zoning issues (725 Ebenezer Rd – see item #48, MPC File ID 1-I-17-RZ) where a rezoning was requested for an existing halfway house in a residential

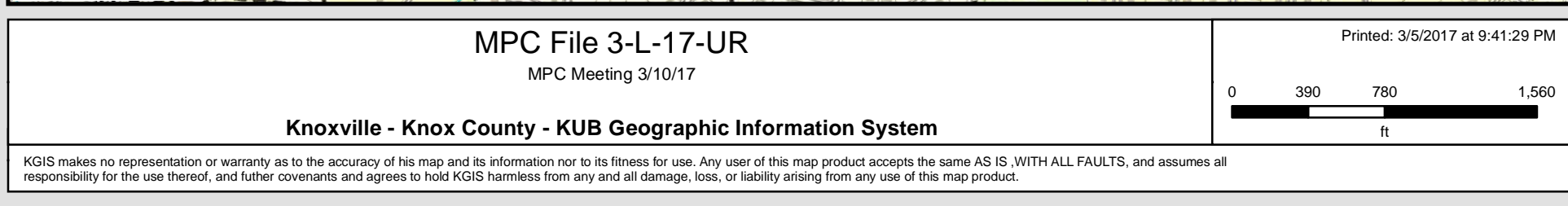
neighborhood. It is clear to the community that MPC has not developed zoning standards for facilities that are being proposed to replace the Lakeshore Facility.

3. *The use is compatible with the character of the neighborhood where it is proposed, and with the size and location of buildings in the vicinity.*
  - The neighborhood is residential development, with commercial and office property situated on Western Avenue. Although HRM operated a treatment facility on the adjacent parcel, the proposed facility differs from the existing facility because it will house people who would otherwise be incarcerated. It is not clear to the community how this facility should be classified, because it is essentially an extension of the jail, and is staffed by law enforcement personnel. Inmates will be transported to and from the facility by law enforcement personnel. The zoning application and the RFP do not address the public safety aspects of the facility.
4. *The use will not significantly injure the value of adjacent property or by noise, lights, fumes, odors, vibration, traffic, congestion or other impacts detract from the immediate environment.*
  - The facility will involuntarily house people charged with criminal activity, and conduct treatment for substance abuse, and is staffed by law enforcement personnel. Thus, it is essentially an extension of the jail. Furthermore, this type facility has never been undertaken in the City of Knoxville or Knox County. It does not fit any current zoning designation. By its very nature, property values will be diminished by this facility.
5. *The use is not of a nature or so located as to draw additional traffic through residential streets.*
  - The MPC Staff analysis states that an additional 377 trips would be generated, and these would impact Ball Camp Pike. The traffic analysis did not consider the traffic from the existing surrounding neighborhoods already on Ball Camp Pike.
6. *The nature of development in the surrounding area is not such as to pose a potential hazard to the proposed use or to create an undesirable environment for the proposed use.*
  - This type of facility (combination of jail extension and treatment for substance abuse) has never been operated in Knox County. The applicant (HRM) is proposing to construct and operate this proposed facility in a residential neighborhood. This facility is NOT consistent with the residential nature of the community. The fact that HRM operates a treatment facility on an adjacent tract of land is irrelevant, because the existing facility treats individuals on a voluntary basis. The proposed facility has significant operational differences.
7. *Other relevant information.*
  - In a public meeting held on March 2, 2017, public officials stated that this proposed facility would not accept patients that had exhibited violent behavior. Refer to the RFP Addendum, Question #12. In reference to Attachment D (of the RFP), what are their arrest profiles? Answer – most will have a history of several public order crimes. Attachment D of the RFP lists the crimes committed by persons being referred to treatment, and these include violent behavior. Violent criminal conduct may disqualify admission. In other words, the facility will accept persons with criminal conduct. Thus, the entire premise of the proposed zoning application is rendered moot. Knox County MPC does not have a

defined zoning classification for the proposed facility because it is both a jail and a substance abuse treatment facility for criminals, both violent and non-violent people.

- It is not clear to the community that MPC, or Knox County, has adequately considered public safety in this application.
- The neighborhood is concerned that the proposed facility will undergo continued expansion. The existing HRM facility has been expanded before.
- The community understands that the state is funding this as a pilot program, with \$1.5 million being appropriated over a two year period. What will happen to the facility if it is not funded beyond the initial 2 year period? Other uses allowed under the “use on review” category include methadone treatment clinics or facilities, or halfway houses. This particular issue is of concern to the community because of the mis-information presented to the community in public meetings by public officials.







## 2.2 - Office/Commercial Districts

- 
- 2.2.1. - O-1 office, medical, and related services district.

A.

General description. This district is intended to provide areas for professional and business offices and related activities that require separate buildings and building groups surrounded by landscaped yards and open areas. The intent herein is to provide centralized, compact locations for business offices, clinics, medical and dental offices, as well as suburban locations near residential neighborhoods.

B.

Uses permitted. The following uses shall be permitted in the O-1 office, medical, and related services district:

1.

Any use permitted and as regulated in the R-2 general residential district, except multi-dwelling structures or developments.

2.

Professional offices, including but not limited to offices for lawyers, architects and engineers.

3.

Business offices and membership organizations in which no activity is carried on catering to retail trade with the general public, and no stock of goods is maintained for sale to customers. These include but are not limited to offices for manufacturers' representatives, insurance and real estate agencies, financial service business associations, labor union offices, religious and political organizations.

4.

Medical, dental offices, and clinics.

5.

Private clubs and lodges.

6.

Art gallery and museums.

7.

Public and private schools.

8.

Beauty and barber shops.

9.

Radio, TV and recording studios.

10.

Accessory buildings and uses permitted customarily incidental and subordinate to permitted or permissible uses and structures.

11.

Recreational uses associated with and maintained primarily for the uses permitted above and for the benefit and use of the occupants and their guests.

12.

Establishments rendering business services associated with the uses listed above, including but not limited to the sale of office supplies and business forms and machines.

13.

Nameplate and signs relating only to the principal use as regulated in article V, section 10.

14.

Recycling collection facility as an accessory use only as regulated by article V, section 18.B.

15.

Halfway houses with maximum capacity of five (5) persons subject to the following standards:

a.

No other halfway house located within one (1) mile of this site.

b.

A site cannot be located within three hundred (300) feet of a park, school, or day care center.

c.

The use shall comply with all applicable city, state, and federal codes and regulations.

d.

The site shall be within one thousand (1,000) feet of an established transit route.

e.

Signs identifying a use as a halfway house are not permitted.

f.

The city police department must be provided with a written notification of the use prior to its occupancy.

16.

Personal gardens.

17.

Community gardens.

18.

Market gardens.

C.

Uses permitted on review. The following uses may be permitted on review by the planning commission in accordance with provisions contained in article VII, section 5:

1.

Any use permitted on review in the R-2 general residential district and multi-dwelling structures or developments as regulated in the R-2 district.

2.

Hospitals.

3.

Hotels and motels.

4.

Business colleges.

5.

Public and private colleges with student residence and dormitories associated therewith.

6.

Veterinary clinics.

7.

Off-street parking, class "C."

8.

Assisted living facility.

9.

Call centers.

10.

Commercial telecommunications towers.

11.

Churches.

12.

Methadone treatment clinic or facility.

13.

Halfway houses with greater than five (5) persons subject to the following standards:

a.

A site cannot be located within three hundred (300) feet of a park, school, or day care center.

b.

The use shall comply with all applicable city, state, and federal codes and regulations.

c.

The site shall be within one thousand (1,000) feet of an established transit route.

d.

Signs identifying a use as a halfway house are not permitted.

e.

The city police department must be provided with a written notification of the use prior to its occupancy.

D.

Area regulations. The area requirements for dwellings, and buildings accessory thereto, shall be the same as the area requirements for the R-2 general residential district.

The following requirements shall apply to all other uses permitted in this district:

1.

Front yard. All buildings shall [be] set back from the street right-of-way line to provide a front yard having not less than twenty-five (25) feet in depth.

2.

Side yard. Side yard requirements for residential uses shall be the same as in the R-2 district. Where a side yard is adjacent to a residential district, no nonresidential building shall be located closer than twenty (20) feet to the side lot line. In all other cases, no building shall be located closer than fifteen (15) to the side lot line.

3.

Rear yard. No building shall be located closer than thirty (30) feet to the rear lot line.

4.

Reserved.

5.

Maximum lot coverage.

a.

The maximum lot area which may be covered by residential structures shall be the same as required in the R-2 district.

b.

Other main and accessory buildings shall cover not more than thirty-five (35) percent of the lot area.

E.

Height regulations.

1.

Height regulations for dwellings shall be the same as those in the R-2 district.

2.

No other building or structure shall exceed forty-five (45) feet in height, except as provided in article V, section 5.

3.

When an O-1 district abuts an R-3 or C-2 district or for other special considerations, such as a planned office complex, the planning commission may consider on review, requests for an increase in the maximum height limitations; provided, however, that for each two (2) feet of building height above the maximum forty-five (45) feet, an additional one (1) foot of side yard be provided in addition to the minimum fifteen (15) feet; and further provided that for each additional two (2) feet of building height above forty-five (45) feet, the permitted lot coverage be reduced by one (1) percent.

F.

Off-street parking. As regulated in article V, section 7.

(Ord. No. 3623, 10-6-64; Ord. No. 3791, 5-18-65; Ord. No. 5397, 8-15-72; Ord. No. 5465, 12-5-72; Ord. No. 5466, 12-5-72; Ord. No. O-127-84, § 1(a)–(k), 8-14-84; Ord. No. O-198-84, § 1, 11-20-84; Ord. No. O-483-92, § 1(C)(1), 11-24-92; Ord. No. O-750-93, § 1, 12-21-93; Ord. No. O-197-96, § 1, 7-2-96; Ord. No. O-431-97, § 1, 10-7-97; Ord. No. O-371-99, § 1, 9-21-99; Ord. No. O-439-99, § 1, 10-19-99; Ord. No. O-251-01, § 1, 7-24-01; Ord. No. O-210-02, § 1, 5-28-02; Ord. No. O-66-04, § 1, 5-25-04; Ord. No. 176-06, § 1, 8-29-06; Ord. No. O-215-06, § 1, 10-24-06; Ord. No. O-40-08, § 1, 2-26-08; Ord. No. O-70-09, § 1, 5-5-09; Ord. No. O-83-2013, § 1, 5-28-13; Ord. No. O-126-2015, § 7, 7-21-15)



## OFFICE OF COUNTY MAYOR TIM BURCHETT

Procurement Division • Department of Finance • 1000 North Central St., Suite 100 • Knoxville, TN 37917

### **Knox County Procurement Division Addendum I to Request for Proposal 2404 Behavioral Health Urgent Care Center**

**Addendum Date: July 29, 2016**

**Buyer: Matt Myers, CPPO, CPPB**

**Opening Date: August 16, 2016 @ 2:00 pm**

**Total Pages: 3 Total Pages**

### **Questions and Answers**

Question #1. Are start-up funds available?

Answer #1. Knox County has budgeted \$200,000 for the current fiscal year to go towards operational costs. Discussions are on-going with the City of Knoxville and the State of Tennessee for future funding.

Question #2. Would the provider have to bill an MCO (Managed Care Provider) for SA (Substance Abuse) treatment? If so, what are the rates?

Answer #2. It is the intent of the County that the provider have these services available in-house and be part of the cost associated with operating the facility.

Question #3. No mention of needing to be a licensed but this would take quite the time to obtain licensing for the building and then the program operations as well.

Answer #3. See Sections 2.6 and 4.5.3 of Request for Proposal 2404.

Question #4. With the title of – BH Urgent Care Center—how much medical care is expected on site and how do we bill for this or is this cost reimbursement as well?

Answer #4. It is expected that “medical care” will be minimal and confined to simple first aid.

Question #5. In reference to 4.1 under Scopes of Work: Can you clarify where referral will derive from? Specifically, can referrals come from crisis providers, emergency departments, other clinical providers, or only from arresting officer or Judge?

Answer #5. Referrals may be received from all of the above. However, it is anticipated that most referrals will come from Law Enforcement.



Question #6. In reference to 4.5.2 under Requirements re: the “72 hour jail diversion program”: Does this imply that all referrals must stay for 72 hours? Can this be clinically determined to be less if assessment, referrals, and transition are completed?

Answer #6. Yes.

Question #7. What is the County’s expectation/recommendation on what facility license regulation needs to be obtained for the “72 hr. Jail Diversion Program” as it is not currently defined (for example, CSU has a license specifically for CSU level of care)?

Answer #7. All applicable licensing provisions required by the State of Tennessee apply.

Question #8. Can the proposal include more than one option for facility site for the County’s consideration?

Answer #8. Yes.

Question #9. What is the expected capacity for the facility?

Answer #9. Initially, eight to ten (8 – 10) crisis and sobering stations each. However, based on the Proposer’s submitted pro forma, this could be more or less.

Question #10. What is the legal status of the individual either brought in directly by law enforcement or processed through Sessions Court (are they released on their own recognizance)?

Answer #10. This status could vary. Could be in protective custody, no charges filed yet, or be on recognizance bond if through General Sessions Court.

Question #11. In reference to Attachment D (charges), can Knox County estimate the number of individuals that would be an appropriate referral to the jail diversion program (exhibiting symptoms of mental illness or substance abuse)?

Answer #11. While this number is difficult to speculate, prior history suggests upward of 4000 yearly.

Question #12. In reference to Attachment D (charges), of the 172 defendants representing 30.5% of the total charges, what are their arrest profiles?

Answer #12. Most will have a history of several public order crimes. Violent criminal conduct may disqualify admission.

Question #13. In reference to Attachment D (charges), of the total number of charges (2,378), how many individuals does this represent?

Answer #13. Estimated between 400 and 600.

Question #14. In a given year, on how many inmates does Knox County initiate detoxification protocols?

Answer #14. Between 500 and 1000 persons although many never complete in that they are released or transferred to another facility.

Question #15. Will the cost of the community policing station be outside of the RFP proposal?

Answer #15. Yes.

Question #16. Will the cost of the televideo magistrate be outside of the RFP proposal?

Answer #16. Yes.

\*Addendum must be acknowledged in Section V Proposal Format, Part I Proposer Information.

A handwritten signature in black ink, reading "Matthew F. Myers". The signature is written in a cursive style with a large, stylized "M" and "Y".

Matthew F. Myers, CPPO, CPPB  
Deputy Director of Purchasing  
Knox County Government

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## **Requirements for the location & development of methadone treatment**

### **4.81. - Requirements for the location and development of methadone treatment clinics or facilities as uses permitted on review in the OA, Office Park, and OB, Office, Medical and Related Services, Zones.**

This section prescribes the conditions under which methadone treatment clinics or facilities may be permitted as uses permitted on review in the OA, Office Park, and OB, Office, Medical, and Related Services, Zones.

#### *4.81.01. Minimum requirements.*

A.

The approval by the planning commission of a methadone treatment clinic or facility shall be contingent upon the receipt of the appropriate license and certificate of need by the state department of health.

B.

Applicants seeking approval of a methadone treatment facility shall provide written documentation that the county sheriff's department has been notified in writing regarding the facility's proposed location, hours of operation, programs and treatment methods offered, and staffing levels and qualifications. This same information shall be made available to the planning commission as part of the use-on-review application.

C.

The clinic or facility shall not be located within one thousand (1,000) feet of any school, day care facility, park, church, residential use, pharmacy, or similar facility that sells or dispenses either prescription drugs or over the counter drugs, as measured from property line to property line.

D.

The clinic or facility shall not be located within one thousand (1,000) feet of any establishment that sells alcoholic beverages, for either on- or off-premise consumption, measured from property line to property line.

E.

The facility shall be located on and have access to an arterial street as shown on the Major Road Plan for Knoxville and Knox County, Tennessee.

F.

In reviewing each application, the planning commission may establish additional requirements or conditions of approval to further reduce the impact such a facility may have on surrounding properties.

(Ord. No. O-04-4-101, § 1(Exh. A), 5-24-04; Ord. No. O-12-9-102, § 1(Exh. A), 10-22-12)

The Procurement Division of Knox County Tennessee will receive sealed proposals to **Develop and Manage a Behavioral Health Urgent Care Center** as specified herein. Proposals must be received by **2:00 p.m. on August 16, 2016**. Late proposals will be neither considered nor returned.

**Deliver Proposals To:**  
**Proposal Number 2404**  
**Knox County Procurement Division**  
**Suite 100, 1000 North Central Street**  
**Knoxville, Tennessee 37917**

**The Proposal Envelope must show the Proposal Number, Proposal Name and Closing Date.**

## **SECTION I GENERAL TERMS AND CONDITIONS**

**1.1 ADDITIONAL INFORMATION:** Please direct all requests for additional information to Matt Myers, CPPO, CPPB, Deputy Director of Procurement, at 865.215.5750. Questions must be emailed to [matt.myers@knoxcounty.org](mailto:matt.myers@knoxcounty.org). Information about the Knox County Procurement Division and current solicitations may be obtained on the Internet at [www.knoxcounty.org/Procurement](http://www.knoxcounty.org/Procurement).

**1.2 ACCEPTANCE:** Vendors shall hold their submittal firm and subject to acceptance by Knox County for a period of one (1) year from the date of the Proposal closing.

**1.3 AUDIT HOTLINE:** Knox County has established an Audit Hotline to report potential fraud and waste. To report potential fraud, waste or abuse, please call 1-866-858-4443 (toll-free). You can also file a report online by accessing <http://www.knoxcounty.org/hotline/index.php>.

**Vendors are hereby cautioned that this Audit Hotline does not replace the Award Protest Procedures found in Section VI, Item M of the Knox County Procurement Regulations.**

**1.4 AWARD:** Award will be made to the most responsive, responsible proposer meeting specifications, who presents the service that is in the best interest of Knox County. Knox County reserves the right to award this Proposal on an all-or-none basis. The evaluation criteria are listed herein. Knox County also reserves the right to not award this Proposal.

**1.5 BUSINESS OUTREACH PROGRAM:** Knox County has established a Business Outreach Program, which has the responsibility of increasing opportunity for small, minority and women owned businesses. This is being accomplished through community education programs, policy edification, active recruitment of interested businesses and process re-engineering. Knox County is committed to ensuring full and equitable participation for all disadvantaged businesses. Knox County welcomes submittals from those disadvantaged businesses that have an interest in providing goods and/or services listed herein.

In addition, Knox County strongly encourages the inclusion of disadvantaged businesses by non-disadvantaged contractors who may wish to partner or subcontract portions of this agreement in order to accomplish the successful delivery of goods and/or services.

If you are a disadvantaged business and would like additional information about our Business Outreach Program please contact:

Diane Woods, Business Outreach Administrator  
[diane.woods@knoxcounty.org](mailto:diane.woods@knoxcounty.org)  
Telephone: 865.215.5760, Fax: 865.215.5778

**1.6 CONFLICT OF INTEREST:** Vendors must have read and complied with the "non-conflict of interest" statement provided in the vendor registration process prior to the closing of this Proposal.

**1.7 COPIES:** Knox County requires that proposals be submitted as one (1) marked original and seven (7) exact copies. An electronic copy is also required on CD or flash drive in one (1) complete pdf file. Knox County requests that proposals be concise with no duplication of answers. Financial statements must be submitted in electronic form.

- 1.8 **DECLARATIVE STATEMENTS:** Any statement or words (e.g.: must, shall, will) are declarative statements and proposers must comply with the condition. Failure to comply with any such condition may result in their Proposal being considered non-responsive and disqualified.
- 1.9 **ELECTRONIC TRANSMISSION OF PROPOSALS:** Knox County's Procurement Division **will not** accept electronically transmitted proposals. Due to the nature of information requested, all submissions shall be in written format and delivered or mailed to the address listed on Page 1. Knox County shall not be liable for Proposals delivered to any other address, other than listed on Page 1, even if advised of proof of pickup for delivery.
- 1.10 **HOW TO DO BUSINESS:** Knox County utilizes a web-based procurement software system, "Knox Procurement On-Line." The system provides our clients (vendors, county departments and the citizens of Knox County) with a more enhanced and end-user friendly means of accessing our services. The system allows for on-line vendor registration and maintenance, electronic receipt of purchase orders, on-line retrieval and submittal of quotes, bids and proposals for our vendor-clients and on-line requisitioning and receiving for our county departments. In order for the County to maximize its investment and minimize the cost associated with office operations we need your help. When doing business with Knox County we are urging you to please go to our website at [www.knoxcounty.org/Procurement](http://www.knoxcounty.org/Procurement), register as a vendor in our on-line Procurement system, "Knox Procurement On-Line," if you have not done so and whenever possible to conduct your business with the County through this site. If you have any questions please contact the Procurement Division Representative listed in subsection 1.1 of this document.
- 1.11 **INCURRED COSTS:** Knox County will not be responsible for any costs incurred by the proposer in the preparation of their Proposal. Proposer should assess the requirements of the Proposal and respond accordingly.
- 1.12 **NON-COLLUSION:** Proposers, by submitting a signed Proposal certify that the accompanying Proposal is not the result of, or affected by, any unlawful act of collusion with any other person or company engaged in the same line of business or commerce, or any other fraudulent act punishable under Tennessee or United States law.
- 1.13 **POSSESSION OF WEAPONS:** All vendors, their employees and their agents are prohibited from possessing any weapons on Knox County property without prior written consent from the County. In the case of a vendor whose contract requires possession of firearms or other weapons to successfully complete their contract, vendor must provide personnel who are bonded to bear said weaponry.
- 1.14 **PROCESSING TIME FOR PAYMENT:** Vendors are advised that a minimum of thirty (30) days is required to process invoices for payment.
- 1.15 **PROPOSAL DELIVERY:** Knox County requires proposers, when hand delivering proposals, to time and date stamp the envelope before depositing it in the bid box. Knox County will not be responsible for any lost or misdirected mail sent by common carrier. Knox County shall also not be responsible for proposals delivered to addresses other than the one listed at the top of this solicitation. The time clock in the Procurement Division shall serve as the official record of time.
- Submittals must be in a sealed envelope/box prior to entering the Procurement Division office. Procurement Division personnel are not allowed to see the submittal nor assist in placing documents in an envelope/box. Additionally, the Procurement Division is not responsible for providing materials (e.g. envelopes, boxes, tape) for submittals.
- 1.16 **RECYCLING:** Knox County, in its continuing efforts to lessen the amount of landfill waste and to further recycling efforts, request that proposals:
- 1.16.1 Be submitted on recycled paper
  - 1.16.2 Not include pages of unnecessary advertising
  - 1.16.3 Be made on both sides of each sheet of paper when appropriate
- 1.17 **RESTRICTIVE OR AMBIGUOUS SPECIFICATIONS:** It is the responsibility of the prospective proposer to review the entire Request for Proposal (RFP) packet and to notify the Procurement Division if the specifications are formulated in a manner that would unnecessarily restrict competition. Any such protest or question regarding the specifications or proposing procedures must be received in the Procurement Division by 12:00 pm local time on July 26, 2016. These requirements also apply to specifications that are ambiguous.

- 1.18 **SIGNING OF PROPOSALS:** In order to be considered all proposals must be signed. Please sign the original in blue ink. By signing the Proposal document, the vendor acknowledges and accepts the terms and conditions stated in the document.
- 1.19 **VENDOR DEFAULT:** Knox County reserves the right, in case of vendor default, to procure the goods or services from other sources and hold the defaulting vendor responsible for any excess costs occasioned thereby. Should vendor default be due to a failure to perform or because of a request for a price increase, Knox County reserves the right to remove the vendor from the County's bidders' list for twenty-four (24) months.
- 1.20 **VENDOR REGISTRATION:** Prior to the closing of this Proposal, **ALL PROPOSERS** must be registered with the Knox County Procurement Division. Please register on-line at our website at [www.knoxcounty.org/Procurement](http://www.knoxcounty.org/Procurement) and click on "Online Vendor Registration." Proposers must be registered with the Procurement Division prior to submitting their Proposal.
- 1.21 **WAIVING OF INFORMALITIES:** Knox County reserves the right to waive minor informalities or technicalities when it is in the best interest of Knox County.

## **SECTION II OBLIGATIONS, RIGHTS AND REMEDIES**

**These terms and conditions shall be part of the Contract. Knox County reserves the right to negotiate other terms and conditions it deems appropriate and necessary under the circumstances to protect the public's trust.**

- 2.1 **ALTERATIONS OR AMENDMENTS:** No alterations, amendments, changes, modifications or additions to this Contract shall be binding on Knox County without the prior written approval of the County.
- 2.2 **APPROPRIATION:** In the event no funds are appropriated by Knox County for the goods or services in any fiscal year or insufficient funds exist to purchase the goods or services, then the Contract shall expire upon the expenditure of previously appropriated funds or the end of the current fiscal year, whichever occurs first, with no further obligations owed to or by either party.
- 2.3 **ASSIGNMENT:** Contractor shall not assign or sub-contract this agreement, its obligations or rights hereunder to any party, company, partnership, incorporation or person without the prior written specific consent of Knox County.
- 2.4 **BOOKS AND RECORDS:** Contractor shall maintain all books, documents, accounting records and other evidence pertaining to the goods and services provided under this Contract and make such materials available at its offices at all reasonable times during the Contract period and for three (3) years from the date of the final payment under this agreement for inspection by County or by any other governmental entity or agency participating in the funding of this agreement, or any authorized agents thereof; copies of said records to be furnished if requested. Such records shall not include those books, documents and accounting records that represent the Contractor's costs of manufacturing, acquiring or delivering the products and services governed by this agreement.
- 2.5 **CHILD LABOR:** Contractor agrees that no products or services will be provided or performed under this Contract that have been manufactured or assembled by child labor.
- 2.6 **COMPLIANCE WITH ALL LAWS:** Contractor is assumed to be familiar with and agrees to observe and comply with all federal, state, and local laws, statutes, ordinances, and regulations in any manner affecting the provision of goods and/or services, and all instructions and prohibitive orders issued regarding this work and shall obtain all necessary permits.
- 2.7 **DEFAULT:** If Contractor fails to perform or comply with any provision of this Contract or the terms or conditions of any documents referenced and made a part hereof, Knox County may terminate this Contract, in whole or in part, and may consider such failure or noncompliance a breach of Contract. Knox County expressly retains all its rights and remedies provided by law in case of such breach, and no action by Knox County shall constitute a waiver of any such rights or remedies. In the event of termination for default, Knox County reserves the right to purchase its requirements elsewhere, with or without competitive solicitation.
- 2.8 **GOVERNING LAW:** The laws of the State of Tennessee shall govern this Contract, and all obligations of the parties are performable in Knox County, Tennessee. The Chancery Court and/or the Circuit Court of Knox County, Tennessee, shall have exclusive and concurrent jurisdiction of any disputes, which arise hereunder.

- 2.9 INCORPORATION:** All specifications, drawings, technical information, Request for Proposal, Proposal, Award and similar items referred to or attached or which are the basis for this Contract are deemed incorporated by reference as if set out fully herein.
- 2.10 INDEMNIFICATION/HOLD HARMLESS:** Contractor shall indemnify, defend, save and hold harmless Knox County, its officers, agents and employees from all suits, claims, actions or damages of any nature brought because of, arising out of, or due to breach of the agreement by Contractor, its subcontractors, suppliers, agents, or employees or due to any negligent act or occurrence or any omission or commission of Contractor, its subcontractors, suppliers, agents or employees.
- 2.11 INDEPENDENT CONTRACTOR:** Contractor shall acknowledge that it and its employees serve as independent Contractors and that Knox County shall not be responsible for any payment, insurance or incurred liability.
- 2.12 INSPECTION AND ACCEPTANCE:** Warranty periods shall not commence until Knox County inspects and formally accepts the goods and/or services. The terms, conditions and timing of acceptance shall be determined by Knox County. Knox County reserves the right to reject any or all items or services not in conformance with applicable specifications, and Contractor assumes the costs associated with such nonconformance. Acceptance of goods or services does not constitute a waiver of latent or hidden defects or defects not readily detectable by a reasonable person under the circumstances.
- 2.13 LIMITATIONS OF LIABILITY:** In no event shall Knox County be liable for any indirect, incidental, consequential, special or exemplary damages or lost profits, even if Knox County has been advised of the possibility of such damages.
- 2.14 NON-DISCRIMINATION AND NON-CONFLICT STATEMENT:** Contractor agrees that no person on the grounds of handicap, age, race, color, religion, sex or national origin, shall be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the performance of this agreement, or in the employment practices of vendor. Contractor shall upon request show proof of such non-discrimination, and shall post in conspicuous places available to all employees and applicants notices of non-discrimination. Contractor covenants that it complies with the Fair Wage and Hour Laws, the National Labor Relations Act, and other federal and state employment laws as applicable. Contractor covenants that it does not engage in any illegal employment practices.
- Contractor covenants that it has no public or private interest, and shall not acquire directly or indirectly any interest that would conflict in any manner with the provision of its goods or performance of its services. Contractor warrants that no part of the total Contract amount provided herein shall be paid directly or indirectly to any officer or employee of Knox County as wages, compensation, or gifts in exchange for acting as officer, agent, employee, subcontractor or consultant to Contractor in connection with any goods provided or work contemplated or performed relative to the agreement.
- 2.15 ORDER OF PRECEDENCE:** In the event of inconsistent or conflicting provision of this Contract and referenced documents, the following descending order of precedence shall prevail: (1) Written Contract, (2) Request for Proposal, (3) Proposal Submittal, (4) Award, (5) Special Terms and Conditions, (6) General Terms and Conditions, (7) Specifications, (8) Drawings.
- 2.16 REMEDIES:** Knox County shall have all rights and remedies afforded under the U.C.C. and Tennessee law in Contract and in tort, including but not limited to rejection of goods, rescission, right of set-off, refund, incidental, consequential and compensatory damages and reasonable attorney's fees.
- 2.17 RIGHT TO INSPECT:** Knox County reserves the right to make periodic inspections of the manner and means the service is performed or the goods are supplied.
- 2.18 SEVERABILITY:** If any provision of this Contract is declared illegal, void or unenforceable, the remaining provisions shall not be affected but shall remain in force and in effect.
- 2.19 TAX COMPLIANCE:** Pursuant to Resolution R-07-1-903 passed by the Commission of Knox County, Tennessee, Contractor hereby acknowledges, by submission of its signed Proposal it is current in its respective Federal, State, County, and City taxes of whatever kind or nature and is not delinquent in any way. Delinquent status must be disclosed or risk debarment by the Knox County Procurement Division.

- 2.20 TERMINATION:** County may terminate this agreement with or without cause at anytime. In the event of termination by either party, fees due for services satisfactorily performed or goods accepted prior to the termination date shall be paid.
- 2.21 WARRANTY:** Contractor warrants to Knox County that all items delivered and all services rendered shall conform to the specifications, drawings, Proposal and/or other descriptions furnished and/or incorporated by reference, and will be fit for the particular purpose purchased, of merchantable quality, good workmanship, and free from defects. Contractor extends to Knox County all warranties allowed under the U.C.C. Contractor shall provide copies of warranties to the County upon request. Return of merchandise not meeting warranties shall be at Contractor's expense.

### **SECTION III SPECIAL TERMS AND CONDITIONS**

- 3.1 INTENT:** The intent of these specifications is to contract with an agency capable of developing and managing a Behavioral Health Urgent Care Center for Knox County Government. Award will be based on Best Value. Best Value means more than low cost. It includes the initial cost, service quality, and other factors detailed herein.
- 3.2 CONTRACT EXECUTION:** The award of this Proposal will result in a Contract between Knox County and the successful vendor. The Knox County Procurement Division will draft this Contract and no vendor forms, (e.g.: Terms and Conditions, service agreements, or standard company forms) will be accepted as Contract attachments. The Contract will require Knox County Commission approval. The successful Proposer will be required to be present at these meetings at the appropriate time. This shall be at no cost to Knox County.
- 3.3 DEADLINE FOR QUESTIONS:** The deadline for questions shall be July 26, 2016 at 12:00 PM local time. All questions must be submitted in writing as stated in Section 1.1. Questions received after this date and time will not receive responses. All questions will be answered via addenda issued no later than August 2, 2016 by the Knox County Procurement Division. No verbal response shall be binding on Knox County.
- 3.4 EVALUATION CRITERIA:** The following criteria will be the basis for the award.
- |  |           |
|--|-----------|
| Experience of the Entity   | 40 Points |
| Experience of Individuals performing the services                | 20 Points |
| Evidence of Ability to manage a facility of this type and nature | 20 Points |
| Proposed Services Offered (Programming)                          | 40 Points |
| Proposed Development Plan  | 40 Points |
| Proposed Operational Costs                                       | 20 Points |
| References of Similar Clients                                    | 20 Points |
- 3.5 EVALUATION REVIEW:** Knox County reserves the right to use all pertinent information (also learned from sources other than disclosed in the RFP process) that might affect the County's judgment as to the appropriateness of an award to the best-evaluated vendor. This information may be appended to the Proposal evaluation process results. Information on a service provider from reliable sources, and not within the service provider's Proposal, may also be noted and made a part of the evaluation file. Knox County shall have sole responsibility for determining a reliable source. Knox County reserves the right to conduct written and/or oral discussions/interviews after the Proposal opening. The purpose of such discussions/interviews is to provide clarification and/or additional information to make an award which is in the best interest of Knox County. These discussions/interviews shall be at no cost to Knox County.
- 3.6 INSURANCE CHECKLIST:** Vendors and their insurance agents must sign the attached insurance requirement form and submit it with their Proposal. This serves as proof that the vendor can and will obtain and maintain the insurance required for this Contract. Upon notification of Intent to Award, the successful vendor shall be required to submit a Certificate of Insurance (COI) and Endorsement Page(s) showing the specified coverage and listing Knox County Government as additional insured. It shall be the successful proposer's responsibility to keep a current COI on file with Knox County Procurement during the full term of the Contract.
- 3.7 NEWS RELEASES BY VENDORS:** As a matter of policy, Knox County does not endorse the services of any contractor. Contractors are not to make news releases concerning any resultant Contract from this solicitation without prior written approval of Knox County.



- 3.8 NO CONTACT POLICY:** After the date and time that the vendor receives this solicitation, any contact initiated by any proposer with any Knox County representative, other than the Procurement Division representative listed herein, concerning this Request for Proposal is strictly prohibited. Any such unauthorized contact may cause the disqualification of the proposer from this procurement transaction. Vendors may be required to sign an affidavit to this policy.
- 3.9 PRE-PROPOSAL CONFERENCE:** There will be a Pre-Proposal conference beginning at 2:00 p.m. (Local Time) July 19, 2016 at the Knox County Procurement Division, 1000 North Central Street, Suite 100, Knoxville TN 37917. Please review your copy of this solicitation and bring it with you. The Pre-Proposal conference is for informational purposes only. Proposers are cautioned that nothing is legal or binding on Knox County unless stated in writing and made a part of this solicitation. Official addenda must be issued from the Knox County Procurement Division.
- 3.10 PROPOSAL FORMAT:** This solicitation is in the Request for Proposal (RFP) format. At the specified date and time, each proposer's name will be publicly read aloud. No further information will be given at that time. Evaluation of the proposals will proceed as expeditiously as possible and successful, as well as unsuccessful, notification will be given.
- 3.11 PROPOSAL TIMELINE:** The following lists the dates and activities associated with this Request for Proposal. Please be advised these are tentative dates and are subject to change.
- |                                       |                 |
|---------------------------------------|-----------------|
| Release of RFP to Proposers           | July 1, 2016    |
| Pre-Proposal Conference               | July 19, 2016   |
| Deadline for questions                | July 26, 2016   |
| Knox County responds to questions     | August 2, 2016  |
| Proposals due to Procurement Division | August 16, 2016 |
| Evaluate and select successful vendor | TBD             |
| County Commission Approval            | TBD             |
- 3.12 TERM OF AGREEMENT:** Knox County intends to issue an initial five (5) year award. Upon the mutual agreement of the vendor and Knox County, the award may be extended for two (2) additional five (5) year terms. This may result in a total of fifteen (15) years. The renewal option is at the discretion of Knox County. Should Knox County desire not to renew, no reason needs to be given. Knox County reserves the right to purchase these services from other sources if the need arises. Knox County reserves the right to revoke the award if a pattern of unavailability or other service issues arise with the vendor.

#### SECTION IV SCOPE OF WORK

- 4.1 SCOPE:** The goal of the Behavioral Health Urgent Care Center is to provide an alternative to jail for qualified low risk offenders who, in the opinion of the arresting officer or Judge, have exhibited signs of mental illness and/or substance abuse, and for whom treatment rather than incarceration will be beneficial. This facility is not currently envisioned to be an open facility for any individual or their families to seek care.
- 4.2 SITUATION:** Currently, there are eight times as many individuals with severe persistent mental illness in the correctional system as are in psychiatric facilities. It is estimated that 18% to 25% of the inmates in the Knox County Jail are severely and persistently mentally ill. Knox County conducts approximately 4,000 arrests per year for public intoxication. Fewer than 80 individuals account for 25% of these arrests. The Behavioral Health Urgent Care Center would create many benefits to the Knoxville/Knox County Community by:
- Reducing jail bed days
  - Increasing treatment opportunities
  - Creating more efficient use of scarce community resources
  - Reducing reentry into the criminal justice system at a later date
- 4.3 GOAL:** The Knox County District Attorney General (DAG) has identified two (2) separate avenues by which a diversion entry into a proposed Behavioral Health Urgent Care Center may occur. Both are for the purpose of providing mental health assistance to those individuals that the DAG believes may benefit from such service and therefore minimize the individual's chances of reentry into the criminal justice system at a later date.

The first avenue involves nine (9) low level misdemeanors charges, listed below(\*), that have been approved as crimes which law enforcement officers may divert charged individuals who they believe require mental health assistance straight to the Behavioral Health Urgent Care Center. Once at the Behavioral Health Urgent Care Center, these individuals would have a video arraignment with a magistrate, be screened for entry by Behavioral Health Urgent Care Center personnel and then have their charges dismissed upon successful completion of all Behavioral Health Urgent Care Center requirements.

(\*) Low level misdemeanor charges include Public Intoxication, Disorderly Conduct, Resisting Arrest, Criminal Trespass, Underage Consumption, Public Indecency, Obstructing Sidewalk, 911 Calls and Aggressive Panhandling. Attachment D lists the number of arrests for these low level charges for a three (3) month period and should be used as a guide for the load analysis and requested Pro Forma.

The second avenue involves individuals charged with more serious crimes but whom the DAG believes would benefit from entry into the Behavioral Health Urgent Care Center after an initial appearance in court. These individuals would be processed through Sessions Court to the Behavioral Health Urgent Care Center. Behavioral Health Urgent Care Center personnel would then screen them for entry and they may also have their charges dismissed upon successful completion of all Behavioral Health Urgent Care Center requirements.

**4.4 PROPOSAL:** Knox County is seeking proposals to provide and operate a building, including any renovation costs, in sufficient size and function to provide the requested services of this RFP. Existing facilities within the corporate boundaries of Knox County shall be given special consideration.

**4.5 REQUIREMENTS:**

**4.5.1 Qualified Applicant:** 501(c) (3) non-profit corporation with the capacity to develop, operate and manage a Behavioral Health Urgent Care Center for a period of five (5) years with the potential of extending this period depending upon success of the program. In order to be a qualified applicant, the applicant must have:

- A minimum of ten (10) years experience in community mental health;
- The financial capacity to undertake the project as demonstrated by certified annual audits for the last five (5) years;
- The administrative capacity to undertake the project as demonstrated by a specific plan for administering the Behavioral Health Urgent Care Center during development and operation
- A summary of the development team

**4.5.2 Qualified Project:** A building (existing or renovated) that is sufficient in size and scope to accommodate a 72-Hour Jail Diversion Program, a 72-Hour Crisis Stabilization Unit with the features indicated in the Qualified Program requirement (below) and the provision of 24/7 on-site staffing for all programs and features. In order to be a qualified project, the application must contain:

- An analysis of the load required in estimated number of intakes, number of accommodations, number of consultations or interventions anticipated and the number of discharges to accommodate a 72-Hour Jail Diversion Program and a 72-Hour Crisis Stabilization Unit with the features required in the Qualified Program section (below). The load analysis must provide the expected peak load, the expected minimum load and the expected average load. Further, the applicant shall justify the size and components of the Behavioral Health Urgent Care Center based on the load analysis.
- A development pro forma listing all sources and uses for the development of the building.
- Firm commitments by all sources of funds other than the source the applicant proposes from the Knox County fund.
- An operating pro forma for three (3) years which includes all income and expenses of the building including provisions for replacement reserves.
- A specific request to Knox County for any necessary development funds.
- If the applicant proposes a Section 108 Loan, the applicant must submit a complete Section 108 application to the specifications required by US Department of Housing and Urban Development ("HUD") at 24 CFR 570.704.

**4.5.3 Qualified Program:** A program design of a minimum of ten (10) years in duration which encompasses 24/7 on-site staffing, a 72-hour Jail Diversion Program, and a 72-hour Crisis Stabilization Unit program with the following features:

- A licensed Mental Health and Addiction medical staff and crisis intervention team focusing on alcohol, drug and mental health treatment
- Specialty experience in providing behavioral crisis services
- Must have demonstrated experience working with law enforcement in assisting people with mental health and/or substance abuse services
- Strategic partnerships and demonstrated support with letters of recommendation from other Behavioral and Physical health care providers
- Ability to mingle male and female populations during treatment sessions, activities, meals, etc. However, male and female populations must be kept separate during sleeping hours or as required for security purposes.
- Abide by all current HIPAA Regulations and search for allowable changes that would permit/improve sharing opportunities between healthcare providers and law enforcement
- A reception center which will provide an area for a web-based and/or video interface with a Judge
- On-site community policing office for security
- Mental health services to pre-and post-adjudication incarcerated individuals
- Access to intensive care management services
- Experience working with the homeless population and links to housing services
- Ability to develop and implement post-incarceration services such as housing, case management and mental healthcare
- Ability to access multiple housing options following treatment at the Behavioral Health Urgent Care Center, including but not limited to transitional housing, residential treatment facilities and sober living homes.

**4.5.3.1** The applicant shall provide a breakdown of all staffing required to operate the program based on the load defined by the load analysis.

- The staff breakdown shall include the name of each full-time or part-time position; the salary of each position; and the number of full-time equivalents required to meet the load analysis.
- A summary of the proposals of the operational team, licenses and certifications of key personnel for project.

**4.5.4 Operational Funding:** The applicant shall provide a program operations budget for a period of five (5) years that shows a breakdown of program operating costs and program operating income:

- Operating costs shall include a single line item for building operations from the operating pro forma required in the Qualified Project (above).
- Operating costs shall include all costs for operating the Behavioral Health Urgent Care Center, including: all staffing, office, administrative and overhead costs attributable to the Behavioral Health Urgent Care Center.
- Operating income shall include all sources of committed income and all sources of anticipated income.

**4.5.4.1** Committed income shall be labeled and evidence of a firm commitment shall be included in the application.

**4.5.4.2** Anticipated income shall be labeled and the applicant shall state the applicant's history of obtaining the anticipated income from the specific source cited.

## **SECTION V PROPOSAL FORMAT**

Proposers are to use the following format for the submission of their proposals. Proposals shall meet the Requirements stated in Section IV Scope of Work or will be rejected by Knox County as incomplete. The County may waive technical deficiencies at its discretion, providing the Applicant corrects the deficiency within two (2) business days of notification. Please include one (1) original, seven (7) exact copies and one (1) electronic copy with your submittal. The electronic copy may be included with the financial audit.

### **Part I PROPOSER INFORMATION**

Letter authorizing the submission of Proposal  
Proposer's name, address and telephone number  
Knox County Vendor Number  
Contact person, telephone number and email address  
Copy of current Knox County Business License (if applicable)  
Federal Tax ID Number  
Copy of current State of Tennessee License to operate a Mental Health Facility, if applicable  
References of Similar Clients (Attachment A)  
Signed Insurance Checklist (Attachment B)  
Signed Non-Collusion Affidavit of Prime Proposer (Attachment C)  
Acknowledgement of Addenda (if issued)

### **Part II QUALIFIED APPLICANT**

Experience of the Entity  
Capacity Statement of Proposer  
Administrative Capacity with Resumes of key individuals and their Roles  
Annual Audits for the preceding five (5) years (on CD or flash drive)  
Proposed Development Team and their Roles

### **Part III QUALIFIED PROJECT**

Project Description (facility only)  
Load Analysis (facility only)  
Development Pro Forma (facility only)  
Operating Pro Forma (facility only)  
Specific Funding Request (facility only)  
Development Plan and Timeline

### **Part IV QUALIFIED PROGRAM**

Program Description  
Program Offerings  
Program Staffing  
Post-Incarceration Services Available

### **Part V PROGRAM OPERATING COSTS**

Complete Operational Budget (Annually and Five Year Projection)

### **Part VI ADDITIONAL INFORMATION**

Any additional information the proposer wishes to provide

**ATTACHMENT A**  
**REFERENCES OF SIMILAR ACCOUNTS**

*Bidder shall submit a list of three projects of similar size, which have been in service for one (1) year or longer.*

*Reference # 1*

Name of Firm: _____
Address: _____
Contact Person: _____
Contact Person email address: _____
Nature of contract: _____
Dollar amount: \$_____ (over the life of the contract)
Contract start date: _____ Contract end date: _____

*Reference # 2*

Name of Firm: _____
Address: _____
Contact Person: _____
Contact Person email address: _____
Nature of contract: _____
Dollar amount: \$_____ (over the life of the contract)
Contract start date: _____ Contract end date: _____

*Reference # 3*

Name of Firm: _____
Address: _____ Phone Number _____
Contact Person: _____
Contact Persons email address: _____
Nature of contract: _____
Dollar amount: \$_____ (over the life of the contract)
Contract start date: _____ Contract end date: _____

**ATTACHMENT B**  
**KNOX COUNTY PROCUREMENT DIVISION**  
**INSURANCE CHECKLIST**  
**REQUEST FOR PROPOSAL NUMBER 2404**

THE CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGES & ENDORSEMENTS WITH "YES" AND ITEMS 20 TO 25.

REQUIRED:	NUMBER	TYPE OF COVERAGE						COVERAGE LIMITS	
YES	1.	WORKERS COMPENSATION						STATUTORY LIMITS OF TENNESSEE	
YES	2.	EMPLOYERS LIABILITY						\$100,000 PER ACCIDENT \$100,000 PER DISEASE \$500,000 DISEASE POLICY LIMIT	
YES	3.	AUTOMOBILE LIABILITY						COMBINE SINGLE LIMIT (Per -Accident)	\$1,000,000
		X	ANY AUTO-SYMBOL (1)				BODY INJURY (Per -Person)		
							BODY INJURY (Per-Accident)		
							PROPERTY DAMAGE (Per-Accident)		
YES	4.	COMMERCIAL GENERAL LIABILITY						LIMITS	
			CLAIM MADE	X	OCCUR		EACH OCCURRENCE	\$ 1,000,000	
							FIRE LEGAL LIABILITY	\$ 100,000	
							MED EXP (Per person)	\$ 5,000	
		GEN'L AGGREGATE LIMITS APPLIES PER					PERSONAL & ADV INJURY	\$ 1,000,000	
			POLICY	X	PROJECT	LOC	GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS-COMPLETED OPERATIONS/AGGREGAT E	\$ 2,000,000	
YES	5.	PREMISES/OPERATIONS						\$1,000,000 CSL BI/PD EACH OCCURRENCE \$2,000,000 ANNUAL AGGREGATE	
YES	6.	INDEPENDENT CONTRACTOR						\$1,000,000 CSL BI/PD EACH OCCURRENCE \$1,000,000 ANNUAL AGGREGATE	
YES	7.	CONTRACTUAL LIABILITY (MUST BE SHOWN ON CERTIFICATE)						\$1,000,000 CSL BI/PD EACH OCCURRENCE \$1,000,000 ANNUAL AGGREGATE	
NO	8.	XCU COVERAGE						NOT TO BE EXCLUDED	
YES	9.	UMBRELLA LIABILITY COVERAGE						\$5,000,000	
		PROFESSIONAL LIABILITY							
NO	10.		ARCHITECTS & ENGINEERS				\$1,000,000 PER OCCURRENCE/CLAIM		
NO			ASBESTOS & REMOVAL LIABILITY				\$2,000,000 PER OCCURRENCE/CLAIM		
YES			MEDICAL MALPRACTICE				\$1,000,000 PER OCCURRENCE/CLAIM		
YES			MEDICAL PROFESSIONAL LIABILITY				\$1,000,000 PER OCCURRENCE/CLAIM		
NO	11.	MISCELLANEOUS E & O						\$500,000 PER OCCURRENCE/CLAIM	
NO	12.	MOTOR CARRIER ACT ENDORSEMENT						\$1,000,000 BI/PD EACH OCCURRENCE UNINSURED MOTORIST (MCS-90)	
NO	13.	MOTOR CARGO INSURANCE							
NO	14.	GARAGE LIABILITY						\$1,000,000 BODILY INJURY, PROPERTY DAMAGE PER OCCURRENCE	
NO	15.	GARAGEKEEPER'S LIABILITY						\$500,000 COMPREHENSIVE \$500,000 COLLISION	
NO	16.	INLAND MARINE BAILEE'S INSURANCE						\$1,000,000	
NO	17.	DISHONESTY BOND						\$	
NO	18.	BUILDERS RISK						PROVIDE COVERAGE IN THE FULL AMOUNT OF THE CONTRACT UNLESS PROVIDED BY OWNER.	
NO	19.	USL&H						FEDERAL STATUTORY LIMITS	

20. CARRIER RATING SHALL BE BEST'S RATING OF A-VII OR BETTER OR ITS EQUIVALENT.

21. NOTICE OF CANCELLATION, NON-RENEWABLE OR MATERIAL CHANGES IN COVERAGE SHALL BE PROVIDED TO COUNTY AT LEAST 30 DAYS PRIOR TO ACTION. THE WORDS "ENDEAVOR TO" AND "BUT FAILURE TO" (TO END OF SENTENCE) ARE TO BE ELIMINATED FROM THE NOTICE OF CANCELLATION PROVISION ON STANDARD ACCORD CERTIFICATES.

22. THE COUNTY SHALL BE LISTED AS AN ADDITIONAL INSURED ON ALL POLICIES EXCEPT WORKERS' COMPENSATION AND AUTO. ENDORSEMENT PAGE(S) SHALL BE INCLUDED WITH THE COI.

23. CERTIFICATE OF INSURANCE SHALL SHOW THE BID NUMBER AND TITLE.

24. OTHER INSURANCE REQUIRED \_\_\_\_\_.

INSURANCE AGENT'S STATEMENT AND CERTIFICATION: I HAVE REVIEWED THE ABOVE REQUIREMENTS WITH THE PROPOSER NAMED BELOW.

Agency Name: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

PROPOSER'S STATEMENT AND CERTIFICATION: IF AWARDED THE CONTRACT, I WILL COMPLY WITH THE CONTRACT INSURANCE REQUIREMENTS.

Proposer Name: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

**ATTACHMENT C**

**NONCOLLUSION AFFIDAVIT OF PRIME PROPOSER**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, being first duly sworn, deposes and says that:  
(Print)

1. He/She is \_\_\_\_\_ of \_\_\_\_\_, the Proposer that has submitted the attached Proposal;

2. He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the Contract for which the attached Proposal has been submitted or to refrain from proposing in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any other Proposer, or to fix any overhead, profit or cost element of the proposal price or the proposal price of any other proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against Knox County, TN or any person interested in the proposed contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by a collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) \_\_\_\_\_

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2016

\_\_\_\_\_  
(Signature)

My commission expires \_\_\_\_\_



Attachment D  
Public Order Charges Knoxville/Knox County April 1 to June 30, 2016

<b>Charges April 1 to June 30, 2016</b>	<b>Total</b>	<b>Percent</b>
AGG CRIMINAL TRESPASS (IN HABITATION, HOSPITAL OR SCHOOL)	17	0.71%
AGGRESSIVE PANHANDLING (FIRST OFFENSE)	32	1.35%
AGGRESSIVE PANHANDLING (SECOND OR SUBSEQUENT OFFENSE)	1	0.04%
ATTEMPT TO COMMIT SIMPLE POSSESSION/CASUAL EXCHANGE	6	0.25%
ATTEMPTED POSSESSION OF DRUG PARAPHERNALIA	14	0.59%
CRIMINAL TRESPASS	189	7.95%
CRIMINAL TRESPASSING, AGGRAVATED (CAUSES FEAR, NOT HABITATION, HOSPITAL OR SCHOOL)	1	0.04%
DISORDERLY CONDUCT (FAILING TO OBEY ORDER TO DISPERSE)	1	0.04%
DISORDERLY CONDUCT (FIGHTING, VIOLENT, OR THREATENING BEHAVIOR)	53	2.23%
DISORDERLY CONDUCT (HAZARDOUS OR PHYSICALLY OFFENSIVE CONDITION)	5	0.21%
DISORDERLY CONDUCT (UNREASONABLE NOISE)	68	2.86%
OBSTRUCTING SIDEWALK, ROADWAY, RAILWAY, WATERWAY, AISLE, ELEVATOR OR HALL OPEN TO PUBLIC	127	5.34%
POSSESSION OF DRUG PARAPHERNALIA	489	20.56%
PROHIBITED 911 CALLS (NON-EMERGENCY)	5	0.21%
PUBLIC INDECENCY (FIRST OR SECOND OFFENSE)	16	0.67%
PUBLIC INTOXICATION	627	26.37%
RESISTING STOP, FRISK, HALT, ARREST OR SEARCH PREVENT SERVICE OF PROCESS	89	3.74%
SIMPLE POSSESSION/CASUAL EXCHANGE	532	22.37%
SIMPLE POSSESSION/CASUAL EXCHANGE (THIRD OR SUBSEQUENT OFFENSE)	11	0.46%
SIMPLE POSSESSION/CASUAL EXCHANGE OF METHAMPHETAMINE	23	0.97%
UNDERAGE CONSUMPTION OF ALCOHOLIC BEVERAGES, WINE OR BEER	72	3.03%
<b>Grand Total of Charges</b>	<b>2,378</b>	

**172 Defendants have 3 or more charges (726) in 3 months representing 30.5% of charges**



**OFFICE OF COUNTY MAYOR TIM BURCHETT**

Procurement Division • Department of Finance • 1000 North Central St., Suite 100 • Knoxville, TN 37917

**Knox County Procurement Division  
Addendum I to Request for Proposal 2404  
Behavioral Health Urgent Care Center**

**Addendum Date: July 29, 2016**

**Buyer: Matt Myers, CPPO, CPPB**

**Opening Date: August 16, 2016 @ 2:00 pm**

**Total Pages: 3 Total Pages**

**Questions and Answers**

Question #1. Are start-up funds available?

Answer #1. Knox County has budgeted \$200,000 for the current fiscal year to go towards operational costs. Discussions are on-going with the City of Knoxville and the State of Tennessee for future funding.

Question #2. Would the provider have to bill an MCO (Managed Care Provider) for SA (Substance Abuse) treatment? If so, what are the rates?

Answer #2. It is the intent of the County that the provider have these services available in-house and be part of the cost associated with operating the facility.

Question #3. No mention of needing to be a licensed but this would take quite the time to obtain licensing for the building and then the program operations as well.

Answer #3. See Sections 2.6 and 4.5.3 of Request for Proposal 2404.

Question #4. With the title of – BH Urgent Care Center—how much medical care is expected on site and how do we bill for this or is this cost reimbursement as well?

Answer #4. It is expected that “medical care” will be minimal and confined to simple first aid.

Question #5. In reference to 4.1 under Scopes of Work: Can you clarify where referral will derive from? Specifically, can referrals come from crisis providers, emergency departments, other clinical providers, or only from arresting officer or Judge?

Answer #5. Referrals may be received from all of the above. However, it is anticipated that most referrals will come from Law Enforcement.

Question #6. In reference to 4.5.2 under Requirements re: the “72 hour jail diversion program”: Does this imply that all referrals must stay for 72 hours? Can this be clinically determined to be less if assessment, referrals, and transition are completed?

Answer #6. Yes.

Question #7. What is the County’s expectation/recommendation on what facility license regulation needs to be obtained for the “72 hr. Jail Diversion Program” as it is not currently defined (for example, CSU has a license specifically for CSU level of care)?

Answer #7. All applicable licensing provisions required by the State of Tennessee apply.

Question #8. Can the proposal include more than one option for facility site for the County’s consideration?

Answer #8. Yes.

Question #9. What is the expected capacity for the facility?

Answer #9. Initially, eight to ten (8 – 10) crisis and sobering stations each. However, based on the Proposer’s submitted pro forma, this could be more or less.

Question #10. What is the legal status of the individual either brought in directly by law enforcement or processed through Sessions Court (are they released on their own recognizance)?

Answer #10. This status could vary. Could be in protective custody, no charges filed yet, or be on recognizance bond if through General Sessions Court.

Question #11. In reference to Attachment D (charges), can Knox County estimate the number of individuals that would be an appropriate referral to the jail diversion program (exhibiting symptoms of mental illness or substance abuse)?

Answer #11. While this number is difficult to speculate, prior history suggests upward of 4000 yearly.

Question #12. In reference to Attachment D (charges), of the 172 defendants representing 30.5% of the total charges, what are their arrest profiles?

Answer #12. Most will have a history of several public order crimes. Violent criminal conduct may disqualify admission.

Question #13. In reference to Attachment D (charges), of the total number of charges (2,378), how many individuals does this represent?

Answer #13. Estimated between 400 and 600.

Question #14. In a given year, on how many inmates does Knox County initiate detoxification protocols?

Answer #14. Between 500 and 1000 persons although many never complete in that they are released or transferred to another facility.

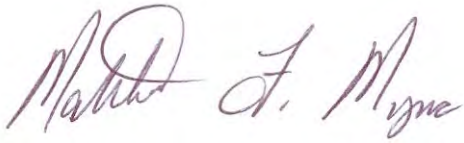
Question #15. Will the cost of the community policing station be outside of the RFP proposal?

Answer #15. Yes.

Question #16. Will the cost of the televideo magistrate be outside of the RFP proposal?

Answer #16. Yes.

\*Addendum must be acknowledged in Section V Proposal Format, Part I Proposer Information.



Matthew F. Myers, CPPO, CPPB  
Deputy Director of Purchasing  
Knox County Government

Space below intentionally left blank.

**(24)** "Hospice patient" means only a person who has:

- (A)** Been diagnosed as terminally ill;
- (B)** Been certified by a physician, in writing, to have an anticipated life expectancy of six (6) months or less; and
- (C)** Voluntarily requested admission to, and been accepted by a licensed hospice;

**(25)** "Hospice services" means a coordinated program of care, under the direction of an identifiable hospice administrator, providing palliative and supportive medical and other services to hospice patients and their families in the patient's regular or temporary place of residence. Hospice services shall be available twenty-four (24) hours a day, seven (7) days a week pursuant to the patient's hospice plan of care. Notwithstanding any other law, a licensed hospice may provide services to a person who is not a hospice patient; provided, that services to a non-hospice patient shall be limited to palliative care only. Hospice services may be provided in an area designated by a hospital for exclusive use by a home care organization certified as a hospice provider to provide care at the hospice inpatient or respite level of care in accordance with the hospice's medicare certification. Admission to the hospital is not required in order for a patient to receive hospice services, regardless of the patient's length of stay. The designation by a hospital of a portion of its facility for exclusive use by a home care organization to provide hospice services to its patients shall not:

- (A)** Alter the license to bed complement of such hospital; or
- (B)** Result in the establishment of a residential hospice;

**(26) (A)** "Hospital" means any institution, place, building or agency represented and held out to the general public as ready, willing and able to furnish care, accommodations, facilities and equipment for the use, in connection with the services of a physician or dentist, of one (1) or more nonrelated persons who may be suffering from deformity, injury or disease or from any other condition for which nursing, medical or surgical services would be appropriate for care, diagnosis or treatment;

**(B)** "Hospital" does not include any hospital or institution, operated by the department of mental health and substance abuse services or the department of intellectual and developmental disabilities, specially intended for use in the diagnosis, care and treatment of those suffering from mental illness, intellectual disabilities, convulsive disorders, or other abnormal mental conditions;

**(C)** All hospitals, including such hospitals as are strictly maternity hospitals, shall come within this part;

**(D)** The board has the authority to determine whether or not any institution or agency comes within the scope of this part, and its decisions in that regard shall be subject only to such rights of review as the courts exercise with respect to administrative actions;

**(E)** It is unlawful for any institution, place, building or agency to be called a hospital if it is not a hospital as defined in this section;

**(27)** "Hospitalization" in a hospital means the reception and care of any person for a continuous period longer than twenty-four (24) hours, for the purpose of giving advice, diagnosis, nursing service or treatment bearing on the physical health of such persons, and maternity care involving labor and delivery for any period of time;

**(28) (A)** "Nursing home" means any institution, place, building or agency represented and held out to the general public for the express or implied purpose of providing care for one (1) or

# **APPENDIX B**

## **TRAFFIC ACCESS AND IMPACT STUDY GUIDELINES AND PROCEDURES**

### ***SECTION 1 – PURPOSE FOR SUBMISSION OF TRAFFIC ACCESS AND IMPACT STUDIES***

These traffic access and impact study guidelines and procedures define when proposed concept subdivision plans, Uses-on-Review, or development plans warrant a detailed traffic study and what information should be included in it. All applicants will be required to follow the MPC guidelines and will be treated equally under the same or similar circumstances.

The purpose of performing a traffic impact and access study, as defined by the Institute of Traffic Engineers (ITE), is to:

1. Provide guidance for short and long-range planning of site access;
2. Provide guidance for on-site circulation and the interface between on-site circulation and off-site traffic;
3. Provide guidance for off-site improvements needed to permit the roadway system to function satisfactorily so as to accommodate site and non-site traffic;
4. Assist developers and landowners in making land use site planning decisions regarding traffic;
5. Identify the contribution a particular development makes to roadway system traffic volumes;
6. Provide a basis for estimating roadway improvement requirements attributable to a particular project;
7. Assess the compatibility with local transportation plans;
8. Enable staff to better evaluate zoning changes and development plans;
9. Allow appointed and elected officials to know implications of their voting decisions.

### ***SECTION 2 – SCOPE OF REQUIRED TRAFFIC ACCESS AND IMPACT STUDIES***

Three levels of study have been identified based on the number of trips that a development is projected to generate in a 24-hour period:

**Level 1** studies require analysis of each access that the development has to an existing roadway. Access points to be analyzed include public roads, joint permanent easements, and private driveways. This level of study is commonly required for large residential subdivisions, office developments, and smaller commercial developments.

**Level II** studies require analysis of each access that the development has to an existing roadway, and to the first control point beyond those access points. A control point is an intersection controlled by a traffic signal or stop sign on the existing roadway onto which the development has access. For cases where a traffic control device does not exist, MPC staff will determine the extent of the study. If a freeway interchange is near the property to be developed and is not signalized, MPC staff will determine if the ramps need to be included in the study. This level of study is commonly required for moderately sized commercial developments and larger office complexes.

**Level III** studies require a complete traffic access and impact study, addressing each access point, the first control point beyond each access point, and the nearest collector/collector intersection or street of higher classification or as determined by MPC staff. The exact area to be studied will be determined by MPC with input from the study preparer. Level III studies are uncommon, as they are usually warranted only with very large mixed-use and commercial developments.

### ***SECTION 3 – WHEN TRAFFIC ACCESS AND IMPACT STUDIES ARE REQUIRED***

Traffic access and impact studies shall be submitted along with applications for **Concept Subdivision Plan**, **Use-on-Review**, and **Development Plan** requests which fall within the following 24-hour trip generation ranges:

<u>24-HOUR TRIP GENERATION</u>	<u>TRAFFIC STUDY SCOPE</u>
750-3000 ADT	LEVEL I
3000-6000 ADT	LEVEL II
> 6000 ADT	LEVEL III

Trip generation rates for proposed uses shall be calculated using the ITE Trip Generation Manual, or using local data when it is available.

Upon being provided proof by the developer's traffic engineer that a lower level traffic impact study would be adequate for a proposed development, or that a traffic impact study is not warranted, the Executive Director of the Planning Commission staff may reduce the level of study required or waive the requirement.

### ***SECTION 4 – SUBMISSION AND REVIEW PROCEDURES FOR TRAFFIC ACCESS AND IMPACT STUDIES***

1. Applicants should conduct a preliminary trip generation assessment of any proposed Concept Subdivision Plan, Use-on-Review, or Development Plan to determine if a traffic study will be required. **This preliminary assessment should be conducted well in advance of the actual submission of plans.**
2. If the preliminary assessment indicates that a traffic study will be required, the applicant should immediately consult with MPC staff to verify a development's projected trip generation, and to confirm whether or not a study will be required. If a study is required, the required level can be determined at that time.
3. The applicant shall then select a traffic or transportation engineer to prepare the study, who may need to consult with MPC staff periodically to review the collected data and any assumptions made in the draft report.

4. Ten copies of the completed draft traffic study shall be submitted along with the development application and all other materials required for submission.
5. MPC staff, along with local and state government, shall review the draft traffic study in conjunction with the other elements of the development application. If the draft traffic study is not of the proper scope or is executed improperly, the applicant shall be notified of the deficiencies and be required to submit corrections on the same schedule that applies to the other elements of the development application. Failure to submit corrections in a timely fashion may lead to a postponement of the application until the next regularly scheduled MPC meeting.

**Note:** Since a completed traffic study must be submitted at the same time as the application for a development, it is critical that the applicant conduct steps 1-3 early in their planning of a proposed development. Failure to submit a traffic study, or submission of an inadequate study, is likely to slow the review process and may lead to postponements.

### ***SECTION 5 – REQUIRED QUALIFICATIONS FOR PREPARERS OF TRAFFIC ACCESS AND IMPACT STUDIES***

Traffic access and impact studies shall be prepared under the supervision of a qualified engineer who has specific training in traffic and transportation engineering and several years of experience related to preparing traffic studies for existing or proposed developments. The study shall be signed and sealed by the supervising engineer. The ability to forecast and analyze traffic needs for both developments and roadway systems is essential. All traffic operations and design work shall be completed under the supervision of a registered professional engineer.

### ***SECTION 6 – REQUIRED SPECIFICATIONS FOR TRAFFIC ACCESS AND IMPACT STUDIES - REPORT REQUIREMENTS – LEVEL I AND II STUDIES***

- I. **Introduction**
  - A. Description of site including a location map
  - B. Type of project
    1. If residential, number and type of dwelling units
    2. If commercial or industrial, square footage and type of development
  - C. Other planning data which may be pertinent
  - D. Map of project with proposed access points shown



## **II. Existing Conditions**

- A. Directional traffic counts on roads adjacent to property with access to development
  - 1. Traffic counts should be not more than one year old
- B. Level of service of intersection(s) (if applicable)
  - 1. Highway capacity software is recommended
  - 2. Other nationally recognized software can be used

## **III. Trip Generation Rates**

- A. Listing of trip generation rates
- B. Listing of sources for rates used
  - 1. ITE 5<sup>th</sup> Edition of Trip Generation manual or latest edition
  - 2. If the type of proposed development is not addressed in the ITE manual, then other rates may be used as long as they are documented and have been approved by MPC staff.
- C. Calculation of trip ends by type of generator
  - 1. Traffic generated by phase.
  - 2. 100 percent occupancy and development.

## **IV. Trip Distribution**

- A. Assumptions as to the directional distribution of traffic to and from the development.
- B. Assumptions as to the peak hour percentages.
- C. Assumptions as to the peak hour directional splits.
- D. Assumptions as to the pass-by trips if applicable – must be approved by MPC staff.

## **V. Analysis**

- A. Level of Service (LOS) and capacity analysis for peak periods
  - 1. Compute the projected LOS and capacity analysis for each access point and control point to the adjacent road system based on the development by phase
    - a. Highway Capacity Software is recommended
    - b. Other nationally recognized software can be used
  - 2. Compare LOS before development to LOS after development, if applicable
  - 3. Link Analysis, if applicable
- B. Intersection and roadway geometry – existing and proposed
  - 1. Distances from existing streets, driveways, and/or median cuts
  - 2. Alignment with existing streets, driveways, and/or median cuts
  - 3. Intersection layout
  - 4. Sight distance
  - 5. Right-of-way width
  - 6. Lane width(s)
- C. Site Circulation
- D. Pedestrian facilities

1. Sidewalks
2. Transit stop(s)
3. School bus stops

#### **VI. Recommendations**

- A. Site access
- B. Intersection improvements
  1. Traffic control device(s) – modify existing or need for new
  2. Left and/or right turn lanes
  3. Acceleration and/or deceleration lanes
  4. Length of storage bays
- C. Off-site improvements
  1. Modification to existing traffic control device(s)
  2. Additional traffic control device(s)
  3. Additional lanes at major intersections
  4. Additional roads
- D. Improvements by phasing (if applicable)

#### **VII. Appendix**

- A. Raw traffic count data
- B. Documentation of analysis

### ***REPORT REQUIREMENTS – LEVEL III STUDIES***

In addition to the preceding information required for Level I and II studies, the following information on Trip Assignment shall be provided in the report prior to the Analysis and Recommendation sections:

#### **VIII. Trip Assignment**

- A. Show existing ADTs, proposed development traffic and total traffic for all affected links on map which identifies the project and the surrounding roads.
- B. Show AM and PM peak hour turning movements for the existing traffic, the proposed development traffic, and the combined traffic at all project entrance intersections, and affected intersections within the study area.
- C. Discuss the effects of phasing of the proposed project.

### ***SECTION 7 – ADDITIONAL TECHNICAL INFORMATION ON TRAFFIC ACCESS AND IMPACT STUDIES***

Additional information on Traffic Access and Impact Studies can be obtained from *Traffic Access and Impact Studies for Site Development – A Recommended Practice* by the Institute of Transportation Engineers.



Plans Review & Inspections Division  
MEMORANDUM

To: Gerald Green, Executive Director, MPC

From: Peter Ahrens, Building Official & Director, Plans Review & Inspections

Subject: Hospital Use in an Office, Medical, and Related Services (O-1) District

Date: March 9, 2017

cc: Crista Cuccaro, Staff Attorney, City of Knoxville  
Scott Elder, Zoning Chief, City of Knoxville  
Dan Kelly, Development Services Manager, MPC  
Mike Reynolds, Senior Planner, MPC

I have been asked to classify the operations of a behavioral health urgent care center operated by Helen Ross McNabb, proposed to be located at 3343 Dewine Road, which is zoned as an O-1 District.

The City of Knoxville Zoning Code identifies a variety of medical uses and facilities, including medical clinics, doctor's offices, hospitals, nursing homes, public health centers, sanitariums, and methadone treatment clinics. In the O-1 District, medical offices and halfway houses with up to 5 people are permitted by right, whereas hospitals, assisted living facilities, methadone clinics, and halfway houses with 6 or more people are uses on review, requiring approval by the Metropolitan Planning Commission.

The proposed facility will provide similar services to services available at the existing adjacent Helen Ross McNabb Center, known as a Crisis Stabilization Unit (CSU). The CSU is similarly zoned O-1 and was approved as a use on review for a hospital in 1997. The 1997 report use on review report, which is attached to this memorandum as **Exhibit A**, provides a full explanation and history of the adjacent site. The CSU accepts adults who arrive voluntarily for treatment.

In contrast, the proposed facility will accept adults who are brought by law enforcement personnel and who choose rehabilitation treatment instead of being taken to jail for minor, nonviolent offenses. The facility will have up 31 beds installed and will house individuals overnight. The average expected stay for patients is three days. While at the proposed facility, patients may undergo health assessments, initial diagnostic evaluations, crisis intervention, treatment planning, mental health respite, substance abuse pre-treatment, detoxification, discharge planning, and case management. Further details about the proposed facility are listed in **Exhibit B** to this memorandum.

Taking into account this range of services, in addition to the overnight stays at the facility, this proposed use most closely resembles a hospital, as defined by the City of Knoxville Zoning Code. A hospital is “an institution providing health services primarily for human inpatient medical or surgical care for the sick or injured and including related facilities such as laboratories, outpatient departments, training facilities, central services facilities, and staff offices which are an integral part of the facilities.” The medical care being accessed by patients of the facility are mental and behavioral health services. The inpatient, overnight component for mental health and substance abuse issues also supports the use’s classification as a hospital. Furthermore, this classification aligns with the 1997 determination of the adjacent facility as a hospital. Because the individuals at the proposed facility are not court-ordered to be there, the use cannot be considered a halfway house by definition.

Accordingly, and for the reasons stated above, I interpret the behavioral health urgent care center operated by Helen Ross McNabb is a hospital under the City of Knoxville Zoning Code. Please let me know if you have further questions.

0000 0001 1290

KNOXVILLE COUNTY  
**M P C**  
 METROPOLITAN  
 PLANNING  
 COMMISSION  
 TENNESSEE

Suite 403 • City County Building  
 400 Main Avenue  
 Knoxville, Tennessee 37902  
 615 • 621 • 2500

JAN 7 1997

**USE ON REVIEW**

Jurisdiction: ☒ City 3 Councilmanic District ☐ County        Commission District  
 Date Filed: 11/7/97 Fee Paid: 460.00 File Number: 12-C-97-UR  
 Map Number: 93 Zoning District: SSD-1 ☒ City ☐ County Sector: Northwest  
 Name of Applicant: Heidi Ross McNabb Center

for 12/11/97 meeting

**PROPERTY INFORMATION:**

Address: (Street Name) Ball Camp Pl. (Street Number) 5310  
 General Location: South 9.46 Ball Camp Pl. East 9.46 Waller K  
C.R.  
 Description: Parcel(s) 55 City Block(s) 43080  
 Other         
        
        
        
        
 Size of Tract: 14.30 Acres        Square Feet

**APPROVAL REQUESTED:**

- ☐ Development Plans in Planned District or Zone  
☐ Home Occupation (Specify Occupation)         
☒ Other (Be specific) Hosp. for treatment  
of drug and alcohol dependent  
patients.

**ACCOMPANYING MATERIALS:**

- ☒ Development Plan  
☐ Off-Street Parking Plan  
☐ Floor Plan  
☐ Landscape Plan  
☐ Restrictive Covenants  
☐ Affidavit  
☐ Home Occupation Check List  
☐ Other

Density Proposed:        Dwelling Units per Acre

**ALL CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE MAILED TO:**

NETAUR G. SEYKORA JR. P.O. Box 39, Knoxville, TN 37901 546-9320  
 Name: (Print) Address City State Zip Telephone

**AUTHORIZATION OF APPLICATION:**

I hereby certify that I am the authorized applicant, representing ALL property owners involved in this request or holders of option on same, as listed on the back of this form.

Signature: [Signature]Name: (Print) SAUR

Address City State Zip Telephone

APPLICATION ACCEPTED BY: [Signature]

EXHIBIT

**A**

PENGAD 800-631-6889

0000 0001 1291

**NAMES OF ALL PROPERTY OWNERS INVOLVED OR HOLDERS OF OPTION ON SAME MUST BE LISTED BELOW:**

Please Print or Type in Black Ink:

(If more space is required attach additional sheet.)

Name

Address

City

State

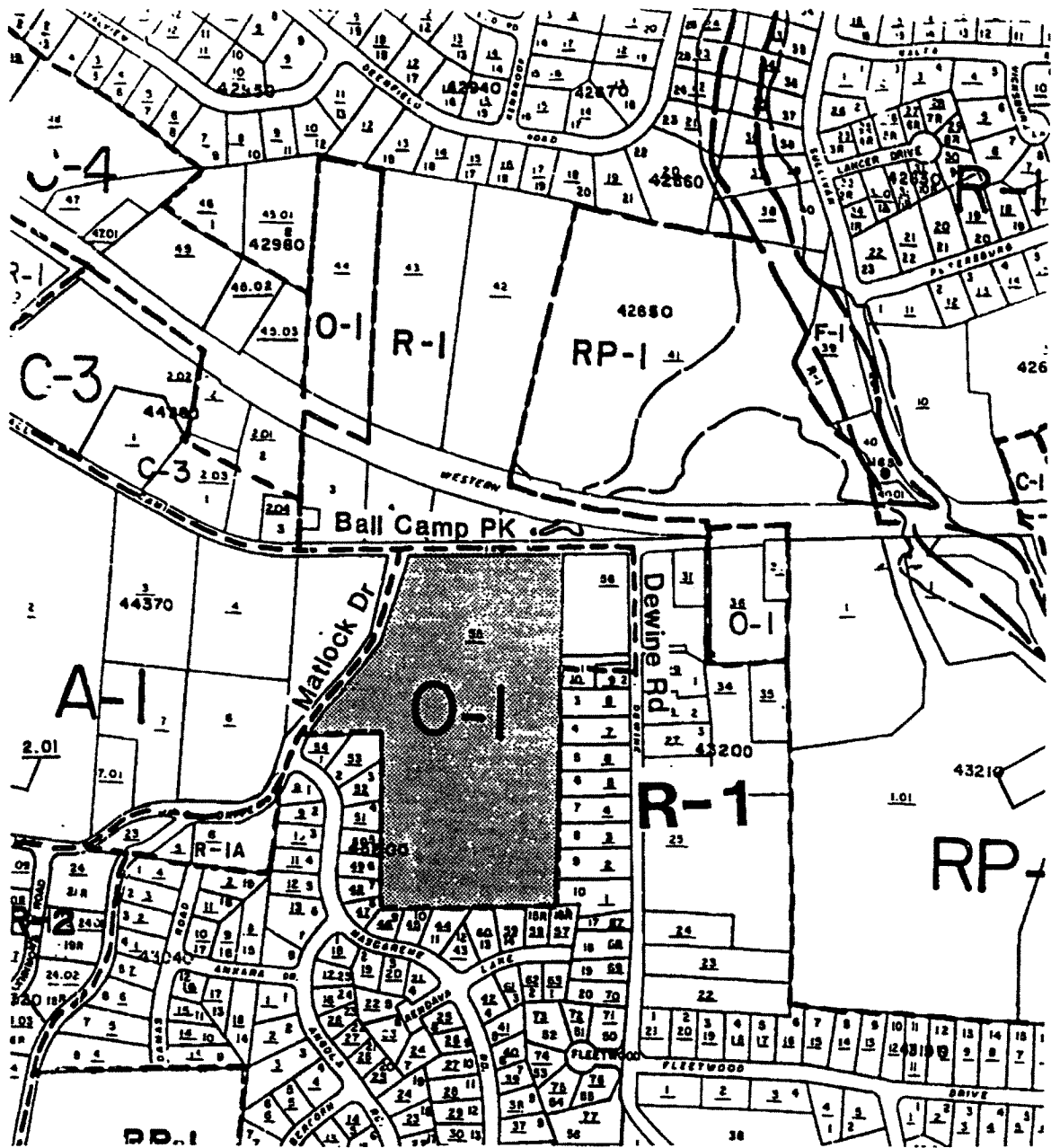
Zip

Owner

Option

X

0000 0001 1292



# **USE ON REVIEW**

## **PROPOSED USE**



Approval of a hospital for the treatment of drug and alcohol dependent patients in an O-1 Office, Medical & Related Services District.

### **JURISDICTION**

CITY X

COUNTY \_\_\_\_\_

PETITIONER: DRI

FILE NO: 2-B-87-UR

CLT NO: 93









## KNOXVILLE/KNOX COUNTY METROPOLITAN PLANNING COMMISSION

## USE ON REVIEW

MEETING DATE:	12/11/97	FILE NO. 12-C-97-UR
APPLICANT	HELEN ROSS McNABB CENTER	
JURISDICTION:	City <u>X</u> Council District <u>3</u> County <u>  </u> Commission District <u>  </u>	
LOCATION:	South side Ball Camp Pike, east side Matlock	
APPX. SIZE OF TRACT:	14.29 acres	
CLT MAP & PARCEL NO.:	CLT 93/Parcel 55	
SECTOR PLAN:	Northwest City Sector Plan	
ZONING:	O-1 Office, Medical & Related Services District	
EXISTING LAND USE:	Vacant hospital building	
PROPOSED USE:	Hospital for the treatment of drug and alcohol dependent patients	
DENSITY PROPOSED:	NA	
HISTORY OF ZONING:	Property zoned O-1 in 1971. Development plan for group home withdrawn in 1986. A drug & alcohol treatment center for adolescents was approved by MPC in March 1997. This approval is being contested through the judicial process.	
SURROUNDING LAND USE & ZONING:	Property in the area is zoned R-1 and RP-1 Residential and O-1 Office. Development consists of single family dwellings and churches.	
ACCESSIBILITY:	Access is via Ball Camp Pike, a minor collector street with a pavement width of 21' within a 40' right-of-way	
UTILITIES:	Water Source:	KUB 6"
	Sewer Source:	KUB 8"

## STAFF RECOMMENDATION:

APPROVE the development plan for a hospital limited to the treatment of drug and alcohol dependent patients age 18 or older subject to:

1. Any requirements of the Knox County Health Department.
2. Obtaining and maintaining the necessary license(s) from the State of Tennessee Board of Licensing Health Care Facilities.
3. Meeting all requirements of the Knoxville Fire Marshall.
4. Meeting all requirements of the City Engineer and Arborist.
5. Constructing a six-foot high privacy fence along the boundary of the site adjacent to the residences along Mascarene Rd. This is in addition to the fencing shown on the development plan.
6. Not more than 30 patients at any time being treated on an in-patient basis.
7. Meeting all requirements of the Knoxville Zoning Ordinance.

(Cont'd)

HELEN ROSS McNABB CENTER  
12-C-97-UR  
Page Two

COMMENTS:

The existing structure was built at a time when a hospital was a permitted use in the O-1 district. In August 1984, the *Knoxville Zoning Ordinance* was amended to require use on review approval of a hospital in an O-1 district. Due to this amendment, the hospital became a pre-existing nonconforming use.

The building was used as a hospital for approximately 25 years. It was originally built for use as an osteopathic hospital. It operated with the name of Northwest General Hospital for years. The name was changed some years ago to Oakwood Medical Center as they changed to a psychiatric care facility. The building has been vacant since 1995. Because the building has been vacant more than six months, its status as a pre-existing nonconforming use has lapsed. Because of this change in status, it is necessary to get use on review approval for this request.

The site is bounded on the north by Ball Camp Pk. which is classified in the Major Road Plan as a minor collector street. On the east side of the site, the land uses consist of a church located at the intersection of Ball Camp Pk. and Dewine Rd. and single family dwellings to the south fronting on Dewine Rd. On the west and south sides of the site, single family dwellings are in place (Mascarene Hills Subdivision). The existing building is visible from the rear of the dwellings located on Mascarene Rd. and Rendava Ln. There is extensive natural vegetation located along the eastern boundary of the site which decreases the visibility of the hospital building. With a moderate amount of fencing and landscaping, the visibility of the existing building could be greatly decreased.

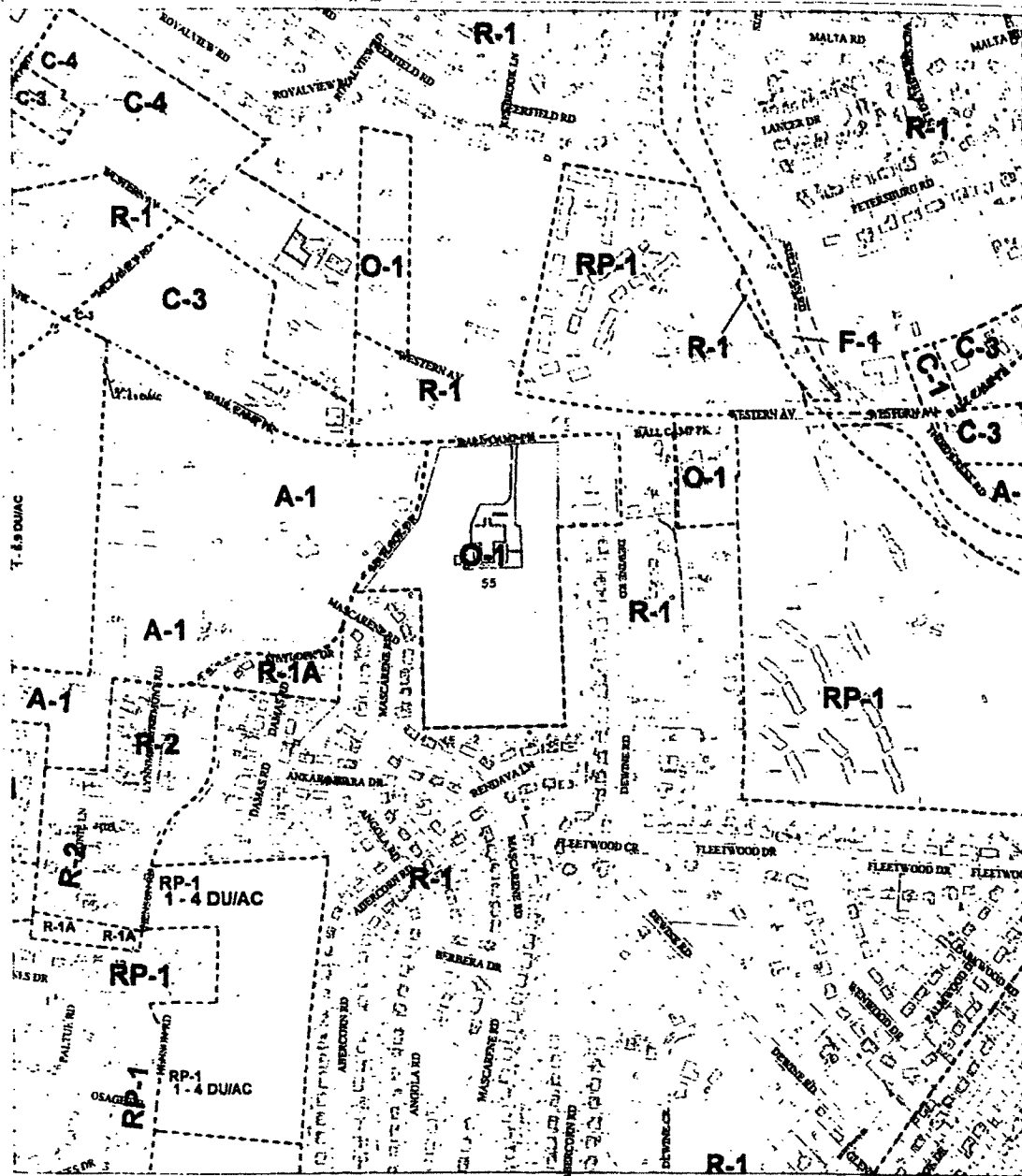
The topography of the site rises from Ball Camp Pk. to the southern boundary. The existing structure is situated approximately 300 ft. south of Ball Camp Pk. and approximately 650 ft. north of the rear property line. The nearest dwelling is located approximately 250 ft. from the proposed hospital building.

The applicant is proposing a hospital limited to the treatment of drug and alcohol dependent patients. It is to be further limited to 30 patients above the age of 18. The program of treatment generally consists of a 7-14 day residential treatment period and a 6 week out patient treatment program.

In March of this year, MPC approved a development plan to permit a drug and alcohol treatment center for adolescent patients at this facility. This action was appealed to City Council and is now at the Tennessee Court of Appeals. The applicants have worked with the area residents during this time. Changing from adolescent patients to adult patients is a result of the ongoing dialogue with the neighborhood residents.

Landscaping and fencing is proposed along the southern boundary of the site and a portion of the eastern boundary. The staff feels the fencing should extend along the western boundary where it adjoins residential lots.

The staff feels the proposed use can be accommodated at this location with minimal impact on the area. The building was constructed with patient care and supervision in mind. The use proposed is similar to the previous use of the site. The location is deemed to be satisfactory because it is located on the edge of the residential area on a collector street. It will not draw additional traffic into the surrounding residential areas. The use will be consistent with the adopted One Year Plan which proposes this site for office zoning and the General Plan policies for the location of community facilities. Finally, there is no evidence that the proposed use would significantly injure the value of adjacent property.



**12-C-97-UR  
USE ON REVIEW**

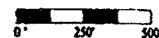
Approval of a development plan for a hospital for  
the treatment of drug & alcohol dependent patients  
in an O-1 District.

Metropolitan Planning Commission • City County Building • Knoxville, TN 37902

Petitioner: Helen Ross McNabb Center

Map No: 93

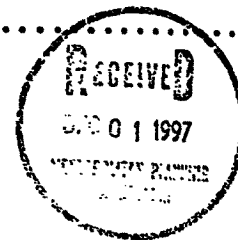
Jurisdiction: City



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The HELEN ROSS McNABB CENTER

A NOT-FOR-PROFIT CORPORATION FOR THE DIAGNOSIS, TREATMENT,  
AND PREVENTION OF MENTAL ILLNESS



December 1, 1997

Dan Kelly  
Metropolitan Planning Commission  
Suite 403  
400 Main Street  
Knoxville, TN 37902

Re: Oakwood Medical Center

Dear Sir:

Please find attached an updated description of the program we propose to locate at Oakwood Medical Center, 5310 Ball Camp Pike, Knoxville. As we discussed, this is a short term program for the treatment of substance abuse for an adult population. Persons are in treatment from 7 to 14 days and then may participate in several after treatment options.

This program is voluntary and requires the active participation of the client in order to be effective. We met with the neighborhood surrounding Oakwood Medical Center on November 20, 1997, and those present seemed satisfied with our accommodations to their request.

If there should be other questions, please do not hesitate to call me at 637-9711. Thank you for your attention to this issue.

Sincerely,

Patricia A. Hall  
Vice President of Substance Abuse Services

ADMINISTRATION  
AND ADULT CENTER  
1520 Cherokee Trail  
Knoxville, TN 37920-2283  
(423) 637-9711  
Fax (423) 637-1278

CHILDREN AND  
YOUTH CENTER  
320 Arthur Street  
Knoxville, TN 37921-6319  
(423) 523-6695  
Fax (423) 523-6427

FRIENDSHIP HOUSE  
VOCATIONAL CONNECTION  
616 LeMay Street  
Knoxville, TN 37917  
(423) 544-3841  
Fax (423) 544-3843

FRIENDSHIP HOUSE  
DROP-IN CENTER  
528 Lamar Street  
Knoxville, TN 37917  
(423) 541-6635

HOME BASE  
PROGRAM  
128 S. Main Street  
Suite 202  
Greeneville, TN 37743  
(423) 639-0616  
Fax (423) 639-4840



A United Way Member Agency

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## ADULT RESIDENTIAL CENTER FOR SUBSTANCE ABUSE TREATMENT

The Adult Residential Center for Substance Abuse Treatment is one of the programs in a continuum of care offered to the community by the Helen Ross McNabb Center, Inc. Created by a group of concerned citizens in 1978, this program has served more than 20,000 clients since its inception. The program is licensed and evaluated by the Tennessee Department of Health, Division of Alcohol and Drug Abuse Services. Success rates for this program have remained consistent at 58 to 62%. This translates into 12,000 persons whose lives have been dramatically changed and who have chosen to live a responsible alcohol/drug free life style.

This program is designed to serve adults, ages 18 and above who have found their lives unmanageable due to their use or abuse of a substance. All persons must enter the Adult Residential Center voluntarily. Clients are referred from all areas of the community; i.e., area hospitals, social service agencies, law enforcement agencies, families, friends and self referral. A client must be willing to actively participate in their own care plan and to follow the guidelines and rules of the treatment center.

Clients are treated by a multi-disciplinary staff of professionals consisting of physicians, nurses, licensed counselors and para-professionals in a four-phase program consisting of the following:

- I. DETOXIFICATION - The first step in treatment of substance abuse must be a medically monitored detoxification, if necessary, to lessen the distress of withdrawal. This phase is managed by nursing staff under the orders of the contract physician and may last three (3) to seven (7) days. The majority of clients need no medications to safely detox.
- II. REHABILITATION - The rehabilitation phase of the program consist of group and individual counseling, drug and alcohol abuse education, assessment and evaluation, life skills training and an introduction to self help programs. Families are brought into the center once a week for

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counseling as well at this phase. Along with counseling, persons are also offered recreation and social activities, and are encouraged to begin to look to the future. Total length of stay for detoxification and rehabilitation is seven (7) to fourteen (14) days.

III. **AFTERCARE/FOLLOW-ON TREATMENT** - Phase III of the treatment program is designed on an individual basis. Some persons may choose to be referred to outpatient services for further counseling and treatment. Others will qualify for the vocational component of the program and others will attend a weekly aftercare group there they will find on-going support. There may also be the need for referral to a group home for long-term support.

IV. **VOCATIONAL REHABILITATION** - Many clients will qualify for the vocational component of the program. The goal of this phase is to re-educate and train persons to find satisfying life work that will encourage a responsible alcohol/drug free life style. These clients are referred to the vocational programs located at Helen Ross McNabb Center, Inc., 320 Arthur Street, Knoxville, TN 37921. Persons are monitored for a six-month period of work activity which includes on-going counseling and support at the Arthur Street location.

The Adult Residential Center is funded through grants from the Tennessee Department of Health, Knox County, United Way of Greater Knoxville and other individual contracts with area businesses and agencies. TennCare and private insurances are also a major source of financial support. Persons are assessed for eligibility and medical appropriateness before admission to the program.

Recovery from chemical use and abuse is a process involving physical, mental, emotional and spiritual aspects of a person. An environment that supports all of these aspects would be a major facilitator in assisting the person to commit their life to on-going recovery.

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## The HELEN ROSS McNABB CENTER

A NOT-FOR-PROFIT CORPORATION FOR THE DIAGNOSIS, TREATMENT,  
AND PREVENTION OF MENTAL ILLNESS

November 5, 1997

Mr. Dan Kelly  
Metropolitan Planning Commission  
400 Main Street  
Suite 403  
Knoxville, TN 37902

Re: Oakwood Medical Center

Dear Mr. Kelly,

This letter is a request from the Helen Ross McNabb Center, Inc. for a Use on Review for the property known as Oakwood Medical Center, 5310 Ball Camp Pike, Knoxville, Tennessee. This property was previously approved for use as an Adolescent Treatment Center for the Detoxification Rehabilitation Institute, Inc. In August of 1997, DRI merged with the Helen Ross McNabb Center, Inc. Shortly after that merger, the McNabb Center bought the Oakwood facility and now have clear title to that property.

As you know, the neighborhood surrounding the property has continued to object to the planned use. In the past month, Ken Badal, CEO and President of McNabb and myself, have met extensively with representatives of the neighborhood surrounding the facility. The neighborhood leadership has agreed to support the facility use as follows:

1. Substitute a 30 bed hospital for the treatment of drug and alcohol dependent adults for the approved 20 bed facility for the treatment of drug and alcohol dependent adolescents.
2. Improve lighting, exterior of building and grounds.
3. Institute a neighborhood Advisory Board.
4. Initiate formation and membership in a Neighborhood Association.
5. Install fencing as determined by the neighborhood.

Therefore, we are asking for a Use on Review to change the approved use to :

Hospital for the treatment of drug and alcohol dependent patients, 30 beds, Adults only.  
A description of the proposed program is inclosed as (Attachment A)

ADMINISTRATION  
AND ADULT CENTER  
1520 Cherokee Trail  
Knoxville, TN 37920-2283  
(423) 637-9711  
Fax (423) 637-1278

CHILDREN AND  
YOUTH CENTER  
320 Arthur Street  
Knoxville, TN 37921-6519  
(423) 523-8695  
Fax (423) 523-6827

FRIENDSHIP HOUSE  
VOCATIONAL CONNECTION  
616 Latrell Street  
Knoxville, TN 37917  
(423) 544-3841  
Fax (423) 544-3843

FRIENDSHIP HOUSE  
DROP-IN CENTER  
528 Lamar Street  
Knoxville, TN 37917  
(423) 541-6633

HOME BASE  
PROGRAM  
128 S. Main Street  
Suite 201  
Greeneville, TN 37743  
(423) 639-0616  
Fax (423) 639-4840



A United Way Member Agency



The Helen Ross McNabb Center, Inc. would abide by all MPC Staff Recommendations as previously issued in the Use on Review, dated 3/13/97 with the exception of the following:

#5. We propose to develop fencing as determined by the neighborhood leadership. The neighborhood leadership is telling us that a wooden fence is not their current desire. It is still unclear to us as to what kind of fencing they would determine is most appropriate. We have agreed to abide by their determined request in this manner.

#6. We would ask to change this recommendation to not more than 30 patients at any time being treated on an in-patient basis and those patients would be Adults, 18 years of age or older.

We have scheduled a meeting with the neighborhood on November 20, 1997, at which time the leadership of the neighborhood will explain why they are supporting this compromise. We anticipate a positive response from the majority of the neighbors.

We believe that, in conjunction the neighborhood leaders, we have negotiated a "win-win" position for all parties concerned. We would ask that you respectfully consider this change in planned use of this property.

Please call me at 637-9711 should further information be desired. Thank you for your time and attention.

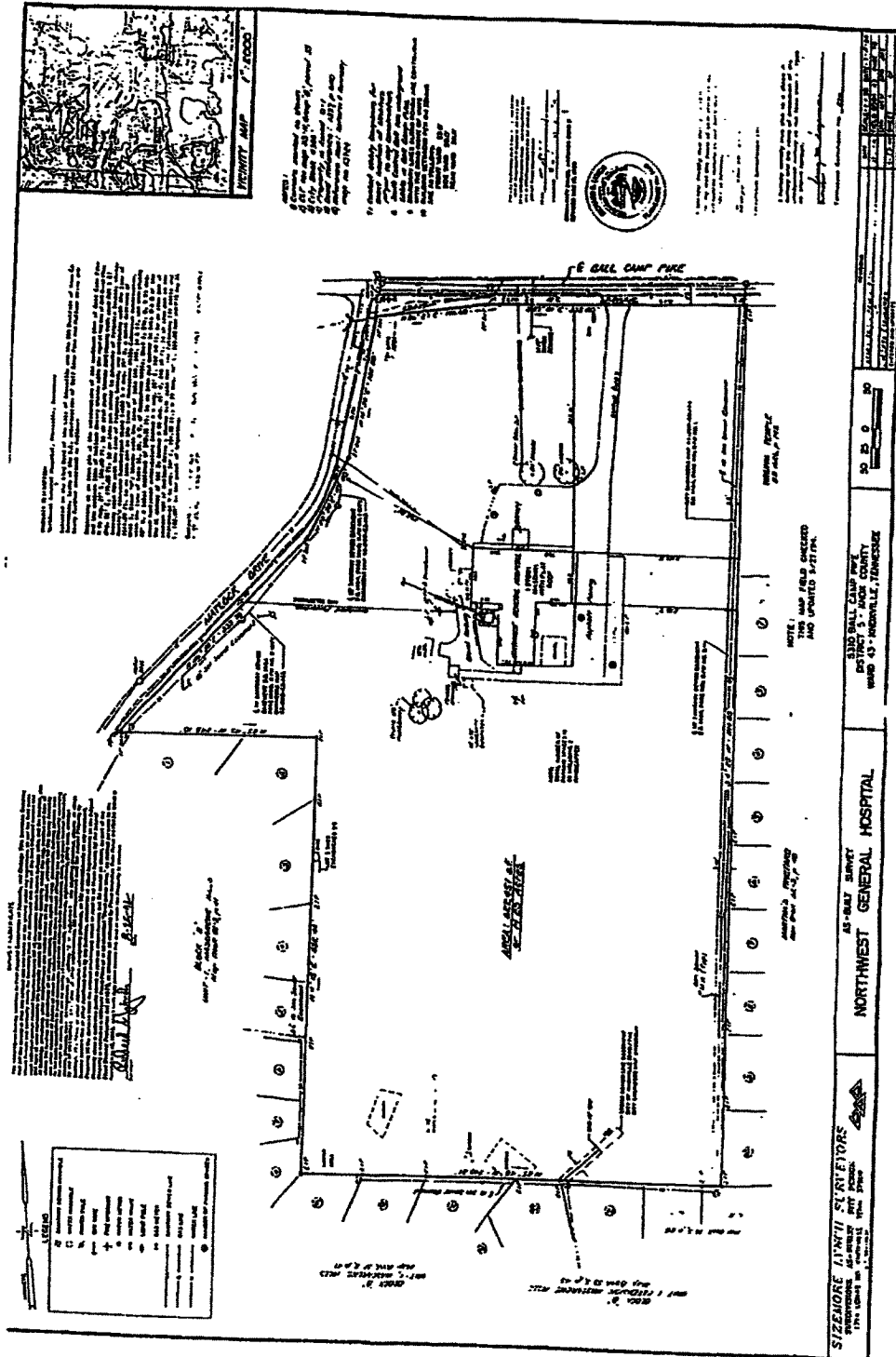
Sincerely,



Patricia A. Hall  
Vice President of Substance Abuse Services

cc: Arthur Seymour, Jr., Attorney  
Ken Badal, CEO & President

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APPENDIX  
A

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ADULT RESIDENTIAL CENTER  
FOR SUBSTANCE ABUSE TREATMENT

The Adult Residential Center for Substance Abuse Treatment is one of the programs in a continuum of care offered to the community by the Helen Ross McNabb Center, Inc. Created by a group of concerned citizens in 1978, this program has served over 20,000 clients since its inception. The program is licensed and evaluated by the Tennessee Department of Health, Division of Alcohol and Drug Abuse Services. Success rates for this program have remained consistent at 58 to 62%. This translates into 12,000 persons whose lives have been dramatically changed and who have chosen to live a responsible alcohol/drug free life style.

This program is designed to serve adults, ages 18 and above who have found their lives unmanageable due to their use or abuse of a substance. All persons must enter the Adult Residential Center voluntarily. Clients are referred from all areas of the community; i.e. area hospitals, social service agencies, families and friends and self referral. A client must be willing to actively participate in their own care plan and to follow the guidelines and rules of the treatment center.

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managed by nursing staff under the orders of the contract physician and may last three (3) to seven (7) days.

II. REHABILITATION - The rehabilitation phase of the program consists of group and individual counseling, drug and alcohol abuse education, assessment and evaluation, life skills training, and an introduction to self help programs. Families are brought into the center for counseling as well at this phase. Along with counseling, persons are also offered recreation and social activities, and are encouraged to begin to look to the future.

III. AFTERCARE/FOLLOW-ON TREATMENT - Phase III of the treatment program is designed on an individual basis. Some persons may choose to be referred to outpatient services for further counseling and treatment. Others will qualify for the vocational component of the program and others will attend a weekly aftercare group where they will find on-going support. There may also be the need for referral to a group home for long-term support.

IV. VOCATIONAL REHABILITATION - Many clients will qualify for the vocational component of the program. The goal of this phase is to re-educate and train persons to find satisfying life work that will encourage a responsible alcohol/drug free life style. Persons are monitored for a six month period of work activity which includes on-going counseling and support.

The Gateway property offers an ideal setting for the residential treatment program. The beauty of the grounds themselves will enhance the healing process as well as allow for excellent recreation and social opportunities. The property also will allow for an expansion of existing vocational training programs. New programs in grounds management, food service, and animal husbandry are an example of possible expansion.

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Recovery from chemical use and abuse is a process involving physical, mental, emotional and spiritual aspects of a person. An environment that supports all of these aspects would be a major facilitator in assisting the person to commit their life to on-going recovery.

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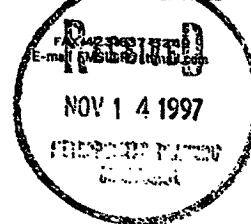
ARTHUR G SEYMOUR  
FRED H CAGLE JR.  
ARTHUR G SEYMOUR JR  
FRANCIS A CAIN  
ROBERT L KAHN  
REGGIE E KEATON  
DONALD D HOWELL  
DEBRA L FULTON  
MICHAEL W EWELL  
IMOGENE A KING  
JOHN M LAWYORN  
JAMES E WAGNER  
JAMES D MOTERS  
BEVERLY D HELMS

LAW OFFICES  
**FRANTZ, McCONNELL & SEYMOUR, LLP**

MAIL ADDRESS:

P.O. BOX 39  
KNOXVILLE, TENNESSEE 37901  
TELEPHONE 423/546-9321

OFFICE ADDRESS:  
SUITE 500  
550 W. MAIN AVENUE  
KNOXVILLE, TENNESSEE 37902



November 14, 1997

Mr. Dan Kelly  
Metropolitan Planning Commission  
400 Main Street, Suite 403  
Knoxville, Tennessee 37902

(12-C-97-WR)

**RE: Application of Helen Ross McNabb Center for use on Review of  
Oakwood Medical Center**

Dear Dan:

In connection with the application of Helen Ross McNabb Center for a use on review for the Oakwood Medical Center, I enclose herewith a floor plan of the building. Patti Hall advises me that the only staff and office use on premise will be in connection with the rehabilitation program. There will be no offices for outside staff.

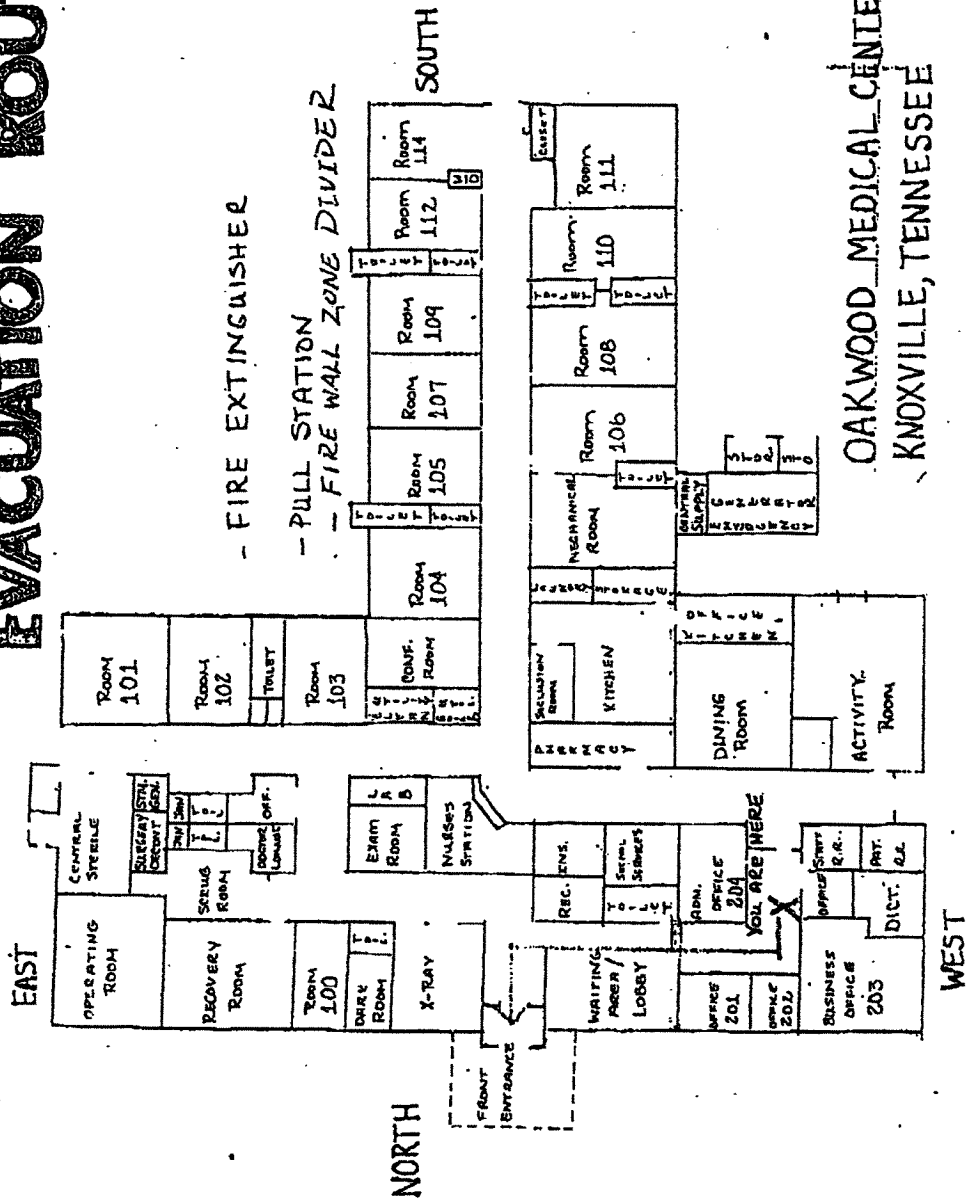
If you have any questions, please let me know.

Very truly yours,

  
Arthur G. Seymour, Jr.  
FRANTZ, McCONNELL & SEYMOUR, LLP

AGSjr/tm  
Enclosure  
cc: Ms. Patricia A. Hall

# EVACUATION ROUTE





# Knoxville/Knox County Behavioral Health Urgent Care Center

## FACT SHEET

**Purpose:** To offer a safe alternative to incarceration or an emergency room visit at a hospital for citizens that have behavioral health issues. With this community solution we will expedite interventions and treatment by professionals specifically trained in behavioral health.

### ***Who is served?***

Non-violent adults who have come to the attention of law enforcement and are deemed in need of mental health or substance abuse intervention.

### ***Who is not served?***

Adults charged with violent crimes, known sex offenders.

### ***What is the best location for the Center?***

The proposed site needs to be within the city limits to expedite access by law enforcement.

### ***What security precautions are taken?***

The facility will have a community policing station on site. The facility will be staffed 24/7 by therapeutic personnel. Additionally the facility will have video cameras to monitor activity within the facility and the grounds.

### ***How do people access care?***

Citizens that are picked up by law enforcement for non-violent offenses who appear to have mental health issues or substance use influence will be brought the Center for evaluation. Admission for care occurs if the individual is deemed appropriate for this setting.

### ***What will occur within the building?***

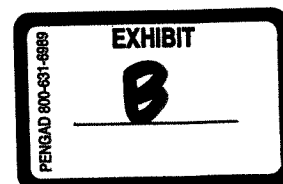
The Center will perform health assessments, initial diagnostic evaluations, crisis intervention, treatment planning, mental health respite, substance abuse pre-treatment, detoxification (if adequately funded), discharge planning, and case management. The goal is to begin treatment and to help the individual transition into ongoing care when discharged.

### ***What does the total project cost?***

The project, if fully funded, will cost approximately \$3.5 million annually. The local government and the Helen Ross McNabb Center will leverage existing funds to draw down state funds and community partners.

### ***What should the community expect from its investment in the Urgent Care Center?***

The goals are to reduce the recidivism of citizens being incarcerated. Furthermore the goal is for citizens to have ready access to behavioral health treatment to begin a life of recovery. Active participation in treatment correlates with being a better citizen, neighbor, and employee.



Helen Ross McNabb

Urgent Care Facility for Behavioral Health (BHUC)

MPC Agenda meeting requested questions and responses

1. Will violent offenders be admitted to this facility?

No

2. Do you have a list of drugs administered at this facility? Is methadone one of them?

Yes, medications that are generally administered for the needs of the target population is known. Methadone is not a medication/drug that Helen Ross McNabb Center uses at any of its locations and does not intend to use it at this location.

3. How are people released from this facility? Are they all escorted by an officer? If not, can this be arranged?

People will be released from this facility with transportation arranged by Knox County Sheriff's Department personnel to a specific destination. After feedback from the public meetings this compromised solution seems best.

4. How many times will repeat offenders be allowed to be admitted to this facility?

The number of times an offender is permitted to admit to this facility will be based on clinical, law enforcement, and district attorney consensus.

5. Can you provide an outline of who will be helped and how?

Non-violent misdemeanor offenders who have signs of mental illness is the target population, one of the misdemeanors is public intoxication therefore substance abuse issues will also be addressed if indicated.

6. What ages are the persons admitted?

The program is designed for adults (18 years of age or older).

7. You have applied for 31 bed facility. Will there ever be more than that on this or the adjacent campus?

Yes, there is already more than 31 on the adjacent campus.

8. Can you provide the list of nine offenses that the DA shared with the community that can be admitted?

Yes, As outlined on page 7 of the RFP, the nine low level misdemeanor charges that have been approved as crimes which law enforcement officers may divert charged individuals who they believe require mental health assistance to the BHUC:

Public Intoxication  
Disorderly Conduct

Resisting Arrest  
Criminal Trespass  
Underage Consumption  
Public Indecency  
Obstructing Sidewalk  
911 Calls  
Aggressive Panhandling

9. Can you provide a list of the professionals on staff and their daily shifts? Are the patients adequately supervised? Is this supervision 24/7?

Yes, the professionals on staff include physicians, nurses, master's level therapists, case manager, milieu counselors. The patients are adequately supervised. Supervision is 24/7.

10. How long is your grant term and what are the plans for this facility after the grant expires?

The funding is not yet awarded. The facility is being designed for the express purpose of a BHUCC.

11. Can you provide access with a new road from your adjacent property and place a barrier of some kind on the neighborhood side of the building?

Access via a new road from our adjacent property is cost prohibitive. We are willing to work with city codes to move the entrance drive onto the frontage of the property if this is feasible.

12. Can your patients ever check themselves out of this facility and leave unescorted?

Per the previous question the program has been revised to allow for law enforcement to transport to and from the facility.

# Draft Minutes

## March 9, 2017

**1:30 P.M. ♦ Small Assembly Room ♦ City County Building**

The Metropolitan Planning Commission met in regular session on MARCH 9, 2017 at 1:30 p.m. in the Main Assembly Room, City/County Building, and Knoxville, Tennessee. Members:

### 1. ROLL CALL, INVOCATION AND PLEDGE OF ALLEGIANCE

Ms. Rebecca Longmire, Chair  
 Mr. Herb Anders  
 Ms. Gayle Bustin  
 Ms. Laura Cole  
 Mr. Art Clancy  
 Mr. Mike Crowder  
 Ms. Elizabeth Eason

Mr. Mac Goodwin  
 Mr. Charles F. Lomax, Jr  
 Mr. Patrick Phillips  
 Mr. Jeff Roth  
 Mr. Scott Smith  
 Mr. Charles Thomas  
 Ms. Janice Tocher

\* Arrived late to the meeting. \*\* Left early in the meeting  
 A – Absent from the meeting

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### Agenda Item No.

### MPC File No.

#### **58. HELEN ROSS MCNABB CENTER**

**3-L-17-UR**

South side Ball Camp Pike, west side Dewine Rd. Proposed use: Behavioral Health Urgent Care Center in O-1 (Office, Medical, and Related Services) District. Council District 3.

STAFF RECOMMENDATION: APPROVE the development plan for an approximate 9,200 sq ft hospital with no more than 31 beds, limited to a drug and alcohol rehabilitation treatment, subject to 5 conditions.

Gerald Green

This issue has received a good deal of attention and quite a bit of dialogue among the community, the applicant and the Commission. I would like to just give you some pointers. I emailed these out earlier today with regard to your authority with this request. The request is a use on review for a hospital. The chief building official for the City of Knoxville has determined that the proposed use meets the definition of hospital as set forth in the City's zoning ordinance. Hospitals are permitted as a use on review in the O-1 zoning district. Some neighbors have questioned whether this use is a hospital. That determination has been made by the chief building official and that question is not before this Commission. I am going to pass around now an email or memo I

got this morning from the chief building official regarding that interpretation. I am not handing you the 25 pages of attachments, just the memo itself, I do have those attachments if you need them and I will email this to you. As a use on review, the proposed use is reviewed by the staff for compliance for uses on review as set forth in the City's zoning ordinance. Staff has determined that this proposed use meets these standards and the recommendation is for approval. The review by MPC is limited to ensuring compliance with the standards as set forth in the zoning ordinance and certain site design issues. MPC does not have authority to regulate or set standards for the operation of the use. MPC may place conditions on site design issues related to the proposed use. These site design issues could address landscaping, location of the entrance, traffic flow, etc. While Helen Ross McNabb staff may address the operation of the facility, and this information can inform the community members who are here, MPC cannot place conditions on the operation. With that is Mr. Reynolds has anything additional to add with regard to the staff review, he can at this time or we can defer to the applicant and those from the community here.

Chair Longmire

Would you prefer to wait for a while Mr. Reynolds?

Mike Reynolds

Yes that would be fine.

Jerry Vagnier, President and CEO of Helen Ross McNabb, 201 West Springhill Avenue, 37921

We have applied for a use on review. We very much appreciate the staff recommendations. We do agree with those and will comply with those if it is seen fit to approve our application. We are very pleased to work with both the City and the County on this project. We think it would be of great benefit to the community as a large and whole. We did hear that on the agenda review meeting the other day, that there were a series of questions that this body wanted answered. We provided those in writing to you today. Wanted to make sure everybody had a copy of those. I think there was also a suggestion that we consider looking at access via an existing driveway that we have on an adjoining property. We have taken a look at that. It is somewhat prohibitive from a cost perspective to make that happen. We did want to acknowledge that we heard you the other day and wanted to make sure we followed up on those two pieces of information. Thank you.

John Zimmerman, 5805 Brierview Lane, 37921

Can I receive a copy before I start of the questions that were answered and submitted? I just didn't get a copy of that.

Chair Longmire

We have several. Your time has not started. You are okay. If you would like to take just a moment to look over that, that is fine.

Zimmerman

Good afternoon and thank you for your time. I thank you for allowing me to represent my community today. I am speaking on behalf of the northwest community. There are several here today. We have a petition against the location. We want to be clear it is against the location, not Helen Ross McNabb. We have got a group of citizens who care about our neighborhood, churches, schools, and businesses. We realize there is a problem with mental health, drug and alcohol addiction in the city. We are about these people. We know they need help, but we strongly disagree with the location of the 72-hour drug, 72-hour jail diversion program. Again we are not against Helen Ross McNabb. They already have a facility in our community with 42 beds. The proposed jail diversion program would operate in a residential neighborhood with homes, churches, and condominiums. This is not the place for a facility where criminals would be detained and treated, detoxed for drug and alcohol abuse. We feel that there are many other locations that would be more suitable through-out the city. Helen Ross McNabb we know that they also own properties in and around the area that would be again much more suitable. We provided a packet for you with information that is relevant to your decision today. It supports our strong stance against the location of the proposed 72-hour jail diversion program. Mr. Green brought up just a few minutes ago the definition of a hospital. That is my first point and that is what I would like to go to and cite the State.

According to the Tennessee Code Title 68 Chapter 11-201. I will refer to that in just a second but that is what I wanted to start with. The use on report states there is a big discrepancy there from the definition of hospital. The use on review report states that the facility for the jail diversion program is a hospital. To our knowledge the RFP does not describe the facility as a hospital. In section 4 4.1 Scope of Work, this is quoted "The goal of the behavioral health urgent care center is to provide an alternative to jail for qualified low-risk offenders who in the opinion of the arresting officer or judge have exhibited signs of mental illness and/or substance abuse and for whom treatment rather incarceration would be beneficial. This facility is not currently envisioned to be open, to be an open facility for any individual or their families to seek care. That is the part that I want to focus on. It is not envisioned to be an open facility for any individual. This is a clear conflict with the State definition of a hospital. Again Tennessee Code Title 68, Chapter 11-201, 26a Hospital means any institution, place building, or agency represented and held out to the general public as ready, willing and able to furnish care, accommodations, facilities and so forth. Again I want to focus on the key words there- represented and held out to the general public. Going down a little further 26e, It is unlawful for any institution, place, building or agency to be called a hospital if it is not a hospital as defined in this section.

At this point I would like to move on to the development standards. The Knoxville Tennessee Code of Ordinances development standards.

Number one to use is consistent with adopted plans and policies including the general plan and the year plan. That is the first point there in the standards. I am just reading off of that. As our community and members of the community have looked in and spent time looking at all these documents that we have researched and provided for you in a very short amount of time. We feel like we have not had the proper amount of time to look at this and talk about it. The staff analysis page 58-3 states that the Northwest City Sector Plan and the One Year Plan propose low density residential uses for this site. It also states that the O-1 zone is regularly used as a transitional zone for more intense uses to lower intensity such as residential neighborhoods. The zoning map included in MPC staff analysis does not show the hundreds of residential dwellings in the surrounding area. However the attached map in our packet depicts zoning within the surrounding area which is predominantly residential except for businesses located along Western Avenue. The community disagrees with the MPC staff analysis that the facility is consistent with the sector and one year plans.

On to number 2 the use in harmony with the general purpose and intent of the zoning regulations. The use on review applications stated that it is a hospital. Knox County has issued a request, an RFP to construct and operate a behavioral health facility in Knox County. Subsequently an addendum was issued which responded to questions posed by the bidder. It is the communities understanding that Helen Ross McNabb was the only bidder. The RFP question number 7 indicated that neither Knox County nor Helen Ross McNabb has any idea of how this facility is classified. It was also stated in question 4 that minimal health care, limited to first aid, is being delivered per the RFP. Furthermore doctors will not staff the facility 24-7. According to comments made by Helen Ross McNabb to community members at a community meeting on March 2<sup>nd</sup>, the facility is being proposed to treat people who would otherwise be involuntarily incarcerated as opposed to the existing neighborhood which Helen Ross McNabb operates. Therefore this facility is not a hospital. I made that clear in the first point. Question 7...

Chair Longmire

Mr. Zimmerman you need to wrap it up. I have already given you three minutes over.

Zimmerman

Thank you. I just want to speak to three more of the points from the standards. We are in disagreement that the use is compatible with the character of the neighborhood where it is proposed and with the size and location of buildings in the vicinity. The neighborhood is residential development with commercial and office property on Western Avenue. Although Helen Ross McNabb operated a treatment facility on the adjacent parcel, the proposed facility differs from the existing facility because it will house people who would otherwise be incarcerated. Inmates will be transported to and from the facility by law enforcement

personnel. The zoning application and the RFP did not address the public safety aspects of the facility. Number 4 the use will not significantly injure the value of adjacent property or by noise, lights, fumes, odors, vibration, traffic, congestion, or other impacts. The facility will involuntarily house people charged with criminal activity and conduct treatment for substance abuse and is staffed by law enforcement personnel. Thus is essentially an extension of the jail. Furthermore this type of facility has never been undertaken in the City of Knoxville or Knox County. It does not fit any current zoning designation by its very nature. Property values will be diminished by the facility. Number 5 the use is not of a nature... I have got two more. Thank you.

Chair Longmire  
That is fine.

Zimmerman

The use is not of a nature or so located as to draw additional traffic through residential streets. The staff analysis states an additional 377 trips would be generated and these would impact Ball Camp Pike. The traffic analysis does not consider the traffic from the existing surrounding neighborhoods already on Ball Camp Pike. There will also be an increase in emergency vehicles with any disturbances that may be there. Sirens. There would be noise. There could be sirens, everything that goes along with that. The nature of the development in the surrounding area... This is point 6. The nature of the development in the surrounding area is not such as to pose a potential hazard to the proposed use or create an undesirable environment for the proposed use. The applicant is proposing to construct and operate this proposed facility again in a residential neighborhood. This facility is not consistent with the residential nature of the community. There are big differences in the current facility and the operation... and the way the current or the proposed operation would be, would be run. Again we are here today. Thank you for your time in allowing me to speak. We oppose this, the proposed 72 hour jail diversion program. We are asking for it to be denied today.

Chair Longmire  
Thank you very much Mr. Zimmerman. Gentlemen.

Jerry Vagnier

Just a few comments relative to questions that were raised. I do want this body to know that we did meet with the neighbors on two occasions and spent a very long amount of time with them on each occasion, two hours the first evening and three hours the second evening, making sure that we answered every question that was posed to us at that time. We have tried to articulate to the neighbors not only what we are doing but how we will do it so they will feel comfortable and safe in their neighborhood. The other thing I would want you to



know is that we do operate a facility adjacent to this property. The kinds of services that will operate in this medical facility will be of a similar nature. We have been there for 19 years and we have really had a very good relationship with the neighbors and I appreciated the comments that were made that they are not opposed to this concept or their community needs this, it is just concern about its actual location. We have listened to the feedback from folks in the community. We have talked to the neighbor who has adjoining property right to the rear. We are engaged with them about how to buffer their property in a way that they find acceptable. We have looked at where the driveway could be if that was more acceptable and certainly are open to that if there are other ways that could be accommodated without such a burden. I would want you to know that the safety of the community is paramount. Law enforcement will be on site 24-7. That is of the Sheriff Departments volition. So they are going to staff it. We believe that it really goes above and beyond any security measures that are in this type of facility in other communities. We are replicating or using models that have been done in other State's that have had very, very good outcomes and that have been of a safe nature. We want to convey that to this commission as well.

Laura Cole

I would like to ask the applicant. There has been a lot of concern about who brings the patients there and who takes them away. Could you clarify that? There seems to be conflicting information.

Vagnier

Yes. Thank you for the question. Because of the concerns of the neighbors around that very issue particularly about when they leave the facility law enforcement has agreed to transport people from our facility as well. They will be the only folks bringing people to this program and they will be the folks that would take them to a defined destination after their service at that facility.

Art Clancy

Mr. Vagnier, in our review on Tuesday Commissioner Ooten came up with a really good idea about connecting the driveway over and blocking the connection that goes into the neighborhood. I am curious why wasn't it proposed initially that you combine this with the operation that is there so that it would, I think that would be something that would be more acceptable if the police cars came in through the Center Point into that. It is operated as one, as a complete operation with two different functions but the same operation. I am curious as to why that was never proposed and why it didn't get to that. It seemed like that would have been a perfect thing to happen.

Vagnier

Just to be clear. Coming off the current driveway and down onto that secondary campus, is that what you were suggesting?

Clancy

Coming in the primary campus Center Point and making the entrance from, to that facility that you would have to go through the Center Point property.

Vagnier

There is actually and I am not technical. We have an architect who can respond to this better than I can. There is sort of a runoff area between those properties. You would have to span that in addition to the roadwork that would have to be done that is quite expensive. I don't know, Kelly, do you want to respond to that?

Kelly Eden, 505 Market Street

We looked at... after the meeting on Tuesday, we looked at the options Commissioner Ooten brought up. It is a great idea. It is fairly easily done with a decent amount of money. The amount of roadway required is approximately 350 feet. You can see in the middle along the property line there is a drainage conveyance there. If you zoom out and look at the watershed layer of the map, on upstream it is indicated as a blue line stream and as it goes downhill that blue line disappears. We don't know whether we would have to span that with an actual bridge or whether a culvert until given enough time to work through that with Engineering. We think that the price for a heavy duty road having to handle the vehicles with dumpster trucks and everything else associated with it is about a minimum of \$125,000. If we have to add a bridge to that then it would go up significantly from that and could even get to the point where it is over 10% of our entire project budget that would go just for that. That was the burden that Mr. Vagnier mentioned earlier, that financial burden that it would place on the project.

Jeff Roth

Mr. Eden I have another question along those same lines. I have been out there a couple of times looking at this. I can't remember but now as you come off Western Avenue is different than what this map shows. When you come in you have to turn left and turn left back onto Ball Camp. Kind of shut off. What about the possibility of simply coming off Ball Camp at the end of the parking lot rather than having to turn onto Dewine?

Eden

We could do that. That is less expensive but we think Traffic Engineering would potentially having an issue with another curb cut within less than 200 feet of Dewine Road. They generally like more sight line than that for the speed at which traffic goes along that section.

Roth

Would that be something that...

Chair Longmire  
Could we go to City Engineering?

Curtis Williams  
Haven't evaluated an access point at that location. It is something that we could look at and evaluate. No information has been provided to us at this time.

Roth  
That would be my question is everybody involved willing to look at that as an option as we move forward as opposed to bringing everybody... I can see the community's concern coming down Dewine cause when you turn in there you can see the facility. You can see the parking lot but you have to go almost up to the, almost up to where the residential neighborhood starts past the O-1 zoning. I think it would probably be, the community would probably feel more comfortable if you could work on something like that. I think it would be good.

Eden  
That would certainly be much less expensive if that were allowed.

Gayle Bustin  
Thank you Mr. Zimmerman and also Mr. Vagnier. I know a lot of, several of us Commissioners were at the last meeting and heard you guys. We wrote down a lot of questions that we could bring up on Tuesday and that we did. I would like to say thank you for putting together this. It was something that I was really strongly for because I just feel like that the residents needed to have some clarity and they needed something in writing. Several residents asked about Methadone of which we were assured on Tuesday that there would be no Methadone administered at this facility. I would like to add that I would like for this question and answers to go into the record and also that it be supplied to all of the residents so that they have a clear and transparent answer to these questions that they brought up last Thursday. Thank you.

Chair Longmire  
Gentlemen. You still have time.

Vagnier  
Just relative to that. We will certainly want to make this available. Not sure of the best method to give all the residents. But certainly the folks that are here we can get their addresses and provide that to them. As I said earlier, we are open to looking at a different place for the entrance of this facility. Mr. Hensley has asked, he is directly across the street on Dewine, he specifically asked if we would consider that. I told

him if we could do it we would evaluate that. We are certainly interested in that option.

Chair Longmire  
Very quickly Mr. Zimmerman.

Zimmerman  
The meetings that were called, actually the first one... my point is two meetings is not enough to answer the questions that we have. One flyer with a few questions. This is a very serious issue that we are dealing with and the way we are going to treat people's mental illness. The property is owned by Helen Ross McNabb. The facility will be owned if it goes through. What happens in two years if this doesn't work out and funding is pulled? Have we lost money? We don't have anything tied to that. It is not owned by the County. It is owned by Helen Ross McNabb. So again this doesn't, this doesn't help the people that turned out and signed the petition. It takes a lot more than one meeting several weeks before the use on review.

Chair Longmire  
Sir very quickly. Or mame. I can't really see. The glare is in my eyes. Sir. Very quickly sir and no repeating what we have already heard.

David Row, 5506 Broadleaf Way, Knoxville, TN 37921  
There may be a couple of things in here. It will only take a second. I am against this because since this is a proposed behavioral urgent care center, a facility such as this should not be in a neighborhood but in close proximity to law enforcement and emergency services such as hospitals. There was too much ambiguity I the two meetings we had; we only had two. We asked for more but we were denied. First we were told it was for lawbreakers who committed misdemeanors to go there for three days maximum. That escalated...

Chair Longmire  
Pull the mike down just a little closer to you please.

Row  
That escalated into treating people with mental health issues. Those issues usually take more than three days. The capacity is for 24 beds, then we were told no more than 31. There is no guarantee this facility will not grow and turn into more than what we are being told. I feel and quite a few of our neighbors that this was shoved in our face and here is the kicker. We as taxpayers are going to be paying for this and we don't want it here. Would any of you want this in your backyard? Of course we need facilities such as this. The State should never have shut down Lakeshore Mental Health Institute. That institution helped my Dad so I understand the need. Thank you.

Chair Longmire

Yes some of us do have facilities. I have the Sheriff's detention facility. Which is an interesting place.

Pat Phillips

I would like to make a motion.

**MOTION (PHILLIPS) AND SECOND (OOTEN) WERE MADE TO APPROVE THE DEVELOPMENT PLAN FOR APPROXIMATELY 9,200 SQUARE FOOT HOSPITAL WITH NO MORE THAN 31 BEDS, LIMITED TO A DRUG AND ALCOHOL REHABILITATION TREATMENT, SUBJECT TO 5 CONDITIONS MODIFYING THAT TO 6 CONDITIONS ADDING CONDITION 6 THAT ACCESS FROM DEWINE BE CLOSED AND LANDSCAPED AND A NEW ACCESS ACCESSING THE PROPERTY BE FROM BALL CAMP ROAD.**

Chair Longmire

I would like to reiterate what Director Green said. We are limited in what we do. We deal with land use. We deal with zoning. We deal with appropriateness of land use. We work very hard to make sure neighborhoods are protected as you can tell by the additional condition. We really appreciate the neighborhood input. You have opened our eyes to many things that will be brought up I am sure at City Council.

Charles Lomax

Just a question of clarification. With addition of the 6<sup>th</sup> condition. Coming off of Ball Camp does that automatically eliminate the possibility of coming in out of the existing?

Gerald Green

No. That would still be an option because that access is off Ball Camp. They could look at an addition access drive from Ball Camp or use the existing entrance into Center Point whichever is the most cost effective and feasible.

Chair Longmire

They would both be off Ball Camp.

Lomax

They would both be off Ball Camp. I was just...

Elizabeth Eason

What happens since City Engineering hasn't evaluated this. What happens to this condition if the City evaluates and determines that it is not possible? Or do you think that is not likely?

Green

I think that is possible. A potential caveat would be entrance off Ball Camp Road or Ball Camp Pike contingent upon approval by City

Engineering if Commissioner Phillips would be willing to accept that amendment.

Phillips

I accept that amendment. I don't see a problem because there is an existing access cut and it appears like it may go to a water or wastewater pumping station. It is right adjacent to the property.

Eden

The one that has to cross with a bridge or other some other device over a drainage area.

Roth

From Ball Camp it would? From the existing. From Ball Camp you wouldn't have a ditch or a drainage something.

Eden

The direct access you mentioned would not have to cross that ditch. That is correct.

Lomax

Pending approval by Engineering.

Chair Longmire

So if you amend your motion of condition number 6.

Phillips

Yes I amend that motion subject to engineering.

Ooten

I will still be with Pat on my second, but I expect City Engineering to figure that out.

Chair Longmire

No pressure City.

**PHILLIPS AND OOTEN AMENDED THE MOTION TO ADD PENDING APPROVAL BY CITY ENGINEERING. MOTION CARRIED 15-0. APPROVED.**

(Minutes verbatim)

☒ Use on Review ☐ Development PlanName of Applicant: Helen Ross McNabb CenterDate Filed: 1-30-17Meeting Date: 3-9-17Application Accepted by: GERALD GREENFee Amount: N/A File Number: Development PlanFee Amount: N/A File Number: Use on Review 3-L-17-UR

## PROPERTY INFORMATION

Address: 3343 Dewine Road 37921General Location: Cumberland Estates, South of Western Ave., West of DewineTract Size: 1.57 Acres No. of Units: 31Zoning District: O-1Existing Land Use: Vacant building - Former ChurchPlanning Sector: Northwest CitySector Plan Proposed Land Use Classification: LDRGrowth Policy Plan Designation: URBANCensus Tract: 38.02

Traffic Zone: \_\_\_\_\_

Parcel ID Number(s): 093HB056Jurisdiction: ☐ City Council 3 District  
☐ County Commission 3 District

## PROPERTY OWNER/OPTION HOLDER

PLEASE PRINT

Name: Helen Ross McNabb Center

Company: \_\_\_\_\_

Address: 201 W. Springdale AveCity: Knoxville State: TN Zip: 37917Telephone: 865-637-9711

Fax: \_\_\_\_\_

E-mail: houston-smelcer@mcnabb.org

## APPLICATION CORRESPONDENCE

All correspondence relating to this application should be sent to:

PLEASE PRINT

Name: Houston SmelcerCompany: Helen Ross McNabb CenterAddress: 201 W. Springdale AveCity: Knoxville State: TN Zip: 37917Telephone: 865-329-9119

Fax: \_\_\_\_\_

E-mail: houston-smelcer@mcnabb.org

## APPROVAL REQUESTED

☐ Development Plan: Residential Non-Residential☐ Home Occupation (Specify Occupation)  
\_\_\_\_\_  
\_\_\_\_\_☒ Other (Be Specific)Behavioral Health Urgent Care Center

## APPLICATION AUTHORIZATION

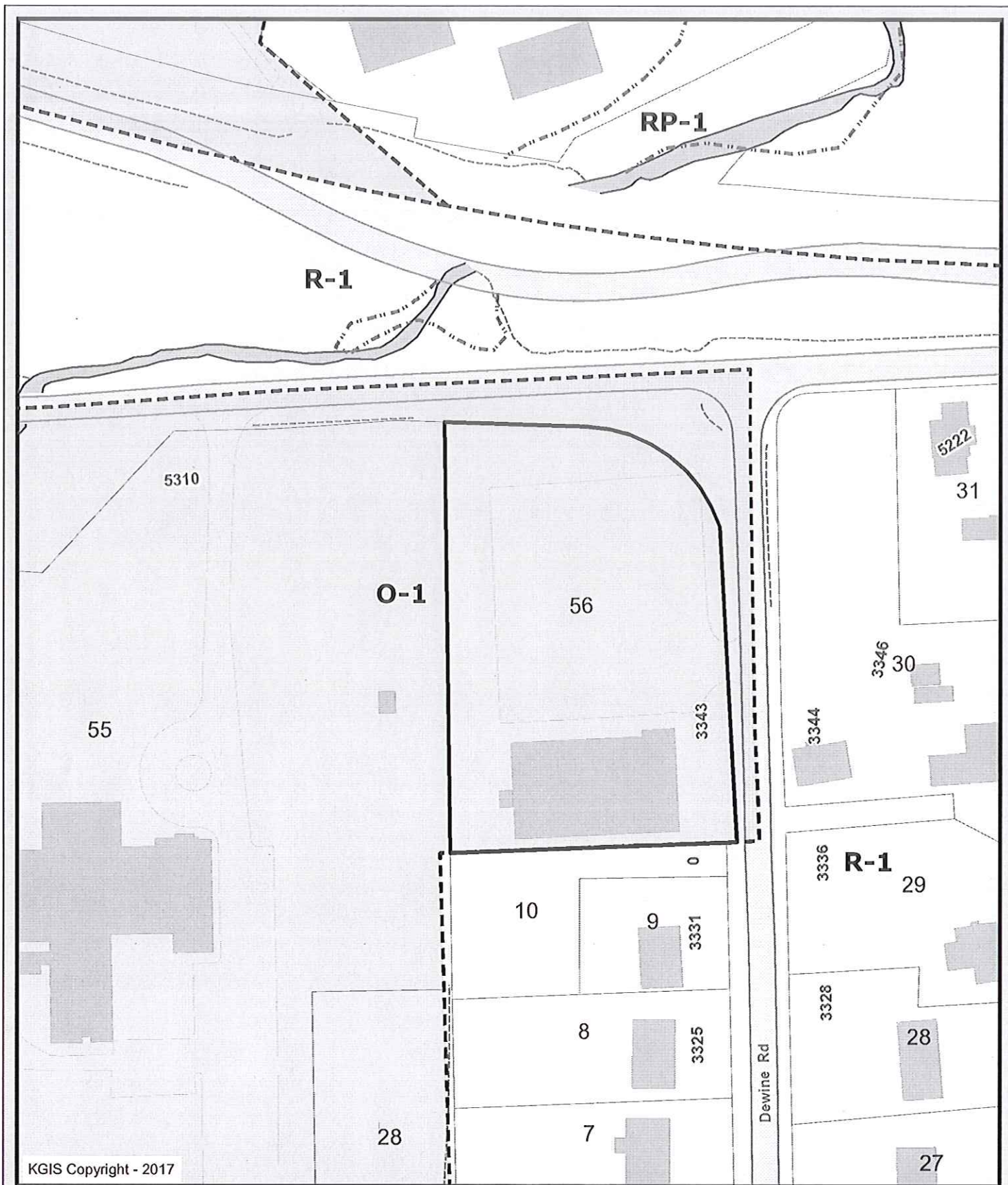
I hereby certify that I am the authorized applicant, representing ALL property owners involved in this request or holders of option on same, whose signatures are included on the back of this form.

Signature: Houston Smelcer

PLEASE PRINT

Name: Houston SmelcerCompany: Helen Ross McNabb CenterAddress: 201 W Springdale Ave.City: Knoxville State: TN Zip: 37917Telephone: 865-329-9119E-mail: houston-smelcer@mcnabb.org

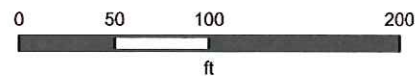




## Letter Portrait

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