

In the Matter Of:

IN THE MATTER OF: HAYMARKET DUPAGE, LLC

REPORT OF PROCEEDINGS

February 10, 2021

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2100 Manchester Road, Suite 964

Wheaton, IL 60187

(630) 462-0060

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1 PRESENT VIA REMOTE VIDEOCONFERENCE:

2 MR. BRENDAN DALY, Chairman;

3 MR. FRANK CARELLO, Commissioner;

4 MS. LORI DRUMMOND, Commissioner;

5 MR. JEFFREY HOLMES, Commissioner;

6 MS. KRISTA RAY, Commissioner;

7 MR. ANTHONY RUSSO, Commissioner.

8
9 ALSO PRESENT VIA VIDEOCONFERENCE:

10 MS. SHANNON MALIK JARMUSZ, Director of
11 Community Development;

12 MS. YORDANA WYSOCKI, Village Attorney;

13 MS. MELODY CRAVEN, Recording Secretary;

14 HERVAS, CONDON & BERSANI, P.C., by

15 MR. CHARLES E. HERVAS

16 333 Pierce Road, Suite 195

Itasca, Illinois 60143

17 (630) 773-4774

chervas@hcbattorneys.com

Appeared on behalf of City of Itasca;

18 DASPIN & AUMENT, LLP, by

19 MS. BRIDGET M. O'KEEFE

300 South Wacker Drive, Suite 2200

Chicago, Illinois 60606

20 (312) 258-3795

bokeefe@daspinaument.com and

1 ALSO PRESENT VIA VIDEOCONFERENCE: (Cont'd.)

2 BOND, DICKSON & CONWAY, by
3 MS. MARY E. DICKSON
4 400 South Knoll Street, Unit C
5 Wheaton, Illinois 60187
6 (630) 681-1000
7 marydickson@bond-dickson.com
8 Appeared on behalf of Haymarket DuPage LLC;

9 FRANCZEK, P.C., by
10 MS. JENNIFER SMITH
11 300 South Wacker Drive, Suite 3400
12 Chicago, Illinois 60606
13 (312) 786-6589
14 jas@franczek.com
15 Appeared on behalf of Itasca School District;

16 JOHNSON & BELL, LTD., by
17 MR. STEPHEN P. ELLENBECKER
18 33 West Monroe Street, Suite 2700
19 Chicago, Illinois 60603
20 (312) 984-0221
21 ellenbeckers@jbltd.com
22 Appeared on behalf of 865 West Irving Park
23 Road, LLC;

24 OTTOSEN, DiNOLFO, HASENBLAG & CASTALDO, LTD., by
MR. STEPHEN H. DI NOLFO
1804 North Naper Boulevard, Suite 350
Naperville, Illinois 60563
(630) 682-0085
sdinolfo@ottosenlaw.com
Appeared on behalf of Itasca Fire Protection
District.

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I N D E X

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1 CHAIRMAN DALY: Welcome to this meeting of the
2 February 10, 2021 Itasca Plan Commission. I call
3 this meeting to order.

4 Will the secretary please call the
5 role.

6 Melody, you're on mute.

7 MS. JARMUSZ: This is Shannon, I'm actually
8 going to be doing roll call tonight.

9 Chairman Daly.

10 CHAIRMAN DALY: Present.

11 MS. JARMUSZ: Commissioner Drummond.

12 COMMISSIONER DRUMMOND: Here.

13 MS. JARMUSZ: Commissioner Holmes.

14 COMMISSIONER HOLMES: Here.

15 MS. JARMUSZ: Commissioner Ray.

16 COMMISSIONER RAY: Here.

17 MS. JARMUSZ: Commissioner Carello.

18 COMMISSIONER CARELLO: Here.

19 MS. JARMUSZ: Commissioner Russo.

20 CHAIRMAN DALY: Tony, you're on mute.

21 COMMISSIONER RUSSO: I got it, Brendan.

22 Here.

23 MS. JARMUSZ: And Commissioner Swets is
24 absent.

1 CHAIRMAN DALY: I declare a quorum present.

2 Good evening, everyone. Today is
3 Wednesday, February 10th, 2021. The case before the
4 Plan Commission is PC19-014 continued from last
5 Wednesday.

6 The petitioner and owner is
7 Haymarket DuPage, LLC. The location is 860 West
8 Irving Park Road.

9 The procedures for this evening's
10 meeting and meetings moving forward are: We will
11 begin with the petitioner continuing with their
12 witnesses.

13 The Plan Commission has adopted new
14 rules of procedure which are now in effect. We are
15 proceeding remotely due to COVID, and the public may
16 watch the proceedings through the Village's YouTube
17 channel.

18 Anyone wishing to make public
19 comment will be able to do so after the presentation
20 of cases. They need to sign up on the Village's
21 website. Anyone wishing to ask questions of the
22 petitioner, village staff, or other parties will be
23 able to do so after the presentation of cases. The
24 sign-up form is on the village's website.

1 Remote village staff is monitoring
2 the video streaming. If the video streaming does not
3 work during the proceedings, we will stop and wait
4 until the video streaming is fixed or reschedule for
5 another day.

6 I would now like to invite Mr. Chuck
7 Hervas, our legal counsel, for his opening remarks.

8 Chuck, you're on mute.

9 Mo, the Zoom is on mute.

10 Dan, we're muted.

11 MR. HERVAS: Testing one, two. Can you hear
12 me?

13 CHAIRMAN DALY: Yes. Please proceed.

14 MR. HERVAS: Thank you. Okay.

15 Thank you, Mr. Chairman. As I -- as
16 I was saying before anybody could hear me, this is an
17 opening statement that I give at each meeting in the
18 event there's someone that joins us that has not
19 heard it before.

20 My name is Chuck Hervas, and I am
21 the attorney advising the Plan Commission in this
22 matter.

23 This is a legal proceeding with
24 legal significance. A court reporter is swearing in

1 witnesses and is transcribing the testimony. This is
2 not a trial, but we are developing a record of
3 proceedings before the Plan Commission. This is a
4 public hearing on a zoning petition.

5 My job is to protect the rights of
6 the petitioner, any objectors, and the public. The
7 Plan Commission will make findings and a
8 recommendation to the Village Board.

9 Please understand that the Plan
10 Commission is a recommending body. The Village Board
11 will make the final decision on the Haymarket zoning
12 petition.

13 Due to the pandemic and the
14 Governor's emergency orders, we are unable to meet in
15 person. A virtual hearing is not the preferred
16 method for hearing this zoning petition. However,
17 the business of government must move forward, and the
18 virtual hearing has been approved by state statute
19 and is used by local governments across the state.
20 Everyone is doing the best they can under the
21 circumstances.

22 The procedures used by the Plan
23 Commission for large hearings during the pandemic are
24 available on the village's website. The website has

1 a lot of information including a comprehensive
2 step-by-step guide about this hearing.

3 The public will have an opportunity
4 to ask questions and provide public comment at the
5 appropriate time.

6 Witnesses will be presented by the
7 petitioner and possibly by other interested parties.
8 Cross-examination will be allowed only by the
9 attorneys or anyone who has been legally recognized
10 as an interested party.

11 Finally, this is a slow and
12 deliberate process. It creates a record appropriate
13 for a Plan Commission hearing. I ask that you please
14 respect this process even if you do not agree with
15 it.

16 Thank you, Mr. Chairman. That's all
17 I have right now.

18 CHAIRMAN DALY: Thank you, Mr. Hervas.

19 I will now entertain a motion to
20 open this continued hearing.

21 COMMISSIONER HOLMES: So moved. Commissioner
22 Holmes.

23 COMMISSIONER CARELLO: Second. Commissioner
24 Carello.

1 CHAIRMAN DALY: There being a motion and a
2 second, will the secretary please call the vote.

3 MS. JARMUSZ: Chairman Daly.

4 CHAIRMAN DALY: For.

5 MS. JARMUSZ: Commissioner Drummond.

6 COMMISSIONER DRUMMOND: For.

7 MS. JARMUSZ: Commissioner Holmes.

8 Commissioner Holmes?

9 We'll come back to Commissioner --

10 COMMISSIONER HOLMES: For.

11 MS. JARMUSZ: Oh, there he is. Thank you.

12 Commissioner Ray.

13 COMMISSIONER RAY: For.

14 MS. JARMUSZ: Commissioner Carello.

15 COMMISSIONER CARELLO: For.

16 MS. JARMUSZ: Commissioner Russo.

17 COMMISSIONER RUSSO: For.

18 MS. JARMUSZ: And Commissioner Swets is
19 absent.

20 CHAIRMAN DALY: The motion carries. This
21 public hearing is now open.

22 Before we get started, I'd like to
23 ask Ms. O'Keefe if she could walk us through the plan
24 for this evening.

1 MS. O'KEEFE: Certainly. Good evening,
2 Mr. Chairman and fellow Commissioners. My name is
3 Bridget O'Keefe. I, along with my co-counsel, Mary
4 Dixon, are here on behalf of Haymarket DuPage, LLC.

5 The point of this evening is to
6 complete, hopefully, the cross-examination of
7 Mr. George Kisiel from Okrent Kisiel Associates.

8 I'd like to begin by just a little
9 bit of housekeeping, Mr. Chairman. I would like to
10 introduce into the record four exhibits that were
11 previously submitted to the village: Exhibit No. 52,
12 which is a news release from the Community Behavioral
13 Health Association; No. 53, a letter of support from
14 Advocate Aurora Health; No. 54, an updated site plan
15 which has been amended to show the presence of a
16 patio, a fenced-in patio; and No. 5, a Public Safety
17 Announcement on DuPage overdose statistics from 2020.
18 So I'd like to ask that these be accepted into the
19 record.

20 CHAIRMAN DALY: Before I do that, I have a
21 question for Mr. Hervas.

22 Chuck, I did not see these exhibits
23 that are mentioned. So is this appropriate to accept
24 these exhibits as requested?

1 UNIDENTIFIED SPEAKER: Chuck is on mute again.

2 CHAIRMAN DALY: Or maybe I'll ask the question
3 to Shannon.

4 Did we -- when did we get these
5 exhibits?

6 MS. WYSOCKI: Chair, this is Yordana Wysocki.

7 We received the exhibits on Friday,
8 and I thought I had forwarded them to you. I'm
9 actually going through my e-mail right now to
10 double-check.

11 If they were not forwarded to you,
12 that is my error, not the petitioner's. I
13 apologize --

14 CHAIRMAN DALY: Okay.

15 MS. WYSOCKI: It was my error.

16 CHAIRMAN DALY: Thank you. At this time I
17 will accept those exhibits into the record.

18 MS. O'KEEFE: Okay. Thank you very much,
19 Mr. Chairman.

20 CHAIRMAN DALY: Not a problem.

21 (Petitioner's Exhibit Nos. 52-55
22 admitted.)

23 MS. O'KEEFE: At this point I'd like to offer
24 Mr. Kisiel to continued cross-examination by

1 Mr. Ellenbecker.

2 CHAIRMAN DALY: Please proceed.

3 MS. O'KEEFE: Thank you.

4 MR. ELLENBECKER: Thank you, Mr. Chairman.

5 CROSS-EXAMINATION (Cont'd)

6 BY MR. ELLENBECKER:

7 Q. Good evening, Mr. Kisiel. How are you?

8 A. I'm doing okay. Thank you.

9 Q. Great. Since last week's hearing, have
10 you done any additional review, assessment, analysis,
11 or calculations as it relates to your role in this
12 matter?

13 A. None of any substance, no.

14 Q. Okay. Before I start my next line of
15 examination -- which is, you know, why we stopped
16 last week; I was going to go into a new area -- I
17 just want to say for this next line of examination, I
18 am not saying that those with substance use disease
19 or disorders do not need treatment; okay? That's not
20 the premise of any of my questions.

21 Do you understand?

22 A. I do.

23 Q. Okay. On page 21 of your report, if you
24 have it in front of you, you started evaluating or,

1 at least, setting forth the need, as you've called
2 it, under Roman numeral V; correct?

3 A. That's correct.

4 Q. And before we get into the details of
5 page 21 of your report and the ensuing pages on need,
6 did you do any sort of survey, field study, or
7 assessment of your own on the need for substance use
8 disorder treatment in the state or nationally?

9 A. When you say -- please define what you
10 mean by "study" or "survey."

11 Q. Right. Well, I can make it a little bit
12 easier.

13 In the second paragraph on the left
14 column of page 21, you cite to some work done by the
15 U.S. Department of Health and Human Services
16 Substance Abuse and Mental Health Services
17 Administration; correct?

18 A. Correct.

19 Q. And I think you also point out a 2018
20 national survey on drug use and health; correct?

21 A. That's correct.

22 Q. When you were presenting your numbers
23 here, did you do your own sort of survey such as
24 SAMHSA did, or did you take those numbers from the

1 surveys I just mentioned and extrapolate those onto
2 Illinois and perhaps DuPage County?

3 A. The latter. I did not conduct my own
4 independent survey.

5 Q. Okay. If we look in paragraph No. 2,
6 that same paragraph on the left column, there are
7 some national numbers here, estimates that 8.2
8 percent of the population 18 and older are in need of
9 treatment for SUD; correct?

10 A. Correct.

11 Q. And then what you did in the ensuing
12 sentence or two sentences was take that 18 -- 8.2
13 percent and apply it to both the State of Illinois
14 and DuPage County; correct?

15 A. For populations 18 years and older,
16 that's correct.

17 Q. Right, right.

18 And in terms of that, I think you
19 say, and over 58,000 adults in DuPage County would be
20 in need of substance use disorder treatment; correct?

21 A. That's correct.

22 Q. Now, did you do any sort of determination
23 as to what type of treatment? Was it itemized what
24 type of treatment or the extent of any of the

1 treatment those 58,000 people would need?

2 A. No.

3 Q. And then the next sentence it says, "In
4 addition, the DuPage Health Coalition estimates that
5 57,000 individuals went without treatment in DuPage
6 County"; correct?

7 A. Correct.

8 Q. Now, do you know if the DuPage Health
9 Coalition used the same number you used of 58,000
10 representing 8.2 percent of the population 18 and
11 older?

12 A. Their estimate is different. The 8.2
13 percent is an estimate of those who are in need.

14 DuPage Health Coalition estimates
15 57,000 individuals went without treatment.

16 Q. Do you know -- were you able to determine
17 how the DuPage Health Colation made that estimate of
18 57,000 people?

19 A. No.

20 Q. In your next paragraph you talked about,
21 "According to the results of the 2018 NSDUH, only
22 13.4 percent of those in need of substance use
23 disorder treatment actually seek treatment"; correct?

24 A. Correct.

1 Q. Now, you go on to use that 13.4 percent
2 number to determine how many people seek treatment
3 for SUD; correct?

4 A. Correct.

5 Q. But is that what that 13.4 actually
6 represents? Is that the number of people who
7 actually seek treatment?

8 A. It's a combination of statistics from two
9 tables from the National Survey of Drug Use and
10 Health.

11 The first one is the percent of
12 those in need of treatment who receive treatment; and
13 the assumption there is that if you receive
14 treatment, you sought treatment. So that 11.2
15 percent is one component of that number.

16 The second component is the
17 additional 2.2 percent of those who sought treatment
18 but did not receive treatment, another table.

19 Q. And now I'm jumping ahead because that's
20 on Page 56 of your report, but with regard to the
21 11.2 percent number, that was actually the percentage
22 of people who sought treatment at a specialty
23 facility; correct?

24 A. Correct.

1 Q. Do you know how the NSDUH defines
2 specialty facility?

3 A. My assumption was that it would be a
4 facility that was licensed to provide substance use
5 disorder treatment.

6 Q. All right. Do you know where you got
7 that assumption, or were you just making it?

8 A. I believe I read it, but I can't cite
9 particularly where.

10 Q. Carrying over to the second column, the
11 right-hand column, you go through a bit of an
12 analysis here, and it says, "With an average stay of
13 plus or minus 28 days in inpatient/residential
14 facilities for SUD, based on Haymarket's experience,
15 a single bed under ideal circumstances can service 12
16 people per year"; right?

17 A. That's correct.

18 Q. And so the 12 people per year came solely
19 from information you got from Haymarket; correct?

20 A. That is correct.

21 Q. And if you apply the 12 people per year
22 per bed to Haymarket's number of beds, how many --
23 how many patients would Haymarket be treating per
24 year?

1 A. Sorry. Could you repeat that question?

2 Q. Yeah. If you use the 12 people per year
3 per bed and we extend that on to the proposed
4 facility that we're talking about here tonight for
5 Haymarket, how many -- how many people would
6 Haymarket see per year based on that 12 patients or
7 people per bed?

8 A. Given the 96 treatment beds proposed for
9 the facility, that would be 96 times 12, which would
10 be 1,152.

11 Q. Okay. And did you at all factor in the
12 patients who are in need of treatment but get it on
13 an outpatient basis?

14 A. No. The analysis focused only on those
15 who are seeking inpatient treatment.

16 Q. Do you know if the 57,000 individuals
17 that the DuPage Health Coalition estimates are in
18 need, whether any of those patients could be serviced
19 with outpatient services?

20 A. I don't -- I don't know that, but based
21 on the statistics, a certain percentage of them would
22 be seeking inpatient facilities.

23 Q. Do you know what percentage of the 57,000
24 you quoted from the DuPage Health Coalition would be

1 serviced by intensive outpatient services?

2 A. I'm sorry. Could you say that again?

3 Q. Yes. Do you know what percentage of the
4 57,000 estimate by the DuPage Health Colation could
5 be serviced by intensive outpatient services?

6 A. I don't know that number.

7 Q. All right. Did you -- in the next
8 paragraph on the right column it says, "DuPage and
9 Local Need," and it talks about -- you talked about
10 two different facilities there, right, Serenity House
11 in Addison and Cornell Abraxas Interventions in
12 Woodridge; right?

13 A. That's correct.

14 Q. And you said between those two facilities
15 there are 94 beds; right?

16 A. That is correct.

17 Q. Is it your understanding that those two
18 facilities, Serenity House and Cornell Interventions,
19 are the only two facilities in all of DuPage County
20 with inpatient substance abuse disorder treatment?

21 A. They're the only licensed facilities
22 based on the database that's kept by the State of
23 Illinois.

24 Q. Have you heard of Linden Oaks in

1 Naperville that's run by Edwards-Elmhurst Hospital?

2 A. Yes, I have.

3 Q. Okay. And did you analyze or make any
4 determination about whether Linden Oaks provides
5 inpatient treatment?

6 A. Unless they were on the list of providers
7 in the State of Illinois as far as licensure goes,
8 no.

9 Q. What about Gateway Mercy in Aurora? Did
10 you make any determinations about whether Gateway
11 Mercy provides inpatient residential treatment?

12 A. Again, the study that I conducted and the
13 data that I used is limited to those licensed beds.

14 Q. Is it your understanding that Gateway
15 Mercy has unlicensed beds?

16 A. It's my understanding that I don't
17 believe they appeared on the survey of data that I
18 looked at.

19 Q. Are you aware that James Dominik, who was
20 another expert hired by Haymarket, used Gateway Mercy
21 and Linden Oaks, among others, as comparable
22 facilities to compare drug treatment to the proposed
23 facility?

24 A. I'm sorry. Could you repeat that?

1 Q. Yeah. Did you know that James Dominik,
2 one of the other experts who authored the Polaris
3 report that you cited, used Gateway Mercy and other
4 facilities in DuPage County that offer inpatient
5 treatment?

6 A. Yes, I believe he did use those
7 facilities.

8 Q. Okay. Is there a reason why you didn't
9 use those facilities in addition to Serenity House
10 and Cornell Interventions?

11 A. Yes. Mr. Dominik's analysis and
12 evaluation is different than mine. He's looking at
13 what the impacts of those facilities are. I'm
14 looking at an inventory of licensed facilities.

15 Q. Right. And you're representing that
16 there are only 94 beds for inpatient service of
17 substance use patients; correct?

18 A. 94 licensed beds which provide a level of
19 care and a level of service that are regulated by the
20 State of Illinois and recognized by the State of
21 Illinois.

22 Q. At what database or what resource were
23 you looking that allowed you to exclude facilities
24 like Linden Oaks and Gateway Mercy?

1 A. It isn't a matter of excluding those,
2 it's a matter of whether they show up on the state's
3 list of licensed facilities.

4 Q. And which state list were you looking at?

5 A. This is the State of Illinois, it's state
6 profile of the Illinois National Survey of Substance
7 Use Treatment and Services.

8 Q. All right. Did you do any assessment
9 into what the occupancy rates were or levels were of
10 any facilities including Haymarket's West Loop
11 facility?

12 A. I did not.

13 Q. And the reason I ask you is because if
14 you're -- if you're saying there's a need, that would
15 suggest that the existing facilities are full; right?
16 There just aren't enough beds at the existing
17 facilities?

18 A. Not necessarily.

19 Q. Okay. Well, explain that.

20 A. Well, again, the -- the exercise that I
21 went through is based on population and statistics in
22 terms of need, who seeks need and who seeks need in a
23 certain type of facility, combined with what the
24 ability of a bed in those facilities can service.

1 Q. Well, we can presume, can't we, that
2 Haymarket's West Loop facility is providing the same
3 or similar service as the proposed facility in
4 Itasca; right?

5 MS. O'KEEFE: I'm going to object. What's the
6 foundation for that question?

7 MR. ELLENBECKER: Well, he --

8 MS. O'KEEFE: There's -- there's already been
9 testimony that it's not, that the populations are
10 dissimilar.

11 MR. ELLENBECKER: Ms. O'Keefe, that's a stark
12 contrast to what the testimony has been with regard
13 to the type of treatment, the levels of treatment,
14 and the range of treatment provided at Haymarket West
15 Loop compared to the proposed facility.

16 MS. O'KEEFE: Dr. Lustig -- so maybe I
17 misunderstood your question, but Dr. Lustig testified
18 initially back when he testified in 2019 about the
19 differences in the population base in Chicago versus
20 DuPage.

21 So I think it's important that, yes,
22 they do provide levels of service, but the
23 population -- the programs provided are different
24 and -- with some of the programs offered.

1 MR. ELLENBECKER: Well, now you're testifying.
2 But that wasn't my question.

3 BY MR. ELLENBECKER:

4 Q. My question is, did you look into the
5 occupancy rate of Haymarket's West Loop facility?

6 A. I did not.

7 Q. Did you look into the occupancy rates of
8 Serenity House and Cornell Interventions?

9 A. I did not.

10 Q. Did you look into the occupancy rates of
11 any of the facilities you located within the 10-mile
12 radius of Itasca?

13 A. I did not.

14 Q. Did you do any sort of analysis, or were
15 you advised of how many DuPage residents seek
16 treatment annually at Haymarket's West Loop facility?

17 A. I'm sorry. Repeat that.

18 Q. Yeah. Were you provided with any
19 information regarding the number of DuPage County
20 residents that already seek treatment at Haymarket's
21 DuPage -- or West Loop facility?

22 A. No.

23 Q. Okay. If you could turn to page 56 of
24 your report. It seems like we're jumping way ahead

1 for people who don't have your report, but it's a --
2 it's a related appendix to your need analysis;
3 correct?

4 A. Yes.

5 Q. All right. And let me know when you've
6 gotten to page 56.

7 A. I have page 56.

8 Q. All right. On page 56 of your report,
9 Appendix II -- there are two tables that are put on
10 this page; correct?

11 A. That's correct.

12 Q. And both -- neither of those tables you
13 created; right? Those were just copy and pasted into
14 this report?

15 A. That is correct.

16 Q. And were either of these tables generated
17 from data specific to Illinois, if you know?

18 A. It's a national survey. It's a national
19 randomized survey, and I have no knowledge as to what
20 the geographic range of the survey is that took
21 place. However, I'm confident that it is a
22 representation of the national averages and numbers.

23 Q. What as part of your research or
24 background allows you to be confident that the

1 national averages are consistent with or compatible
2 with that experienced in Illinois or specifically
3 DuPage County?

4 A. I'm sorry. Please restate that.

5 Q. Yeah. What part of your research or
6 assessment allows you to be confident that the
7 national averages done in a national survey are
8 consistent with that -- the landscape in Illinois or
9 specifically DuPage County?

10 A. I would say that as a national survey, it
11 takes into account variations across a broad range of
12 different states, and that while there may be a
13 deviation or a difference in Illinois and DuPage
14 County, those differences would not be significant
15 such that it would alter the results of the analysis.

16 Q. And that's your -- that's your
17 assumption; correct?

18 A. Correct.

19 Q. All right. Now, you and I had talked
20 about the number 13.4 percent that was on page 21 of
21 your report.

22 Now here on page 56 we have the two
23 tables, right, that you used to get that number? You
24 have 11.2 in a section that says "Percent to Receive

1 Treatment in a Specialty Facility Among Persons
2 Classified as Needing Treatment, 2018"; correct?

3 A. Correct.

4 Q. And then you added that to the 2.2
5 percent in Table 5.39B which is titled, "Perceived
6 Need and Made effort to Get Treatment"; correct?

7 A. Correct.

8 Q. So did the authors of the survey, SAMHSA
9 or the NSDUH, did they for any reason combine those
10 two numbers for any part of their analysis?

11 A. They did -- they're not doing an
12 analysis. They're basically aggregating survey data
13 and putting out numbers that reflect the results of
14 those surveys.

15 Q. Okay. And what I want to talk to you
16 about are actually the latter two columns on
17 Table 5.39B. And I don't know is a perfectly
18 acceptable response. All right?

19 So if you look in the next column on
20 Table 5.39B, we see a table -- or a column that says,
21 "Perceived Need and Made No Effort to Get Treatment";
22 correct?

23 A. Correct.

24 Q. And in 2018 what was that number for 18

1 or older?

2 A. So you're asking me what percent of the
3 population 18 or older did not perceive need?

4 Q. No, I'm asking you on the column
5 "Perceived Need and Made No Effort to Get
6 Treatment" --

7 A. Okay.

8 Q. -- "2018"?

9 A. Correct.

10 Q. What number is that?

11 A. 3.1.

12 Q. And then the next column over for 2018 it
13 says, "Did Not Perceive a Need for Treatment, 2018."

14 What's that percentage?

15 A. 94.7.

16 Q. So if we combine those two, we're at 97.8
17 for those that either didn't perceive a need for
18 treatment or perceived it but made no effort to get
19 it; correct?

20 A. So you're asking me what the sum of that
21 population 18 or older who perceived need and made an
22 effort to get treatment added to those who perceived
23 need and made no effort to get treatment and those
24 that did not perceive need?

1 Q. No, let me stop you there. I'm only
2 going to have you add two numbers.

3 I want you to add the numbers of
4 perceived need and made no effort to get treatment
5 2018 and did not perceive the need for treatment
6 2018. What do those two add up to?

7 MS. O'KEEFE: Are those numbers on the screen
8 for people to see?

9 MS DIXON: I don't know.

10 BY THE WITNESS:

11 A. So, once again, I'm sorry --

12 MR. ELLENBECKER: All right. Hold on. I
13 don't think Mo is here today, Mr. Daly, but is there
14 someone who can bring up Page 56 of Mr. Kisiel's
15 report?

16 MS. JARMUSZ: This is Shannon --

17 CHAIRMAN DALY: I would like to volunteer
18 Shannon to --

19 MS. JARMUSZ: -- if you give me a moment, I
20 will pull that up.

21 You said page 56?

22 MR. ELLENBECKER: Yes, 56.

23 MS. O'KEEFE: Thank you, Mr. Ellenbecker. I
24 think that will make it a little easier for

1 everybody.

2 MR. ELLENBECKER: I agree. Thank you.

3 (Indistinct speaking.)

4 MS. JARMUSZ: Is this the correct page?

5 MR. ELLENBECKER: Yes, there we go. Thank
6 you.

7 If you go down to the bottom of 56,
8 please.

9 There we go. Thank you.

10 BY MR. ELLENBECKER:

11 Q. So, Mr. Kisiel, just I think you and I
12 were on the same page, but for people who don't have
13 the report or didn't see it, I'm asking you about
14 the -- we could call it the third column from the
15 right, "Perceived Need and Made No Effort to Get
16 Treatment, 3.1 percent"; correct?

17 A. Yep, uh-huh.

18 Q. And then the next -- the last column on
19 the right, "Did Not Perceive the Need for Treatment,
20 94.7"; correct?

21 A. Correct.

22 Q. And if we combine those together, we're
23 at 97.8 or almost 98 percent; correct?

24 A. Correct.

1 Q. But what we know is regardless of whether
2 the people perceived it or the people didn't perceive
3 it, those are people that didn't go get treatment,
4 correct, and they weren't looking for treatment?

5 A. Correct.

6 Q. And these national averages, did you
7 determine -- well, strike that.

8 Based on what you said earlier about
9 the representative nature of these numbers to
10 Illinois and DuPage County, can you and I agree that
11 you're confident that 94 -- 97.8 or almost 98 percent
12 of the people determined to be in need in DuPage
13 County would either perceive the need and not look
14 for treatment or not even perceive the need for
15 treatment?

16 A. I'm sorry. I'm going to have to ask you
17 to restate that.

18 Q. Sure. Based on what you said about the
19 representative nature of these national numbers to
20 DuPage County, can you and I agree that 98 percent or
21 97.8 percent of the people in DuPage County who would
22 be determined to need substance use disorder
23 treatment would either know they need it but not make
24 an attempt to get it or not even know they need it or

1 think they need it?

2 A. I think you're crossing the populations
3 in this chart and the chart 5.38B. It's important to
4 understand that this number is the total population,
5 not the population that is determined to be in need
6 of substance use disorder.

7 Q. Well, Table 5.39B says, "Perceived Need
8 for Substance Use Treatment and Whether Made an
9 Effort to Get Treatment in Past Year among Persons
10 aged 12 or Older Classified as Needing but not
11 Receiving Substance Use Treatment at a Specialty
12 Facility"; correct?

13 A. Correct.

14 Q. So everybody represented in Table 5.39B
15 by definition were classified as needing it, correct;
16 and "it" being substance use treatment?

17 A. Well, let me read the title again.

18 Okay.

19 Q. Do you agree with that?

20 A. I'm sorry. Please state it again.

21 Q. Yeah. Do you agree that Table 5.39B is
22 starting with a population or a subpopulation of
23 people who are classified as needing substance use
24 disorder treatment?

1 A. Yes.

2 Q. And when we combine the two categories,
3 98 percent of them either perceived the need and
4 didn't get it or didn't perceive it and didn't get
5 treatment; correct?

6 A. Correct.

7 Q. And did you take those two columns and
8 determine what percentage of people in need of
9 substance use treatment in DuPage County would either
10 perceive the need and not even look for it or not
11 perceive it at all?

12 A. So you're asking me if I took into
13 account that population that perceived the need but
14 made no effort or did not perceive a need?

15 Q. Right.

16 A. No, the population that I tabulated was
17 those who were in need and who received use at a
18 specialty facility.

19 Q. Okay. If we took -- if we took the 98
20 percent number, 97.8 percent number, and applied it
21 to the 58,000 people you indicated in your report
22 need substance use disorder treatment, that would
23 mean there's about 1,160 people who had perceived the
24 need and actually want to go and get treatment;

1 correct?

2 A. I'm sorry. Could you restate that?

3 Q. Yeah. If we took the number of people,
4 the 97.8 percent of people who don't seek treatment
5 or don't even think they need treatment and apply it
6 to the 58,000 people in DuPage County that you've
7 indicated need substance use disorder treatment, we'd
8 be left with 1,160 people who know they need it and
9 actually go get the treatment; correct? Two percent
10 of 58,000?

11 A. Well, there's a difference between
12 needing and perceiving the need.

13 Q. Well, but this data in these tables on
14 page 56 are starting with the subpopulation of people
15 who are deemed to be in need; correct?

16 A. Right.

17 Q. And then they break it down even further
18 by the people who are determined to need it. They
19 break it into a sub-subpopulation of people who don't
20 even know they need it; right?

21 A. Correct.

22 Q. And if people don't know they need it,
23 the presumption here, based on this survey when you
24 read it from cover to cover, is they're not going to

1 go get treatment because they don't think they need
2 it; right?

3 And if you don't know, that's okay.

4 A. It's going to take me a moment to digest
5 that.

6 Q. Okay.

7 A. So when you applied that 97 percent --
8 97.8 percent to the population, you're ignoring that
9 percent who did receive treatment at a specialty
10 facility.

11 Q. I'm asking you what percentage of the
12 58,000 people you indicated are in need of substance
13 use disorder treatment in DuPage County, what
14 percentage of them would either perceive the need and
15 not get it or not perceive it at all?

16 Would it be the 98 percent
17 represented in the national survey, or would it be
18 different for DuPage County?

19 A. So, I'm sorry, can you reask that
20 question?

21 Q. Right. Of the 58,000 people you
22 indicated on page 21 of your report would be in need
23 of substance use disorder treatment in DuPage County,
24 what percentage of them, if you know, would know they

1 need it but not get it or not even think they need
2 substance use disorder treatment?

3 Would it be the 98 percent in the
4 national survey?

5 And I don't know is a perfectly
6 acceptable answer.

7 A. So what you are doing with this table is
8 you're ignoring what the first column says is the 100
9 percent population. It's those classified as needing
10 treatment but did not receive treatment at a
11 specialty facility.

12 Q. Okay. Well --

13 A. As opposed to just the broader population
14 that is classified as being in need of treatment.

15 Q. Okay. Well, back to my question --

16 A. So applying -- applying that 97 percent
17 to the DuPage population would not give you the
18 number because you would need to know what percent
19 were classified as needing treatment but did not
20 receive treatment at a specialty facility.

21 Q. Well, do you know of that 58,000 number
22 that you included on page 21 of your report for
23 DuPage County people in need of special [sic] use
24 disorder treatment, what percentage of those needed

1 treatment but did not get it at a specialty facility?
2 Do you know that number?

3 A. My assumption is that would be the
4 inverse of those who did receive treatment at a
5 specialty facility among those classified as needing.
6 In other words, that would be 88.8 percent of those
7 18 and older.

8 Q. What percentage of the 58,000 in DuPage
9 County that you indicated on page 21 of your report
10 as being in need of substance use disorder treatment
11 don't perceive the need for treatment?

12 A. I don't believe you can discern that from
13 these two tables.

14 Q. Okay. All right.

15 When you looked at the national
16 survey or any other resource, were you able to
17 determine what the average size of residential
18 treatment centers was?

19 A. I was able to -- there is the -- I
20 believe in the state inventory, there's an average
21 number of designated beds per facility.

22 Q. Okay. What was the average number of
23 designated beds for residential inpatient treatment
24 that you've seen?

1 A. In the State of Illinois, 34.

2 Q. And you understand that Haymarket for its
3 proposed location is seeking a facility three times
4 that size?

5 A. That's not accurate.

6 Q. In terms of --

7 A. That's not accurate because you're not --
8 you're combining recovery homes with treatment beds,
9 and that's a different number and a different
10 category of care.

11 Q. Okay. Well, what's the average --

12 A. So the number -- 96 compared to 34 would
13 be the number.

14 Q. Right, that's what I said, 34 and 96.

15 My math was rounding up, but 96 is
16 almost three times as large; correct?

17 A. Okay. Yes.

18 Q. Yeah. So we're on the same page.

19 So Haymarket Itasca is actually
20 looking to get a special use permit for a facility
21 three times as large from a treatment bed perspective
22 as the average size represented in the Illinois state
23 data; correct?

24 A. That is a fact, yes.

1 Q. All right. We can move on from there.

2 On Page 23 of your report, you've
3 got what appears to be an infrared map. But I'm
4 actually more interested in the map you have with a
5 circle in the bottom left, which I believe is
6 supposed to represent a 10-mile radius; is that
7 right?

8 A. Correct.

9 Q. Did you choose the 10-mile radius, or did
10 somebody else choose it?

11 A. The map that you're seeing is from the
12 Village of Itasca staff report.

13 Q. And does part of that 10-mile radius as
14 shown on page 23 of your report go into Cook County?

15 A. Yes, it does.

16 Q. Did you research the number of available
17 places within 10 miles of, say, Naperville or Aurora,
18 the two major population-based centers of DuPage
19 County?

20 A. No. My assignment here is to evaluate
21 the special use -- evaluate the project according to
22 the special use standards for this site in Itasca.

23 Q. Okay. And the reason I asked the
24 question that way is because on page 21 of your

1 report, you don't -- at least when you're talking
2 about the number of people in DuPage County, you
3 don't break it down further and talk about the number
4 of people just in Itasca in need of special use
5 treatment, correct -- or substance abuse treatment;
6 correct?

7 A. That's correct.

8 Q. All right. And I think you indicated
9 last week that the concentration of population for
10 DuPage County is actually farther south in DuPage
11 County; correct?

12 We're looking at basically south of
13 Itasca, you've got the Naperville and the Auroras
14 and the Elmhurst have much larger populations;
15 correct?

16 A. They do.

17 Q. Right. And this is being represented
18 both by you, other experts of Haymarket, and
19 Haymarket itself as being a facility for DuPage
20 County; correct?

21 A. Well, it's a facility for a broad area
22 that's a particular distance from its location that
23 crosses DuPage County -- covers much of DuPage County
24 but also crosses county boundaries.

1 Q. Okay. Did you look -- and maybe you
2 already answered this. If you did, I apologize.

3 But did you look at available
4 treatment options within, say, a 10-mile radius of
5 population centers like Naperville or Aurora?

6 A. No. Again, my charge and assignment here
7 is to evaluate the Haymarket facility and its
8 location in Itasca.

9 Q. When you looked at whether it be in the
10 10-mile radius of Itasca or otherwise, did you find
11 any facility, substance use disorder treatment
12 facility, anywhere near as large as the one being
13 proposed in Itasca?

14 A. When you say "near as large," the -- in
15 terms of sheer number of beds, given that Haymarket
16 is proposing 96, I think probably the closest one
17 would be the Cornell Abraxas in Woodridge which
18 actually has a total, I believe, of 78 treatment
19 beds.

20 The reasons why the additional 38
21 were not included is because those treatment beds are
22 exclusively for adolescents, and it's not a
23 comparable as Haymarket is not proposing to treat
24 that segment of the population.

1 Q. But, I mean, according to Mr. Dominik --
2 and you read the Polaris report and maybe his
3 testimony -- he said you couldn't even use a facility
4 that treated adolescents as a comp facility; correct?

5 A. For his analysis that may be true, yes.

6 Q. And with regard to -- did you do -- did
7 you find any facility that had a combined 240 beds or
8 anywhere near 240 beds for treatment and recovery
9 home?

10 A. No, there are very few licensed recovery
11 home beds not only within a 10-mile radius in DuPage
12 County but throughout the entire six-county region.

13 Q. Did you do any sort of research,
14 investigation, or maybe phone conferences with people
15 to determine why there aren't facilities the size of
16 Haymarket's facilities and the one it proposes in
17 Itasca?

18 A. No.

19 Q. Did you come across any evidence-based
20 support on the efficacy of treatments on facilities
21 as large as that being proposed here?

22 A. I did find some literature that talk
23 about outcomes being better in situations where there
24 was a continuum of care where you could move through

1 inpatient treatment to recovery home treatment and
2 continue your treatment in a comprehensive fashion.

3 Q. Right. But you can have one person and
4 have a continuum of care.

5 I'm wondering, have you come
6 across -- or did you come across any evidence-based
7 support on the efficacy or increased efficiency of
8 treatment of patients with substance use disorders in
9 facilities as large as that being proposed?

10 A. What do you mean when you say
11 "efficiency"?

12 Q. Well, I'll say efficacy.

13 For people analyzing the outcomes of
14 substance use disorder treatment, did you come across
15 anything that said you have better outcomes of
16 substance use disorder treatment when you have
17 jumbo-sized facilities like that being proposed in
18 Itasca?

19 A. No, but I didn't find anything that said
20 the opposite, either.

21 Q. Did you look for it?

22 A. I did not.

23 Q. All right. We don't have to pull it up,
24 but on slide 22 you talked about a local need, and it

1 said, "Why Itasca? Local Need Summary, Itasca &
2 Adjacent Municipalities, Adult Population 180,000
3 people."

4 Do you remember that slide?

5 A. Yes, I do.

6 Q. Do you remember what villages, towns, or
7 cities you consolidated to come up with an adult
8 population of 180,000 people?

9 A. That's not the way the analysis was done.
10 It doesn't rely on a consolidation of municipal
11 population.

12 The information source that was used
13 to come up with those population numbers is census
14 block group data which allows you to break down into
15 a much smaller increment than a municipal increment
16 or a county increment, and that's what I used to
17 determine that population.

18 Q. So it says, "adjacent municipalities."

19 Do you know what municipalities were
20 included as adjacent for purposes of generating adult
21 population of 180,000?

22 A. Again, it wasn't based on municipalities,
23 it was based on census block group data which --

24 Q. Okay. Well, I'm asking because it says

1 "adjacent municipalities."

2 So you're just saying that's just a
3 randomized general term that means surrounding area?

4 A. It's a term that's used for reference.

5 So if you want me to name them, I
6 certainly can. In fact, they appear on the map on
7 page 22, if you'd like to look at it.

8 Q. Sure. And the map on page 22 extends out
9 into Schaumburg, almost up to Arlington Heights, all
10 of Elk Grove Village; correct?

11 A. Correct.

12 Q. Do you know what the adult population of
13 Itasca is?

14 A. Based on a population estimate of
15 approximately 9,800, and if we apply the DuPage
16 County factor of about 22.5 percent under 18, that
17 would render a number close to -- hold on a second --
18 adult population of a little over 7,500.

19 Q. Okay. Thank you.

20 If you could go forward to page 31
21 of your report, and toward the bottom of the
22 left-hand column there's a paragraph that starts
23 with, "The services provided by the proposed
24 not-for-profit healthcare facility fulfill a

1 significant need for the regional population as well
2 as local residents."

3 Do you see that?

4 A. Yes.

5 Q. Did you come across any, I guess, survey,
6 report, study, or pronouncement by the DuPage Health
7 Coalition that indicated that based on its evaluation
8 that Itasca was the best location for a facility
9 servicing the population of DuPage and the collar
10 counties?

11 A. No.

12 Q. Okay. Did you come across any state
13 study or federal study identifying Itasca as the
14 optimal location for a substance use disorder
15 treatment servicing the DuPage and the collar county
16 populations?

17 A. No.

18 Again, that's not relevant to my
19 analysis because, again, what I'm doing is evaluating
20 a proposed use in a particular location with respect
21 to the standards for special uses and others that are
22 contained in the Itasca Zoning Ordinance.

23 Q. Now if you could turn to page 34 of your
24 report.

1 Let me know when you're there.

2 A. I'm there.

3 Q. In the middle of the first paragraph on
4 the left column, there's a sentence that starts with,
5 "No one." Do you see that?

6 It says, "No one will stay in this
7 facility..." Do you see that sentence?

8 A. Yes.

9 Q. It says, "No one will stay in this
10 facility without receiving treatment under the care
11 of a medical director, nurses, and case workers";
12 correct?

13 A. Correct.

14 Q. Who did you get that information from?

15 A. That was based on my knowledge of the
16 operation of the facility.

17 Q. And where did you get your knowledge of
18 the operation of the facility from?

19 A. That was consultation with Haymarket.

20 Q. Who at Haymarket?

21 A. It would have been either a combination
22 of Haymarket or Haymarket's attorneys.

23 I had conversations with Karen
24 Kissel, I had conversations with Dr. Lustig, and

1 counsel for Haymarket.

2 Q. Do you know who specifically you got the
3 information from regarding no one would stay in the
4 facility without receiving treatment under the care
5 of a medical director, nurses, and case workers?

6 A. I can't cite who specifically would have
7 said that.

8 Q. And the reason I'm bringing it up is, I
9 talked to -- you know the KLOA report, right,
10 Mr. Aboona?

11 A. Correct.

12 Q. Okay. And he also talked to Ms. Kissel,
13 and Mr. Musil, and they were told that the facility
14 would see about 96 outpatient patients a day.

15 Did you know that?

16 A. Yes.

17 Q. And of those 96, half, or 48, would be
18 from the recovery homes.

19 Do you know that?

20 A. I remember hearing that, yes.

21 Q. All right. And there are 144 recovery
22 beds planned for the facility; correct?

23 A. Correct.

24 Q. So if only 48 of those 144 are receiving

1 outpatient treatment at the facility, that would mean
2 that up to 95 living in the recovery homes aren't
3 getting outpatient treatment at all; correct?

4 A. No, it's my understanding that if you're
5 in the recovery home, you are in a course of
6 treatment in one way, shape, or form.

7 Q. Okay.

8 A. Whether that be contact with case
9 workers, group counseling, peer counseling,
10 et cetera, that -- whether or not they're in the
11 outpatient care portion of it or whether it has a
12 different character, I stand by the notion that no
13 one staying there will not be receiving treatment.

14 Q. Well, on page 2 of attachment A to
15 Haymarket's second or supplemental application in
16 this case, they represented that people living in the
17 recovery homes may lack suitable recovery living
18 environments who may have finished treatment or may
19 be treating elsewhere.

20 Did you read that in their
21 application?

22 A. I have a vague memory of that --

23 MS. O'KEEFE: Can I ask for a point of
24 clarification, Mr. Ellenbecker?

1 Is this the petition -- the
2 application dated August 7th?

3 MR. ELLENBECKER: I believe that's where I
4 read it.

5 MS. O'KEEFE: And is it in the special --

6 MR. ELLENBECKER: Page 2 of --

7 MS. O'KEEFE: -- use or the petition for
8 the -- I'm just trying to clarify where it is so I
9 can look at it. I'm sorry.

10 MR. ELLENBECKER: Page 2 of attachment A to
11 the application.

12 MS. O'KEEFE: Page 2 of attachment A.

13 And, I'm sorry, so it says -- is
14 this the recovery home programs with separate
15 programs for men and women, they're usually 90 days,
16 so --

17 MR. ELLENBECKER: Well, you can read it to
18 yourself. If I'm wrong, I'm sure you'll point it
19 out, but --

20 MS. O'KEEFE: Well, can I -- can we sort of
21 refresh -- can I refresh his memory so he can see
22 what you are referring to since you didn't --

23 MR. ELLENBECKER: Not right now, because I'm
24 not asking the question off that. I'm not even

1 reading that document. I'm going off my memory of
2 what that document says.

3 BY MR. ELLENBECKER:

4 Q. But, Mr. Kisiel, if patients in the
5 recovery home were lacking suitable recovery living
6 environments who may have finished treatment or are
7 receiving treatment elsewhere, you'd agree if that's
8 the representation of Haymarket, that there are --
9 that there are people living in the recovery homes or
10 to be living in the recovery homes that are not
11 getting treatment at Haymarket? They're either done
12 or they're getting it somewhere else; right?

13 A. I'm not sure I agree a hundred percent
14 with that statement.

15 It's my understanding that while
16 you're in a recovery home, you have access to all of
17 the treatment that's available in the facility.

18 Q. Did anybody when you talked to Haymarket
19 tell you that there would be a fair amount of people
20 living in the recovery homes that were done with
21 treatment or were getting treatment somewhere else?
22 Did anybody tell you that?

23 A. I don't recall a conversation regarding
24 that.

1 Q. Are you -- do you recall citing a
2 document called The Environmental Scan?

3 THE REPORTER: Scan, did you say?

4 MR. ELLENBECKER: Scan, s-c-a-n.

5 THE REPORTER: Thank you.

6 BY MR. ELLENBECKER:

7 Q. I think I can help you out, if you don't.

8 A. Please do.

9 Q. On page 25 of your report, footnote 26
10 cites to "Recovery Housing in Illinois: Brief Report
11 from An Environmental Scan, Candeo Consulting, Inc."

12 Do you see that?

13 A. Okay. Yes.

14 Q. All right. Are you aware in reading that
15 Environmental Scan that a barrier to success can be a
16 lack of transportation?

17 A. Sorry? Please ask that again.

18 Q. Yeah. Are you aware based on your review
19 of the Environmental Scan that you cited on
20 footnote 26 on page 25 that those authors cited a
21 barrier to success being a lack of transportation?

22 A. I don't believe I reviewed it with an eye
23 towards that particular statement.

24 Q. Did you read the Environmental Scan to

1 see that a barrier to success of the patient can be
2 the distance to viable employment?

3 A. I -- sorry. Once again, please ask the
4 question again.

5 Q. Yeah. Are you aware that the
6 Environmental Scan that you cited at footnote 26 on
7 page 25 cited another barrier to the success of
8 substance use disorder treatment patients as being a
9 distance to viable employment?

10 A. I don't recall reading that.

11 Q. As any part of your assessment, did you
12 assess the distance from the proposed facility to
13 viable employment for residents of the recovery homes
14 at the Itasca facility?

15 A. I don't know what's meant by "viable
16 employment."

17 Q. Okay.

18 A. And I don't know what -- the context in
19 which that statement is being made.

20 Q. Did you make a -- as part of your work in
21 this case, did you look up, I'll call it, the
22 substance use disorder treatment industry's
23 definition of recovery homes?

24 A. I don't remember if I did or didn't.

1 Q. Are you aware that the recovery research
2 institute defines recovery homes as a nonmedical
3 setting designed to support recovery?

4 A. I can't say I'm familiar with that.

5 Q. Okay. All right. Let's move forward.

6 Could you turn to --

7 THE WITNESS: Mr. Ellenbecker, we've been at
8 it for about an hour. Maybe a five-minute break?

9 MR. ELLENBECKER: I wish I could make that
10 decision.

11 Mr. Daly?

12 CHAIRMAN DALY: That's fine. Why don't we
13 break for five minutes. I've got 8:01. Let's make
14 it 8:07.

15 MR. ELLENBECKER: Okay.

16 (Recess taken.)

17 CHAIRMAN DALY: This is Chairman Daly. Let's
18 resume, please.

19 MR. ELLENBECKER: Do we have the witness back?

20 Mr. DiNolfo just changed my gallery.

21 Mr. Kisiel, are you ready to go?

22 THE REPORTER: Is Mr. DiNolfo on the call?

23 MR. DI NOLFO: Yes.

24 THE REPORTER: Oh, okay. You're in the room?

1 MR. DI NOLFO: I am.

2 THE REPORTER: I'm sorry. I didn't see you on
3 the participants, so thank you.

4 MR. DI NOLFO: I was going to make a surprise
5 appearance after Mr. Ellenbecker.

6 MS. O'KEEFE: Okay. There you go.

7 THE WITNESS: Okay.

8 BY MR. ELLENBECKER:

9 Q. All right. Mr. Kisiel, I just have a
10 little bit left for you.

11 On Page 37 of your report, if you
12 could turn to that, please.

13 A. Yes.

14 Q. On the right-hand column, the paragraph
15 that starts with "The applicant - Haymarket," do you
16 see that?

17 A. Yes.

18 Q. "The applicant - Haymarket - is an
19 experienced operator of SUD treatment facilities with
20 locations in Waukegan, O'Hare Airport, and...932 West
21 Washington."

22 Did you do any study of Haymarket
23 and its operations yourself?

24 A. No.

1 Q. And in terms of, you know, experienced
2 operator, were you just going on longevity or --
3 you'd agree it's outside your expertise to assess the
4 qualifications, competence, success rate of
5 Haymarket; correct?

6 A. Well, here's what I do know: I've been
7 very active in planning on the near west side of the
8 City of Chicago. Haymarket has been a longtime
9 resident here.

10 My tenure working on these projects
11 goes back to, I want to say, the early '90s, and
12 Haymarket was a participant in many of these meetings
13 regarding the overall planning, and I did get to know
14 the facility and get to know the people who are
15 operating it.

16 And based on their stature in the
17 community, their longevity over that period of time,
18 from my point of view, and given the development that
19 has occurred around this particular facility, their
20 management of this facility has not provided -- or
21 brought about any significant negative impact such
22 that would deter development and development of the
23 very highest and, for lack of a better word, most
24 affluent and exclusive in terms of the facilities.

1 Q. Well, let's start with my question. I'll
2 get to what you just said in a second.

3 You'd agree it's outside your area
4 of expertise to determine the quality, competence,
5 success rate, their evidence-based treatment models
6 of any substance use disorder treatment, Haymarket or
7 otherwise; correct?

8 A. Well, when I'm talking about their --

9 Q. I know what you're talking about. That's
10 not my question.

11 A. I'm speaking from a planning perspective.
12 So --

13 Q. Exactly.

14 A. -- when I'm ascertaining their skill at
15 managing a facility, it has less to do with what
16 their success rate is with treatment or internally
17 how they run their facilities. It has more to do
18 with what any external impacts caused by the
19 operations of their facilities may be.

20 Q. And did you listen to any of Mr. Polach's
21 testimony?

22 You were in the room, I think, when
23 he testified; correct?

24 A. I may -- I heard some of it. I'm not

1 sure I heard all of it.

2 MS. O'KEEFE: (Indistinguishable) end of it.

3 THE REPORTER: I'm sorry. I didn't hear that.

4 BY THE WITNESS:

5 A. I say I heard some of it. I'm not sure I
6 heard all of it.

7 BY MR. ELLENBECKER:

8 Q. Okay. You'd agree dense urban settings
9 are different than suburban settings; right?

10 A. For a variety of reasons, yes.

11 Q. Right. I mean we could say availability
12 of land is one of the big ones; right? That's a big
13 difference between urban and suburban settings?

14 A. I wouldn't say that. Availability of
15 land has to do with whether there's vacant land. And
16 a lot of the suburban municipalities are fairly built
17 up, and there aren't very many vacant pieces of land.

18 Q. Did you do -- and I'm talking more about
19 the West Loop facility.

20 Did you talk to any of the major
21 developers of the West Loop to determine what, if
22 any, impact Haymarket's West Loop facility had on
23 their development?

24 A. Well, I've been involved with, I would

1 say, at least half a dozen planned developments in
2 the vicinity, and to a word every single developer
3 had zero concern about Haymarket.

4 Q. Okay. That's not what I asked, though.

5 Did you ask any of the developers if
6 they had a preference for whether Haymarket was there
7 or not there? Did you ask them that question?

8 A. No, that's not relevant in any of my
9 contact or professional engagements with developers.

10 Q. Did you talk to any of the residents
11 around Haymarket's West Loop facility to determine
12 what their impressions were of living in the
13 immediate vicinity of the West Loop facility?

14 A. I'm trying to think if I've had any
15 conversations or know anyone who lives in that area.

16 Nothing's coming to mind, so no.

17 Q. Did you talk to any of the emergency
18 personnel, fire department or EMS, police officers
19 who patrol the near West Loop, to ask them what their
20 experience has been with Haymarket West Loop?

21 A. No, I did not.

22 Q. Lastly, we talked about in the course of
23 examination your review and inclusion of other
24 people's reports or portions of it in your report.

1 For instance, you included portions of the Gruen
2 report in your report; correct?

3 A. That's correct.

4 Q. And you included references to
5 Mr. Dominik's Polaris report in your report; correct?

6 A. Indeed.

7 This is not out of the ordinary. I
8 have, as you may know, a very long career and very
9 deep experience in working on various aspects of
10 administrative review, planned developments, special
11 uses, variations, et cetera. Universally throughout
12 these, I'm the one who's preparing the majority of
13 the testimony regarding the standards. And in order
14 to opine on those standards, there's certainly some
15 aspects of it that are beyond a planner's specific
16 expertise. And in those situation, I rely on the
17 expertise of those who are experts in the field.

18 For instance, as I'm not accepted as
19 an expert as a traffic engineer, I'm certainly
20 qualified to read a traffic engineer's report and
21 apply it in my analysis of the standards for special
22 uses, planned developments, et cetera, and I've done
23 so, hard to state how many times, but the number is
24 in triple digits.

1 I've done the same with market
2 studies and reports that estimate demand. I've done
3 the same with economic impact reports written by
4 economists. Though I'm not an economist, I'm
5 certainly qualified as a planner to read and
6 interpret plans and reports by economists and apply
7 them in an evaluation of standards for special uses,
8 planned developments, et cetera.

9 Q. Mr. Kisiel, I wasn't trying to ruffle
10 your feathers. I didn't say it was out of the
11 ordinary; I just asked you if you cited portions of
12 those reports in your report --

13 A. I did.

14 Q. -- and you did; correct?

15 A. Yes.

16 Q. And did you assume that the reports that
17 you cited or excerpts that you cited were reliable?

18 A. Yes, I did, based on my reading of them
19 and my reading of other similar reports.

20 Q. To the extent any of those reports that
21 you included excerpts of in your report are deemed
22 faulty or unreliable, would you agree that those
23 portions of your report that you relied on those
24 reports on would be equally faulty or unreliable?

1 A. Well, one thing that I take into
2 consideration when I'm applying these reports to a
3 set of standards is whether they are consistent with
4 the results of other reports and other situations
5 that I've encountered over the course of my
6 professional career. So when I'm reading these
7 reports and interpreting them and applying them in my
8 evaluation of the standards, in the back of my mind
9 is the question of whether or not this passes, for
10 lack of a better term, the sniff test. And in the
11 case of the reports that I reviewed for this case,
12 all of them clear that bar.

13 Q. Right. And aside from the sniff test,
14 you've already acknowledged that you relied on those
15 reports because while you can certainly read them,
16 like we all can, you don't possess the same expertise
17 that those authors possess in those areas; correct?

18 A. That is correct.

19 Q. And to the extent that those authors were
20 somehow erroneous or included something that made
21 their reports unreliable, you'd agree that those
22 excerpts, then, of those reports would be unreliable?

23 A. Well, can you be more clear about what
24 you mean by "unreliable"?

1 I mean if there is something in the
2 report that changes or is different that
3 substantially changes their conclusion, then I would
4 agree with you.

5 But I'm not sure what you mean by
6 "found unreliable."

7 Q. Yeah, I mean I think we can close it all
8 up by saying, with regard to the reports that you
9 cited in your -- in your own report, you assume that
10 they were reliable, and we can leave it at that;
11 correct?

12 A. I'm not sure "assumed" is the right word,
13 because I did look at them with a critical eye.

14 But, yes, I -- based on my analysis,
15 they appeared to be reliable.

16 MR. ELLENBECKER: Okay. All right. I think
17 that's all I have. Thanks, Mrs. Kisiel.

18 THE WITNESS: Thank you.

19 CHAIRMAN DALY: At this point, Mr. DiNolfo,
20 good evening.

21 MR. DI NOLFO: Good evening, Mr. Chairman.
22 Thank you.

23 ///

24 ///

1 CROSS-EXAMINATION

2 BY MR. DI NOLFO:

3 Q. Good evening, Mr. Kisiel. My name is
4 Steve DiNolfo, and I represent the Itasca Fire
5 Protection District. I'm going to have a few
6 questions for you tonight.

7 Mr. Ellenbecker was kind enough to
8 cover quite a bit of what I was going to touch on, so
9 I'm going to try not to repeat any of the areas that
10 he's already brought up.

11 I want to start back to, I think,
12 some testimony that you gave last week concerning
13 some of your information contained in your report,
14 specifically on page 8.

15 Can you get that in front of you?

16 A. Okay.

17 Q. Do you have it?

18 A. Yes, I do.

19 Q. All right. And this is -- I'm touching
20 on on the right-hand side where you talk about
21 Haymarket having contracted with a private ambulance
22 service.

23 Do you see where I'm referring to?

24 A. I do see that.

1 Q. All right. My question is pretty simple:
2 As part of your preparation of your report, did you
3 see a signed, executed contract between this private
4 ambulance service and Haymarket?

5 A. I did not.

6 Q. Okay. So how is it that you were able to
7 put into your report that they had entered into a
8 contract? Who told you that?

9 A. It's my understanding that that is
10 Haymarket's intent.

11 Perhaps in the report the word
12 "has" should have been replaced with "intends
13 to," because at --

14 Q. Okay.

15 A. -- that point I didn't have any specific
16 knowledge of a signed contract.

17 Q. All right. So if we replace the word
18 "intends" with the word "has," I guess I will ask
19 you -- and if you don't know, I understand, because I
20 don't want you to guess.

21 But are you aware of any authority
22 possessed by the Itasca Fire Protection District that
23 could compel Haymarket to enter into a contract with
24 a private ambulance service?

1 A. I don't know the answer to that.

2 Q. Okay. You also in that same sentence and
3 paragraph indicate that Haymarket "will work with the
4 Fire Protection District and Village to ensure
5 mutually agreeable plan -- a plan is in place for
6 provision of emergency services."

7 Did I fairly quote that accurately?

8 A. I believe that's what it says, yes.

9 Q. All right. Were you made aware through
10 your conversations with Haymarket or anybody else in
11 this case that no one from Haymarket has spoken to
12 anyone from the Itasca Fire Protection District about
13 a proposal or a plan?

14 A. I'm sorry. Could you ask that again?

15 Q. Sure. I assume since you put in there
16 that Haymarket is going to ensure there will be a
17 mutually acceptable plan, did inquire if anybody from
18 Haymarket had reached out to Itasca Fire Protection
19 District to be in conversations about a mutually
20 acceptable plan?

21 A. No, but they conveyed to me to -- that
22 that was their intent.

23 Q. Okay. Who is "they"? Who specifically
24 is "they"?

1 A. Haymarket.

2 Q. And do you have a recollection of the
3 individual at Haymarket who told you that?

4 A. I do not.

5 Q. But as you sit here today, you have no
6 direct knowledge of anybody making a first step
7 towards doing that, having a conversation about a
8 mutually agreeable plan?

9 A. That's correct.

10 However, it's very common in the
11 course of seeking approval for a wide range of
12 things, like plan developments, special uses,
13 et cetera, to, during the course of the negotiations
14 for the final development agreement or whatever the
15 final documentation is, that conditions are placed on
16 either zoning approval or on whatever the binding
17 aspect of the approval would be to make arrangements
18 for these types of things.

19 Q. And you understand -- maybe you don't.

20 Do you understand the Itasca Fire
21 Protection District to be separate from the Village
22 of Itasca?

23 A. I do understand that.

24 Q. Okay. And you understood that the Itasca

1 Fire Protection District has no ability to enforce
2 whatever provisions may or may not be put into any
3 final approval? Do you understand that to be
4 accurate, as well?

5 A. No, but the Village of Itasca does.

6 Q. Sure. And you understand the Itasca Fire
7 Protection District has no ability to compel the
8 Village of Itasca to do anything on its behest; true?

9 A. I would agree with that, yes.

10 Q. All right. Following up on that line of
11 thought, are you aware of any authority possessed by
12 any fire protection district to force or mandate a
13 conversation about emergency services in a mutually
14 acceptable plan?

15 A. I'm sorry. Can you -- one more time?

16 Q. Sure. I'll break it down.

17 Are you aware of any authority
18 possessed by the Itasca Fire Protection District to
19 force or mandate a conversation between the fire
20 district and Haymarket about emergency services?

21 A. No.

22 Q. In general?

23 A. No.

24 Q. Okay. More specifically, are you aware

1 of any authority possessed by the fire district to
2 ensure that if there is a plan that it's mutually
3 acceptable?

4 A. No.

5 Q. And, by the way, as part of your
6 familiarizing yourself -- and I think you said you've
7 known Haymarket or are familiar with Haymarket since
8 the '90s -- did you see any type of mutually
9 acceptable plan that exist between Haymarket West
10 Loop and the Chicago Fire Department?

11 A. I know of none.

12 Q. So the fact that you referenced the
13 private ambulance contract and the mutually agreeable
14 plan for emergency services, I assume those are
15 factors that you considered in formulating your
16 opinion?

17 A. To a certain degree, yes.

18 Q. Okay. And if neither of those happen, if
19 the contract doesn't happen and the mutually
20 agreeable plan doesn't happen, you'd have to consider
21 that factor as it has an impact on your opinion or
22 not; true?

23 A. Yes.

24 Q. All right. Now, a portion of your report

1 also discussed the cost aspect of Haymarket on
2 emergency services, public services; correct?

3 A. Correct.

4 Q. And I think if you want to go to your
5 report -- you probably have it memorized -- page 18 I
6 believe it starts on.

7 A. Okay.

8 Q. And I think it's at the bottom of
9 page 18 it talks about school, police, fire, and EMS
10 costs.

11 Do you see where I'm referring?

12 A. Yes.

13 Q. And it proceeds onto the next-page,
14 page 19, and I believe on from there, as well.

15 A. Yes.

16 Q. All right. You understand that the fire
17 and EMS services are provided by my client, the
18 Itasca Fire Protection District; true?

19 A. Yes.

20 Q. And as part of your process of the cost
21 and the impact those costs might have on my client,
22 did you examine the Itasca Fire Protection District's
23 budget?

24 A. I'm familiar with it, yes.

1 Q. Okay. What's your understanding of the
2 financial state of the Itasca Fire Protection
3 District?

4 A. I didn't look at anything beyond what its
5 budget was.

6 Q. Okay. So as you sit here today, and I'm
7 not as a criticism per se, but you don't know what
8 the financial status is of the Itasca Fire Protection
9 District; true?

10 A. True.

11 Q. All right. And if I understood your
12 report correctly, for the costs to the Itasca Fire
13 Protection District, you relied upon the opinions and
14 conclusions contained in the Polaris report to help
15 form your basis of your opinion?

16 A. A combination of the Polaris report and
17 the Gruen and Gruen report, that's correct.

18 Q. Okay. So you used the Polaris report to
19 get the total number of calls, and you used the Gruen
20 report to get the cost?

21 A. That is correct.

22 Q. All right. And I think -- I don't know
23 if Mr. Ellenbecker touched on it specifically. I'm
24 going to be more direct.

1 Did you do any independent
2 calculations as to the number of calls that the
3 proposed Haymarket facility would generate for the
4 Itasca Fire Protection District?

5 A. No, I did not.

6 Q. And you agree with me that the
7 Haymarket -- I'm sorry, that the Polaris opinions
8 factor in the use of a private ambulance in reaching
9 their conclusion?

10 A. I believe they do, yes.

11 Q. And -- now, if through testimony -- and
12 I'm not saying it's already been; it may happen
13 coming up. But if through testimony the methodology
14 or opinions contained in the Polaris report are
15 called into question, could that impact your opinion?

16 A. It would depend on whether there was a
17 significant departure from the conclusions that are
18 drawn by the experts who wrote those reports.

19 Q. Okay. Touching on that "significant," if
20 the -- if the true volume of calls to be generated by
21 Haymarket is significantly higher than the Polaris
22 report projects, that could call into question their
23 opinions and your opinions; correct?

24 A. It could call into question their

1 opinions and potentially my opinions, yes.

2 Q. And I guess what I'm getting at, if the
3 calls aren't the small number that Polaris said but
4 are more like, say, 75, 100, 200, 300, 400, whatever
5 the number may be per year, that could call into
6 question the appropriateness of the proposed project;
7 correct?

8 A. It could call into question the costs
9 associated with it.

10 Q. Which if the costs are too high, it could
11 call into question the impact it would have on the
12 fire district which then could call into question the
13 appropriateness of that facility in Itasca?

14 A. Depending on the orders of magnitude,
15 that -- that could be the case.

16 Q. Okay. And going to -- and, again, I
17 think we're going to touch on some of the things we
18 just talked about. I just want to make sure I'm
19 clear.

20 Page 37, it's kind of where you
21 have -- you start the process of having questions and
22 you answer them. So -- and I'm looking at Page 37
23 and it's paragraph b.

24 A. Okay.

1 Q. And it talks about to be operated such
2 that the public health, safety, and welfare will be
3 protected.

4 And if we go down on that same
5 paragraph, you have a paragraph that starts out
6 basically saying that the Haymarket will use police,
7 fire, and EMS services, but the estimated demand in
8 the Polaris report will not require additional
9 manpower or equipment, will have a negligible impact
10 and overall on service capacity.

11 Is that your -- that was your
12 takeaway from Polaris?

13 A. Yes.

14 Q. And is that your opinion, or are you just
15 restating what Polaris said?

16 A. No, it's basically relying on Polaris's
17 expertise.

18 Q. Okay. So, again, if -- and I think we
19 know the answer -- if that comes into question
20 through testimony in the future, you'd have to
21 re-examine the accuracy of that and see if it has an
22 impact on your opinion?

23 A. That is correct.

24 Q. All right. If we go to page 38, which

1 is -- well, it starts on Page 37, paragraph c, which
2 talks about the value of other property, would have
3 an impact on the value of other property?

4 A. Yes.

5 Q. All right. And I -- I think you cite --
6 and the very first paragraph, "Response," it says,
7 "From a land use perspective..."

8 That's not your perspective, is it?

9 A. Yes, it is.

10 Q. Okay. So your land use perspective is
11 that it will have a -- it will not have, right, a
12 negative effect on the values, property values;
13 right?

14 A. Nothing from a land use perspective.

15 So to clarify what that means, land
16 use impacts are things like traffic generation, the
17 threat of, you know, explosion, fire, dust, noise,
18 those kinds of externalities.

19 So in my response to that, it's my
20 opinion that from a planning perspective there's
21 nothing about the proposed facility that would have
22 a negative effect on the value of a property in the
23 neighborhood.

24 Q. From a planning perspective, do you

1 consider the impact the proposed -- the proposal
2 would have on public services?

3 A. To a degree, yes.

4 Q. Okay. In your experience as a planner,
5 you would agree that the level of fire and EMS
6 services available in the area of the proposed
7 project is a factor to be considered?

8 A. Yes, it is.

9 Q. All right. And would you agree that the
10 impact the proposed project has on EMS and fire
11 service is a factor you must consider as to the
12 appropriateness of the project?

13 A. Yes, it is.

14 Q. And if the impact of the proposed project
15 would result in a strain or deficient EMS and fire
16 service, that proposed project may not be appropriate
17 for that community?

18 A. Sorry. Please reask the question?

19 Q. Sure. If the impact of the proposed
20 project would result in strain or deficient EMS and
21 fire services, the proposed project may not be
22 appropriate for the community in which it's being
23 sought to be placed in?

24 A. That is -- that is a potential.

1 Q. Okay. And the last thing I want to
2 touch on, then, is your position -- and I think
3 Mr. Ellenbecker touched on this. I want to make
4 sure I understood your response.

5 Your position as it pertains to the
6 impact on EMS and fire is based on your reliance on
7 both the Polaris report as well as perhaps your
8 experience having read prior reports that address
9 those types of issues?

10 A. That is correct.

11 Q. All right. And in your -- how many years
12 have you been a land planner?

13 A. 38.

14 Q. Have you seen in your 38 years a report
15 similar to Polaris that deals with a 240-bed
16 substance abuse facility and its impact on a
17 9,000-population municipality prior to this?

18 A. Well, let's see. I have done work in
19 Oak Brook. I'm trying to see if there's anything
20 comparable to that particular case.

21 However, I will say that
22 characterizing Itasca as a small community with a
23 population of 8,000 isn't really a fair
24 characterization due to the amount of commercial

1 property and commercial development that they have
2 that contributes significantly to their tax base.

3 But in a response -- in response, I
4 don't in my memory -- as I sit here, I can't tell you
5 that I remember a EMS or fire impact report for a
6 substance use facility of this size in a small
7 community.

8 MR. DI NOLFO: That is all I have, sir. Thank
9 you for your time.

10 THE WITNESS: Thank you.

11 CHAIRMAN DALY: Ms. Smith, would you like to
12 cross-examine the witness?

13 MS. SMITH: Yes, thank you.

14 CROSS-EXAMINATION

15 BY MS. SMITH:

16 Q. So I'll be directing my questions really
17 to page 19 of your report, if you want to look at it.
18 On page 19 you have a section on the cost and burdens
19 on schools.

20 Did you rely on any other expert in
21 preparing your analysis of the cost -- school costs
22 and burdens on page 19?

23 A. No. The assumption that is if there no
24 school-aged children in the facility, then there

1 would be no impact on the costs -- on the school
2 district for the costs of educating them.

3 Q. And are you claiming, then, to have
4 expertise in evaluating the costs or burdens of the
5 proposal on the school district?

6 A. I review many of these reports because
7 they're part of economic impact reports universally
8 when residential developments are proposed.

9 Q. But you didn't receive a report about the
10 cost or impact of schools.

11 This is entirely your own opinion;
12 correct?

13 A. Yes, but it's my opinion that's based on
14 38 years of experience in evaluating development and
15 evaluating the impact of development on schools.

16 And I can tell you that for
17 nonresidential development, universally the
18 broad-based understanding is that there would be no
19 cost impact on schools.

20 Q. Okay. So you are claiming expertise, and
21 this is your own opinion? We're clear on that;
22 correct?

23 A. Yes. But as far as expertise, again, I
24 provide land use reports that evaluate special uses,

1 that talk about impacts on communities. And, of
2 course, one of the impacts that's always considered
3 is the impact in schools, particularly for a
4 residential development because of the additional
5 costs of educating school-aged children.

6 With no school-aged children, I
7 don't believe it requires a higher level of expertise
8 than what I have as a planner to come to the
9 conclusion that there would be no impact for the cost
10 of educating those children.

11 Q. So to break that down and start with --
12 you're saying that there -- just broadly you said
13 there are times when there is an impact on school
14 districts. You talked about residential developments
15 and that you have expertise in that.

16 What would be the components -- what
17 would costs -- what would be costs to a district that
18 you would consider?

19 A. Cost of educating additional children.

20 Q. And what would you base that on?

21 A. Basically I base that -- if there is an
22 impact, that would be something that's talked about,
23 quantified in an expert's report in an economic
24 impact statement.

1 What I'm saying is that absent a
2 residential component or something that would
3 generate school-aged children, I haven't seen any
4 situation where an impact on schools was considered
5 to be significant or really discussed at all.

6 Q. Well, how are you defining school-aged
7 children?

8 A. I would say that would be K to 12.

9 Q. And what -- well, what are the public
10 school's obligations? What range is a public school
11 in Illinois obligated to educate and fund education
12 of children?

13 A. State of Illinois education requirements,
14 I believe, start at first grade, because I don't
15 believe that they mandate kindergarten as of yet.

16 Q. So you're not aware of any obligation of
17 a public school district to fund special education
18 services at the age of three?

19 A. If that's the case, I wouldn't disagree
20 with that.

21 However, again, in a situation where
22 no school-aged children are proposed, I don't
23 understand why it's brought up in discussion or why
24 it would be considered as an impact of this

1 development.

2 Q. Well, let's even just say -- take your
3 K through 12. How old are 12th graders?

4 A. 12th graders, I imagine, can have a range
5 of ages depending on whether they've advanced or not
6 advanced according to their cohort.

7 Q. You'd agree that there are -- even in the
8 normal course, there's -- most 12th graders are 18;
9 right?

10 A. Some could be 18, yes.

11 Q. And then in the State of Illinois, are
12 you aware that school districts are required to
13 publicly fund education and special education
14 services through the age of the day before a 23rd
15 birthday?

16 A. I'll take your word on that.

17 Q. So you're -- you did not consider that
18 when you assessed the cost and burdens on the school
19 district?

20 A. That's correct.

21 Q. Are you aware of whether high school
22 graduation is a prerequisite for admission at
23 Haymarket?

24 A. I don't know that.

1 Q. Are you aware of whether guardianship is
2 a requirement for 18- to 22-year-olds who are
3 admitted or residing at Haymarket?

4 A. I don't know that.

5 Q. On page 19 you state, "Like the prior
6 hotel use, there's no cost or burden anticipated on
7 the local school system."

8 What part of your person does not
9 anticipate a cost or burden on the local school
10 system?

11 A. I'm sorry. Could you direct me to where
12 it says that?

13 Q. Yes. On page 19, you really only have
14 one paragraph on schools, and it says, "Like the
15 prior hotel use, no cost or burden is anticipated on
16 the local school systems."

17 A. Yes.

18 Q. What's your basis for that statement?

19 A. I'm assuming that Haymarket will not have
20 a burden on the local school system based on the fact
21 that there will no be -- will be no school-aged
22 children.

23 Q. Well, again, but you acknowledge that you
24 don't actually know the range of school age in

1 Illinois; correct?

2 A. Right.

3 Q. And who -- you said -- is it you that
4 don't anticipate, or did you speak to either school
5 system to see whether they anticipate?

6 A. No, I'm speaking -- I'm speaking from a
7 planner's perspective and my knowledge and expertise
8 in evaluating projects like this.

9 Q. Okay. And if you assume -- take my word
10 for it that in Illinois you can and districts are
11 obligated to educate to the day before a 23rd
12 birthday, would you agree that that does place costs
13 or burdens potentially if there is 18- to 22-year-olds
14 residing at Haymarket?

15 A. Well, I'm sure there is scenarios that
16 would bring about some cost. However, I -- you know,
17 in my evaluation, given the fact that this is a
18 nonresidential use, if there were some impacts, I
19 don't believe that they would be similar to that of
20 what a residential development would bring about.
21 While there's certainly a possibility, based on what
22 you're telling me, of some costs, the overall cost in
23 the context of a school district with a budget that I
24 believe is in the tens of millions probably is not

1 significant.

2 Q. That's your opinion?

3 A. That's my opinion.

4 Q. What is that -- what would be a
5 significant impact to a school district budget?

6 A. That's hard to imagine.

7 Incremental costs are different
8 between different school districts and different
9 things, so I really don't have a particular gauge on
10 that.

11 But, again, percentage -- cost
12 relative to percentage of budget is probably a good
13 indicator.

14 Q. Are you aware that -- of the comorbidity
15 of other disabilities with the population of 18- to
16 22-year-olds that will be residing at Haymarket; for
17 example, they may be seeking drug treatment, but
18 whether they have anxiety, depression, ADHD, or other
19 qualifying disabilities under the Individuals With
20 Disabilities Education Improvement Act?

21 A. I don't.

22 Q. Have you seen any information about
23 that those at Haymarket will also have other
24 disabilities?

1 A. I have not.

2 Q. Are you aware of the increased cost of
3 educating an individual with a disability compared to
4 a -- the per capita cost of a nondisabled student?

5 A. I do not.

6 Q. Would all of this be relevant to
7 determining the cost on a -- on a public school
8 district that you're analyzing in this section?

9 A. If there were a significant number of
10 these individuals and it brought about a significant
11 cost, it would need to be factored in, yes.

12 Q. And what would be a significant level?

13 A. I can't put a number on that.

14 Q. On page 19 you mention that no dwelling
15 units are proposed for the site.

16 What's the relevance of dwelling
17 units?

18 A. Dwelling units imply household living.
19 Household living --

20 Q. Are you --

21 A. Go ahead.

22 Q. Do you have any expertise regarding what
23 the requirement is to establish residency for
24 attendance in a public school district or access to

1 public school services?

2 A. I do not.

3 Q. Do you know whether dwelling unit has any
4 bearing whatsoever on that test?

5 A. I do not.

6 MS. SMITH: Just one second as I check my
7 notes.

8 BY MS. SMITH:

9 Q. On page 19 you state that any additional
10 costs over those generated by prior hotel use would
11 be those for police, fire, emergency medical
12 services, implying none for the school district.

13 Do you know what, if any, cost the
14 prior hotel use caused for the school district? That
15 seems to be your baseline.

16 A. I'm assuming it was zero.

17 Q. And why are you assuming that?

18 A. Because it's a hotel use.

19 Q. What, if anything, do you know about
20 access to school district services by
21 homeless people -- those who qualify as homeless?

22 A. Not something I've studied.

23 Q. But yet you're -- okay.

24 Then do you have any basis for this

1 statement comparing hotel costs on a school district
2 versus a residential treatment center with residents
3 for 18- to 22-year-olds?

4 A. Yes, the basis is my knowledge and
5 experience as a planner and evaluating numerous
6 hotels and knowing what their land use impacts are.

7 Q. So you agree, then, the prior hotel --
8 your testimony is the hotel had no impact on the
9 school district, but we've established you're not
10 able to say whether -- whether the Haymarket's
11 proposal would; is that right?

12 A. My testimony is that in my opinion, based
13 on the use, that there would be no cost due to
14 school-age children enrolling in school.

15 Q. You testified before that in residential
16 districts there -- or developments that there are
17 impacts on costs.

18 How do you define residency when
19 you're looking at residential developments?

20 A. I'm not sure I understand your question.

21 Q. Well, when you're looking at the impact
22 on the school, you said residential units do impact
23 the school, but the Haymarket doesn't.

24 How are you distinguishing --

1 what -- how are you distinguishing the two?

2 A. Well, residential developments, unless
3 they're senior housing, there's some assumption that
4 there will be some school-age children just of the
5 general demographic that is going to inhabit that
6 particular develop. And those -- because the
7 development is located within a particular school
8 district, the impact would be on that school district
9 to educate those additional children.

10 Q. Okay. So you'd agree if the residency
11 requirements in Illinois are such that individuals at
12 Haymarket could establish residency, that that will
13 have an impact on the school district; correct?

14 A. It could have an impact on the school
15 district. I don't know whether it would be
16 significant or not.

17 Q. And are you aware that Haymarket's
18 initial proposal proposed a program for mothers with
19 children ages up to age five?

20 A. I remember conversations regarding that,
21 but because it's not included in their current
22 proposal it's, in my opinion, not relevant.

23 Q. But there have been statements throughout
24 this hearing, including when they explained the

1 change in the proposal, that it's the desire of
2 Haymarket to have such a program.

3 Are you aware of that?

4 A. I'm not aware of that.

5 And, again, that is not part of this
6 proposal that I'm evaluating.

7 Q. If there were a change and three- to
8 five-year-olds were at the proposal, you agree that
9 any establishment of residency of school-aged -- of
10 school-eligible -- I'm going to say public
11 school-eligible children would impact a school
12 district; correct?

13 A. It would have some impact, yes.

14 MS. SMITH: Okay. No other questions.

15 CHAIRMAN DALY: Thank you, Ms. Smith.

16 At this time I would ask the Plan
17 Commission to advance any questions to Mr. Kisiel.

18 THE WITNESS: Chair, if it's a good time for a
19 break, we're closing in on the second hour.

20 MS. O'KEEFE: Can we do this, and then do the
21 break before the redirect?

22 THE WITNESS: Okay. That's fine. Sorry.
23 Continue.

24 CHAIRMAN DALY: Mr. Ellenbecker, I'm fine with

1 a 10-minute break. We'll resume at 9:00 p.m.

2 (Recess taken.)

3 CHAIRMAN DALY: Are we all back and ready to
4 get started?

5 COMMISSIONER HOLMES: Yes, sir.

6 CHAIRMAN DALY: Okay. I would ask the Plan
7 Commission to begin asking questions of Mr. Kisiel,
8 if you have any.

9 COMMISSIONER CARELLO: Hi, Mr. Kisiel. This
10 is Frank Carello. I have a question for you in
11 regards to -- as a planner, I'm assuming you're doing
12 more than just planning for what's put in front of
13 you; you want to plan for flexibility, correct, for
14 most clients?

15 MR. KISIEL: It depends on what the assignment
16 is.

17 COMMISSIONER CARELLO: So for this particular
18 one, they had mentioned -- and this kind of goes back
19 to the school-age issue.

20 Based on the way the zoning is set
21 up, and based on your testimony earlier that it's a
22 medical facility, it's not necessarily a residence,
23 could Haymarket at any time change and have patients
24 that have school-aged children and there'd be no

1 effect on how that's handled through the village.

2 MR. KISIEL: So you're asking from a zoning
3 perspective if they're granted --

4 COMMISSIONER CARELLO: Correct.

5 MR. KISIEL: -- this special use?

6 What you could certainly do is,
7 special uses have the ability to have conditions
8 placed on them. So if that's something the
9 municipality wanted to ensure didn't happen or any
10 other particular aspect that Itasca wished to have
11 baked into the special use agreement, then that could
12 certainly be accomplished.

13 COMMISSIONER CARELLO: So in order for them to
14 change that, and we'd have to put that condition on
15 there, they'd have to come back to us to change their
16 licensing or whatever they needed to do to allow
17 that, is what you're saying; correct?

18 MR. KISIEL: However Itasca and counsel would
19 wish to draft it, yes.

20 COMMISSIONER CARELLO: Understood. That's the
21 question I had. Thank you.

22 MR. KISIEL: Certainly.

23 CHAIRMAN DALY: Thank you, Commissioner Carello.

24 Does anyone else have a question for

1 Mr. Kisiel?

2 COMMISSIONER HOLMES: Chairman, I have a
3 question. This is Commissioner Holmes.

4 CHAIRMAN DALY: Please proceed.

5 COMMISSIONER HOLMES: I actually have a
6 couple.

7 In your discussion about the need
8 for the facility, I believe you said that there were
9 435 opioid deaths in DuPage County between 2015 and
10 2019; is that correct?

11 MR. KISIEL: I believe that's what it says in
12 my report, yes.

13 COMMISSIONER HOLMES: Can -- and, again, this
14 is from my notes.

15 Can you break it down year by year
16 for me?

17 MR. KISIEL: I don't have that information.
18 It was an -- an aggregated number from, I believe,
19 the DuPage County Coroner.

20 COMMISSIONER HOLMES: Okay. And so you don't
21 know how many there were in Itasca over that period
22 of time?

23 MR. KISIEL: I don't know if the county
24 tracked it at an Itasca -- or at a municipal level.

1 COMMISSIONER HOLMES: Okay. And I think in
2 that same discussion about the development or the
3 need for the facility, you came to the conclusion
4 that there was a huge deficit in the county for
5 recovery beds. And in my notes it says 1,857
6 recovery bed shortage within 10 miles of the proposed
7 facility.

8 Does that sound accurate?

9 MR. KISIEL: Yes, it does.

10 COMMISSIONER HOLMES: And so the fact that
11 Haymarket is proposing 144 recovery beds really
12 doesn't put much of a dent in it. We'd need a dozen
13 Haymarkets to address the issue; is that fairly
14 accurate?

15 MR. KISIEL: In the case of licensed
16 facilities, yes.

17 COMMISSIONER HOLMES: Okay. And here's my
18 last question: I think in your discussion about the
19 potential for commercial use at the facility,
20 alternative uses, I made a note that you made a
21 comment that there wasn't enough traffic on Irving
22 Park Road to sustain a Starbucks.

23 Is that -- you said that, didn't
24 you?

1 MR. KISIEL: I did.

2 COMMISSIONER HOLMES: Are you aware of the
3 fact that Starbucks opened a new facility about two
4 months ago just down the street on Irving Park Road?

5 MR. KISIEL: Was that at the intersection of
6 Irving and 53?

7 COMMISSIONER HOLMES: No, it was on
8 Irving Park Road west of Addison -- or east of
9 Addison Road in Wood Dale.

10 MR. KISIEL: I would imagine that the traffic
11 counts in that location are different than they are
12 adjacent to the subject property.

13 COMMISSIONER HOLMES: I suspect less.

14 But be that as it may, I just wanted
15 to point out that Irving Park Road can sustain a
16 Starbucks.

17 MR. KISIEL: I'd have -- I -- that will remain
18 to be seen, I guess.

19 COMMISSIONER HOLMES: Okay. Thank you.

20 MR. KISIEL: Certainly.

21 CHAIRMAN DALY: Okay. Who's up next?

22 COMMISSIONER RAY: This is Commissioner Ray.
23 I'm good, thank you.

24 CHAIRMAN DALY: Okay. Commissioner Drummond?

1 COMMISSIONER DRUMMOND: I have no questions.
2 Thank you.

3 CHAIRMAN DALY: Commissioner Russo?

4 COMMISSIONER RUSSO: Brendan, I have no
5 questions, either.

6 CHAIRMAN DALY: Okay. I think that's
7 everybody but me.

8 So I guess my first question,
9 Mr. Kisiel, is on slide 11 of your PowerPoint that we
10 saw last week, you -- and, actually, Shannon, could
11 you pull that up? Thank you.

12 So when I heard you testify and this
13 slide was discussed, my question is really about, you
14 know, were you suggesting that the tax base of other
15 locations in town means that we should ignore the
16 economic opportunity cost of approving a tax-exempt
17 non-revenue-generating use at the proposed Haymarket
18 location?

19 MR. KISIEL: So, I'm sorry, you're asking me
20 because there are other properties available for
21 development that can have tax-based generation, that
22 you should ignore the loss in taxes due to the
23 not-for-profit use? Is that the question?

24 CHAIRMAN DALY: That is the question, yes.

1 MR. KISIEL: Well, I'm not suggesting that you
2 should ignore it, but I'm suggesting that the impact
3 of the loss is minimal on its face in the context of
4 taxing bodies that benefit from that, and there are
5 compensating factors available.

6 If this were a situation where you
7 were a municipality say like Riverside that has very
8 little in terms of commercial development or
9 commercial opportunity and they were going to lose
10 something that generated, you know, a similar amount
11 of tax base, it would have a larger impact on them
12 than it would have on the Village of Itasca.

13 CHAIRMAN DALY: Okay. So there's -- on
14 slide 32, if we could go to that for a second,
15 please.

16 Okay. We talk about the site itself
17 and, you know, I read this slide and I get the sense
18 that the point of this slide is to somehow devalue
19 the property from an economic development standpoint.

20 Is that an accurate statement?

21 MR. KISIEL: It's not to devalue it; it's just
22 to point out what its limitations are.

23 Often in plans municipalities have,
24 you know, ideas that a parcel may or may not -- may

1 be an opportunity for redevelopment and, you know, it
2 might be better for them to hold off and wait until
3 that imagined development would happen.

4 What I'm trying to say here is that
5 while, you know, it's a seven-acre site, you could
6 certainly arrange another commercial use on there.

7 The question of its viability comes
8 to call particularly because of the limited traffic
9 on Irving Park Road. That's one of the things I'm
10 sure you know that drives, you know, site selection
11 for at least national retailers and, I'm sure, any
12 retailer.

13 Again, no direct access from Irving
14 Park Road is also a negative because, you know,
15 developers like to have the ability to control their
16 access and to have good access from more than one
17 point on their site.

18 The deep versus wide has to do with,
19 you know, the amount of frontage compared to the
20 amount of off frontage. Certain configurations, that
21 can be overcome.

22 But, you know, again, there is the
23 cost of demolishing this structure that someone, you
24 know, seeking to develop that property would need to

1 undertake. And that's an additional cost that may
2 cause them to move to another site that doesn't have
3 that burden.

4 So I'm not saying it is devaluing
5 the property, I'm merely pointing out that, you know,
6 maybe holding out for a tax-generating use in this
7 location in a retail -- in a retail setting might --
8 you know, might not happen.

9 CHAIRMAN DALY: Okay. So on bullet No. 2,
10 sub-bullet 2, the limited traffic on Irving Park,
11 what is your definition for the limited traffic on
12 Irving Park? Can you give me an idea generally what
13 you mean by that?

14 MR. KISIEL: Well, I believe based on
15 Mr. Aboona's part -- report, it's about 13,000
16 average daily traffic.

17 CHAIRMAN DALY: It's 16,000, but you're pretty
18 close.

19 MR. KISIEL: Okay. My understanding is that
20 retailers like to be up in the 30 to 40 range in
21 terms of drive-by.

22 CHAIRMAN DALY: Okay.

23 MR. KISIEL: So, you know, this falls
24 significantly short of that.

1 Again, you know, it doesn't have
2 great -- it's not at a corner which are, of course,
3 the prime locations. And while it does have
4 visibility from the expressway, we know it has poor
5 access from the expressway.

6 CHAIRMAN DALY: Well, poor access directly
7 from the expressway, but --

8 MR. KISIEL: Right, right.

9 CHAIRMAN DALY: You know, there's no
10 residential or commercial or industrial uses, I
11 believe, that have an off ramp specific to their use
12 based on the expressway, so --

13 MR. KISIEL: No, but many are near an
14 expressway and have a situation where you drive by,
15 see the facility, and can exit and get to it. That's
16 not the case with this property.

17 CHAIRMAN DALY: From a -- you talk about your
18 assignment. You know, in this case you accepted the
19 assignment, you know, for Haymarket, and you stayed
20 within the scope of what they paid you to do, and I
21 understand that and respect that.

22 Let me flip the script, though.
23 Let's say you were a consultant for the municipality
24 and the assignment was to evaluate the potential use

1 of this property for commercial development.

2 On this slide, you went through the
3 limitations on the face of it, but in your past
4 experience have you ever encountered sites like this
5 where you've said, okay, I have all these six bullets
6 here that say on the face of it it's probably not a
7 good candidate for redevelopment, but you found a way
8 to do it based on your 39 years' experience, being an
9 architect/planner and working in some areas that were
10 probably less than suitable for redevelopment?

11 MR. KISIEL: I can't recall one, no.

12 CHAIRMAN DALY: Okay. All right.

13 Shannon, could you please go to
14 slide 30 for a second. I had a note about regional
15 uses, and I want to just make sure I know what my
16 note was about, because I didn't take a complete note
17 there.

18 What do you mean by "regional
19 commercial"? I'm not sure I understand in the
20 context of this slide what that means.

21 MR. KISIEL: Okay. So in the comprehensive
22 plan there's kind of a duality going on depending on
23 which level of detail you look at.

24 So if we were to look at the

1 business area plan, which is the prior slide, it
2 shows the subject property and all of the Irving Park
3 frontage along there being regional commercial; but
4 in the prior slide, it looks at the general land use
5 plan, it talks about it being neighborhood
6 commercial.

7 And, you know, it's not surprising
8 that the plan looks at that two different ways. We
9 know that plans generally -- especially comprehensive
10 plans and mature municipalities, the land use plans
11 kinds of follow what the existing land uses are
12 there.

13 And the fact of the matter is, in
14 this location, particularly along Irving Park,
15 there's a mix of uses that would be thought of as
16 regional; like Diversified, I guess, the flooring
17 company. You know, the hotel was certainly a
18 regional use, not a local use. But then there are
19 also local uses particularly, you know, grouped
20 around the intersection of Route 53 and Irving Park.
21 So it's kind of a -- sort of a dual thing going on in
22 this location.

23 So I think the -- when we're talking
24 about regional commercial, we're talking about

1 what -- you know, what the comprehensive plan is sort
2 of anticipating for this location. And because
3 there's a mix in the two, it's no surprising that the
4 two different plans as you zoom in and out might
5 switch their classification of the corridor and any
6 particular site within it.

7 CHAIRMAN DALY: Okay. And then you would
8 argue, I think we've heard it ad nauseam, but DuPage
9 Haymarket would be considered a regional use but just
10 not commercial?

11 MR. KISIEL: Right.

12 CHAIRMAN DALY: It would be a regional health
13 care use; correct?

14 MR. KISIEL: That is correct, yes.

15 CHAIRMAN DALY: Okay. I have no further
16 questions at this time.

17 So, Ms. O'Keefe, if you'd like to
18 begin your redirect, please.

19 MS. O'KEEFE: Thank you, Mr. Chairman. I just
20 have a couple questions. I'm going to take my mask
21 off for this, make it easier to hear me.

22 REDIRECT EXAMINATION

23 BY MS. O'KEEFE:

24 Q. I just would like to follow up on just a

1 couple things. The first question is to follow up on
2 questions that were asked about Gateway Aurora.

3 You were asked about the number of
4 beds and availability of residential treatment in
5 DuPage County; correct?

6 A. Correct.

7 Q. And your research was conducted by
8 looking at the SUPR Directory which is issued by the
9 State of Illinois; correct?

10 A. Correct, that was the source.

11 Q. That was your source.

12 And that directory is broken down by
13 county; correct?

14 A. Yes, it is.

15 Q. So you looked at DuPage County to
16 identify all the facilities in DuPage County that are
17 licensed, which are those that would be listed in the
18 SUPR Directory?

19 A. Correct.

20 Q. And was Gateway Aurora in that DuPage
21 County listing?

22 A. No, it was not.

23 Q. So isn't Aurora also in Kane County?

24 A. Yes, I believe it straddles both Kane and

1 DuPage Counties.

2 Q. So it's possible that DuPage -- Gateway
3 Aurora's in Kane County, which is why it's not
4 counted or wouldn't be apparent in the DuPage County
5 listings, because you carefully reviewed the DuPage
6 County facilities; correct?

7 A. That's correct.

8 Q. Okay. Second, I'd like to talk about
9 just briefly about need.

10 On page 22 of your report, there was
11 a discussion of a chart that you were shown. And,
12 you know, we just discussed that Haymarket DuPage
13 does address -- it's a regional facility; correct?

14 A. Yes.

15 Q. But it's also addressing a local need;
16 correct?

17 A. That is correct, yes.

18 Q. So this chart on page 22, it shows an
19 area five -- five miles around Itasca and all the
20 different NA and AA meetings that are held in the
21 immediate area; correct?

22 A. That is correct, yes.

23 Q. And the number of meetings -- I think
24 there is what? There are within five miles of

1 Itasca, there's 25 AA meetings and one NA meeting
2 with an additional three AA meetings and three NA
3 meetings just outside.

4 That to you indicates local need;
5 correct?

6 A. Yes, it does.

7 Q. And final question is, just to conclude,
8 you believe that the proposed use complies with all
9 standards for a special use in a planned development
10 and -- that are laid out in the Itasca Zoning Code;
11 correct?

12 A. Yes, that's been my testimony.

13 MS. O'KEEFE: Okay. Thank you very much.

14 CHAIRMAN DALY: Okay. With that, I'd ask
15 Mr. Hervas to please advise me on what we do next in
16 terms of any follow-ups to redirect.

17 You're on mute.

18 MR. HERVAS: Can you hear -- can you hear me
19 right now?

20 CHAIRMAN DALY: Yes.

21 MR. HERVAS: Yes. If any of the lawyers have
22 any follow-up to what was just asked, that would be
23 appropriate, then.

24 CHAIRMAN DALY: Okay. I'd ask Mr. Ellenbecker,

1 just to keep it in the consistent order, do you have
2 any follow-up questions?

3 MR. ELLENBECKER: Yeah, just briefly.

4 RECROSS-EXAMINATION

5 BY MR. ELLENBECKER:

6 Q. Mr. Kisiel, you indicated you looked up
7 various facility in the SUPR Directory.

8 Your 10-mile radius included Cook
9 County; correct?

10 A. Correct, it did.

11 Q. Did you do an analysis of all of Cook
12 County --

13 A. No, I just looked at north suburban Cook,
14 the area that would be covered by a 10-mile radius.

15 Cook County is a very large county.

16 Q. So you didn't look at nearby Leyden,
17 (inaudible) Hoffman Estates?

18 A. It's beyond the 10-mile radius.

19 Q. And did you look at --

20 A. Wait a minute. I'm sorry. I think
21 Leyden was counted, and Hoffman Estates. Indeed it
22 was.

23 Q. Okay. Do you know how many residential
24 inpatient beds Leyden has if it was counted?

1 A. I believe that is counted in -- Leyden
2 Family Services at 1776 Moon Lake Boulevard in
3 Hoffman Estates has 56 treatment beds.

4 Q. And on page 24 of your report you list
5 some of the number of treatment beds.

6 Did you do any sort of assessment to
7 determine how many DuPage County residents already
8 seek treatment at any of those facilities on page 24
9 annually?

10 A. I'm sorry. One more time?

11 Q. Yeah. Did you do any sort of evaluation
12 as to how many DuPage area residents seek treatment
13 at any of the facilities you list on page 24
14 annually?

15 A. The analysis I did is -- in terms of the
16 10-mile radius is, for lack of a better term,
17 agnostic in terms of what county they're located in.
18 It's merely based on the population that's captured
19 within a 10-mile radius of the subject property.

20 Q. With regard to this 10-mile radius, to
21 the extent you report a need for substance abuse
22 disorder treatment by people in and around the Itasca
23 area, did you make any determination as to whether
24 these facilities could meet the needs of people in

1 and around Itasca?

2 A. Again, the analysis is within a 10-mile
3 radius of the property.

4 Q. Right. And you, in regard to need,
5 limited your evaluation to the 94 beds at Serenity
6 House and Cornell, correct, on page 21 of your
7 report?

8 A. For DuPage County, that's correct.

9 Q. Right. And my question was, did you do
10 any assessment as to whether these additional
11 facilities that you list on page 24 of your report
12 could meet the needs of people in and around Itasca?

13 A. Again, the only thing I could do is tell
14 you that it's not specific to Itasca or any other
15 municipality around. It's an evaluation of the
16 population within a 10-mile radius and an inventory
17 of the number of available beds.

18 Q. So it's conceivable -- because you didn't
19 rule it out by your research, it's conceivable that
20 any substance use disorder treatment needs of people
21 in and around the vicinity of Itasca could be met by
22 Serenity House, Cornell Interventions, or the other
23 facilities listed on page 24 of your report?

24 A. I don't know what basis there would be

1 for that assumption.

2 Q. Did you do anything to say there
3 weren't -- it wasn't sufficient?

4 A. I know that it's -- it's not sufficient
5 for the population within a 10-mile radius. So
6 what's baked into that is that you have people
7 within that 10-mile radius seeking beds in those
8 facilities.

9 Q. Do you know people within that 10-mile --
10 what's the percentage of people in that 10-mile
11 radius who perceived the need for treatment and are
12 seeking treatment and are turned away?

13 MS. O'KEEFE: This is beyond -- I'm going to
14 object. This is beyond the scope of the limited
15 questions that I asked.

16 MR. ELLENBECKER: Well, he just opened the
17 scope with his answer.

18 MS. O'KEEFE: No, my questions were asked
19 about the NA and AA meetings on a separate page,
20 page 22. You are not on page 22 any longer.

21 This is outside the scope. You had
22 your chance the first time, and now here we are with
23 the limited questions I asked.

24 MR. ELLENBECKER: And then you asked about the

1 SUPR Directory, and this is a corollary to the
2 questions --

3 MS. O'KEEFE: The SUPR Directory was just to
4 clarify that you had the incorrect information
5 regarding Gateway Aurora. So that is what the
6 purpose of that question was.

7 MR. ELLENBECKER: That might have been your
8 purpose, but it's within the scope.

9 MR. HERVAS: Can --

10 MR. ELLENBECKER: I think Mr. Hervas has
11 some --

12 MR. HERVAS: Can you hear me? I want to make
13 sure that you can hear me.

14 CHAIRMAN DALY: Yes, Chuck.

15 MR. ELLENBECKER: Yes.

16 MR. HERVAS: Okay. We're trying to follow the
17 rules with respect to the scope so that this doesn't
18 go on ad infinitum. And so, you know, when things
19 are that, Mr. Ellenbecker, you had an exhaustive
20 cross-examination, and I do think that you are going
21 a little bit beyond where Ms. O'Keefe did.

22 So I'm going to sustain that
23 objection and ask that you keep moving along, please.

24 MR. ELLENBECKER: Okay.

1 BY MR. ELLENBECKER:

2 Q. With regard to any facility that may fit
3 in the 10-mile radius reflected on page 22 of your
4 report, did you determine the occupancy levels of any
5 of those facilities?

6 A. First of all, it's a five-mile radius on
7 page 22, and these are AA and NA meetings. So I
8 don't know what the occupancy is for those.

9 Q. Did you determine the occupancy rate of
10 any substance abuse treatment center within that
11 radius?

12 MS. O'KEEFE: Objection. This is outside the
13 scope of direct -- or redirect.

14 MR. ELLENBECKER: Page 22.

15 MS. O'KEEFE: No, page 22, we were asking a
16 very distinct question about AA and NA meetings.
17 It's outside the scope of the redirect.

18 MR. HERVAS: I want to make sure that -- I
19 want to give some leeway here, and at the same time,
20 we're talking about the same general subject matter.
21 So I'm going to let Mr. Ellenbecker proceed with
22 this, but, Mr. Ellenbecker, please move along through
23 this so that we're not bogged down --

24 MS. O'KEEFE: Mr. Hervas, just one further

1 question.

2 He already asked questions about
3 occupancy levels. Those were previously asked and
4 answered. So it's not only outside the redirect,
5 it's already been asked and answered.

6 MR. HERVAS: I'm not -- okay. My memory may
7 not be as good as yours, but I don't know that that
8 was related to this particular question that he's
9 asking.

10 So I don't -- I'm going to let the
11 question stand, and let's move along and let's see --
12 Mr. Ellenbecker, just keep -- ask your question, and
13 let's take it from there, please.

14 MR. ELLENBECKER: Okay.

15 BY THE WITNESS:

16 A. Sorry, Mr. Ellenbecker. I'm going to
17 have to ask you to repeat the question.

18 BY MR. ELLENBECKER:

19 Q. Did you -- with regard to the five-mile
20 radius reflected on page 22 of your report, did you
21 make any determination or inquiry into the occupancy
22 levels of any substance use disorder treatment
23 center, whether it be inpatient or outpatient?

24 A. No. Again, I'd -- you're, I think,

1 misunderstanding what's being shown on this five-mile
2 radius map. These are the locations of AA and NA
3 meetings, not licensed facilities.

4 Q. I understand that. That's why I said of
5 any facility that would be within that five-mile
6 radius.

7 A. Did I? No, but I could probably tell you
8 what it is.

9 Q. Okay.

10 A. I believe within the five-mile radius --
11 I mean if you wanted to reference the map on page 24,
12 I believe it would be two of them.

13 Q. I notice that you don't have -- I'm
14 almost done here.

15 I notice on page 22 you don't cite a
16 reference to the statement that says, "A further
17 indicator of local demand for SUD treatment
18 facilities locally is the presence and number of
19 Alcoholic Anonymous and Narcotics Anonymous
20 meetings."

21 Do you see that sentence there?

22 A. I do.

23 Q. What, if any, citation do you have that
24 says you can use AA or NA meetings as an indicator of

1 local demand for SUD inpatient facilities?

2 A. I don't think a citation is needed. The
3 presence of those particular facilities or particular
4 meetings are need based. If there's no need for one,
5 there's no meeting.

6 Q. And you didn't do anything to determine
7 the residency of any of the people in the --
8 attending those meetings, did you?

9 A. No. I would imagine that would be
10 protected.

11 MR. ELLENBECKER: I have nothing further.
12 Thanks, Mr. Kisiel.

13 CHAIRMAN DALY: Mr. DiNolfo?

14 MR. DI NOLFO: I have no questions,
15 Mr. Chairman. Thank you.

16 CHAIRMAN DALY: Thank you. Ms. Smith?

17 MS. SMITH: No questions. Thank you.

18 CHAIRMAN DALY: Okay. Before we adjourn -- or
19 before we continue and adjourn for the evening, I'd
20 like to ask Ms. O'Keefe, what is the plan for next
21 week, please?

22 MS. O'KEEFE: We're not here next week. Next
23 week you are lucky and have your regular meeting. So
24 we're not back until the 24th.

1 And the 24th we're going to recall
2 Dr. Lustig, and we may bring another party from
3 Haymarket. But at this point we're focusing on
4 Dr. Lustig.

5 CHAIRMAN DALY: Okay. Thank you for that.

6 I would ask at this time to get a
7 motion to continue this meeting to February 24th.

8 COMMISSIONER HOLMES: So moved. Commissioner
9 Holmes.

10 COMMISSIONER CARELLO: Second. Commissioner
11 Carello.

12 CHAIRMAN DALY: Would the secretary please
13 call the vote.

14 Shannon, you're on --

15 MS. JARMUSZ: Commissioner Daly.

16 CHAIRMAN DALY: -- mute.

17 For.

18 MS. JARMUSZ: Commissioner Drummond.

19 COMMISSIONER DRUMMOND: For.

20 MS. JARMUSZ: Commissioner Holmes.

21 COMMISSIONER HOLMES: For.

22 MS. JARMUSZ: Commissioner Ray.

23 COMMISSIONER RAY: For.

24 MS. JARMUSZ: Commissioner Carello.

1 COMMISSIONER CARELLO: For.

2 MS. JARMUSZ: Commissioner Russo.

3 COMMISSIONER RUSSO: For.

4 CHAIRMAN DALY: The motion carries. This
5 meeting is continued on February 24th.

6 May I please get a motion to
7 adjourn?

8 COMMISSIONER HOLMES: So moved. Commissioner
9 Holmes.

10 COMMISSIONER CARELLO: Second. Commissioner
11 Carello.

12 CHAIRMAN DALY: Would you please call the
13 vote.

14 MS. JARMUSZ: Commissioner Daly.

15 CHAIRMAN DALY: For.

16 MS. JARMUSZ: Commissioner Drummond.

17 COMMISSIONER DRUMMOND: For.

18 MS. JARMUSZ: Commissioner Holmes.

19 COMMISSIONER HOLMES: For.

20 MS. JARMUSZ: Commissioner Ray.

21 COMMISSIONER RAY: For.

22 MS. JARMUSZ: Commissioner Carello.

23 COMMISSIONER CARELLO: For.

24 MS. JARMUSZ: Commissioner Russo.

1 COMMISSIONER RUSSO: For.

2 CHAIRMAN DALY: Thank you, everyone. This
3 meeting is concluded. We will see you back on the
4 24th of February.

5 (Whereupon, the public hearing was
6 continued to February 24, 2021, at
7 7:00 p.m.)

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1 STATE OF ILLINOIS)
) SS.
2 COUNTY OF DU PAGE)

3 I, Kathleen M. Grove, CSR. No. 84-002197, RPR,
4 do hereby certify that I reported in shorthand the
5 proceedings had at the hearing of the above-entitled
6 cause and that the foregoing Report of Proceedings,
7 Pages 1 through 120, inclusive, is a true, correct,
8 and complete transcript of my shorthand notes taken
9 at the time and place aforesaid.

10 I further certify that I am not counsel for
11 nor in any way related to any of the parties to this
12 suit, nor am I in any way, directly or indirectly
13 interested in the outcome thereof.

14 This certification applies only to those
15 transcripts, original and copies, produced under my
16 direction and control; and I assume no responsibility
17 for the accuracy of any copies which are not so
18 produced.

19 IN WITNESS WHEREOF I have hereunto set my hand
20 this 22nd day of February, 2021.

21 

22 Certified Shorthand Reporter
23
24

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