Planning Commission Agenda

November 4, 2025
5:30 pm
Hybrid Meeting

The Planning Commission consists of seven members appointed by the Mayor and confirmed by the City Council. The Commission primarily considers plans and regulations relating to the physical development of the city, plus other matters as assigned. The Commission is an advisory body to the City Council.

Members: Alyne Hansen (Chair), Bandhanjit Singh (Vice Chair), Andrew Barker, Damiana Merryweather, Dee Abasute, Karin Ellis, Tony Zuniga Sanchez.

Staff Coordinator: Jenn Kester, Planning Manager

A quorum of the Council may be present.

ITEM	TOPIC	PROCESS	WHO	TIME
1	Call to Order / Roll Call		Chair	5:30 (2 min)
2	Approval of the minutes of October 21, 2025, meeting.	Review and Approve	Members	5:32 (3 min)
3	Public Comment on items not on the agenda. *Comments on agenda items will be addressed after the staff presentation and Commission discussion on each item below.* *See Public Comment Process below.*		Chair	5:35 (5 min)
4	23-Hour Crisis Center Code Amendments: Introduction	Presentation and Discussion	Staff and Members	5:40 (60 min)
5	CED Staff Report	Briefing	Staff	6:40 (3 min)
6	Planning Commission Comments (including suggestions for next meeting agenda)	Discussion	Members	6:43 (2 min)
7	Adjourn			6:45

This meeting will be conducted in a hybrid format with in-person and remote options for public participation. The meeting will be broadcast on SeaTV Government Access Comcast Channel 21 and live-streamed on the City's website https://www.seatacwa.gov/seatvlive.

Public Comment Process: The commission will hear in-person public comments and is also providing remote oral and written public comment opportunities. All comments shall be respectful in tone and content. Providing written comments and registering for oral comments must be done by 3:30 pm, the day of the meeting. Registration is required for remote comments and encouraged for in-person comments. Any requests to speak or provide written public comments which are not submitted following the instructions provided or by the deadline will not be included as part of the record.

- Instructions for providing remote oral public comments are located at the following link: Council Committee and Citizen Advisory Committee Virtual Meetings.
- Submit email/text public comments to PCPublicComment@seatacwa.gov. The comment will be mentioned by name and subject and then placed in the committee handout packet posted to the website.

CITY OF SEATAC
PLANNING COMMISSION MEETING
Minutes of October 21, 2025, Meeting

Members present: *Commissioner* **Andrew Barker**, *Commissioner* **Damiana Merryweather,** *Commissioner* **Dee Abasute** - *Commissioner* **Karin Ellis**, *Commissioner* **Tony Zuniga Sanchez**

Members absent: *Chair* **Alyne Hansen**, *Vice Chair* **Bandhanjit Singh**

Staff & Others Present: *Planning Manager* **Jenn Kester**, *Associate Planner* **Damon Sims**, *Admin Asst 3* **Barb Mailo**, *Senior Management Analyst* **Brion Humenay**

1. **Call to Order/Roll Call**

   - (5:34 pm) *(Substitute Chair) Commissioner* **Merryweather** called the meeting to order and roll call.

2. **Approval of October 7, 2025, meeting minutes.**
   (Review and Approve)

   - (5:35 pm) *Commissioner* **Ellis** motioned to approve the meeting minutes.
   - (5:35 pm) Second by *Commissioner* **Sanchez**.

   Motion passed: 5-**0**

3. **Public Comment on items not on the agenda.**

   None

4. **Mobile Food Vending Code Amendments (Introduction)**
   (Presentation and Discussion)

   Introduction by *Planning Manager* **Kester**

   Presented by *Senior Management Analyst* **Humenay** and *Associate Planner* **Sims**

   The purpose of the presentation was to introduce proposed updates to the Mobile Food Vendor and Mobile Food Vending Codes and seek initial comments from the Commission.

   General discussion commenced with *Commissioner* **Ellis**, *Commissioner* **Abasute**, *Commissioner* **Sanchez**, *Commissioner* **Barker**, *Planning Manager* **Kester**, *Senior Management Analyst* **Humenay**, and *Commissioner* **Merryweather**

   - Should we expand permissions of mobile food vendors?

     Discussion commenced with *Commissioner* **Ellis**, *Commissioner* **Abasute**, and *Commissioner* **Sanchez**

   - Thoughts on mobile vending in residential areas?

     Discussion commenced with *Commissioner* **Merryweather**, *Commissioner* **Ellis**, and *Commissioner* **Sanchez**

   - Allow for long-term mobile vending within the city?

5. CED Staff Report
(Briefing)

- Mobile Food Vending to be continued at the next Planning Commission meeting and Associate Planner Stilwell to provide update on the RBX Industrial Zoning work
- PED recommended bringing to the Planning Commission the introduction to Code Amendment process for 23-hour Emergency Crisis Relief Centers
- There are 2 more Wednesday Farmers Market left for the year
- Human Services Funding Collaborative will be held this Thursday. SeaTac is 1 of 2 cities holding a Human Services funding collaboratives. The applications will open for funding next year for 2027

6. Planning Commission Comments (including suggestions for next meeting agenda)
(Discussion)

None

7. Adjournment

- (6:20 pm) *Commissioner* **Sanchez** motioned to adjourn the meeting.
- (6:20 pm) Second by *Commissioner* **Ellis**.

Motion passed: **5-0**

The meeting adjourned at **6:21 pm**.

MEMORANDUM
COMMUNITY & ECONOMIC DEVELOPMENT

Date: 11/4/2025
To: Planning Commission (PC)
From: Ramon Rodriguez, Senior Planner
Subject: Code Amendments: "23-hour Crisis Relief Centers" and similar uses in the designated Urban Center of the City of SeaTac.

Summary
This meeting is meant to provide the Planning Commission an overview of "23-hour Crisis Relief Centers", and similar uses code amendments in the designated Urban Center of the City of SeaTac.

Staff will brief the Planning Commission on 23-hour Crisis Relief Centers, their potential impacts and how it could be regulated within SeaTac's Urban Center.

Staff are seeking initial Planning Commission questions, comments, and concerns to prepare code revisions for further discussions.

Background / Analysis
On April 8, 2025, the City Council adopted a moratorium (Ordinance No. 25-1004) prohibiting the permanent establishment of 23-hour Crisis Relief Centers and similar uses in the designated Urban Center of the City of SeaTac. The moratorium is effective until April 8, 2026.

The moratorium established an action plan with the following benchmark items:

1. By October 2025: staff study of applicable statues, materials and studies related to the 23-hour crisis relief centers and their potential compatibility in the Urban Center. PED Committee has reviewed staff findings and has provided further guidance on necessary action(s).
2. By January 2026: Planning Commission review, public hearing, and recommendation on any proposed code amendment(s).
3. By March 2026: PED Committee and/or City Council Study Session review and recommendations to City Council. March to April 2026 City Council review and action.

Summary of Key Research:
To help aid in an understanding of the topic, the following bullet points contain relevant research information.

What is a 23-hour Crisis Relief Center?
- 23-hour Crisis Relief Centers are a type of short-term crisis stabilization or mental health treatment center designed to provide care for up to 23 hours and 59 minutes.
- These facilities are often used as alternatives to hospitalization for individuals experiencing a behavioral health crisis, such as severe anxiety, depression, suicidal ideation, or psychosis.
- 23-hour Crisis Relief Centers can be considered a Essential Public Facility and cannot be prohibited city wide.

Certification Standards for 23-Hour Crisis Relief Centers. Below summarizes the WAC 246-341-0903, which outlines certification standards for agencies operating 23-hour crisis relief centers (CRRCs) effective September 8, 2024.

1. **General Operations**
   - Services must address mental health and substance use crises, including chemical withdrawal.
   - Patient stays are limited to 23 hours and 59 minutes, extendable to 36 hours under specific conditions (e.g., pending transfer or crisis responder evaluation).
   - The facility must operate 24/7 with a multidisciplinary team, including nurses, credentialed behavioral health professionals, peers, and prescriber access.
   - No medical clearance is required for walk-ins or first responder drop-offs (e.g., via 988).
   - No-refusal policy applies for law enforcement, including tribal agencies.
   - On-site capability for dispensing medication, medication management, and minor wound care is required.
   - Pathways must be established for transfer to higher medical care when needed.
   - Facilities must coordinate with tribal/Veterans Administration systems for culturally relevant aftercare.
   - Infection control protocols must be in place (hand hygiene, disinfection, etc.).

2. **Intake & Screening.** All individuals must be oriented and screened for:
   - Suicide and violence risk (with comprehensive assessment if indicated)
   - Nature of crisis
   - Physical and cognitive health (including dementia screening)
   - If admission is declined, the center must document and support the individual in accessing alternative services.

3. **Admission Requirements**
   - Must accept eligible individuals 90% of the time when not at capacity.
   - Admission assessment must determine monitoring needs based on condition, behavior, or substance use.
   - "Eligible" individuals are age 18+ with behavioral health crises whose physical needs can be addressed on-site.
   - "Full capacity" is defined by the number of certified recliners; temporary overcapacity is permitted under no-refusal rules.

4. **Facility Design & Construction**
   New or modified buildings must comply with the 2022 FGI Guidelines for Hospitals, Behavioral Health Crisis Units, and ventilation standards and must include:
   - Public walk-in entrance
   - First responder drop-off zone
   - At least one private bed space for 24–36-hour stays
   - Staff awareness systems (e.g., motion tracking, door systems)
   - Accessible telephones for patients
   - Pre-construction meetings are required for projects over $250,000.
   - Construction documents must include functional program narratives, architectural/engineering plans, safety measures, and infection control plans.

Existing 23-hour Crisis Relief Centers and similar sites

- Washinton State currently has one operating 23-hour Crisis Relief Center located in Kirkland called the Crisis Care Center Connections. A second facility is currently in the funding states and will be in Bellingham. That project is being developed by Whatcom County.
- Since there are limited examples of 23-hour Crisis Relief Centers in Washington state, research was done on similar facilities in other states such as Arizona, Missouri and Virgina.
- Zoning Codes in Washington State and in other states do not specifically identify 23-hour Crisis Relief Center as its own land use classification. The facilities are permitted under a general medical designation and are permitted typically in industrial and commercial zoning districts.

SeaTac's Urban Center boundary and potential development standard hindrance.

- SeaTac's Urban Center is comprised of City Center, Angle Lake Station Area, and South 154th Street Station Area Overlay Districts. It also includes the following zoning designations; Urban Residential Medium (URM), Urban Residential High (URH), Urban Residential High-Mixed Use (URH-MU), Regional Business Mix (RBX) and Community Business in the Urban Center (CB-C) zoning designations.
- City Center, Angle Lake Station Area, and South 154th Street Station Area Overlay Districts all require driveways serving front yard porte-cochere building entries to be approved by the Director and include only the short-term parking that can be accommodated along one (1) double-loaded drive aisle.

Potential impacts and potential siting locations.

- The WAC is vague as to whether medications for Opioid Use Disorder (MOUD) must be provided at facilities, but it is allowed and is considered best practice according to the Washington State Health Care Authority.
- While alternative health facilities can provide some stabilization support, they are not designed to meet the immediate needs of individuals experiencing a crisis. Consequently, this could mean excessive waiting times for non-23-hour Crisis Relief Centers.
- Local emergency departments can often receive individuals immediately; however, they typically lack the specialized staff needed to adequately support those experiencing a behavioral health crisis.
- The lack of 23-hour Crisis Relief Centers could overburden existing systems like hospitals and jails.
- Given the potential impacts and examples of how other jurisdictions have regulated 23-hour Crisis Relief Centers staff conclude that 23-hour Crisis Relief Centers should be regulated like a hospital land use within the Urban Center.
- Hospitals are allowed within the Urban Center in the following areas:
    - City Center Overlay District CB-C: allowed as a primary permitted use and UVH as a conditional use. South 154th Street Overlay District
    - CB-C: allowed as a primary permitted use.
    - Angle Lake Overlay District: not allowed.
    - CB-C outside an overlay district: allowed as a primary permitted use.
    - RBX outside an overlay district: allowed as a primary permitted use.

Staff Findings and Recommendations:

Currently, there is only one operational 23-hour Crisis Relief Center in Washington State. Due to the limited in-state examples, staff reviewed comparable facilities in other states. A common trend among jurisdictions is that 23-hour Crisis Relief Centers and similar programs are typically allowed under a broad land use category. While the WAC does not clearly require the provision of MOUD at these facilities, their use is permitted and recognized as a best practice by the Washington State Health Care Authority.

Given the 23-hour Crisis Relief Centers potential impacts, staff recommends the Planning Commission consider code amendments to the "hospital" land use definition to include 23-hour Crisis Relief Centers as a

hospital subcategory. Therefore, 23-hour Crisis Relief Centers could be allowed within the Urban Center in all areas that allow a hospital land use. The Planning Commission could also consider which zones are appropriate for a hospital use.

In addition, the overlay districts in the Urban Center contain specific development standards for the design of sites. Since having convenient drop-off areas are vital to the development of 23-hour Crisis Relief Centers, Staff recommends the Planning Commission consider the creation of specific development standards to aid the development of 23- hour Crisis Relief Centers within the Urban Center.

PED Discussion:
The Planning and Economic Development Committee of the Council discussed this topic at their October 16, 2025 meeting. They directed staff to begin review of this topic at the Planning Commission. They felt it was important that there are appropriate places in SeaTac to allow 23-hour Crisis Center Uses under the Hospital land use category.

PC Direction
Staff requests initial Planning Commission questions, comments, and concerns to prepare code revisions for further discussions.

Packet Materials

- Memo
- Power Point Presentation

23-HOUR CRISIS RELIEF CENTERS

11/4/2025

23-HOUR CRISIS RELIEF CENTERS

PURPOSE OF PRESENTATION

- Staff to provide a background and research overview.
- Staff requests initial Planning Commission questions, comments, and concerns to prepare code revisions for further discussions.

WHY IS THIS ISSUE IMPORTANT?

- SeaTac Municipal Code does not address 23-hour Crisis Relief Centers.
- Ordinance no. 25-1004 was adopted on April 8, 2025, creating a moratorium on the permanent establishment of 23-hour Crisis Relief Centers and similar uses in the designated Urban Center of the City of SeaTac.
- Ordinance no. 25-1004 requires Planning Commission to review public hearing and recommendation on any proposed code amendment(s) by January 2026.

POTENTIAL COMMISSION ACTION

COMMISSION ACTION REQUESTED: Consider the research and provide questions, comments, and concerns to prepare code revisions for further discussions.

STAFF RECOMMENDATION: Planning Commission to consider the following:

- Code amendments to change the land use definition of Hospital to include 23-hour Crisis Relief Centers.
- Establishment of development standards associated with 23-hour Crisis Relief Centers.

REVIEWS TO DATE: Ordinance No. 25-1004, moratorium April 8, 2025.

Planning & Economic Development Committee October 16, 2025

WHAT IS A 23-HOUR CRISIS RELIEF CENTER?

- 23-hour Crisis Relief Centers are a type of short-term crisis stabilization or mental health treatment center designed to provide care for up to 23 hours and 59 minutes.

- These facilities are often used as alternatives to hospitalization for individuals experiencing a behavioral health crisis, such as severe anxiety, depression, suicidal ideation, or psychosis.

- 23-hour Crisis Relief Centers can be considered a Essential Public Facility and cannot be prohibited city wide.

WAC 246-341-0903 – CERTIFICATION STANDARDS FOR 23-HOUR CRISIS RELIEF CENTERS

General Operations

- Services must address mental health and substance use crises, including chemical withdrawal.
- Patient stays are limited to 23 hours and 59 minutes, extendable to 36 hours under specific conditions (e.g., pending transfer or crisis responder evaluation).
- The facility must operate 24/7 with a multidisciplinary team, including nurses, credentialed behavioral health professionals, peers, and prescriber access.
- No medical clearance is required for walk-ins or first responder drop-offs (e.g., via 988).
- No-refusal policy applies for law enforcement, including tribal agencies.
- On-site capability for dispensing medication, medication management, and minor wound care is required.
- Pathways must be established for transfer to higher medical care when needed.
- Facilities must coordinate with tribal/Veterans Administration systems for culturally relevant aftercare.
- Infection control protocols must be in place (hand hygiene, disinfection, etc.).

WAC 246-341-0903 – CERTIFICATION STANDARDS FOR 23-HOUR CRISIS RELIEF CENTERS

Intake & Screening

All individuals must be oriented and screened for:

- Suicide and violence risk (with comprehensive assessment if indicated)
- Nature of crisis
- Physical and cognitive health (including dementia screening)
- If admission is declined, the center must document and support the individual in accessing alternative services.

Admission Requirements

- Must accept eligible individuals 90% of the time when not at capacity.
- Admission assessment must determine monitoring needs based on condition, behavior, or substance use.
- “Eligible” individuals are age 18+ with behavioral health crises whose physical needs can be addressed on-site.
- “Full capacity” is defined by the number of certified recliners; temporary overcapacity is permitted under no-refusal rules.

WAC 246-341-0903 – CERTIFICATION STANDARDS FOR 23-HOUR CRISIS RELIEF CENTERS

Facility Design & Construction

New or modified buildings must comply with the 2022 FGI Guidelines for Hospitals, Behavioral Health Crisis Units, and ventilation standards must include:

- Public walk-in entrance
- First responder drop-off zone
- At least one private bed space for 24–36-hour stays
- Staff awareness systems (e.g., motion tracking, door systems)
- Accessible telephones for patients
- Pre-construction meetings are required for projects over $250,000.
- Construction documents must include functional program narratives, architectural/engineering plans, safety measures, and infection control plans.

EXISTING 23-HOUR CRISIS RELIEF CENTERS IN WASHINGTON STATE

Washinton State	Status	Type of Facility/ Services provided	Zoning
Kirkland The first Crisis Care Center, Connections (11410 NE 122nd Way)	Operating	The facility includes walk-in urgent care, crisis stabilization and outpatient recovery	TL 10C: A commercial/industrial property listing notes that TL 10C zoning—within the Totem Lake Business District—allows a variety of uses, including industrial and warehouse operations.
Center Whatcom County/ Bellingham 23-Hour Crisis Relief Center Whatcom County (the physical address has not been assigned as the site has not been built)	Funding Stage	23-Hour Crisis Relief Center, offering trauma-informed crisis stabilization and medication services.	NA

SIMILAR 23-HOUR CRISIS RELIEF CENTERS IN OTHER STATES

City/ State	Services provided	Allowed Zones	Land Use
Tucson, AZ Crisis Response Center (CRC) at 2802 E Dist rict Street in Tucson:	Tucson center is open 24/7/365. Services provided include a walk-in mental health clinic, a 23-hour stabilization unit, and an crisis stabilization unit. Psychiatric evaluation, crisis stabilization, enrollment in outpatient services like therapy, emergency medication refills, and referrals to community resources.	Medical services are allowed in the following zones, R-2, R-3 with Permitted as Special Exception Use, Office Zones (O-1, O-2, O-3) Commercial and Mixed-Use Zones (C-1, OCR-2, etc.) Industrial Zones (I-1, I-2) Special Use Zones (MU – Mixed-Use, RVC)	Medical Service - Extended Health Care Medical Service - Major Medical Service - Outpatient

SIMILAR 23-HOUR CRISIS RELIEF CENTERS IN OTHER STATES

City/ State	Services provided	Allowed Zones	Land Use
Raymore, MO 23-Hour Behavioral Health Crisis Center (BHCC) 1010 Remington Plaza	Operates 24/7/365 and offers short-term stabilization services for individuals experiencing a behavioral health crisis. Patients can stay for up to 23 hours, during which they receive basic needs support (like food, a shower, clean clothes), assessment, and linkage to appropriate follow-up care	C-2, C-3 Commercial Districts or BP Business Park District	Medical building (behavioral health crisis center—Compass BHCC)

SIMILAR 23-HOUR CRISIS RELIEF CENTERS IN OTHER STATES

City/ State	Services provided	Allowed Zones	Land Use
EmPATH Vienna, VA 8300 Boone Blvd Ste 500	EmPATH stands for Emergency Psychiatry Assessment, Treatment, and Healing.	The C-4 zoning designation in Vienna typically includes: High-density commercial uses, especially office buildings—often Class A and larger complexes. Permitted uses usually include general offices, medical facilities, professional services, and potentially some complementary retail or service amenities, subject to town-specific zoning rules.	Medical Care Facility

IDEAL 23-HOUR CRC CHARACTERISTICS RECOMMENDED BY WASHINGTON STATE HEALTH CARE AUTHORITY

- Is it easily accessible by public transport?
- People should be able to self-refer to a facility and receive services.
- Can law enforcement/EMS/fire do drop-offs with ease?

POTENTIAL IMPACTS AND POTENTIAL SITING LOCATIONS

- The WAC is vague as to whether medications for Opioid Use Disorder (MOUD) must be provided at facilities, but it is allowed and is considered best practice according to the Washington State Health Care Authority.

- While alternative health facilities can provide some stabilization support, they are not designed to meet the immediate needs of individuals experiencing a crisis. Consequently, this could mean excessive waiting times for non-23-hour Crisis Relief Centers.

- Local emergency departments can often receive individuals immediately; however, they typically lack the specialized staff needed to adequately support those experiencing a behavioral health crisis.

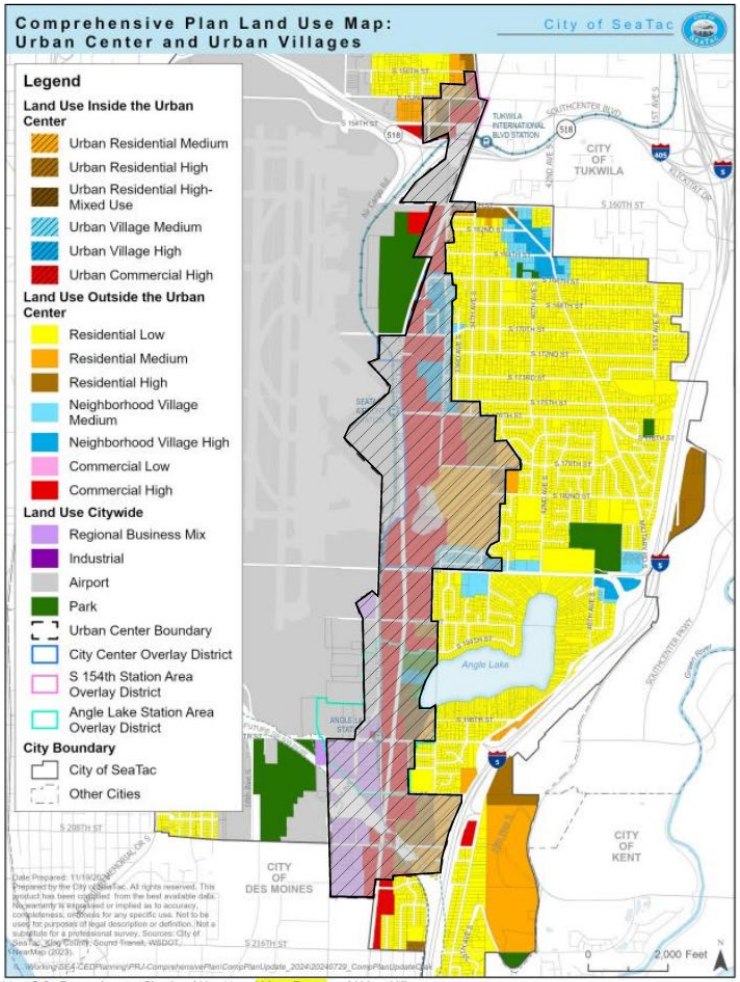
POTENTIAL IMPACTS AND POTENTIAL SITING LOCATIONS

- The lack of 23-hour Crisis Relief Centers could overburden existing systems like hospitals and jails.

- Given the potential impacts and examples of how other jurisdictions have regulated 23-hour Crisis Relief Centers staff conclude that 23-hour Crisis Relief Centers should be regulated like a hospital land use within the Urban Center.

- Hospitals are allowed within the Urban Center in the following areas:
  - City Center Overlay District CB-C allowed as a primary permitted use and UVH as a conditional use.
  - South 154th Street Overlay District. CB-C allowed as a primary permitted use.
  - Angle Lake Overlay District not allowed.
  - The CB-C outside an overlay district allowed as a primary permitted use.
  - RBX outside an overlay district allowed as a primary permitted use.

SEATAC's URBAN CENTER



Map 3.1. Comprehensive Plan Land Use Map: Urban Center and Urban Villages

SeaTac's Urban Center is comprised of:

City Center Overlay District,

Angle Lake Station Area Overlay District, and

South 154th Street Station Area Overlay Districts

It also includes the following zoning designations; Urban Residential Medium (URM),

Urban Residential High (URH),

Urban Residential High-Mixed Use (URH-MU), Regional Business Mix (RBX) and

Community Business in the Urban Center (CB-C) zoning designations.

SEATAC'S URBAN CENTER ZONES THAT PERMIT HOSPITALS.

Urban Center outside of an Overlay District

Land Use	URM	URH	URH-MU	CB-C	RBX
Hospital				P	P

City Center Overlay District

Land Use	MHP	URM	URH	URH-MU	CB-C	UVH	UVM
Hospital					P	C	

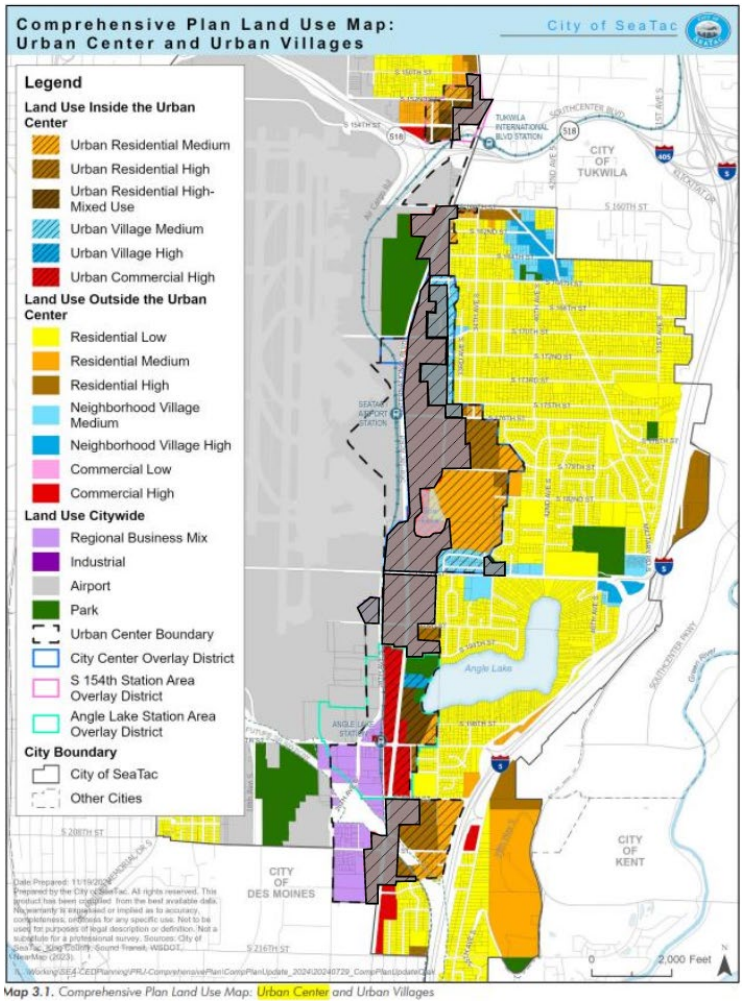
South 154th Street Station Area Overlay District

Land Use	URM	URH	URH-MU	CB-C
Hospital				P

Angle Lake Station Area Overlay District

Land Use	URM	URH	URH-MU	UVH	RBX	CB-C	I	P
Hospital								

AREAS IN THE URBAN CENTER THAT ALLOW HOSPITALS

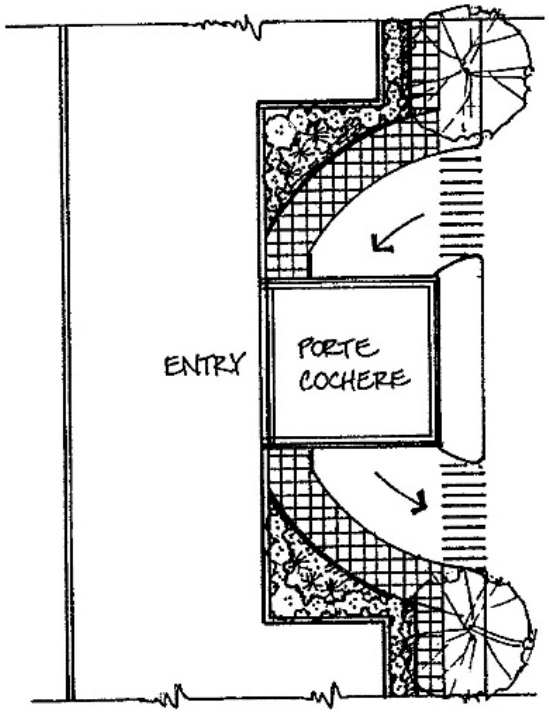


Map 3.1. Comprehensive Plan Land Use Map: Urban Center and Urban Villages

CODE IN THE OVERLAY DISTRICTS THAT MIGHT HINDER 23-HOUR CRC DEVELOPMENT

A version of the development standard below exists in all the SeaTac's Overlay Districts

- Driveways serving front yard porte-cochere building entries shall be approved by the Director and include only the short-term parking that can be accommodated along one (1) double-loaded drive aisle.



STAFF RECOMMENDATIONS

SeaTac was tasked with regulating 23-Hour Crisis Relief Centers in SeaTac's Urban Center. Staff analyzed similar uses in and out of Washington state and realized those facilities are regulated by broad medical land use designations.

Given 23- Hour Crisis Relief Centers potential impacts, staff recommends the Planning Commission consider code amendments to the "hospital" land use definition to include 23-hour Crisis Relief Centers as a hospital subcategory. The Planning Commission could also consider which zones are appropriate for a hospital use.

Staff also recommends the Planning Commission to consider the creation of specific development standards to aid the development of 23- hour Crisis Relief Centers within the Urban Center.

QUESTIONS TO THE PLANNING COMMISSION

What uses might see negative impacts from the siting of a 23-hour Crisis Relief Center near its location?

Are there any uses that should be kept separate from 23-hour Crisis Relief Centers?

What uses might benefit from the siting of a 23-hour Crisis Relief Center near its location?

Where in the city would be appropriate for a 23-hour Crisis Relief Center?

POTENTIAL COMMISSION ACTION

COMMISSION ACTION REQUESTED: Consider the research and provide questions, comments, and concerns to prepare code revisions for further discussions.

STAFF RECOMMENDATION: Planning Commission to consider the following:

- Code amendments to change the land use definition of Hospital to include 23-hour Crisis Relief Centers.
- Establishment of development standards associated with 23-hour Crisis Relief Centers.

REVIEWS TO DATE: Ordinance No. 25-1004, moratorium April 8, 2025.

Planning & Economic Development Committee October 16, 2025