

**In the Matter Of:**  
**HAYMARKET DuPAGE LLC**

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**REPORT OF PROCEEDINGS**

*March 03, 2021*

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1 PRESENT:

2 MR. BRENDAN DALY, Chairman;

3 MR. FRANK CARELLO, Commissioner;

4 MS. LORI DRUMMOND, Commissioner;

5 MR. JEFFREY HOLMES, Commissioner;

6 MR. ANTHONY RUSSO, Commissioner;

7 ALSO PRESENT:

8 MR. MO KHAN, Village Planner;

9 MS. SHANNON MALIK JARMUSZ, Director of  
Community Development;

10 MS. MELODY CRAVEN, Recording Secretary;

11 MS. YORDANA WYSOCKI, Village Attorney;

12  
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24

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I N D E X

WITNESS:	Page	Line
KAREN KISSEL		
Direct Examination by Ms. O'Keefe	13	21
Cross-Examination by Mr. Ellenbecker	21	9
Cross-Examination by Mr. DiNolfo	57	4
Cross-Examination by Ms. Smith	66	2
JAMES DOMINIK		
Direct Examination (Resumed) by Ms. O'Keefe	84	11
Cross-Examination by Mr. DiNolfo	88	1
Cross-Examination by Mr. Ellenbecker	108	8
Cross-Examination by Ms. Smith	121	13
Redirect Examination by Ms. O'Keefe	128	13
EXHIBITS:	ID	RECEIVED
Petitioner's Exhibit No. 59	78	
Petitioner's Exhibits Nos. 56, 57, 58, 59, 60, and 61		130

1           CHAIRMAN DALY: Good evening, everyone.  
2 Welcome to this meeting of the March 3rd Itasca Plan  
3 Commission. I call this meeting to order.

4                         Will the secretary please call the  
5 roll.

6           MR. KHAN: Commissioner Carello.

7           COMMISSIONER CARELLO: Here.

8           MR. KHAN: Commissioner Drummond.

9           COMMISSIONER DRUMMOND: Here.

10          MR. KHAN: Commissioner Holmes.

11          COMMISSIONER HOLMES: Here.

12          MR. KHAN: Commissioner Russo.

13          COMMISSIONER RUSSO: Here.

14          MR. KHAN: Commissioner Ray.

15                         She will be absent tonight.

16                         And Chairman Daly.

17          CHAIRMAN DALY: Here.

18                         I declare a quorum present.

19                         Good evening, everyone. Today is  
20 Wednesday, March 3rd, 2021. The case before the  
21 Plan Commission this evening is PC 19-014 continued  
22 from last week. The petitioner and owner is  
23 Haymarket DuPage LLC. The location is 860 West  
24 Irving Park Road.

1                   The procedures for tonight and  
2 meetings moving forward in the foreseeable future  
3 are as follows: We will begin with the petitioner  
4 calling the following witnesses, Ms. Karen Kissel  
5 and Mr. James Dominik. The Plan Commission has  
6 adopted new rules of procedure which are now in  
7 effect.

8                   We are proceeding remotely due to  
9 COVID-19, and the public may watch the proceedings  
10 through the Village's YouTube channel. Anyone  
11 wishing to make public comment will be able to do so  
12 after the presentation of cases. They need to sign  
13 up on the Village's website. Anyone wishing to ask  
14 questions of the petitioner, village staff, or other  
15 parties will be able to do so after the presentation  
16 of cases. The sign-up form is on the Village's  
17 website.

18                   And finally, remote village staff  
19 is monitoring the video streaming. If the video  
20 streaming does not work during the proceedings, we  
21 will stop and wait until the video streaming is  
22 fixed or reschedule for another date.

23                   So at this time I would like to ask  
24 Mr. Chuck Hervas, Village's legal counsel, for his

1 opening remarks.

2 MR. HERVAS: Thank you, Mr. Chairman.

3 Again, my name is Chuck Hervas.

4 I'm the attorney advising the Plan Commission in  
5 this matter. I've said these comments before each  
6 session and I'm sorry if you've heard them many  
7 times, but I will repeat them again for the benefit  
8 of those that may not have heard them before.

9 This is a legal proceeding with  
10 legal significance. A court reporter is swearing in  
11 witnesses and is transcribing the testimony. This  
12 is not a trial, but we are developing a record of  
13 proceedings before the Plan Commission. This is a  
14 legal public hearing on a zoning petition.

15 My job is to protect the rights of  
16 the petitioner, any objectors, and the public. The  
17 Plan Commission will make findings and a  
18 recommendation to the Village Board. Please  
19 understand that the Plan Commission is a  
20 recommending body. The Village Board will make the  
21 final decision on the Haymarket zoning petition.

22 Due to the pandemic and the  
23 Governor's emergency orders, we are unable to meet  
24 in person. A virtual hearing is not the preferred

1 method for hearing this zoning petition; however,  
2 the business of government must move forward and the  
3 virtual hearing has been approved by state statute  
4 and is used by local governments across the state.  
5 Everyone is doing the best they can under the  
6 circumstances.

7 The procedures used by the Plan  
8 Commission for large hearings during the pandemic  
9 are available on the Village's website. The website  
10 has a lot of information including a comprehensive  
11 step-by-step guide about this hearing. The public  
12 will have an opportunity to ask questions and  
13 provide public comment at the appropriate time.

14 Witnesses will be presented by the  
15 petitioner and possibly by other interested parties.  
16 Cross-examination will be allowed only by the  
17 attorneys or anyone who has been legally recognized  
18 as an interested party.

19 Finally, this is a slow and  
20 deliberate process that creates an appropriate  
21 record for a Plan Commission hearing. I ask that  
22 you please respect this legal process even if you do  
23 not agree with it.

24 That's all I have, Mr. Chairman.

1 CHAIRMAN DALY: Thank you, Mr. Hervas.  
2 Appreciate your comments.

3 So the order of business before the  
4 Plan Commission this evening is the public hearing  
5 on Case Number PC 19-014. The request is for  
6 petition for a planned development by special use  
7 with exceptions and Class I site plan approval all  
8 in order to permit a mixed-use residential and  
9 healthcare facility and other accessory uses in the  
10 B-2 Community Business District at 860 West Irving  
11 Park Road.

12 I will now entertain a motion to  
13 open this continued public hearing.

14 COMMISSIONER HOLMES: So moved. This is  
15 Commissioner Holmes.

16 COMMISSIONER CARELLO: Second, Commissioner  
17 Carello.

18 CHAIRMAN DALY: Okay. Would the secretary  
19 please call the vote.

20 MR. KHAN: Commissioner Carello.

21 COMMISSIONER CARELLO: For.

22 MR. KHAN: Commissioner Drummond.

23 COMMISSIONER DRUMMOND: For.

24 MR. KHAN: Commissioner Holmes.

1 COMMISSIONER HOLMES: For.

2 MR. KHAN: Commissioner Russo.

3 COMMISSIONER RUSSO: For.

4 MR. KHAN: Chairman Daly.

5 CHAIRMAN DALY: For.

6 Thank you. The motion carries.

7 The public hearing is now open.

8 Ms. O'Keefe, would you like to  
9 introduce your first witness and have her sworn in  
10 by the court reporter, please.

11 MS. O'KEEFE: Certainly. Thank you,  
12 Mr. Chairman.

13 Bridget O'Keefe here on behalf of  
14 Haymarket, and I'm with my co-counsel Mary Dickson.  
15 We're here tonight to present Karen Kissel,  
16 executive senior vice president with Haymarket.

17 Perhaps we could start by getting  
18 her sworn in.

19 THE REPORTER: Will you raise your right  
20 hand.

21 (Witness sworn.)

22 CHAIRMAN DALY: Thank you.

23 Ms. O'Keefe, go ahead.

24 MS. O'KEEFE: Mr. Chairman, I was thinking I

1 want to just make a suggestion to see if this would  
2 be acceptable.

3 Ms. Kissel came back to answer a  
4 question that was deferred by Dr. Lustig to her, and  
5 then she also came to present testimony on some  
6 numbers that -- of ambulance responses that were  
7 produced by Haymarket Chicago.

8 Could we start out, would you mind  
9 if we started out with her answering the one  
10 question that was deferred by Dr. Lustig and then  
11 move into the next subject at which she and  
12 Mr. Dominik will testify?

13 CHAIRMAN DALY: I'm fine with that. I would  
14 ask that someone please restate the question that  
15 was asked, and we can begin with that.

16 MS. O'KEEFE: So the question, I believe, was  
17 asked -- and I don't want to put words in  
18 Mr. Ellenbecker's mouth. So please,  
19 Mr. Ellenbecker, correct me if I'm wrong. You -- it  
20 seems as if you asked with regards to intensive  
21 inpatient detox, what is the staff-to-patient ratio  
22 for those 16 beds.

23 MR. ELLENBECKER: Yeah, I think that's --  
24 that's pretty close to what I asked, Ms. O'Keefe.

1 MS. KISSEL: The staff-to-patient ratio is 2  
2 nurses for the 16 patients, so it's 1 to 8.

3 CHAIRMAN DALY: Given the format, then,  
4 Mr. Ellenbecker and Mr. Hervas, I would ask since  
5 this was an asked -- this is an asked and answered  
6 from last week's, is now an appropriate time for any  
7 follow-up questions by Mr. Ellenbecker related to  
8 Ms. Kissel's testimony, or do we wait until the  
9 cross-examination starts for all of the testimony?

10 MR. HERVAS: I would prefer that we wait for  
11 all the cross-examination. We keep it as a bunch.  
12 Since this is a discrete issue, it's easy to  
13 separate, but it shouldn't be confusing.

14 CHAIRMAN DALY: Okay.

15 MR. ELLENBECKER: Yeah, I agree.

16 CHAIRMAN DALY: All right. Thank you.

17 So, Ms. Kissel -- or, Ms. O'Keefe,  
18 please proceed.

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

20 So at -- at the end of our -- one  
21 of our last meetings in January, Haymarket Chicago  
22 was asked if there was any way Haymarket could  
23 gather data on how many ambulance calls occur  
24 annually at its Chicago West Loop facility. After

1 this meeting, we met with Haymarket representatives  
2 to discuss, you know, whether we could answer this  
3 question in light of the fact that Haymarket doesn't  
4 maintain any records for the sole purpose of  
5 tracking calls made to 911 or ambulance responses to  
6 the West Loop facility.

7 The discussion focused on internal  
8 records, which both Dr. Lustig and James Baldwin  
9 testified to in 2019, and whether these internal  
10 documents could be reviewed manually to respond to  
11 this question.

12 In consultation with Mr. Dominik  
13 from Polaris, Haymarket undertook a manual review of  
14 internal documents for the calendar year 2018 to  
15 respond to your request; and Ms. Kissel is here  
16 tonight to provide an overview of these findings.

17 KAREN KISSEL

18 called as a witness by the Petitioner, having been  
19 first duly sworn, was examined and testified as  
20 follows:

21 DIRECT EXAMINATION

22 BY MS. O'KEEFE:

23 Q. So by way of introduction, Ms. Kissel,  
24 you are the senior executive vice president of

1 Haymarket. And how long have you been with  
2 Haymarket?

3 A. Almost two and a half years.

4 Q. And has your position always been that  
5 of senior executive vice president?

6 A. Yes.

7 Q. Okay. And as senior executive vice  
8 president, have you been involved with the Haymarket  
9 DuPage project?

10 A. Yes, I have.

11 Q. Okay. So let's just jump into the issue  
12 that we are going to present this evening.

13 Haymarket staff undertook a manual  
14 review of internal documents to provide the number  
15 of ambulance responses that occurred to Haymarket  
16 West Loop facility. Why did Haymarket do this?

17 A. We were trying to be responsive to the  
18 Plan Commission. And after Jim Dominik's expert  
19 report and analysis, there still was a question  
20 asked what is the number of calls to Haymarket West  
21 Loop; so we assembled an internal team to pull that  
22 information together.

23 Q. So how many ambulance responses was  
24 Haymarket able to identify through its review of the

1 internal documents?

2 A. 303 ambulance responses for calendar  
3 year 2018.

4 Q. So does this number come with any  
5 qualification?

6 A. Yes, this number does come with  
7 qualifications. The materials that we used, the  
8 internal reports that we used to tally this  
9 information are not -- are not developed to just  
10 track ambulance information. There's a lot of other  
11 information on there. So the -- when we reviewed  
12 the numbers and we reviewed the reports, it was the  
13 best, most reasonable estimate that we could  
14 provide.

15 Q. Because these documents that are  
16 produced aren't for the purpose of tracking  
17 ambulance calls --

18 A. No, they are not.

19 Q. -- they're for other purposes?

20 A. Correct.

21 Q. Okay. So to take a step back, when we  
22 decided to do this manual review, did you reach out  
23 to Mr. Dominik for his guidance in how to conduct  
24 it?

1           A.     Yes.   We reached out to Mr. Dominik.  We  
2 explained the process that we were going to go  
3 through.  He said to use the year 2018 because for  
4 his 11 comparable sites, they had 2018 data  
5 available.  And he asked us to break it down by  
6 residential homes and -- residential treatment and  
7 recovery homes.  So we proceeded under those  
8 instructions.

9                               He also asked if we could separate  
10 it between ALS and BLS, but we didn't have access to  
11 that information to do that.

12           Q.     So what internal documents did Haymarket  
13 review to provide this information?

14           A.     We had two internal documents; one, our  
15 incident reports, and the other, our medical  
16 referral forms that we use that are called 901s, and  
17 they're part of the patient's electronic medical  
18 record.

19           Q.     And so are there any limitations posed  
20 on reliance of these documents to address these  
21 questions?

22           A.     As I said earlier, there is because  
23 neither of these two documents is really for the  
24 purpose of looking at ambulance calls.

1 Q. So can you please explain to the  
2 Commission what's an incident report?

3 A. Sure. An incident report is prepared  
4 when there's an unusual event at Haymarket Center.  
5 It could be medical in nature. It could be a pipe  
6 burst. And anybody who is a witness to this event  
7 will fill out a report summarizing the event that  
8 happened.

9 Q. And these events, they can involve  
10 patients, staff, people who are intake who may not  
11 yet have been admitted into Haymarket?

12 A. Right. Visitors.

13 Q. Vendors?

14 A. Yes.

15 Q. Okay. So it's a pretty comprehensive  
16 list.

17 So when we're looking at just the  
18 incident reports, are there any limitations on  
19 relying solely on these reports to answer the  
20 question as to how many ambulance responses there  
21 are at Haymarket?

22 A. Again, this -- the report is not  
23 designed to track ambulance calls.

24 Q. Okay. So let's move on to the 901 form.

1 A. Sure.

2 Q. Can you provide the Commission with an  
3 overview of what a 901 does and what its purpose is?

4 A. Sure. A 901 form is a medical referral  
5 form, and they are generated and kept in the  
6 electronic patient medical record.

7 When a patient is going to be  
8 transported to an unscheduled medical visit, a  
9 doctor's appointment, a hospital, the patient must  
10 consent to if this information could be released to  
11 the medical provider when they present at the  
12 hospital, at the clinic, at the facility.

13 Q. So the purpose of it is just to provide,  
14 like, a medical record for the patient as they're  
15 going out to a clinic or a doctor --

16 A. Right. And to inform the medical  
17 professional of the patient's medical condition, any  
18 medications that they could be taking, and such.

19 Q. Okay. And so these forms, they can  
20 include -- they can refer to the means of  
21 transport --

22 A. Correct.

23 Q. -- to an ambulance --

24 A. Correct.

1 Q. -- transporting? Okay.

2 THE REPORTER: I'm sorry, can I interrupt?  
3 Can I please remind you to please not speak over  
4 each other. It makes it really difficult on the  
5 Zoom.

6 THE WITNESS: Sure. Sorry.

7 THE REPORTER: Thank you.

8 MS. O'KEEFE: Okay.

9 BY MS. O'KEEFE:

10 Q. So are there any limitations on relying  
11 on the 901 form alone to answer the questions of how  
12 many ambulance responses there are?

13 A. Yes. There are a few limitations. One,  
14 as I explained before, a patient must consent if  
15 this information is going to be generated and  
16 provided to the medical provider upon their arrival  
17 at the facility.

18 Also, a 901 form is for a patient.  
19 It's not for a staff member. It's not for a  
20 visitor. And there are times when a patient might  
21 come into the facility, a future patient, and  
22 they're not quite in our patient medical record  
23 system yet; and so a 901 wouldn't be generated if  
24 they had an unscheduled visit to a medical provider.

1 Q. So you felt the best way to get the most  
2 comprehensive information was to look at both  
3 documents --

4 A. Correct.

5 Q. -- the 901s and the incident reports  
6 because the incident reports picked up people that  
7 the 901s didn't?

8 A. Correct.

9 Q. Okay. So earlier testimony by  
10 Mr. Baldwin and Dr. Lustig described these documents  
11 as being HIPAA protected. Are they protected?

12 A. They are protected by HIPAA. They're  
13 also protected by another federal law which governs  
14 substance use treatment facilities, which is 42 CFR  
15 Part 2.

16 Q. So how many -- ultimately how many  
17 internal documents were reviewed?

18 A. We reviewed 1270 incident reports and  
19 918 901 forms.

20 Q. And these were all done by hand?

21 A. They're all done by hand, yes.

22 MS. O'KEEFE: Okay. We have no further  
23 questions, Mr. Chairman.

24 CHAIRMAN DALY: Thank you both.

1                   At this time, I would like to ask  
2                   which counsel would like to begin their  
3                   cross-examination.

4                   MR. DI NOLFO: Mr. Ellenbecker had that one  
5                   follow-up question. I'll let him start, Chairman  
6                   Daly; then I'll follow up after him.

7                   CHAIRMAN DALY: Okay.

8                   MR. ELLENBECKER: Thank you.

9                   CROSS-EXAMINATION

10                  BY MR. ELLENBECKER:

11                  Q. Ms. Kissel, I'll start with the discrete  
12                  question that you addressed at the beginning, and  
13                  that was the staff-to-detox patient ratio and you  
14                  said that was 1 to 8; correct?

15                  A. Correct. It's for third shift. I think  
16                  your question was directly about third shift.

17                  Q. Yeah, we'll get to that. I'll ask you  
18                  some pretty specific questions.

19                  A. Okay.

20                  Q. What is the staff-to-patient ratio going  
21                  through intensive 24-hour medical detox on the  
22                  second shift?

23                  A. Hold on. Let me look that up for you.

24                                On second shift, we have five staff

1 for 16 patients.

2 Q. And what is the staff-to-patient ratio  
3 for intensive 24-hour medical detox on the first  
4 shift?

5 A. Five.

6 Q. Okay. And what are you looking at?  
7 What resource are you looking at right now?

8 A. I have a schedule of the 163 staff, how  
9 many staff work on each program by shift.

10 Q. Okay. And is that program that you're  
11 looking at right now, is that specific to the  
12 proposed Haymarket Itasca facility?

13 A. Yes.

14 Q. What other information is in that book?

15 MS. O'KEEFE: I object. The purpose of the  
16 question was -- you asked a very specific question  
17 of Dr. Lustig that was referred to Ms. Kissel. It  
18 wasn't meant to open up every door. It was meant to  
19 just answer the question about staff-to-patient  
20 ratio on the third shift and medical detox, and we  
21 answered that.

22 MR. ELLENBECKER: Well, actually, you limited  
23 it by him not knowing the answer. I would have  
24 asked him the second and first shifts if he would

1 have known the answer to the third shift. So now  
2 that I have the person who knows the answer to  
3 the --

4 MS. O'KEEFE: But you didn't ask it at the  
5 time. And that was the question. I have a  
6 transcript of, like, what was asked, and that was  
7 the one question that was open. Everything else you  
8 had opportunity to question Dr. Lustig, and you  
9 didn't ask him those questions.

10 MR. ELLENBECKER: And, Ms. O'Keefe, when I'm  
11 responding to your objection, I think you owe me the  
12 courtesy to let me finish it so the court reporter  
13 can get it all down.

14 MS. O'KEEFE: Okay. Go ahead.

15 MR. ELLENBECKER: Well, now you cut me off  
16 midstream.

17 But I asked Dr. Lustig about the  
18 third shift staff-to-patient ratios. You  
19 interjected that he wasn't the right person. You  
20 said Ms. Kissel was. There would have been a  
21 natural follow-up on all these staffing ratios. But  
22 if he didn't know the third shift, why would I  
23 presume he knows the first and second. So that's --

24 MS. O'KEEFE: No, that's not -- I'm sorry, I

1 didn't mean to interrupt you. Excuse me.

2 MR. HERVAS: Let me interject here because  
3 the nature of the objection relates directly to a  
4 question requesting Ms. Kissel to identify all the  
5 other information in a particular book that she is  
6 referring to. That was the specific question, and  
7 that's the nature of the objection.

8 I think that Mr. Ellenbecker can  
9 inquire on certain data relating to ratios, but I'm  
10 going to sustain the objection as to the open-ended  
11 as to what's in the book in front of you. So let's  
12 move on.

13 BY MR. ELLENBECKER:

14 Q. Okay. Well, has that resource that  
15 you're looking at right now been produced in the  
16 context of this application process, if you know?

17 A. Are you talking about the staffing plan?

18 Q. I'm talking about whatever you were  
19 looking at when I asked you questions about  
20 staff-to-patient ratios on the second shift and you  
21 told me five.

22 A. It was -- it was produced in context of  
23 the Haymarket DuPage facility, correct.

24 Q. Okay. Do you know if it was produced in

1 the context of these public hearings?

2 MS. O'KEEFE: Do you understand the question?

3 BY THE WITNESS:

4 A. I don't know what that -- what does that  
5 mean?

6 BY MR. ELLENBECKER:

7 Q. Well, you understand you're testifying  
8 in a public hearing process; correct?

9 A. Correct.

10 Q. And there have been exhibits and reports  
11 and other types of documentary evidence produced,  
12 and I'm asking if you know whether that staffing  
13 report you're looking at was ever produced in the  
14 context of Haymarket's application.

15 A. Yes, it was.

16 Q. Okay. Do you know when?

17 A. I separated out the staff this week.

18 Q. Oh.

19 MS. O'KEEFE: Mr. Ellenbecker, can I -- can I  
20 ask a question just to clarify? Are you asking  
21 if -- just to make sure that we all understand, are  
22 you asking whether or not the staffing plan was  
23 testified to as part of the public hearing process?  
24 Is that your question?

1 MR. ELLENBECKER: No. I'm asking whether the  
2 plan that she's consulting in response to my  
3 questions tonight was produced.

4 BY THE WITNESS:

5 A. Dr. Lustig testified in 2019 that we  
6 were going to have 163 staff. When we developed the  
7 plan, it was broken down by program and broken down  
8 by shift. So in order to answer your question, I  
9 reviewed the plan and I detailed it out for myself  
10 in case you had any specific questions.

11 BY MR. ELLENBECKER:

12 Q. Okay. So you created that just for  
13 tonight?

14 A. I did.

15 Q. Okay. All right. Did you personally  
16 assist -- do you know a Mr. Aboona?

17 A. I do.

18 Q. Okay. Did you personally assist  
19 Mr. Aboona, who was disclosed as an expert by  
20 Haymarket, in the preparation of his report?

21 A. I did provide him some materials, yes.

22 MS. O'KEEFE: I'd like to object because the  
23 purpose of us presenting Ms. Kissel, we didn't  
24 present her for direct testimony. We presented her

1 to address issues that were asked of Dr. Lustig that  
2 he could not answer, and he was not asked any of  
3 these questions. So I would object saying you're  
4 going outside the scope of direct.

5 MR. ELLENBECKER: Okay. And I know that the  
6 Aboona report was first produced in support of the  
7 amended application for Haymarket. Mr. Aboona  
8 testified that the information came from Ms. Kissel.  
9 And this is my only opportunity. But we'll leave it  
10 to Mr. Hervas.

11 MR. HERVAS: With respect to the scope  
12 objections, those are, you know, traditionally done  
13 in court when we're trying to deal with limiting  
14 testimony. This is a public hearing with a Plan  
15 Commission, and so what we're trying to do is get  
16 all the information out for the Plan Commission.  
17 And so these particular questions, even though  
18 Ms. Kissel wasn't introduced for this particular  
19 subject, Mr. Ellenbecker has a right to ask those  
20 questions.

21 So if you -- if you're saying that  
22 Ms. Kissel's not going to answer them at this time  
23 because of inadequate preparation or something of  
24 that nature, that's fine. But Mr. Ellenbecker at

1 some point in time can ask the petitioner certain  
2 questions. So --

3 MS. O'KEEFE: But, Mr. Hervas, we gave  
4 Mr. Ellenbecker the opportunity to ask these  
5 questions of the petitioner when we presented  
6 Dr. Lustig with these questions, and they weren't  
7 asked of him. We did not present Ms. Kissel. We  
8 presented Dr. Lustig. It doesn't mean that now that  
9 Mrs. Kissel's up the attorneys can ask anything  
10 unrelated to the direct testimony that was provided.  
11 That would not be fair.

12 MR. HERVAS: The point, though, is that  
13 Dr. -- I think that it was established that  
14 Dr. Aboona received the information from Ms. Kissel,  
15 and so she is the source of it and -- and I think  
16 that it's fair game for him to ask that question.

17 I know that we're going beyond the  
18 immediate question that she's been -- that she  
19 presented with respect to the staff ratio, but I  
20 want the Plan Commission to have the opportunity to  
21 hear the question and the answer of matters that  
22 have already been presented and that were related  
23 specifically to Ms. Kissel.

24 And I'm giving you the opportunity

1 to say that you can present her for that at a later  
2 time to answer the question so it's not unfair.

3 But at the same time, I think that  
4 the subject matter of the question generally about  
5 her involvement in the preparation of a report  
6 should be addressed at some point in time. So you  
7 decide when you want to do that.

8 MS. O'KEEFE: We'll allow Ms. Kissel to go  
9 ahead right now; but if she has any points at which  
10 she feels she needs more time to prepare, we will  
11 raise it at that time and defer her answer, if that  
12 is acceptable.

13 MR. HERVAS: And, Mr. Ellenbecker, I'd  
14 admonish you to keep it limited to the specific  
15 issues of Ms. Kissel's involvement.

16 Please proceed.

17 MR. ELLENBECKER: Absolutely.

18 BY MR. ELLENBECKER:

19 Q. I'm reading -- Ms. Kissel, just so you  
20 know, I'm reading from an attachment to Mr. Aboona's  
21 report that contains some assumptions with regard to  
22 Haymarket DuPage that he relied on for purposes of  
23 his traffic report, and he indicated to us that the  
24 information from those assumptions came from you.

1 Do you have any recollection of  
2 providing Mr. Aboona background information on which  
3 he was going to base his traffic report?

4 A. Yes, I do.

5 Q. Okay. And one specific assumption that  
6 he said he relied on you for was that 10 percent of  
7 recovery home clients will be driving to the  
8 Haymarket DuPage facility.

9 Where did you or what data did you  
10 look at to derive that 10 percent number?

11 A. What we did is we looked at, you know,  
12 what our plan is in the West Loop; and right now we  
13 do not have any patients who have cars in the West  
14 Loop.

15 What we recognize, though, is that  
16 an urban setting is different than a suburban  
17 setting and there might be an incident or -- a need  
18 for a patient to have a car to go to work. It would  
19 be on an exception basis. We control who is in our  
20 parking lot, and we wanted to be conservative when  
21 we looked at, you know, the total number of cars who  
22 would -- that would be in our lot and the traffic to  
23 and from the facility.

24 Q. Well, specific to that 10 percent

1 number, is that going to be a policy, if you know,  
2 at Haymarket DuPage that once that 10 percent number  
3 for recovery home clients is hit that the next  
4 person can't get a permit or a parking pass to park  
5 at --

6 A. Yes, we will make it a policy.

7 Q. Do you know what the policy will be  
8 based on?

9 A. It will be based on an administrative  
10 recommendation and a determination of, you know, the  
11 patient's ability to maintain good standing within  
12 the program, the time amount that they've been at  
13 Haymarket Center, and what the need is, why would  
14 they need a car, why is it essential for them to  
15 have it. And it would be approved at the highest  
16 levels of the organization.

17 Q. Do you know are recovery home clients,  
18 is there going to be an expectation that recovery  
19 home clients obtain employment outside the facility?

20 MS. O'KEEFE: We couldn't hear you --

21 THE WITNESS: Sorry.

22 MS. O'KEEFE: -- Mr. Ellenbecker. Do you  
23 think you could repeat the question?

24 MR. ELLENBECKER: Yeah.

1 BY MR. ELLENBECKER:

2 Q. I said is it -- do you know if it's the  
3 expectation that recovery home clients or residents  
4 would seek and obtain employment outside of the  
5 facility?

6 A. It's not an expectation.

7 Q. Okay. Is it your understanding that the  
8 recovery home patients are going to stay at the  
9 facility all day every day?

10 MS. O'KEEFE: Objection. I thought we were  
11 focused on the KLOA report. I think we are going  
12 beyond the scope.

13 MR. ELLENBECKER: I'm still on the 10 percent  
14 of recovery. She said that they wouldn't be  
15 expected to need cars.

16 MS. O'KEEFE: I think she answered that.

17 MR. ELLENBECKER: They're not going to be  
18 expected to work.

19 BY THE WITNESS:

20 A. They're not going to be expected to  
21 work. They may want to work.

22 BY MR. ELLENBECKER:

23 Q. Okay. So of the 144 clients or  
24 residents that would live in the proposed recovery

1 home, is it your testimony that none would be  
2 expected to work, they can just work if they want  
3 to?

4 A. They're not expected to work. No,  
5 they're not.

6 Q. All right. Let's go to what you did for  
7 this week.

8 By way of training, you don't have  
9 any training in EMS or ambulance services, do you?

10 A. No, I do not.

11 Q. Do you have any training in medical or  
12 healthcare emergencies that warrant ambulance or EMS  
13 calls?

14 A. No, I do not.

15 Q. There's been some brief discussion  
16 today, and actually last week by Ms. O'Keefe, that  
17 the need for your project arose when Chairman Daly  
18 asked Mr. Dominik a question about Haymarket's  
19 ability to determine the ambulance use at the  
20 Haymarket West Loop; correct?

21 A. Correct.

22 Q. Are you aware that Haymarket has long  
23 known, going back to 2019, that the potential use of  
24 EMS has been an issue with regard to its application

1 in Itasca?

2 A. Yes.

3 Q. Okay. So it didn't just arise with  
4 Chairman Daly's question, Haymarket has known since  
5 before it even filed its application that Itasca as  
6 a town was interested in the impact on EMS; correct?

7 A. Correct.

8 Q. And are you aware that the mayor back in  
9 2019 asked Haymarket for five years' worth of EMS  
10 demands at its Haymarket West Loop facility?

11 A. I don't know if I recall that.

12 Q. Were you ever asked prior to January of  
13 2021 to go through incident reports or these 901  
14 reports in an effort to try to come up with the best  
15 reliable estimate of EMS use at Haymarket West Loop?

16 A. No. I was not personally asked to do  
17 that.

18 Q. Do you know if anybody at West Loop  
19 other than yourself was asked prior to January of  
20 2021 to look at -- wait. Let me finish.

21 (Continuing.) -- to look at  
22 incident reports or the 901 reports to come up with  
23 an estimate of EMS use at the West Loop facility?

24 A. No. No one was asked that specific

1 question.

2 Q. With regard to Mr. Dominik's role in  
3 your recent project, was his role limited to giving  
4 you the year 2018 to look for?

5 A. He asked me -- he asked us for 2018.  
6 Yes, he did.

7 Q. Would it have been just as easy for you  
8 to look at 2019 data as you did for 2018?

9 A. We could have looked at 2019, but he  
10 asked us for 2018 because he -- as I understand it,  
11 and I'm sure he'll testify to this later, said that  
12 he had a full year of 2018 data for all other 11  
13 comparable sites, and that's why he asked for 2018.

14 Q. As any part of your project in January  
15 of 2021, did you look at any of the other years,  
16 '17, '19 or '20, to determine whether there were any  
17 trends --

18 A. No, we did not.

19 THE REPORTER: I didn't get the end of your  
20 question. "Trends" what?

21 BY MR. ELLENBECKER:

22 Q. -- trends or increases?

23 THE REPORTER: Thank you.

24 ///

1 BY MR. ELLENBECKER:

2 Q. Are you aware that -- do you know who  
3 James Baldwin is, Ms. Kissel?

4 A. Yes, I do.

5 Q. Are you aware that Mr. Baldwin testified  
6 back in 2019 in an attempt to provide EMS estimates  
7 for the Haymarket facility?

8 A. Yes, I'm aware.

9 Q. Are you aware that on October 28, 2019,  
10 he testified that sadly we don't have the data  
11 because calls to EMS were made by staff from their  
12 cell phones and it wouldn't be possible to determine  
13 how many calls there were to EMS?

14 A. I don't recall that exact statement, but  
15 the analysis or the tally that I've given is not the  
16 number of calls. It's the number of ambulance  
17 responses to Haymarket Center West Loop.

18 Q. Right. And let's dig into that a little  
19 bit.

20 A. Okay.

21 Q. The incident reports themselves, do you  
22 know if an incident report is prepared every time an  
23 ambulance arrives at Haymarket West Loop?

24 A. I can't say a hundred percent of the

1 time that it's provided.

2 Q. What percentage of the time is an  
3 incident report prepared when a Chicago Fire  
4 Department ambulance arrives at Haymarket West Loop?

5 A. It should be prepared a hundred percent  
6 of the time.

7 Q. Do you know the percentage of the time  
8 that it actually is?

9 A. No, I don't.

10 Q. Is there a policy at Haymarket West Loop  
11 describing or requiring the completion of an  
12 incident report each time paramedics arrive?

13 A. Yes. Well, there's a policy that says  
14 that you need to complete an incident report if you  
15 are a witness to -- I'm going to call it an unusual  
16 event at Haymarket Center.

17 Q. Do you know if there's a policy that  
18 specifically requires someone to fill out an  
19 incident report if 911 is called and the paramedics  
20 arrive?

21 A. I wouldn't say that there's a policy  
22 specifically on that, but there is a policy to  
23 incident reports.

24 Q. Okay. And the 901s, you indicated that

1 those have to be filled out by -- or can only be  
2 filled out upon consent of the patient; right?

3 A. Correct.

4 Q. And that would be if they're going to a  
5 doctor or clinic. So can we characterize the 901s  
6 as being when there's a planned visit outside  
7 Haymarket West Loop?

8 A. No. It's an unscheduled visit.

9 Q. If someone's having a seizure, can they  
10 consent to a 901?

11 A. At the onset -- when a patient is  
12 admitted into Haymarket Center, they do provide a  
13 consent in that type of situation if they're unable  
14 to consent at the time of transport.

15 But if they're able to consent at  
16 the time of transport, they have to physically sign  
17 a 901 in order for that information to be released  
18 to the medical provider, the medical professional  
19 who they would be presenting to.

20 Q. And this 901, is it filled out after a  
21 91- -- or a 911 call to reflect -- if this is for a  
22 future provider and they're consenting to the form  
23 being given to a future provider, is the fact that  
24 they were loaded into an ambulance then

1 retroactively put into the 901?

2 A. No.

3 Q. Okay. So --

4 A. It's filled out at the same time.

5 Q. Okay. And is there a policy at  
6 Haymarket West Loop that governs the filling out or  
7 when 901s are filled out?

8 A. I don't know that there's necessarily a  
9 policy, but there is a procedure that Haymarket  
10 medical staff need to fill out -- need to comply  
11 with when a patient leaves a facility unscheduled  
12 and is going to a -- a medical provider.

13 Q. Does that policy require Haymarket to --  
14 strike that.

15 Is there a policy that requires  
16 Haymarket employees to include EMS calls on the 901  
17 form?

18 A. On the 901 form, it does not say if an  
19 ambulance -- if an ambulance transported the patient  
20 to the hospital or the provider.

21 Q. Okay. So the 901 doesn't help you in  
22 terms of whether an ambulance --

23 A. What -- what the 901 does -- did provide  
24 us, it provided us a list to start from. So, again,

1 there was 918 901s, and then I had a team of six  
2 people physically going through the electronic  
3 patient medical record looking at notes to see if an  
4 ambulance was called, if an ambulance responded, or  
5 if Haymarket Center transported the patient.

6 Q. How long did the review of the 1270  
7 incident reports and 918 901s take?

8 A. About a hundred hours.

9 Q. To look through approximately 2100  
10 pages?

11 A. It wasn't -- it wasn't the 2100 pages.  
12 It's going manually through the 1270 and reducing  
13 that down to only medical incidents. It was also  
14 going through patient records electronically, and  
15 there could be 200 patient -- 200 pages in a  
16 patient's medical record. It did take quite a bit  
17 of time.

18 Q. If you're looking through an electronic  
19 medical record, were there search terms or fields  
20 that you could search for?

21 A. I don't have access to a patient  
22 electronic medical record. I can't answer that.

23 Q. Okay. Does Haymarket use electronic  
24 medical records, or are they all paper copies?

1           A.    They're electronic.

2           Q.    Okay.  So if they're all electronic, is  
3 it you don't have access or training, or that  
4 they're unsearchable?

5           A.    I don't have access to that -- to that  
6 system.  I would imagine that they're searchable,  
7 but I've never accessed that system personally.

8           Q.    Did you -- as part of your project  
9 before you spent a hundred hours going through these  
10 papers, did you check to see if anybody at Haymarket  
11 or a consultant of Haymarket on its EMR could search  
12 through the EMR for the type of information you were  
13 looking for?

14          A.    The people who did the review of the  
15 901s are people who are experienced with our EMR  
16 system.  They've spent collectively almost a hundred  
17 years at Haymarket.  They also work quite a bit with  
18 patient records and with patients, so they're very  
19 experienced in navigating that system.

20          Q.    Okay.  Did any of those people who have  
21 all this experience navigating the system, did they  
22 tell you that the system couldn't be searched  
23 electronically to determine whether ambulances or  
24 EMS were called?

1           A.     There is no field in the EMR, as I  
2 understand it, that says if an ambulance is called.  
3 The best way to provide a reasonable batch of  
4 information was for us to look at those 901s and to  
5 tie it back to the individual patient record.

6           Q.     Okay. Did you personally look at the  
7 901s?

8           A.     I have looked at a 901.

9           Q.     I'm asking with regard to the numbers  
10 that ultimately were given to Mr. Dominik, did  
11 you -- were you part of the 901 review team?

12          A.     I was in the room when they were  
13 reviewing them, yes.

14          Q.     But I'm asking did you review them  
15 yourself?

16          A.     I saw some of them, but I didn't review  
17 all of them --

18          Q.     Okay. What --

19          A.     -- no.

20          Q.     How many did you review?

21          A.     Maybe five.

22          Q.     Okay. How many of the incident reports  
23 did you personally review?

24          A.     I've seen a number of the incident

1 reports.

2 Q. Okay. Five? 10?

3 A. I was supervising people who were doing  
4 that. I wasn't the one who was actually reviewing  
5 them, but I have seen incident reports.

6 Q. And I'll tell you where I'm going with  
7 this. Because I'm trying to figure out how many  
8 different legs were involved in this -- in this  
9 project and how many people we're going to actually  
10 hear from who were part of it.

11 And so let me ask this -- with that  
12 in mind, let me ask this question: Did Mr. Dominik  
13 get the 901s and the incident reports to review  
14 himself?

15 A. No, he did not.

16 Q. So we have Mr. Dominik on -- I'll put  
17 him on this end. Okay?

18 And then did you provide  
19 Mr. Dominik with the information that he then was  
20 going to use for his addendum to his report?

21 A. I provided him with the information that  
22 he instructed me to give him. The number of  
23 emergency responses to Haymarket West Loop for 2018  
24 and a breakdown between residential treatment and

1 recovery homes.

2 Q. Sure. But I mean -- I'm actually  
3 getting -- I'm more general than that.

4 Were you the person at Haymarket  
5 who gave Mr. Dominik the information?

6 A. I gave him that information.

7 Q. Okay. So Mr. Dominik got information  
8 that he wanted from you; correct?

9 A. Correct.

10 Q. But you didn't look at all the reports,  
11 so who did you then get the tallies? Who was  
12 counting the votes, so to speak?

13 A. There were six staff members who were  
14 tallying that information.

15 Q. Okay. So those six staff members  
16 compiled information, they looked through it. Were  
17 they given a -- I guess a rubric or a template for  
18 what they were all going to look for to make sure --

19 A. They were.

20 Q. Wait. Let me finish.

21 (Continuing.) -- to make sure there  
22 was consistency in the review process?

23 A. Yes. They were given instructions on  
24 the process to follow, and they were given an Excel

1 spreadsheet where they would enter in or tally that  
2 information.

3 Q. And do you have a copy of that Excel  
4 spreadsheet?

5 A. I don't have it in front of me, no.

6 MR. ELLENBECKER: Okay. Ms. O'Keefe, is  
7 there any confidentiality reasons we couldn't have  
8 the spreadsheet that contains at least the summaries  
9 of the underlying data?

10 MS. O'KEEFE: It does contain information  
11 that is protected by federal law, so we cannot share  
12 that. It is the policy in this case to provide it  
13 in aggregate.

14 BY MR. ELLENBECKER:

15 Q. Okay. Let me ask this, Ms. Kissel.  
16 This spreadsheet, this Excel spreadsheet, what are  
17 the data fields on the spreadsheet?

18 A. Sure. It was date, time, program, and  
19 yes or no.

20 Q. Is there anything HIPAA protected for  
21 information that's under date, time, program, and  
22 yes or no?

23 A. As I'm told by the director of  
24 compliance, the date and time is part of the issue.

1 Like, we cannot disclose that. We can only disclose  
2 it in aggregate.

3 Q. Is there personal health information in  
4 a date?

5 A. No, it's not.

6 Q. Okay. Is there personal health  
7 information in time?

8 A. Not in time, but someone could --

9 Q. Is there personal information in the  
10 program?

11 A. I don't think there's personal  
12 information in the program name, but someone could  
13 take the date and time and they might be able to  
14 identify a patient if they -- if they looked close  
15 enough.

16 Q. But they would have to have other  
17 information that would allow someone to connect the  
18 date and time to another thing -- right? -- a  
19 person's name; right?

20 A. I -- I think that if they had the date  
21 and time and they tied it to other information, if  
22 anything was re-disclosed, we would be liable. We  
23 cannot release it.

24 Q. No, I'm with you.

1                   But just with date, time, program,  
2                   yes or no, that data in and of itself isn't enough  
3                   to tie back to a person. You would need additional  
4                   information to utilize the date and time and connect  
5                   to a person; correct?

6                   A. I've been told by my compliance officer  
7                   that we cannot release this information. I'm not an  
8                   expert in HIPAA or 42 CFR Part 2; but I'm told that  
9                   providing even the date and time could be a  
10                  violation of the re-disclosure portion of the 42 CFR  
11                  Part 2, and we cannot do it.

12                  Q. Did Mr. Dominik get the Excel  
13                  spreadsheet that was a summary of the legwork that  
14                  the six people on your team went through?

15                  A. No, he did not.

16                  Q. So Mr. Dominik relied entirely on you --  
17                  your report of what you saw in a spreadsheet that  
18                  was compiled through the work of six other people;  
19                  true?

20                  A. Mr. Dominik knew the process we were  
21                  undertaking. He directed us to follow the same  
22                  process that he was looking with other comps. And  
23                  he's the one who identified the year 2018 and he was  
24                  comfortable with it.

1 Q. Well, I'm going to get back to the  
2 question I asked before; but before I do, you said  
3 that Mr. Dominik indicated that this was the same  
4 process he used with other comps. But Mr. Dominik  
5 didn't get to look at incident reports and 901s with  
6 his other comps, did he?

7 A. He didn't look at incident reports  
8 and -- or he didn't look at incident reports and  
9 901s forms here either, sir.

10 Q. No, but I'm saying you indicated that  
11 Mr. Dominik told you that he used the same -- he  
12 wanted you to follow the same process he used with  
13 his other comps.

14 So my question is very simple. To  
15 your knowledge, did Mr. Dominik get to look at  
16 incident reports and 901s for patients at his other  
17 comp facilities?

18 A. No, he did not.

19 Q. Okay. And so back to my earlier  
20 question. Mr. Dominik based his addendum to the  
21 original report on summaries you provided that you  
22 gleaned from an Excel spreadsheet that was compiled  
23 through the review work of six other people;  
24 correct?

1 A. Say that one more time.

2 Q. Sure. Mr. Dominik based the numbers of  
3 Haymarket's utilization of EMS at the West Loop  
4 facility in 2018 on summaries you provided to him  
5 that you gleaned from an Excel spreadsheet that was  
6 compiled with data put together by six other people;  
7 right?

8 A. Yes.

9 Q. Okay.

10 A. Yes.

11 Q. All right. Now, did you ever as part of  
12 your -- I guess you were supervising this project.

13 Did you ever connect with  
14 Mr. Baldwin to interface or cross-reference your  
15 work with the information he had determined from the  
16 CAD data or the FOIA data that he received?

17 A. We did have a conversation, yes.

18 Q. Okay. When did you talk to Mr. Baldwin  
19 about his work on the EMS estimations?

20 A. Well, I talked to him originally in  
21 2019. Are you talking directly about this project,  
22 or what are you referring to?

23 Q. Let's go back to when you first talked  
24 to him.

1                   So you actually talked to  
2 Mr. Baldwin back in 2019 when he was combing through  
3 the FOIA data that reflected EMS calls to Haymarket  
4 Center; correct?

5           A.     Correct.

6           Q.     Did you help Mr. Baldwin with his  
7 evaluation of the FOIA data?

8           A.     No, I did not.

9           Q.     So what did the two of you talk about  
10 with regard to data?

11          A.     He talked about the -- the number of --  
12 of ambulance calls that was included in the FOIA. I  
13 was there when he testified to that information.

14          Q.     Okay. With the pool of calls that you  
15 knew Mr. Baldwin had -- had looked at, did you do  
16 any sort of determination or cross-reference of the  
17 data you got from the six people who reviewed  
18 incident reports and 901s and compared them to the  
19 numbers Mr. Baldwin had come up with?

20          A.     No, we did not. We looked specifically  
21 at internal reports.

22          Q.     When you indicated earlier that you  
23 tried to come up with a most reliable estimate, was  
24 there a definition you were using for "most reliable

1 estimate"? That was the term you used, so that's  
2 what I'm looking at.

3 A. Correct. What we tried to do is, I  
4 believe as Dr. Lustig testified, there's 12,000  
5 records for -- in the patient system per year. What  
6 we tried to do is rather than go through 12,000  
7 records, because it was so time-consuming, is we  
8 ran -- we tried to come up with what data sources  
9 were available that we can cull down that number  
10 from 12,000 to a more reasonable, manageable number.

11 Q. Okay. Seeing as though you knew about  
12 efforts to try to determine Haymarket West Loop's  
13 use of EMS as early as 2019, were you ever part of  
14 any discussions at Haymarket or among Haymarket  
15 people to maybe track EMS use among its residents  
16 through the end of 2019 into 2020 in a better  
17 fashion?

18 A. If I might just talk a little bit about  
19 history here.

20 In 2019, the focus was on FOIA; and  
21 Haymarket was trying to be responsive to the FOIA  
22 information that the village presented. James  
23 Baldwin and his team went through an analysis of  
24 that FOIA information, and I think that his report

1 or his analysis was largely dismissed.

2 We retained an EMS expert who also  
3 testified quite extensively about the reliability of  
4 FOIA -- of the FOIA data, and he chose to go down a  
5 different path, which was taking a look at  
6 comparable sites in the suburbs and doing an  
7 analysis that way. So that's kind of how this has  
8 moved forward.

9 But at the end of his presentation,  
10 Chairman Daly asked, can you give us a number of  
11 calls -- of EMS calls to Haymarket Center West Loop,  
12 and that's why we went back.

13 So we had been trying to answer it.

14 Q. Right. And Mr. Baldwin testified back  
15 in 2019 that he knew that Itasca had asked Haymarket  
16 to provide five years' worth of EMS demand at  
17 Haymarket West Loop. If that's the question, the  
18 only person who locked Mr. Baldwin into FOIA was  
19 Mr. Baldwin; right?

20 A. I think he was being -- trying to be  
21 responsive to the village.

22 Q. So back to the question I asked a bit  
23 earlier.

24 At any point after October of -- or

1 we'll say August of 2019, knowing that the village  
2 was looking for Haymarket West Loop's use of EMS  
3 data -- or use of EMS services, was there any  
4 discussion at Haymarket to come up with an efficient  
5 way to track EMS use at Haymarket West Loop?

6 A. No, we did not. We relied on the  
7 expert's direction.

8 Q. Okay. You're aware that your expert  
9 thinks that the best comp is Haymarket West Loop;  
10 right?

11 A. I don't think --

12 Q. Are you aware of that?

13 A. -- that our expert said that.

14 Q. You didn't think -- you don't know that  
15 Jim Dominik said that the best comp to Haymarket's  
16 proposed facility in Itasca is Haymarket's West Loop  
17 facility?

18 A. I would ask that question of Jim  
19 Dominik.

20 MR. ELLENBECKER: Okay. And, Ms. O'Keefe,  
21 could you stop writing notes to the witness? If I  
22 was sitting right there, you know I'd see them and  
23 you wouldn't be allowed to do it.

24 It's clear when you write something

1 on a piece of paper and she looks over and then  
2 answers, what you're doing. You know it's  
3 inappropriate especially in a Zoom setting. You  
4 wouldn't be able to do it in a deposition, so I  
5 don't think you can do it here.

6 Mr. Hervas, I'd ask that you  
7 instruct --

8 MS. O'KEEFE: This is not litigation,  
9 Mr. Ellenbeck- --

10 MR. ELLENBECKER: -- her to stop.

11 MS. O'KEEFE: Mr. Ellenbecker, this is not  
12 litigation. This is zoning. You keep trying to  
13 make it litigation, but it's not. And this is --  
14 this is typical procedure, so let's just move on.

15 MR. ELLENBECKER: Mr. Hervas, obviously you  
16 can do what you want. I would just ask for an  
17 admonishment that she not be writing notes to the  
18 witness.

19 MR. HERVAS: Can you hear me okay?

20 MR. ELLENBECKER: Sure.

21 MR. HERVAS: All right. This is a -- this is  
22 a zoning hearing; and in a typical zoning hearing,  
23 there is interplay or discussion between a witness  
24 and an attorney or an expert.

1                   However, we are in the midst of  
2 cross-examination, and there is a witness that's  
3 under oath and we have the special circumstances of  
4 Zoom. If we were in the room together, there may be  
5 an opportunity for the witness to confer with the  
6 attorney at the appropriate time, but we have masks,  
7 we have microphones and such.

8                   So because of our circumstance and  
9 because of the nature of cross-examination in this  
10 matter, it would be inappropriate to have a note  
11 passed in that fashion. If you need to take a break  
12 and talk to your witness, then you should do so.

13                   And I'm saying that this is related  
14 only to cross-examination.

15                   So I'm going to ask Ms. O'Keefe not  
16 to pass notes to the witness in the middle of her  
17 testimony.

18 BY MR. ELLENBECKER:

19           Q.    Ms. Kissel, I'm almost done here.

20                   Did you at any time look at any of  
21 the FOIA data specific to any of the four addresses  
22 affiliated with Haymarket West Loop?

23           A.    Not that I recall, no.

24           Q.    Who specifically asked you to spearhead

1 or supervise this -- this latest review into the  
2 incident reports and 901s?

3 A. Dr. Lustig.

4 MR. ELLENBECKER: I think that's all I have.  
5 Thank you.

6 MS. O'KEEFE: Do you want a break? Do you  
7 want to ask for a break for five minutes?

8 MS. KISSEL: Okay.

9 MS. O'KEEFE: Could we have -- Mr. DiNolfo,  
10 would you mind if we gave Karen a break for five  
11 minutes? Would that be okay?

12 MR. DI NOLFO: No problem.

13 If Commissioner Daly's fine with  
14 that, I'm fine with that as well.

15 CHAIRMAN DALY: Yeah, why don't we take a --  
16 why don't we take a 10-minute recess. We'll make  
17 that the break for the meeting. So if we could  
18 rejoin about 8:05, please.

19 MS. O'KEEFE: Great.

20 MS. KISSEL: Okay.

21 MS. O'KEEFE: Thank you, Mr. Chairman.

22 (Recess taken.)

23 CHAIRMAN DALY: All right. Thank you  
24 everybody for coming back from the recess. I would

1 ask Mr. DiNolfo, please begin your  
2 cross-examination.

3 MR. DI NOLFO: Thank you.

4 CROSS-EXAMINATION

5 BY MR. DI NOLFO:

6 Q. Ms. Kissel, good evening, I guess. Not  
7 afternoon anymore. Good evening. I have a few  
8 questions. Mr. Ellenbecker covered most of them.

9 A. Okay.

10 Q. If you could just help me out a little  
11 bit. I'm trying to understand the two forms. One  
12 is called an incident report; is that correct?

13 A. Correct.

14 Q. And that's filled out each time, I'm  
15 going to say, something out of the ordinary  
16 happens --

17 A. Correct.

18 Q. -- at Haymarket?

19 And on an annual basis, do you know  
20 how many incident reports are generated at  
21 Haymarket?

22 A. For year 2018, it was 1270.

23 Q. And then the second form is 901s, and I  
24 assume those are filled out by every patient?

1           A.    No, they're not.  A 901 is only  
2 generated when a patient consents to that  
3 information being released if they have an  
4 unscheduled medical visit.

5           Q.    So of the -- do they fill it out when  
6 they first arrive at Haymarket, or is that something  
7 when they have the medical incident come up that  
8 they fill it out at that point?

9           A.    They fill it out at that point.

10          Q.    Okay.  So that being the case, I assume  
11 individuals that have a medical emergency who are  
12 unconscious can't fill one of those out?

13          A.    Correct.

14          Q.    So in those instances, we wouldn't have  
15 a 901 if the ambulance was called for somebody who  
16 was unconscious?

17          A.    Correct.

18          Q.    All right.

19          A.    But what we do have -- yeah.

20          Q.    No, go ahead.

21          A.    What we do have is when a patient is  
22 admitted to Haymarket, they do sign a general  
23 release; so that's there if they have the -- if they  
24 cannot consent in case of an emergency.

1           Q.     Sure.  And I understand that they sign  
2     that so you can -- they can go with the ambulance  
3     and get taken care of.

4                     But I think my understanding was is  
5     you looked at 901s to help facilitate a decision of  
6     whether an ambulance/EMS was needed for X number of  
7     times in 2018?

8           A.     Yes.  We did look at -- we did look at  
9     the 901s for that.

10          Q.     Was the 918 all of the 901s that existed  
11     for the year 2018 at Haymarket?

12          A.     Yes.

13          Q.     So of the -- and I think I have the  
14     number right, and you can correct me if I'm wrong.  
15     Of the approximately 12,000 patients that you treat  
16     annually, you only had 918 901s?

17          A.     Correct.

18          Q.     All right.  The next thing I want to  
19     clarify is Mr. Ellenbecker was asking you some  
20     questions about the Excel sheet, and I understand  
21     that you were told by your compliance officer that  
22     it was -- you couldn't turn it over because the time  
23     and date could result in somebody figuring out who  
24     the patient was.  Do I have that about right?

1           A.     That's what I was told.

2           Q.     Okay.  Are you aware that the CAD  
3 information that's publicly available from the City  
4 of Chicago has the time and date and the location  
5 where an ambulance is going similar to what's on  
6 your Excel sheet?

7           A.     As I understand it -- and I'm not an  
8 expert -- this relates to 42 CFR Part 2 and  
9 re-disclosure, and that's very specific to substance  
10 use facilities.

11          Q.     And I understand, and I've seen it  
12 before.

13                     I'm just asking you since the time  
14 and date seem to be the concern of your compliance  
15 person -- and if you don't know the answer, that's  
16 fine, but it's the same data that's contained on the  
17 CAD information that we got from the City of  
18 Chicago.  You don't know why that seems to be a  
19 conflict?

20          A.     Besides 42 CFR Part 2, I did ask my  
21 compliance officer specifically that question, and  
22 that's the -- and she told me it was not -- we were  
23 not able to disclose it.

24          Q.     Okay.  So if I heard your testimony

1 correctly, in an ideal world, you would have  
2 compliance 100 percent of the time when something  
3 out of the ordinary happens that an incident report  
4 will be prepared?

5 A. Correct.

6 Q. But in reality, that's not always the  
7 case?

8 A. I can't say a hundred percent of the  
9 time, no.

10 Q. And I assume if it's not reported, you  
11 have no way of doing an audit to figure out the  
12 percentage of compliance and noncompliance?

13 A. Correct.

14 Q. All right. And if I understood your  
15 testimony correctly, it was Mr. Dominik who directed  
16 you to limit your -- your investigation to  
17 residential treatment and recovery home patients  
18 only?

19 A. Correct.

20 Q. All right. And I assume by doing that  
21 you did not look at EMS calls for anybody from  
22 outpatient; correct?

23 A. We did, and we classified those in -- in  
24 residential treatment because we were told by

1 Mr. Dominik that's how other facilities did it.

2 Q. All right. So in this analysis he asked  
3 you to do, he asked you to look at the outpatient  
4 individuals that needed to be --

5 A. The entire -- correct. The entire  
6 population of Haymarket patients.

7 Q. Okay. By following his direction, I  
8 assume you didn't look at employees who perhaps  
9 needed an ambulance?

10 A. Yes, we did. So that was in the  
11 incident reports.

12 Q. All right. So you went beyond what  
13 Mr. Dominik told you. So if I understand you  
14 correctly, your 303 number includes outpatient  
15 individuals who needed EMS services?

16 A. Correct.

17 Q. It includes employees that needed EMS  
18 services?

19 A. Correct.

20 Q. Would it include visitors that needed  
21 EMS services?

22 A. Correct.

23 Q. All right. So you went a little beyond  
24 what he asked you to do?

1           A.    As I understand it, and Mr. Dominik will  
2 testify to this, I understood that other comparable  
3 sites did the same.

4           Q.    So Mr. Dominik shared with you -- I  
5 assume that's where you got this information from --  
6 that his comps that he used in his report included  
7 calls for visitors, employees, and outpatient; is  
8 that correct?

9           A.    I believe so. I believe so.

10          Q.    Okay.

11          A.    It's a question to ask Mr. Dominik.

12          Q.    We will.

13          A.    Okay.

14          Q.    All right. Give me one second here. I  
15 don't want to repeat what Mr. Ellenbecker already  
16 covered.

17                        Is it possible that there would be  
18 entries in other records of EMS visits for  
19 patients -- I'll leave it as broad as "patients"  
20 since we included a whole variety of people -- that  
21 wouldn't be reflected in an incident report or in a  
22 901?

23          A.    There are no other records that have  
24 that information, no.

1           Q.     So if you know -- if it's beyond what  
2 you know about your medical records, you let me  
3 know. So there wouldn't be an entry perhaps that,  
4 you know, John Smith returned from the hospital  
5 visit or was taken to the hospital this afternoon by  
6 ambulance?

7           A.     I don't believe that we would -- there  
8 are notes in the electronic medical record system.  
9 But if a 901 was published, we would know that; and  
10 if it wasn't in a 901, it would be in an incident  
11 report.

12          Q.     Is it possible for you to have neither  
13 of those in certain instances when an ambulance is  
14 called?

15          A.     I guess it's possible, but it is  
16 unlikely.

17          Q.     And I think I heard your answer to  
18 Mr. Ellenbecker.

19                    You did not yourself after you  
20 got -- were told the number of 303, you did not  
21 yourself go look out of idle curiosity and see how  
22 it compared to the CAD information that was  
23 available out there?

24          A.     No, I did not.

1 Q. Would it surprise you that the CAD  
2 information shows a significantly higher number of  
3 calls?

4 A. There were two different sources that  
5 were used for that data, so I'm not surprised.

6 Q. Okay. The last question I have is who  
7 is responsible for filling out an incident report in  
8 a case where an ambulance is called?

9 A. An incident report, the people who are  
10 responsible are people who are witnesses. So anyone  
11 who is a witness to a situation should fill out an  
12 incident report.

13 Q. Is that just employees, or would it be  
14 patients as well?

15 A. It could be a patient, I think. I'm  
16 not -- you know what, I'm not a hundred percent  
17 sure, but I know every staff member who is a witness  
18 should fill out an incident report.

19 MR. DI NOLFO: All right. That's all I have  
20 for you. Thank you for your time.

21 THE WITNESS: You're welcome. Thank you.

22 CHAIRMAN DALY: Ms. Smith, I'd invite you to  
23 begin your cross-examination, please.

24 MS. SMITH: Thank you.

1                                   Only a few questions.

2                                   CROSS-EXAMINATION

3                                   BY MS. SMITH:

4                   Q.    When you were talking about the  
5                   spreadsheet that was maintained to track your data  
6                   collection, you said there was a "Program" column.

7                                   What were the different options to  
8                   be entered under Program?

9                   A.    The program was the name of the program  
10                  that they're in; so if it was women's residential  
11                  treatment, men's residential treatment, women's  
12                  recovery home, men's recovery home.

13                  Q.    And are the employees and visitors also  
14                  listed in the Program column?

15                  A.    It would say staff.

16                  Q.    Okay.  And was there any backup records  
17                  to the -- to the spreadsheet in the sense of if six  
18                  people were working on it at a -- did they, all six  
19                  people work at the same time or sequentially?

20                  A.    They all worked at the same time.

21                  Q.    And so how did that work as far as data  
22                  entry?

23                  A.    They all had a spreadsheet.  They were  
24                  all given four months of information, and then the

1 spreadsheet was assembled after everybody was  
2 finished.

3 Q. Okay. So they each did -- were able to  
4 enter at the same time?

5 A. Correct.

6 Q. So they didn't have, like, secondary  
7 tracking sheets?

8 A. No.

9 Q. Did they -- did you maintain all the  
10 separate -- the six different charts that were then  
11 combined? Are those still maintained?

12 A. There were three separate groups, and we  
13 do have them.

14 Q. Okay. And if you -- did you ask -- you  
15 talked about asking questions from your compliance  
16 office as far as what you could or could not  
17 produce.

18 If you redact either the date,  
19 time, or both, would you be able to produce the  
20 spreadsheets? Do you know?

21 A. I did not ask that question.

22 Q. Okay. And when you were asked -- well,  
23 you said you were asked for the -- only the 2018  
24 data and the incident reports.

1                   Did you spot-check to see the total  
2 number of incident reports for 2017 or 2020 to see  
3 if 2018 was anomalous in any way?

4           A.    No, I did not.

5           Q.    Are you aware just in your role for  
6 Haymarket whether 1200 incident reports is typical  
7 in a year?

8           A.    I'm not. I'm not aware.

9           Q.    Do you have any role as far as your  
10 normal responsibilities for reviewing incident  
11 reports?

12          A.    I do have access to incident reports,  
13 but I don't review them regularly.

14          Q.    If -- if you wanted to check the  
15 accuracy of the data review, is there a way to  
16 confirm an entry and go back to the source document  
17 and confirm whether it was accurately checked?

18          A.    Yes.

19          Q.    And what was the process for that?

20          A.    I didn't do that. You asked if I could  
21 do that.

22          Q.    How would you do that? Were they  
23 Bates -- were they Bates-labeled or somehow tracked  
24 where the source document was for the entry?

1           A.     There was a date and a time, so I could  
2 go back to a 901 or an incident report and I could  
3 look at that information and see if it -- if it  
4 mentions an ambulance responded.

5           Q.     So the 901 and incident reports are  
6 searchable by date and time, or do you have to go  
7 through by hand?

8           A.     We went through by hand for the incident  
9 reports. And we could search, I believe, although  
10 I've never done it, in the electronic patient  
11 medical record by date and time -- by date.

12          Q.     When you gave the program information to  
13 Mr. Dominik, did you give him the breakdowns by  
14 program? You said that there were several programs,  
15 women's program, you know, the different recovery  
16 home programs. Did you break it down into those  
17 separate programs for him, or did you lump it  
18 together?

19          A.     No, we did not break it down. He asked  
20 for it in residential treatment and recovery home.

21          Q.     And are there some programs that the  
22 Itasca location will not have that the Chicago  
23 location does have?

24          A.     Correct. Yes, there is.

1 Q. And did you identify whether those  
2 programs had any different rate of ambulance calls?

3 A. We didn't -- we didn't look at the data  
4 that way.

5 Q. For example, the family -- women and  
6 family program, if it was higher or lower than the  
7 men's program, you didn't check that?

8 A. No.

9 Q. And does the Chicago location, the  
10 recovery home, it has a -- it has a community  
11 integration program? That's one of the recovery  
12 home programs; is that right?

13 A. Correct.

14 Q. And will that program also be in Itasca?

15 A. No.

16 Q. What are the programs that are going to  
17 be at Itasca that are also at Chicago?

18 A. There's medical detox. There's women's  
19 residential, men's residential. There's a  
20 professional residential treatment, and then there's  
21 four groups of recovery homes.

22 Q. What are the four groups of recovery  
23 homes?

24 A. Women's --

1 MS. O'KEEFE: I'm going to object. I'm  
2 unclear as to -- as to where this is going with  
3 regards to the direct presentation that she's  
4 already provided.

5 MS. SMITH: It's relevant to her testimony  
6 about whether vocational or job -- whether having a  
7 job is a component of the program or not.

8 MR. HERVAS: Yeah, I think it is important to  
9 distinguish whatever differences there are between  
10 the Itasca facility and the Chicago facility, and I  
11 think that it's within the range of that subject  
12 matter; so I'll overrule.

13 BY THE WITNESS:

14 A. Okay. So there's medical detox in  
15 Itasca, social setting detox. There are -- there's  
16 a men's treat- -- residential treatment, a women's  
17 residential treatment, and there's a woman's  
18 recovery home, and there are three men's re-

19 BY MS. SMITH:

20 Q. Can you explain --

21 A. -- -covery homes.

22 Q. I'm sorry for interrupting.

23 Can you explain the three men's  
24 recovery homes?

1           A.     We just have recovery home 1, recovery  
2 home 2, recovery home 3. I don't know the  
3 differences or if there's any differences.

4           Q.     Okay. And your testimony is that the  
5 recovery homes do not have an expectation of job  
6 search, vocation, school, employment, job readiness,  
7 or community service as a -- as an expectation for  
8 those programs?

9           A.     No. When patients come to Haymarket,  
10 they have a discharge plan; and part of their  
11 discharge plan that they work from from the very  
12 start is they want to, you know, re-acclimate back  
13 into society. Some of those discharge plan includes  
14 GED. Some of it includes job readiness, job  
15 training, putting together a résumé. So they're  
16 building those skills while they're at Haymarket in  
17 the recovery home so that they can go out and get a  
18 job, that they're ready for that step in their life.

19                         So while the expectation isn't that  
20 they're going to work while they're at Haymarket,  
21 it's that if that's what their goal is, which they  
22 should want that goal ultimately, they're going to  
23 be prepared to do that the day they leave Haymarket  
24 Center.

1 Q. Okay. And then with respect to  
2 comparison for the ambulance call purpose, are the  
3 three men's homes -- let me ask it a different way.

4 A. Okay.

5 Q. Okay. Are there any programs at Itasca  
6 that are not comparable to a Chicago program?

7 A. We do not have social setting detox in  
8 Chicago.

9 Q. And did you look at or explain when you  
10 aggregated the data, did you -- did you identify  
11 that in any way, or is that lumped into the data?

12 A. We were able to track by program in the  
13 data, but what Mr. Dominik wanted was it broken  
14 between residential treatment and recovery homes.

15 Q. Okay. But did he know that the programs  
16 were not the same at both locations?

17 A. I believe he knows, but we didn't take  
18 any programs out. We used the West Loop data as is.  
19 So it's every single ambulance response we tallied  
20 in that report, and we broke it down between  
21 recovery homes and residential treatment.

22 Q. Regardless of whether Itasca had that  
23 program or not because that's the way --

24 A. Correct.

1 Q. -- James Dominik asked for it --

2 A. Correct.

3 Q. -- is that right?

4 A. Correct.

5 MS. SMITH: Okay. No other questions. Thank  
6 you.

7 THE WITNESS: You're welcome. Thank you.

8 CHAIRMAN DALY: Thank you, Ms. Smith.

9 At this point I'd like to ask the  
10 Plan Commission if anyone has any questions they  
11 would like to ask of Ms. Kissel.

12 Okay. I'm going to start, then. I  
13 have a few.

14 Ms. Kissel, I heard you just  
15 testify that while the programs themselves were not  
16 segmented in terms of the number of calls per  
17 program at Haymarket.

18 Was there any sort of, maybe even  
19 unofficially, segmentation of the types of reasons  
20 why the ambulance was called? Like, concussion or  
21 laceration or, you know, somebody tripped down the  
22 stairs or anything like that. Was any of that kind  
23 of collated while you were doing your exercise  
24 spending -- you know, you were going through the

1 effort -- and I appreciate that you went through the  
2 effort to do this, but did you pull any other  
3 information out of there that did not end up on that  
4 Excel sheet?

5 MS. KISSEL: No, we did not.

6 CHAIRMAN DALY: Okay. My second question is  
7 now that you've gone through the exercise and, you  
8 know, you had your six people and spent a hundred  
9 hours on it, combing through all the records and  
10 whatnot, do you see any value of that information  
11 for your organization moving forward, whether it be  
12 for adjusting insurance rates or setting KPIs and  
13 metrics for, you know, last year we had more  
14 ambulance calls than this year so we're doing  
15 something better or, you know, is there some lessons  
16 learned? I mean, do you see any value in any of  
17 that?

18 MS. KISSEL: That project wasn't necessarily  
19 valuable to me; but looking at the incident reports  
20 is part of our quality assurance program, and it's  
21 some things that we do in terms of maybe slips or  
22 falls, to understand what some of -- of the issues  
23 that, you know, people are facing in our facility,  
24 or -- and in being able to respond to that. So

1 that's -- you know, me personally, that's what I --  
2 that's what I look at it for.

3 CHAIRMAN DALY: Okay. Then just, I guess,  
4 one other question to close my line of questioning  
5 here is now that you've gone through this as an  
6 organization, is there any discussion about moving  
7 forward just having a little -- you know, every time  
8 an ambulance is called, while you do your 901s and  
9 you have your incident reports, if there's just a  
10 separate spreadsheet that every time an ambulance is  
11 called you track that and that's all it is?

12 MS. KISSEL: Yeah, we haven't had that  
13 discussion. And, again, I think Dr. Lustig would  
14 say that we're not in the business of tracking  
15 ambulance calls. We're in the business of saving  
16 lives. But no, I don't believe that we've had that  
17 discussion, nor will we.

18 CHAIRMAN DALY: Okay. Thank you. I have no  
19 other questions.

20 Do any of the other Plan  
21 Commissioners have any questions at this time?

22 COMMISSIONER HOLMES: I'm good, Chairman.

23 CHAIRMAN DALY: Okay. All right. Hearing  
24 none, I would invite Ms. O'Keefe if you're going to

1 do any sort of redirect at this point.

2 MS. O'KEEFE: I have no redirect,  
3 Mr. Chairman.

4 CHAIRMAN DALY: Okay. So at this time, then,  
5 Ms. Kissel, I thank you for your testimony this  
6 evening.

7 And I'd ask Ms. O'Keefe, if you're  
8 ready to introduce and we could swear in  
9 Mr. Dominik.

10 MS. O'KEEFE: Okay.

11 MS. KISSEL: Thank you very much.

12 MS. O'KEEFE: Thank you, Karen.

13 Mr. Dominik is in another location,  
14 so he's -- he's participating remotely.

15 Mr. Dominik, are you there? I  
16 can't see you on the screen so I'm just trying to  
17 check.

18 MR. DOMINIK: Yes, I'm here.

19 MS. O'KEEFE: Okay. Oh, great. Thank you.

20 So should we start, Mr. Chairman,  
21 by swearing Mr. Dominik in?

22 CHAIRMAN DALY: Yes, please.

23 Ms. Court Reporter, please swear in  
24 the witness.

1 (Witness sworn.)

2 THE REPORTER: I'm going to need you to speak  
3 louder.

4 MR. DOMINIK: I do.

5 THE REPORTER: Thanks.

6 CHAIRMAN DALY: Please proceed, Mr. Dominik.

7 MS. O'KEEFE: Welcome back, Mr. Dominik.

8 So the questions that we have are  
9 going to relate to Polaris's public safety solutions  
10 addendum which was dated February 26, 2021, which  
11 was introduced into the record as Exhibit Number --  
12 which was presented as Exhibit Number 59, which we  
13 would like to introduce into the record at this  
14 time.

15 (Petitioner's Exhibit No. 59  
16 identified.)

17 MR. DI NOLFO: Mr. Hervas, this is Steve  
18 DiNolfo. I have an objection to the report. I can  
19 state it for the record if you want me to now.

20 MR. HERVAS: You can go ahead and make your  
21 record with respect to an objection.

22 MR. DI NOLFO: Thank you.

23 First objection, Mr. Hervas, I  
24 raised at the last one, I'll just renew it today

1 concerning the disclosure requirements that the  
2 parties agreed to a 14-day disclosure which was not  
3 complied with; and while I understand it's  
4 Ms. O'Keefe's position that this is in response to a  
5 question raised by Chairman Daly on December 2nd, I  
6 think that position is misplaced since the same  
7 question was raised by Commissioner Swets to  
8 Dr. Lustig back on October 28th, 2019.

9           They had 15 months to perform this  
10 analysis but instead waited until after their expert  
11 testified, after they had my expert report, and that  
12 two witnesses had already testified to the impact.  
13 So for that I object. That's my first objection.

14           And my second objection is to  
15 foundation, lack of disclosure, and obviously I  
16 think there's a hearsay issue here as to  
17 Mr. Dominik's testimony.

18           We weren't provided any data,  
19 Mr. Hervas. We don't have a chance to see how the  
20 numbers were derived. I know we've talked about  
21 HIPAA and other protections, but we all know on a  
22 day-to-day basis those issues can be dealt with and  
23 addressed in a way that protects privacy. And I  
24 think given that this is hearsay from those who did

1 the counting to Ms. Kissel to Mr. Dominik that we  
2 have a foundation and hearsay problem here.

3 Those are my objections.

4 MR. ELLENBECKER: And this is Steve  
5 Ellenbecker. I join in those objections.

6 MS. SMITH: This is Jennifer Smith. I'll  
7 join in those objections as well.

8 MR. HERVAS: All right. Ms. O'Keefe, do you  
9 want to make a response for the record, please.

10 MS. O'KEEFE: I do.

11 First of all, the information that  
12 was presented to Mr. Dominik is contained in his  
13 report as Chart 1. The purpose of this report, this  
14 Chart 1, was to respond to the questions Chairman  
15 Daly raised in January, is it possible to just go  
16 through these records confidentially and tally them  
17 up if there's a reference to an ambulance call. And  
18 that's what we did. We tried to be very -- we knew  
19 we were dealing with confidential data. We knew we  
20 could not produce it. We followed -- we tried to  
21 follow the direction that was given in the question,  
22 and we tried to be responsive.

23 We have testified under oath, Karen  
24 has testified under oath, Ms. Kissel, about the

1 process followed, the qualifications of the people  
2 that conducted the study, the process that was used;  
3 and so it's really in many ways no different than  
4 the information that Mr. Dominik relied on when he  
5 filed for FOIAs and filed for NFIRS data. They  
6 produced data, and he used that data for his report.

7 So I feel that this is consistent  
8 with the way he presented his other report, his  
9 other testimony, and we really were doing this in an  
10 effort to be responsive.

11 MR. HERVAS: Okay. With respect to the --  
12 I'm going to deal with the second objection first,  
13 the foundation, disclosure, and hearsay. I'm going  
14 to overrule that as it goes to weight. That's the  
15 purpose of the cross-examination.

16 I'm going to make another  
17 observation that in both the state and federal court  
18 system, there is a gatekeeper expert issue that I'm  
19 not going to get into because this is a Plan  
20 Commission hearing, and so the weight or the  
21 importance of expert reports is subject to both  
22 cross-examination and for the Plan Commission to  
23 determine the appropriateness of that material. So  
24 I'm overruling number two.

1                   As far as number one goes on the  
2 disclosure issue, Ms. O'Keefe indicated last week  
3 that it was supplemental. It was ruled that it  
4 would be allowed. If there is some level of  
5 prejudice to the -- the attorneys in dealing with  
6 this, then you need to let me know what it is  
7 because I would -- I could appreciate the fact that  
8 if the shorter time for disclosure created a  
9 hardship with respect to cross-examination or  
10 evaluation, that's a factor.

11                   Other than that, given that it is  
12 supplemental and it was allowed, I'm going to  
13 overrule objection number one except if you can  
14 share if there's any prejudice to the late  
15 disclosure. So that's the ruling.

16                   MR. DI NOLFO: Other than we don't have the  
17 data, Mr. Hervas, I think that's the only true  
18 prejudice.

19                   MR. HERVAS: I'm sorry, I didn't hear what  
20 you said.

21                   MR. DI NOLFO: Sure. Other than the fact  
22 that we weren't provided any data to support the  
23 number, that would be the prejudice.

24                   MS. O'KEEFE: Mr. Hervas, the data that is

1 presented in Exhibit 59, Chart 1, that's the data  
2 that we were -- that's the data that we developed.

3 MR. DI NOLFO: That's the number that was  
4 given to Mr. -- Mr. Dominik. That's different than  
5 raw data to look at.

6 MR. HERVAS: Okay. Again, I compare this to  
7 litigation, but it's --

8 MR. KHAN: Chuck, can we hold on? We lost  
9 Chairman Daly.

10 MR. HERVAS: Okay. We're going to hold on  
11 until we get Chairman --

12 CHAIRMAN DALY: I'm here. I'm here.

13 MR. KHAN: Okay. We're back.

14 MR. HERVAS: I'm going to compare this to  
15 litigation only because I know that as lawyers we're  
16 used to those sorts of rulings, but this is a Plan  
17 Commission hearing.

18 And so with respect to the  
19 underlying data, there's been substantial  
20 cross-examination of Ms. Kissel on how the data was  
21 obtained; and therefore, Haymarket has provided all  
22 the information that they are -- believe that they  
23 should provide or appropriately provide and it then  
24 is going to go to the weight and it's subject to

1 additional cross-examination.

2 So I'm going to overrule that  
3 objection as well.

4 MS. O'KEEFE: Okay. So, Mr. Chairman, should  
5 I begin with the questioning?

6 CHAIRMAN DALY: Please do.

7 JAMES DOMINIK

8 called as a witness by the Petitioner, having been  
9 first duly sworn, resumed the stand, was examined  
10 and testified further as follows:

11 DIRECT EXAMINATION (Resumed)

12 BY MS. O'KEEFE:

13 Q. Okay. Mr. Dominik, we just have a few  
14 questions for you this evening.

15 In late January 2021, Haymarket  
16 made you aware it was going to conduct a review of  
17 its internal documentation to try to respond to the  
18 Plan Commission's questions about the number of  
19 ambulance calls directed by Haymarket Chicago;  
20 correct?

21 A. Yes.

22 Q. And what information at that time did  
23 you ask them to obtain as they conducted this  
24 document review?

1           A.     I asked them for the same information  
2     that we utilized for the 11 comparables. I wanted  
3     the number of calls broken down by recovery home and  
4     residential treatment beds, and also an ALS/BLS  
5     breakdown if they had it. They informed me they  
6     could not provide the ALS/BLS breakdown.

7           Q.     So this was the same data you used for  
8     the other comps?

9           A.     Yes.

10          Q.     You understand, don't you, that  
11     Haymarket doesn't track ambulance calls and that the  
12     sources reviewed were federally protected and you  
13     couldn't review them yourself?

14          A.     Correct.

15          Q.     And you felt comfortable with Haymarket  
16     conducting the review?

17          A.     Of course.

18          Q.     And what was the number of ambulance  
19     responses that Haymarket gave to you?

20          A.     They provided me some of the data for  
21     303 responses.

22          Q.     From what you were informed, this number  
23     was simply a tally of ambulance responses from these  
24     two sources; correct?

1 A. Correct. Yeah.

2 Q. Okay. What other information did  
3 Haymarket provide beyond the 303 number?

4 A. They followed my direction and broke  
5 down the number of responses by recovery home and  
6 residential treatment beds. There were 26 recovery  
7 home responses and 277 residential treatment  
8 responses, which is very consistent with what we saw  
9 in the previous analysis as far as differences  
10 between recovery home beds and treatment beds.

11 Q. So what did you do with the information  
12 once you received it?

13 A. I reviewed the information, applied it  
14 using the same formula I used for the other 11  
15 comparables. I applied the formula and reduced by  
16 bed type and size. This reduced the number to 153  
17 calls for Haymarket DuPage. Then I applied the  
18 ALS/BLS formula from my original analysis, and that  
19 resulted in 43 ALS calls for Haymarket DuPage.

20 Q. Okay. And my final question, does this  
21 information regarding the ambulance responses from  
22 Haymarket Chicago change the opinions that were  
23 outlined in the Polaris report from August 2020?

24 A. Absolutely not. I feel that the

1 suburban data is the best indicator of what is  
2 expected at Haymarket DuPage. (Audio  
3 distortion.) -- are very different.

4 THE REPORTER: I'm sorry, can you start that  
5 sentence over?

6 BY THE WITNESS:

7 A. The demographics between the two sites  
8 are very different. Chicago will have far higher  
9 homeless populations with underlying health  
10 conditions.

11 We looked at 11 different  
12 communities much closer in demographics to DuPage  
13 and the collar counties. It doesn't change the  
14 outcome at all. We utilized a per bed ratio to  
15 project obviously the calls for a larger site.

16 MS. O'KEEFE: Okay. That's all the questions  
17 we have, Mr. Chairman.

18 CHAIRMAN DALY: Thank you.

19 At this time, Mr. DiNolfo, I  
20 imagine you're going to begin.

21 MR. DI NOLFO: Yes. Thank you, Chairman  
22 Daly.

23 ///

24 ///

1 CROSS-EXAMINATION

2 BY MR. DI NOLFO:

3 Q. Good evening, Mr. Dominik. Good to see  
4 you again.

5 A. Always a pleasure, sir.

6 Q. So you're here today to testify about a  
7 supplemental report that Haymarket asked you to  
8 prepare, but you took a little different approach on  
9 this report than the method you used in your initial  
10 report; correct?

11 A. In what regard, sir?

12 Q. Sure. In your initial report, you  
13 located and examined raw data to come to your  
14 conclusion versus relying on hearsay of a best  
15 estimate of EMS calls?

16 A. Not -- no, not really. I asked for  
17 summary data through FOIAs and NFIRS reports to form  
18 my opinion, and it's much like the summary data that  
19 Haymarket Chicago gave me.

20 Q. The summary data Haymarket Chicago gave  
21 you was 303. That's it; right?

22 A. Broken down by recovery home and  
23 treatment home beds, correct.

24 Q. Sure. But you agree with me that in

1 your initial report, you had CAD data for some, you  
2 had NFIRS data for others. I mean, you actually did  
3 the data and looked at it yourself and analyzed it  
4 and came to conclusions; correct?

5 A. Not necessarily. I really just were  
6 looking for a number like in the -- (Audio  
7 distortion.) -- it was a number.

8 THE REPORTER: I can't -- I'm having a really  
9 hard time hearing you.

10 BY THE WITNESS:

11 A. Okay. The NFIRS data was just the  
12 number, you know, by address. The CAD data was a  
13 response to a FOIA with just a number, you know, for  
14 a site -- (Audio distortion.)

15 THE REPORTER: I can't hear him at all.

16 THE WITNESS: I don't know why.

17 THE REPORTER: There was interference from  
18 somebody else.

19 THE WITNESS: Okay. I don't know if I can  
20 get any closer. I'm sorry.

21 CHAIRMAN DALY: This is Chairman Daly. Just  
22 real quick. If Haymarket can mute, I think what  
23 we're hearing is page -- things going over the page.  
24 Thank you.

1 THE WITNESS: I'm sorry, Mr. DiNolfo.

2 BY MR. DI NOLFO:

3 Q. Sure. I guess my point was, and at  
4 least I thought from your testimony the last time  
5 was that you got data, examined it, and came to  
6 conclusions; but what you just told me is you got  
7 information and were just looking for a number.

8 A. Yes. As you can imagine, I had specific  
9 FOIAs for addresses, for calls, and that was yielded  
10 in a number. And the FOIA response and the NFIRS  
11 data was provided the same way. It was just a  
12 number of calls for a site for a given period of  
13 time.

14 Q. But you would agree with me that the  
15 best practice for somebody who is going to come in  
16 and give an opinion like you are would be to look at  
17 some data yourself versus just relying on a number  
18 of 303. I mean, ideally you'd like to see the data  
19 to back that up.

20 A. I trusted them for the number they gave  
21 me. It looks like they did a very comprehensive  
22 approach.

23 Q. Well, I mean, you can't say it looked  
24 like they did a comprehensive approach because all

1 they gave you was a number; right?

2 A. And they explained a little bit of the  
3 approach to get it. It sounded very thorough to me.

4 Q. Okay. So Haymarket advised you, at  
5 least from what I heard Ms. O'Keefe asking you, that  
6 they were going to try to do some internal research  
7 to come up with, using their word, a best estimate  
8 of ambulance responses.

9 You were looking for that same  
10 information prior to preparing your report back in  
11 August of 2020, weren't you?

12 A. We did ask for that in the beginning, as  
13 I had indicated earlier; and they said the amount of  
14 work, obviously, to acquire that would be  
15 tremendous. And I felt, as I had indicated in my  
16 earlier testimony, that the suburban sites would be  
17 the best indicators of the Haymarket DuPage calls.

18 Q. Well, I mean, obviously at least  
19 miraculously they were able to go through all the  
20 incident reports and all the 901s in about a two- or  
21 three-week period and get information to you and you  
22 write a report; right? So I mean, I guess it sounds  
23 like back when you asked for it, they could have  
24 done it in about a hundred hours; right?

1           A.    It seems like from what they said it  
2 took a hundred hours, correct.

3           Q.    Okay. All right. So it's my  
4 understanding that you set the parameters of their  
5 search; correct?

6           A.    I was looking for them to provide me  
7 with the same information I got through NFIRS or  
8 FOIA requests.

9           Q.    So you told them to look at residential  
10 and recovery home patients only?

11          A.    I asked them to -- if they could break  
12 down the calls by recovery home and treatment home  
13 beds, correct.

14          Q.    And who did you tell that to?  
15 Ms. Kissel?

16          A.    Yes.

17          Q.    Okay. And I assume given your  
18 background and her background you both understood  
19 what recovery homes were and residential home  
20 treatment was as well; correct?

21          A.    Correct.

22          Q.    All right. But now it appears that they  
23 actually went a little farther and counted  
24 additional people that were in need of EMS services;

1 fair?

2 A. Yes. And that would be consistent to  
3 what we received through FOIAs and NFIRS data. None  
4 of that data would cull out if it was an employee or  
5 a patient. It was simply a response to an address.  
6 So I think that would be pretty similar.

7 Q. So that's going to be my next question.  
8 If that's what the NFIRS and the CAD data provided,  
9 why did you want to just limit it to recovery homes  
10 and residential treatment versus saying Give me EMS  
11 calls for everybody at Haymarket?

12 A. I was asking them if they could break it  
13 down. I -- you would have to ask Ms. Kissel, but I  
14 believe she did give me everything that they had for  
15 that period of time.

16 Q. Yeah. But you didn't ask for it, she  
17 just gave it to you, fortunately enough; correct?

18 A. Correct. That would be the same as  
19 whatever we received from anybody else.

20 Q. And it was you who selected the year  
21 2018?

22 A. Correct.

23 Q. All right. And when they told you a  
24 number of 303, you told -- they told you that was

1 their best estimate. They weren't absolutely  
2 confident in that number; correct?

3 A. They told me 303 was the number they  
4 derived, that's correct.

5 Q. Right. And you understood that to be an  
6 estimate?

7 A. Their best estimate on calls, correct.

8 Q. And in your reply report, relying on  
9 NFIRS, that isn't a best estimate, that's hard data;  
10 correct?

11 A. That is data for emergency responses,  
12 correct.

13 Q. And the CAD information that you got,  
14 that isn't a best estimate, that's hard data;  
15 correct?

16 A. It would be a summary from the agency  
17 providing the data to calls to that location;  
18 however, as we all know, there could be some errors  
19 or some calls left out.

20 Q. All right. So as you sit here today,  
21 there's no way for you to testify under oath that  
22 the Number 303 is accurate?

23 A. It's the number that they provided me.

24 Q. Right. But my question's a little

1 different. There's no way for you to testify under  
2 oath that that number is accurate?

3 A. That question would be directed to them.  
4 This is just a number that was provided. I would  
5 not know if this is the absolute number or not.

6 Q. Let me ask you a different way.

7 There's no way for you to testify  
8 under oath that that number is their best estimate  
9 either because you didn't see any data to back it  
10 up?

11 A. Correct.

12 Q. All right. And I understand you told  
13 them what you were looking for. You don't know what  
14 protocols they used to find that data; true?

15 A. No. I asked them for the data fields,  
16 as Ms. Kissel responded to, and that's what they  
17 provided me.

18 Q. And since we're -- your report was  
19 prepared in 2020, why didn't you ask them to give  
20 you the 2020 number or the 2019 number, a little  
21 more closely associated with the time frame that  
22 we're now in?

23 A. I wanted the 2018 number because that --  
24 for the 11 comparables, that's what we had data for;

1 and as I had previously testified to to Chairman  
2 Daly's question, my intent was to include that as  
3 the 12th comparable. So I wanted a year that was  
4 indeed the same and for which the sites I had.

5 Q. And I know you had the data, and I  
6 understand your position about the City of Chicago  
7 CAD data. But you did have the data provided to  
8 you, and I don't know if you were aware that the CAD  
9 data from the City of Chicago shows a 24 percent  
10 increase in unique incident numbers at the West Loop  
11 facility for 2019. Were you aware of that?

12 A. I didn't review that, no.

13 Q. Okay. Now, if I understand, the 303  
14 calls that was given -- the estimate given to you by  
15 Haymarket, it's five times higher than the gross  
16 number of calls you estimate the proposed facility  
17 in Itasca will generate; correct?

18 A. Correct. But I think that's a little  
19 misleading, Mr. DiNolfo. When we applied that as  
20 the 12th comparable, it actually reduced my  
21 projections in my original report.

22 Q. It was your testimony originally that 65  
23 calls annually would be produced by the Itasca  
24 proposed facility; correct?

1 A. Correct.

2 Q. Okay. My only point is -- I'm not  
3 trying to mislead; I'm just doing math.

4 65 to 303, that's approximately  
5 five times. I can do four-point-something-  
6 something, but approximately five times the number  
7 that you had?

8 A. Well, 303, yes, is the number for  
9 Haymarket Chicago; but that would not be the number  
10 when you reduce it for size for Haymarket DuPage.

11 Q. I understand. But you would agree with  
12 me that the West Loop facility is not five times  
13 larger than the proposed Itasca facility?

14 A. No, it's not.

15 Q. All right. And I think you did your  
16 math, your ratio math and -- using the 303 estimate  
17 from Haymarket; correct?

18 A. Correct.

19 Q. And you came up with a number of 153; is  
20 that correct?

21 A. Correct. That would be the number.

22 Q. All right. And that's over two times  
23 higher than your number of 65 that you opined back  
24 in the multiple days you testified in December;

1 correct?

2 A. Yes. That is a larger number.

3 Q. Okay. And I mean, that number seems to  
4 contradict your number by two-and-a-half-fold;  
5 right?

6 A. I don't believe so. I still believe the  
7 suburban research is the best indicator. I wanted  
8 to use it as the 12th comparable, as I had  
9 indicated; and there's reasons why I didn't. I  
10 wanted to do a direct comparison projection off of  
11 the Haymarket Chicago data because so many questions  
12 were asked about it.

13 Q. And, again, I understand your view of  
14 the CAD data in the City of Chicago; but out of idle  
15 curiosity, did you go back and look at the CAD data  
16 to see if the 303 number that Haymarket gave to you  
17 as an estimate was anywhere close to what was on the  
18 CAD data?

19 A. I think as I testified earlier, there's  
20 many reasons why I don't believe the CAD data is  
21 accurate.

22 Q. Yeah. So you wouldn't be surprised that  
23 the CAD data from 2018 shows 651 unique incident  
24 numbers to the West Loop facility?

1 MR. KHAN: Mr. DiNolfo, can we pause for a  
2 second? We lost Ms. O'Keefe.

3 MR. DI NOLFO: Oh, I'm sorry. Yeah,  
4 absolutely. Don't want her to miss out on the fun.

5 MR. KHAN: I will let you know as soon as she  
6 joins back in.

7 MR. DI NOLFO: Sounds good.

8 MR. HERVAS: Just for the benefit of  
9 everybody, I did receive a text from Ms. O'Keefe  
10 indicating that they are working on their problem on  
11 their end and to please give them a moment.

12 MS. O'KEEFE: I'm sorry, Mr. Chairman. We're  
13 back. We had a little crash of our internet. We  
14 apologize.

15 MR. DI NOLFO: Bridget, where were you --

16 CHAIRMAN DALY: No problem.

17 MR. DI NOLFO: Where was I in the  
18 questioning? I can go back if it would help you at  
19 all. I don't know where --

20 MS. O'KEEFE: Now I don't remember. Oh,  
21 gosh. I think -- where was he.

22 MS. DICKSON: I have no clue.

23 MR. DI NOLFO: It hurts that Mary doesn't  
24 know.

1 MS. O'KEEFE: Me and Mary are looking at each  
2 other like, "What?"

3 I think you were -- what was he  
4 asking about?

5 MR. DI NOLFO: I mean, I can just keep going  
6 if it's easier. I mean, it's --

7 MS. O'KEEFE: Well, can you recall your last  
8 question?

9 MR. DI NOLFO: Sure. My last question  
10 concerned whether he took any steps to validate the  
11 number give- -- asked to be given to him by  
12 Haymarket with the CAD data available.

13 MS. DICKSON: Okay. Actually --

14 MS. O'KEEFE: Oh, you were talking about the  
15 CAD data. You were talking about the number, how he  
16 got to the two times. That's where you were last  
17 time.

18 MS. DICKSON: That is true, Mr. DiNolfo. I  
19 did check my notes for what you were saying when we  
20 last heard you.

21 MR. DI NOLFO: Excellent.

22 Can I proceed, Mr. Chairman?

23 CHAIRMAN DALY: (Indicating.)

24 MR. DI NOLFO: All right.

1 CHAIRMAN DALY: Please do.

2 BY MR. DI NOLFO:

3 Q. I'm going to cover this again with you,  
4 Mr. Dominik. And I know your answer; but since  
5 Ms. O'Keefe missed it, I'm going to go over it  
6 again. Okay?

7 A. I want her to enjoy that.

8 Q. Me too.

9 MS. O'KEEFE: Thank you, Mr. Dominik.

10 BY MR. DI NOLFO:

11 Q. As a way to validate the number given to  
12 you by Haymarket, did you look back at the 2018 CAD  
13 data for the City of Chicago to see what it shows  
14 for EMS calls to the West Loop facility?

15 A. No, I didn't, nor did I for any of the  
16 other data sources that were provided me for my  
17 initial study.

18 Q. And would it surprise you that the CAD  
19 data from 2018 for the West Loop facility shows 651  
20 unique incident numbers in --

21 MS. O'KEEFE: Objection.

22 BY MR. DI NOLFO:

23 Q. -- 2018?

24 MS. O'KEEFE: I have an objection, the

1 foundation for that. Did you -- what is your  
2 foundation?

3 MR. DI NOLFO: Mr. Hervas says I need to lay  
4 a foundation, I'll lay a foundation.

5 MR. HERVAS: The CAD data is spread of record  
6 in this whole thing. It's been talked about  
7 endlessly. And so if Mr. DiNolfo is inaccurate with  
8 his number, it can be pointed out. I just don't see  
9 us having to lay a foundation of CAD data since it's  
10 been discussed extensively. And so if there's a  
11 problem with the number, it needs to be raised  
12 either by the witness or on cross -- or on redirect.

13 MS. O'KEEFE: The only reason I'd like to  
14 just register an objection for the record is we  
15 don't have CAD data in the record. Is it for entire  
16 year of 2019? So that hasn't been submitted in the  
17 record for the entire year, so I just would like to  
18 make that objection for the record.

19 MR. HERVAS: Okay. I'm going to let  
20 Mr. DiNolfo ask his question; and if there's an  
21 issue with the number, then it can be raised.

22 MR. DI NOLFO: Thank you.

23 BY MR. DI NOLFO:

24 Q. Mr. Dominik, you were clear I was asking

1 about 2018; correct?

2 A. Correct, 2018.

3 Q. All right. Again, understanding you  
4 testified extensively about your concerns with the  
5 CAD data, if we assume for purposes of my question  
6 that the 651 unique incident numbers is accurate,  
7 that would be roughly twice as many as -- well, a  
8 little bit more than, at least, Haymarket reported  
9 to you as their best estimate?

10 A. I don't believe that's accurate.

11 Do you know for a fact that those  
12 incidents were at the Haymarket, to their location?  
13 Do you know that they were on the street? Do you  
14 know if they were duplicates? Do they know if  
15 they're --

16 Q. I do.

17 A. You know that they actually had a call  
18 to that location and that call resulted in an EMS  
19 response to a patient or someone that was at  
20 Haymarket Center, not an accident on the street, not  
21 someone that fell, not someone --

22 Q. I understand you take issue with that,  
23 but I'm telling you -- you saw the CAD data, sir.  
24 We've gone over it. And it has --

1 A. Yes.

2 Q. -- the address and it has the call.

3 I understand your position. I just  
4 asked you if you looked. That's all.

5 A. And I want to know how you know because  
6 I don't think that's accurate.

7 Q. Okay. Well, look.

8 A. Then tell me what the outcome, the  
9 reconciliation of every one of those calls was.

10 Q. It's not my job to tell you the  
11 reconciliation. I asked you if there was unique  
12 incident numbers to the West Loop facility. If you  
13 know, you know; if you don't, you don't.

14 A. The facility, no.

15 Q. Yes. There's four addresses; right?

16 A. Right.

17 Q. There's four addresses to Haymarket?

18 A. So yes, there's four addresses to  
19 Haymarket. But so --

20 Q. And sometimes it's to the -- the main  
21 address on Washington, sometimes it's on Sangamon.  
22 There's a few other addresses; correct?

23 A. You're unfamiliar with reporting  
24 procedures that there would be someone that fell on

1 the street in front of the location would get  
2 classified to that address.

3 Q. Could be a patient that fell on the  
4 street; right?

5 A. You're correct. It could be.

6 Q. Yeah. Anyway, you agree with me that  
7 the estimate given to you by Haymarket did not  
8 contain a breakdown of ALS versus BLS?

9 A. Correct. You're right.

10 Q. So we're not able to determine if all  
11 were ALS or all were BLS or what the percentage  
12 actually was; fair?

13 A. No. We used the same projections we  
14 learned in our original research to project that  
15 number.

16 Q. No, I understand that. But I'm just  
17 saying from the data you were given, you can't tell?

18 A. No, no, you're correct. The 303 was  
19 just a bulk number.

20 Q. Now, I just want to see if I can  
21 understand -- I'm just about done -- understand your  
22 conclusions.

23 If I understand you correctly, and  
24 you can correct me if I'm wrong, I looked at your

1 transcript. It appeared to me that you believed  
2 that the Haymarket West Loop facility to be the most  
3 apple to apples comp for what's proposed in Itasca.  
4 Did I hear you correctly when you testified to that?

5 A. If I said that, I'm sorry. You know, I  
6 meant it in the form of the operator. I still  
7 believe, as I had indicated in my report, the  
8 suburban sites will be the best indicator.

9 If I felt that was the best  
10 comparable, I would have pushed harder when we  
11 originally started this study and I was asking for  
12 data because as you know, I did talk about that  
13 then. My intent all along was to use it as a  
14 comparable, not the only one.

15 Q. Okay. I guess since you say that you  
16 believe your suburban data is more accurate, are you  
17 saying that you believe the data you received from  
18 Haymarket West Loop is inaccurate, or are you  
19 rejecting it? I'm just trying to understand your  
20 position.

21 A. No, no. I believe the data is accurate.

22 Q. You're just making the decision as based  
23 on your experience that you're going to base your  
24 opinion solely on the suburban data and stick with

1 those numbers you testified to?

2 A. No. As I had testified earlier,  
3 Mr. DiNolfo, my full intent was to utilize this just  
4 like I had testified to Chairman Daly's question  
5 that this would be the 12th comparable. The reason  
6 we didn't go down that road in the beginning is they  
7 talked about the tremendous amount of time and work  
8 it would take to get it. I felt the suburban data  
9 would be a more accurate projector of the calls due  
10 to demographics, homeless population.

11 The City of Chicago, for example,  
12 they have one ambulance, you know, or ambulances,  
13 they have many, they have 70. But they have one  
14 ambulance, you know, that goes on over 8,000 calls  
15 with two paramedics, much the same as the Itasca  
16 ambulance with two paramedics as well, providing the  
17 same level of service. They're just very different  
18 situations in a large urban city.

19 Q. So you would expect none of those urban  
20 components, as you put it, to be part of the Itasca  
21 proposed facility, then, the homeless or other  
22 individuals or that type?

23 A. Far less.

24 MR. DI NOLFO: All right. That's all I have

1 for you, sir. Thank you.

2 THE WITNESS: Thank you.

3 CHAIRMAN DALY: Mr. Ellenbecker, are you  
4 going to cross-examine Mr. Dominik?

5 MR. ELLENBECKER: I am, Mr. Chairman. Thank  
6 you.

7 CHAIRMAN DALY: Please proceed. Thank you.

8 CROSS-EXAMINATION

9 BY MR. ELLENBECKER:

10 Q. Mr. Dominik, I might have to jump around  
11 a little bit because Mr. DiNolfo hit some areas, I'm  
12 going to try my best not to duplicate.

13 A. Okay.

14 Q. You indicated before tonight that your  
15 inability to confirm CAD data was your basis for  
16 rejecting the Chicago Fire Department CAD data;  
17 correct?

18 A. Correct. There was no summary to the  
19 CAD data by site. As you and I discussed in my  
20 previous testimony, there was multiple entries, you  
21 know, for the same address, approximately the same  
22 time, entries where nobody responded. There was a  
23 lot of errors in the CAD data. So I did reject the  
24 CAD data, correct.

1 Q. Right. And the reason I bring that up  
2 is because what you've done here in your addendum is  
3 accept, blindly accept three numbers from Haymarket  
4 personnel without having any ability to verify or  
5 confirm those numbers; correct?

6 A. No. I took those numbers the same as  
7 every FOIA number and every NFIRS number. That was  
8 a summary number provided to me by the agency I  
9 requested it from. Haymarket Chicago did the same  
10 thing; they gave me a summary number.

11 Q. And what confirmation measures were you  
12 able to take with regard to the numbers that  
13 Haymarket West Loop gave you?

14 A. I did not have any confirmation numbers  
15 other than what the process they explained to me  
16 that they utilized in researching and getting the  
17 data.

18 Q. Okay. Inasmuch as you basically  
19 commissioned this -- this second review or this  
20 review by Haymarket of Haymarket's data, you could  
21 have done that originally; right? You could have  
22 done that before you authored your first report?

23 A. We talked about it at the first report,  
24 and I believe I testified to that earlier.

1 Q. Okay. And you testified tonight that  
2 the West Loop demographics are different than the  
3 proposed facility; correct?

4 A. Correct.

5 Q. But -- and Mr. DiNolfo just asked you --  
6 and I had to look up your transcript. You were  
7 asked this question on December 9th and gave this  
8 answer:

9 Question: Right. That's how I  
10 started the question. If you had faith in  
11 that data, if, would you agree that based on  
12 your other criteria for comps, that Haymarket  
13 DuPage West Loop -- or Haymarket West Loop  
14 would be the best comp to the proposed  
15 Haymarket Center Itasca?

16 Answer: Yes.

17 You gave that answer to that  
18 question; right?

19 A. Correct.

20 Q. So there was no modifier for  
21 demographics. You thought on December 9th that  
22 subject to all criteria that you used for comps  
23 Haymarket Center West Loop was the best comp?

24 A. As I explained to Mr. DiNolfo's

1 question, I thought they were the best comp for the  
2 operator. I don't think it was necessarily the best  
3 comp for the site. And as we have discussed and you  
4 have asked me many questions about, this was going  
5 to be a comparable, one comparable of many.

6 Q. And you indicated -- you just said that  
7 Haymarket West Loop would be a comparable but you  
8 didn't use it as any comparable in your first  
9 report; right?

10 A. (Audio distortion.) -- not get the data  
11 at that point.

12 THE REPORTER: Can you start over? Can you  
13 repeat your answer?

14 BY MR. ELLENBECKER:

15 Q. Right. I said you indicated -- well,  
16 now I've got to think about it.

17 MR. DI NOLFO: She got the question.

18 MR. ELLENBECKER: Oh, you got the question?

19 THE REPORTER: I didn't get the answer.

20 MR. DOMINIK: Could you ask the question  
21 again, Mr. Ellenbecker?

22 MR. ELLENBECKER: Can you read it back,  
23 Ms. Court Reporter?

24 (Question read.)

1 BY THE WITNESS:

2 A. Correct. You know, we talked about this  
3 in my initial testimony, the amount of work that  
4 they expressed -- they explained that if they were  
5 to do this, it would take a tremendous amount of  
6 work and they weren't sure that they could get the  
7 number. So for that reason, it wasn't included in  
8 my initial study.

9 BY MR. ELLENBECKER:

10 Q. Okay. You indicated this latest work  
11 was a comprehensive report that you described as  
12 them giving you a number with a little explanation  
13 of the process; correct?

14 A. Correct.

15 Q. And it's your position that that's a --  
16 that's a more comprehensive approach than getting  
17 CAD data assembled by the Chicago Fire Department in  
18 its usual course of business with a little  
19 explanation provided in that data for each call. Is  
20 that your position?

21 A. I'm sorry, could you restate that?

22 Q. Yeah. You indicated that the current  
23 information from Haymarket was a comprehensive  
24 approach inasmuch as they gave you a number with a

1 little explanation of what their process was; right?

2 A. Yes.

3 Q. All right. But is it your position that  
4 it wasn't comprehensive to get the CAD data  
5 assembled by the Chicago Fire Department as part of  
6 their protocols for reporting with a little  
7 explanation of each call provided in the very data  
8 that you could FOIA; right?

9 A. No, not at all. There's no  
10 reconciliation to the CAD data. So the caller, the  
11 911 caller, that information is based solely on the  
12 911 caller. There's no reconciliation. There's no  
13 after the fact.

14 As we talked about, the NFIRS data,  
15 that is after the fact, it's been reconciled. We  
16 talked about fire responses for the Chicago center,  
17 which averaged 12 per year, we could not get that  
18 data for Haymarket Chicago. So I don't believe  
19 they're direct comparables. There was actually  
20 research that went into this by Haymarket Chicago to  
21 actually identify patients where the CAD data, to  
22 your question, there is not even a known patient for  
23 each one of those calls, is there.

24 Q. Well, if we understood Ms. Kissel

1 correctly, if you had a known patient, we wouldn't  
2 be able to see that data based on HIPAA; right?

3 A. But they did identify a patient.

4 Q. But you didn't see any identifiers for  
5 patients, did you?

6 A. They identified the patient. Chicago  
7 can't identify the patient for you.

8 Q. But listen to me.

9 Jim Dominik was not able to  
10 identify a patient in the recently obtained or  
11 provided numbers from Haymarket; correct?

12 A. I trusted them as their best guess to  
13 provide me the data, much like the NFIRS data, much  
14 like the CAD data.

15 Q. Right. And in you trusting them, you  
16 provided -- or performed no reconciliation; right?

17 A. Correct.

18 Q. Okay. Let me get into Mr. DiNolfo asked  
19 you some questions about you instructing Haymarket  
20 to look only at 2018 data. You indicated why you  
21 did that, and it was related to your comps.

22 But if you're trying to identify a  
23 full picture of a facility, in this case a facility,  
24 wouldn't it be better to look at more data, '17,

1 '19, '20?

2 A. Sure. There was, as they had indicated,  
3 you know, a hundred hours of work that went into  
4 this. If we had more data, we would have used that.  
5 But what my original thoughts were yielded a lower  
6 number projection for Haymarket DuPage. So I don't  
7 think it is really going to give you the indicator  
8 that's fair because it reduces the number in my  
9 original report if I use it as a 12th comparable.

10 Q. But in your first report, you indicated  
11 that the number of calls would be 19 to Itasca EMS,  
12 and based on the data from Haymarket, you're up to  
13 43; correct?

14 A. Correct.

15 Q. All right. So when you -- after your  
16 testimony and Chairman Daly asked you a question  
17 about getting information from Haymarket, you then  
18 went to Haymarket again and asked them if they could  
19 get you data? Is that how this worked?

20 A. No. This came up in conversation.  
21 Again, because, as you can imagine, everybody's  
22 trying to do the best job we can to provide, you  
23 know, realistic, accurate projections of what the  
24 impact that Haymarket DuPage will be.

1 I think we're making a mistake here  
2 by focusing largely on the Haymarket Chicago  
3 addendum. I only did that because this has been the  
4 source of much questioning. I still believe my  
5 initial report is the most accurate projection of  
6 the calls that are going to be at Haymarket.

7 Q. Well, in your conversations, though,  
8 with Haymarket, you eventually learned that they  
9 could commission some people, maybe six people, to  
10 go through and look at the data by hand; right?

11 A. Correct.

12 Q. And did that shock you given the fact  
13 that Haymarket had previously told you that data of  
14 this nature was unavailable?

15 A. No. I wasn't shocked at all because  
16 it's obvious after all the questioning, they  
17 realized that it was important enough, your  
18 questioning of me, and many others, I'm sure, that  
19 they needed to undertake this level of work.

20 Q. Okay. And then you indicated in earlier  
21 testimony that you wanted to look at Haymarket data  
22 but you couldn't come up with a credible, reliable  
23 data source; correct?

24 A. When we originally talked, my original

1 conversation with them is they were not sure at that  
2 point about how to do this or if they could get the  
3 data.

4 Q. And despite the fact that you weren't  
5 able to do any reconciliation effort, it's your  
6 belief that the numbers provided by Ms. Kissel are  
7 credible, reliable data sources?

8 A. I believe so. It's far better than the  
9 CAD data.

10 Q. Did you do -- I can't remember if  
11 Mr. DiNolfo asked this, so I'll just ask it anyway.

12 Did you do anything to  
13 cross-reference the 303 calls from Haymarket  
14 specifically to the 2018 CAD data to try to  
15 reconcile -- do a reconciliation in that manner?

16 A. No, for all the reasons we spoke about  
17 the CAD data.

18 Q. Right. But this wasn't -- but this was  
19 an external source from the CAD data that would have  
20 allowed you to take 303 different calls, look into  
21 the CAD data and see if there is any reconciliation  
22 between what Haymarket is tracking as an EMS call  
23 and what CFD tracked as an EMS call; right?

24 A. I did not have date or time to track

1 that.

2 Q. Okay. You learned tonight through --  
3 did you learn tonight through Ms. Kissel's testimony  
4 that Haymarket actually has the date and time  
5 information for those 303?

6 A. No. I was told that this is all -- the  
7 summary data is all they could give me.

8 Q. Right. But did you learn tonight  
9 listening to Ms. Kissel that they actually had the  
10 date and time information?

11 A. I don't -- I'm sorry. I just don't  
12 remember if that came up before.

13 Q. Okay. That's fine.

14 Were you able to talk to any of the  
15 six workers who did the actual thumbing through of  
16 the paperwork?

17 A. No.

18 Q. Now, I'm almost done.

19 But the question I have is the  
20 number you were given or the total number from  
21 Haymarket with regard to going through the incident  
22 reports and the 901 -- or Form 901s was 303;  
23 correct?

24 A. Correct.

1 Q. Are you aware that -- well, let me ask  
2 it this way. Do you know how many calls were  
3 revealed in the CAD data for 2018 just for the  
4 124 North Sangamon address?

5 A. No.

6 Q. Would it surprise you to know that the  
7 number of calls reflected in the 124 North Sangamon  
8 CAD data is exactly 303?

9 A. I don't think it really makes a  
10 difference.

11 Q. What are the odds of that number being  
12 identical to the number that Haymarket provided to  
13 you based on its independent audit of its records?

14 A. That's not a question for me.

15 Q. Last thing I wanted to ask you about is  
16 Chart 1 in your addendum. Ms. O'Keefe indicated  
17 that Chart 1 contained data.

18 You created Chart 1; right?

19 A. Correct.

20 Q. Chart 1, as it's copied and pasted into  
21 page 2 of your addendum, is not the form in which it  
22 was provided to you by Haymarket; correct?

23 A. It's very similar. It was just an Excel  
24 spreadsheet.

1 Q. Well, the Haymarket didn't give you the  
2 conversions and the DuPage proposed beds; correct?

3 A. Right.

4 Q. All right. And with regard to the  
5 spreadsheet, did Haymarket give you -- you just  
6 mentioned that it was in a spreadsheet. Did you get  
7 the spreadsheet from Haymarket?

8 A. I just got the summary data. That was  
9 it.

10 Q. Okay. In what form did you get the  
11 summary data?

12 A. In the numbers.

13 Q. Right. So I mean, were you given, like,  
14 a Post-it with 277, 26, and 303?

15 A. I'm sorry, I'd have to actually go back  
16 and look, Mr. Ellenbecker. It might have been in a  
17 chart like that. I don't really recall. It was  
18 just the summary numbers I was looking for for the  
19 period of time. It was exactly what I wanted.

20 Q. Well, did Ms. Kissel give you an Excel  
21 sheet, or was it a memo?

22 A. No. No. It was just in an e-mail or a  
23 chart like that. That's all.

24 Q. Okay. Do you still --

1 A. It wasn't an Excel spreadsheet, though.

2 Sorry?

3 Q. Do you still have that chart or e-mail  
4 or Excel, whatever it was?

5 A. I'd have to look. I don't really  
6 recall.

7 MR. ELLENBECKER: All right. I think that's  
8 all I have. Thanks, Mr. Dominik.

9 THE WITNESS: Thank you.

10 CHAIRMAN DALY: Ms. Smith, if you have any  
11 cross-examination, please begin.

12 MS. SMITH: Only a few.

13 CROSS-EXAMINATION

14 BY MS. SMITH:

15 Q. In the data that you received, the 303  
16 was broken down between the residential and the  
17 recovery home; is that right?

18 A. Correct.

19 Q. And in which group were the employees,  
20 visitors, and community members group?

21 A. I received just one total number, much  
22 like I received in the NFIRS data and the FOIA data.  
23 I did not get a breakdown for employees, visitors,  
24 patients.

1 Q. But you asked -- you asked for a  
2 breakdown between programs; correct?

3 A. Just recovery home beds and treatment  
4 home beds. And I think Ms. Kissel testified they  
5 just gave me the total number. It didn't break it  
6 down by employee or patient.

7 Q. Right. So I'm asking in which group  
8 were the employees, community members, visitors?

9 A. That would have to be a question for  
10 Ms. Kissel. I just got a raw number, Ms. Smith.

11 Q. So you -- right.

12 You didn't know; correct?

13 A. Correct.

14 Q. But when you did your analysis on the  
15 comparables, you got a total number and then you  
16 proportioned it based on the beds, not based on any  
17 report of which was attributable; right?

18 A. No. They provided me, you know, what  
19 came from a recovery home bed and what came from a  
20 treatment home bed, as indicated in the addendum.

21 Q. I know in the addendum; but in the  
22 comparables, did they attribute to beds or you knew  
23 the bed numbers?

24 A. No, no. We got the bed numbers, as I

1 previously testified for, but we had recovery home  
2 sites and treatment home sites. So there were  
3 different sites, so it was very easy to identify,  
4 you know, where -- the numbers.

5 Q. Right. So the -- the visitors, staff,  
6 others, they were just grouped in with whatever type  
7 of facility it was; right?

8 A. Correct. The data that we got -- we  
9 got, Ms. Smith, was very basic. It was the total  
10 number of emergency responses, ambulance responses,  
11 to an address that happened to be a treatment site  
12 or recovery home site. So that could be employees,  
13 it could be, you know, patients, it could be many  
14 other things. There was no reconciliation of that.  
15 That's all patient protected, as you know; so I  
16 would not be able to do that.

17 Q. And that's my point, I guess, for this  
18 new data because you didn't just get one number.  
19 You got it broken down.

20 So the way you did the breakdown  
21 between residential and recovery home was based on  
22 what they told you by counting instead of just a  
23 split between -- based on bed count; right?

24 A. Correct. But I believe Ms. Kissel

1 indicated that it was the inclusive number of  
2 employees and everything else. You'd really have to  
3 ask her that question.

4 Q. No. Just answer the question I'm -- so  
5 for your comparables, you got a total number and you  
6 divided them based on the number of beds in the  
7 programs; correct?

8 A. I got the breakdown from them and the  
9 total number.

10 Q. The breakdown of beds in the programs;  
11 correct?

12 A. The breakdown of patients, EMS responses  
13 by bed type.

14 Q. Okay. And you don't -- and so what I'm  
15 ask- -- I guess what I'm getting to is Haymarket  
16 made a choice to group staff, community members,  
17 et cetera, with the residential category and not  
18 spread it evenly cross recovery home and  
19 residential; right?

20 A. That would be a question for them. I'm  
21 sorry, I can't answer that.

22 Q. Okay. But yet you applied a percentage  
23 to make an assumption about the number of ALS and  
24 BLS based on whether it was residential or recovery

1 home; right?

2 A. I did that from our previous research.  
3 I did not use -- I just used the numbers for  
4 recovery home and treatment home beds in our  
5 previous research to indicate whether it was, you  
6 know, 25 or 40 percent ALS, 40 percent -- you know,  
7 the numbers that we used were based on that previous  
8 research because that data was unobtainable from  
9 Haymarket. They could not identify ALS/BLS. So  
10 what we did is we learned a lot, obviously, from the  
11 other 11 comparables; so we used that research  
12 numbers, whether it be 25 percent or 40 percent ALS,  
13 to give us the numbers for that.

14 And as I had indicated earlier, the  
15 40 percent ALS number for the recovery home beds was  
16 based on a small sample size. I don't believe that  
17 number is that large. I think in reality you're  
18 going to find it closer to a national average which  
19 is going to be much less. It's going to be, you  
20 know, 15 to 27 percent.

21 Q. Okay. Now that you know that Haymarket  
22 is able to reconcile incidents based on date and  
23 time, is it right that they could reconcile the CAD  
24 data knowing that they have that ability?

1           A.     I'm sure you could look at the CAD data  
2 and reconcile it. I would imagine every time the  
3 ambulance showed up there would be something in the  
4 CAD data, but I don't know if that's really going to  
5 do anything for you.

6           Q.     No. I'm saying you could take the  
7 greater number of CAD incidents -- and you said the  
8 problem with the CAD data was you couldn't reconcile  
9 it. But now that you know Haymarket can internally  
10 search and confirm what happened with their facility  
11 on that date and time, is that a helpful thing to  
12 know that that could be reconciled? Because wasn't  
13 that your concern with the data to start with?

14          A.     No, I don't believe so, because the data  
15 source that Haymarket provided I believe is the best  
16 data source for Haymarket Chicago.

17                     The CAD data is, like we had been  
18 talking about, you know, through all my testimony,  
19 is a call. It could be on the street, it could be  
20 not a call, it could be not a transport. We don't  
21 know that because there's no reconciliation.  
22 Haymarket is able to tie it to an absolute patient.

23          Q.     That's exactly what I'm saying, though.  
24                     The excess CAD reports, because

1 they know -- they report the date and time, couldn't  
2 Haymarket confirm whether this 303 number is  
3 accurate by looking at those additional dates and  
4 seeing whether they have a report that maybe didn't  
5 get pulled through their other method?

6 A. I see what you're asking. You're asking  
7 it the other way around, could you start with the  
8 CAD data and then go into their report. That's a  
9 question you would have to ask them.

10 I believe they, you know, searched  
11 all their reports for ambulance responses and gave  
12 us their best information possible.

13 MS. SMITH: Okay. No other questions.

14 CHAIRMAN DALY: Thank you.

15 At this time, I'd ask do the Plan  
16 Commissioners have any questions for Mr. Dominik?

17 COMMISSIONER HOLMES: None here, Chairman.

18 CHAIRMAN DALY: Okay. Thank you.

19 Hearing none others, I would -- I  
20 don't have any further questions at this time. So I  
21 guess I'd give Haymarket a chance for redirect, if  
22 necessary.

23 MS. O'KEEFE: Mr. Chairman, could I have two  
24 minutes?

1 CHAIRMAN DALY: Yes.

2 MS. O'KEEFE: Yes, thank you very much.

3 (Discussion off the record.)

4 MS. O'KEEFE: Mr. Chairman.

5 CHAIRMAN DALY: Yes.

6 MS. O'KEEFE: I'm sorry. I just wanted to  
7 let you know I just have one further follow-up  
8 question.

9 CHAIRMAN DALY: Okay. You're ready to ask it  
10 now?

11 MS. O'KEEFE: I am. Thank you, so much.

12 CHAIRMAN DALY: Okay. Please proceed.

13 REDIRECT EXAMINATION

14 BY MS. O'KEEFE:

15 Q. Mr. Dominik, can I refer your attention  
16 to the chart, the addendum that you prepared dated  
17 February 26th? And can I refer your attention to  
18 page 2, Chart 1?

19 A. Okay.

20 Q. Okay. Just for the record, this is  
21 Exhibit Number 59, please. It's actually the third  
22 page on the PDF. Right there, Chart 1.

23 Mr. Dominik, just to refresh your  
24 recollection, this Chart 1 encompassed the data that

1 Haymarket Chicago gave you. The only thing that's  
2 different is that there's an equation under Column D  
3 that says A divided by B times C that was added to  
4 clarify the conversion. But --

5 A. Correct.

6 Q. -- that is the actual data --  
7 correct? -- that we gave you and then you prepared  
8 Chart 2 --

9 A. Yeah.

10 Q. -- correct?

11 A. Exactly.

12 MS. O'KEEFE: Okay. I have no further  
13 questions.

14 CHAIRMAN DALY: I'd ask that if any of the  
15 other counsels have any other further follow-up  
16 clarifying questions at this time.

17 MR. DI NOLFO: Steve DiNolfo. No, no  
18 questions.

19 MR. ELLENBECKER: Steve Ellenbecker. No  
20 further questions. Thank you.

21 MS. SMITH: No further questions from me  
22 either.

23 CHAIRMAN DALY: Okay. Thank you very much.

24 So at this point in time I believe

1 we've concluded Mr. Dominik's testimony. I would  
2 ask now if Ms. O'Keefe would please give us the  
3 summary of what next week is going to look like  
4 before we make a motion to continue and then adjourn  
5 the meeting.

6 MS. O'KEEFE: Mr. Chairman, just one  
7 housekeeping measure, please. I'd like to just  
8 introduce Exhibits 56 to 61 into the record.

9 56 -- Exhibit 56 is the updated  
10 supporter list for Haymarket DuPage. Exhibit 57 is  
11 a letter of support from the Roselle-Bloomingtondale  
12 League of Women Voters. Number 58 is a letter  
13 from -- of support from the DuPage County NAACP  
14 Branch 3012. Number 59 as stated is the Polaris  
15 addendum. Number 60 and 61 are updated information  
16 about overdose statistics and annual data on the  
17 Narcan program.

18 And we would like to just submit  
19 these for the record, please.

20 CHAIRMAN DALY: Yeah, please do. Thank you.

21 (Petitioner's Exhibits Nos. 56,  
22 57, 58, 59, 60, and 61 received.)

23 MS. O'KEEFE: So right now, we have no  
24 further testimony to provide. I believe we are now

1 going to turn it over to the other counsel to  
2 present their cases, sir.

3 CHAIRMAN DALY: Okay. Thank you.

4 So Messrs. Ellenbecker, DiNolfo and  
5 Ms. Smith, who is up first and how can we expect to  
6 see the next few weeks proceed?

7 MR. DI NOLFO: Chairman Daly, Steve DiNolfo  
8 here. I plan on presenting my consultant next week.  
9 That's the only witness I have planned because I  
10 anticipate it may take some time. And then it's my  
11 understanding we're off the following week, the  
12 17th, for your regular business.

13 CHAIRMAN DALY: Correct.

14 MR. DI NOLFO: And I would have -- if we're  
15 done with my expert on the 10th, I'll have Chief  
16 Burke on the 24th.

17 MS. SMITH: Chairman Daly, I'll be ready to  
18 present the school district's case, Superintendent  
19 Craig Benes, after -- after that. So the earliest  
20 would be the 24th but potentially later if --

21 CHAIRMAN DALY: April.

22 MS. SMITH: Yeah.

23 CHAIRMAN DALY: Okay. All right. Thank you  
24 for that.

1                   And then, Mr. Ellenbecker, your  
2 witnesses would follow after Ms. Smith's?

3                   MR. ELLENBECKER: Right. And my witness, I  
4 would anticipate, would not take much more than  
5 maybe half of a session and definitely not the whole  
6 session.

7                   CHAIRMAN DALY: Okay. So with that -- all  
8 right. Thank you, everybody, for those updates.

9                   I would ask one of my Plan  
10 Commissioners to please make a motion to continue  
11 this public hearing until next Wednesday,  
12 March 10th.

13                   COMMISSIONER HOLMES: So moved.

14                   COMMISSIONER CARELLO: Commissioner Carello,  
15 second.

16                   COMMISSIONER HOLMES: Commissioner Holmes.

17                   CHAIRMAN DALY: Okay. I have a motion and a  
18 second.

19                   Would the secretary please call the  
20 vote to continue.

21                   MR. KHAN: Commissioner Carello.

22                   COMMISSIONER CARELLO: For.

23                   MR. KHAN: Commissioner Drummond.

24                   COMMISSIONER DRUMMOND: For.

1 MR. KHAN: Commissioner Holmes.

2 COMMISSIONER HOLMES: For.

3 MR. KHAN: Commissioner Russo.

4 COMMISSIONER RUSSO: For.

5 MR. KHAN: Chairman Daly.

6 CHAIRMAN DALY: For.

7 Thank you. Motion carries. The  
8 meeting is continued until next Wednesday.

9 Now I'd like the final motion to  
10 adjourn for this evening, please.

11 COMMISSIONER HOLMES: So moved.

12 CHAIRMAN DALY: Second?

13 COMMISSIONER CARELLO: Second, Commissioner  
14 Carello.

15 CHAIRMAN DALY: Thank you.

16 Secretary, please call the vote.

17 MR. KHAN: Carello.

18 COMMISSIONER CARELLO: For.

19 MR. KHAN: Commissioner Drummond.

20 COMMISSIONER DRUMMOND: For.

21 MR. KHAN: Commissioner Holmes.

22 COMMISSIONER HOLMES: For.

23 MR. KHAN: Commissioner Russo.

24 COMMISSIONER RUSSO: For.

1 MR. KHAN: Commissioner Daley.

2 CHAIRMAN DALY: For.

3 Motion carries.

4 Thank you everybody, have a good  
5 week, and we will reconvene next Wednesday. Take  
6 care.

7 MS. O'KEEFE: Thank you, Mr. Chairman.

8 (Whereupon the proceedings  
9 concluded at 9:31 p.m.)

10 \* \* \* \* \*

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1 STATE OF ILLINOIS )  
2 ) SS.  
3 COUNTY OF K A N E )

4 I, Amy K. Bateman, CSR No. 84-003803, RPR,  
5 CRR, CRC, do hereby certify that I reported in  
6 shorthand the proceedings had at the hearing of the  
7 above-entitled cause and that the foregoing Report  
8 of Proceedings, pages 1 through 135, inclusive, is a  
9 true, correct, and complete transcript of my  
10 shorthand notes taken at the time and place  
11 aforesaid as heard via remote videoconferencing.

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

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

21 IN WITNESS WHEREOF I have hereunto set my  
22 hand this 21st day of March, 2021.

23 

24 

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Certified Shorthand Reporter

-	<b>200</b> 40:15	<b>4</b>	<b>91-</b> 38:21
<b>-covery</b> 71:21	<b>2017</b> 68:2	<b>40</b> 125:6,12,15	<b>911</b> 13:5 37:19 38:21 113:11,12
<b>1</b>	<b>2018</b> 13:14 15:3 16:3,4 35:4,5,8,10,12,13 43:23 47:23 49:4 57:22 59:7,11 67:23 68:3 93:21 95:23 98:23 101:12,19,23 103:1,2 114:20 117:14 119:3	<b>42</b> 20:14 47:8,10 60:8,20	<b>918</b> 20:19 40:1,7 59:10, 16
<b>1</b> 12:2 21:14 72:1 80:13, 14 83:1 119:16,17,18,20 128:18,22,24	<b>2019</b> 13:9 26:5 33:23 34:9 35:8,9 36:6,9 49:21 50:2 51:13,16,20 52:15 53:1 79:8 95:20 96:11 102:16	<b>43</b> 86:19 115:13	<b>9:31</b> 134:9
<b>10</b> 30:6,10,24 31:2 32:13 43:2	<b>2020</b> 51:16 68:2 86:23 91:11 95:19,20	<b>5</b>	<b>9th</b> 110:7,21
<b>10-minute</b> 56:16	<b>2021</b> 5:20 34:13,20 35:15 78:10 84:15	<b>56</b> 130:8,9,21	<b>A</b>
<b>100</b> 61:2	<b>2100</b> 40:9,11	<b>57</b> 130:10,22	<b>ability</b> 31:11 33:19 109:4 125:24
<b>10th</b> 131:15 132:12	<b>24</b> 96:9	<b>58</b> 130:12,22	<b>able</b> 6:11,15 14:24 38:15 46:13 54:4 60:23 67:3,19 73:12 75:24 91:19 105:10 109:12 114:2,9 117:5 118:14 123:16 125:22 126:22
<b>11</b> 16:4 35:12 85:2 86:14 87:11 95:24 125:11	<b>24-hour</b> 21:21 22:3	<b>59</b> 78:12,15 83:1 128:21 130:14,22	<b>Aboona</b> 26:16,19 27:6,7 28:14 30:2
<b>12</b> 113:17	<b>24th</b> 131:16,20	<b>6</b>	<b>Aboona's</b> 29:20
<b>12,000</b> 51:4,6,10 59:15	<b>25</b> 125:6,12	<b>60</b> 130:15,22	<b>about</b> 8:11 21:16 22:19 23:17 24:17,18,19 29:4 33:18 40:8 49:19,21 50:9,11 51:11,18 52:3 56:18 59:20,24 64:2 66:4 67:15 71:6 76:6 79:20 80:24 84:18 88:6 91:20, 24 96:6 98:12 100:4,14, 15 102:6 103:1,4 105:21 106:12 107:7 109:23 111:4,16 112:2 113:14, 16 114:19 115:17 117:2, 16 119:15 124:23 126:18 130:16
<b>1200</b> 68:6	<b>26</b> 78:10 86:6 120:14	<b>61</b> 130:8,15,22	<b>absent</b> 5:15
<b>124</b> 119:4,7	<b>26th</b> 128:17	<b>65</b> 96:22 97:4,23	<b>absolute</b> 95:5 126:22
<b>1270</b> 20:18 40:6,12 57:22	<b>27</b> 125:20	<b>651</b> 98:23 101:19 103:6	<b>absolutely</b> 29:17 86:24 94:1 99:4
<b>12th</b> 96:3,20 98:8 107:5 115:9	<b>277</b> 86:7 120:14	<b>7</b>	<b>accept</b> 109:3
<b>14-day</b> 79:2	<b>28</b> 36:9	<b>70</b> 107:13	<b>acceptable</b> 11:2 29:12
<b>144</b> 32:23	<b>28th</b> 79:8	<b>8</b>	<b>access</b> 16:10 40:21 41:3,5 68:12
<b>15</b> 79:9 125:20	<b>2nd</b> 79:5	<b>8</b> 12:2 21:14	<b>accessed</b> 41:7
<b>153</b> 86:16 97:19	<b>3</b>	<b>8,000</b> 107:14	<b>accessory</b> 9:9
<b>16</b> 11:22 12:2 22:1	<b>3</b> 72:2	<b>860</b> 5:23 9:10	<b>accident</b> 103:20
<b>163</b> 22:8 26:6	<b>3012</b> 130:14	<b>8:05</b> 56:18	
<b>17</b> 35:16 114:24	<b>303</b> 15:2 62:14 64:20 85:21 86:3 88:21 90:18 93:24 94:3,22 96:13 97:4,8,16 98:16 105:18 117:13,20 118:5,22 119:8 120:14 121:15 127:2	<b>9</b>	
<b>17th</b> 131:12	<b>3rd</b> 5:2,20	<b>901</b> 17:24 18:3,4 19:11, 18,23 20:19 34:13,22 38:10,17,20 39:1,16,18, 21,23 42:8,11 58:1,15 63:22 64:9,10 69:2,5 118:22	
<b>19</b> 35:16 115:1,11		<b>901s</b> 16:16 20:5,7 37:24 38:5 39:7 40:1,7 41:15 42:4,7 43:13 48:5,9,16 50:18 56:2 57:23 59:5,9, 10,16 76:8 91:20 118:22	
<b>19-014</b> 5:21 9:5			
<b>2</b>			
<b>2</b> 12:1 20:15 47:8,11 60:8,20 72:2 119:21 128:18 129:8			
<b>20</b> 35:16 115:1			

<b>accuracy</b> 68:15 132:2	<b>amount</b> 31:12 91:13 107:7 112:3,5	<b>arrival</b> 19:16
<b>accurate</b> 94:22 95:2 98:21 103:6,10 104:6 106:16,21 107:9 115:23 116:5 127:3	<b>afternoon</b> 57:7 64:5	<b>arrive</b> 37:12,20 58:6
<b>accurately</b> 68:17	<b>again</b> 7:3,7 17:22 39:24 76:13 83:6 88:4 98:13 101:3,6 103:3 111:21 115:18,21	<b>arrives</b> 36:23 37:4
<b>acquire</b> 91:14	<b>agency</b> 94:16 109:8	<b>ask-</b> 124:15
<b>across</b> 8:4	<b>aggregate</b> 45:13 46:2	<b>assembled</b> 14:21 67:1 112:17 113:5
<b>actual</b> 118:15 129:6	<b>aggregated</b> 73:10	<b>assist</b> 26:16,18
<b>actually</b> 22:22 33:16 37:8 43:4,9 44:2 50:1 89:2 92:23 96:20 100:13 103:17 105:12 113:19,21 118:4,9 120:15 128:21	<b>agree</b> 8:23 12:15 88:24 90:14 97:11 105:6 110:11	<b>associated</b> 95:21
<b>added</b> 129:3	<b>agreed</b> 79:2	<b>assume</b> 57:24 58:10 61:10,20 62:8 63:5 92:17 103:5
<b>addendum</b> 43:20 48:20 78:10 109:2 116:3 119:16,21 122:20,21 128:16 130:15	<b>ahead</b> 10:23 23:14 29:9 58:20 78:20	<b>assumption</b> 30:5 124:23
<b>additional</b> 47:3 84:1 92:24 127:3	<b>allow</b> 29:8 46:17	<b>assumptions</b> 29:21,24
<b>address</b> 16:20 27:1 89:12 93:5 104:2,21 105:2 108:21 119:4 123:11	<b>allowed</b> 8:16 53:23 82:4, 12 117:20	<b>assurance</b> 75:20
<b>addressed</b> 21:12 29:6 79:23	<b>almost</b> 14:3 41:16 55:19 118:18	<b>attachment</b> 29:20
<b>addresses</b> 55:21 90:9 104:15,17,18,22	<b>alone</b> 19:11	<b>attempt</b> 36:6
<b>adjourn</b> 130:4 133:10	<b>along</b> 106:13	<b>attention</b> 128:15,17
<b>adjusting</b> 75:12	<b>already</b> 28:22 63:15 71:4 79:12	<b>attorney</b> 7:4 54:24 55:6
<b>administrative</b> 31:9	<b>ALS</b> 16:10 86:19 105:8, 11 124:23 125:6,12,15	<b>attorneys</b> 8:17 28:9 82:5
<b>admitted</b> 17:11 38:12 58:22	<b>ALS/BLS</b> 85:4,6 86:18 125:9	<b>attributable</b> 122:17
<b>admonish</b> 29:14	<b>ambulance</b> 11:6 12:23 13:5 14:15,23 15:2,10,17 16:24 17:20,23 18:23 19:12 33:9,12,19 36:16, 23 37:4 38:24 39:19,22 40:4 42:2 50:12 58:15 59:2 60:5 62:9 64:6,13 65:8 69:4 70:2 73:2,19 74:20 75:14 76:8,10,15 80:17 84:19 85:11,18,23 86:21 91:8 107:12,14,16 123:10 126:3 127:11	<b>attribute</b> 122:22
<b>admonishment</b> 54:17	<b>ambulance/ems</b> 59:6	<b>audio</b> 87:2 89:6,14 111:10
<b>adopted</b> 6:6	<b>ambulances</b> 41:23 107:12	<b>audit</b> 61:11 119:13
<b>advised</b> 91:4	<b>amended</b> 27:7	<b>August</b> 53:1 86:23 91:11
<b>advising</b> 7:4	<b>among</b> 51:14,15	<b>authored</b> 109:22
<b>affiliated</b> 55:22		<b>available</b> 8:9 16:5 51:9 60:3 64:23 100:12
<b>after</b> 6:12,15 12:24 14:18 21:6 38:20 52:24 64:19 67:1 79:10,11 113:13,15 115:15 116:16 131:19		<b>average</b> 125:18
		<b>averaged</b> 113:17
		<b>aware</b> 33:22 34:8 36:2,5, 8,9 53:8,12 60:2 68:5,8 84:16 96:8,11 119:1
		<hr/> <b>B</b> <hr/>
		<b>B-2</b> 9:10
		<b>back</b> 11:3 15:21 33:23 34:8 36:6 42:5 47:3 48:1,

19 49:23 50:2 52:12,14, 22 56:24 68:16 69:2 72:12 78:7 79:8 83:13 90:19 91:10,23 95:9 97:23 98:15 99:6,13,18 101:12 111:22 120:15	<b>bit</b> 36:19 40:16 41:17 51:18 52:22 57:11 91:2 103:8 108:11	<b>call</b> 5:3,4 9:19 37:15 38:21 73:2 80:17 103:17, 18 104:2 112:19 113:7 117:22,23 126:19,20 132:19 133:16	<b>Chairman</b> 5:1,16,17 7:2 8:24 9:1,18 10:4,5,12,22, 24 11:13 12:3,14,16,19 20:23,24 21:5,7 33:17 34:4 52:10 56:15,21,23 65:22 74:8 75:6 76:3,18, 22,23 77:3,4,20,22 78:6 79:5 80:14 83:9,11,12 84:4,6 87:17,18,21 89:21 96:1 99:12,16 100:22,23 101:1 107:4 108:3,5,7 115:16 121:10 127:14, 17,18,23 128:1,4,5,9,12 129:14,23 130:6,20 131:3,7,13,17,21,23 132:7,17 133:5,6,12,15 134:2,7
<b>background</b> 30:2 92:18	<b>BLS</b> 16:10 105:8,11 124:24	<b>called</b> 13:18 16:16 37:19 40:4 41:24 42:2 57:12 58:15 64:14 65:8 74:20 76:8,11 84:8	<b>change</b> 79:19 127:21
<b>backup</b> 66:16	<b>Board</b> 7:18,20	<b>caller</b> 113:10,11,12	<b>change</b> 86:22 87:13
<b>Baldwin</b> 13:8 20:10 36:3,5 49:14,18 50:2,6, 15,19 51:23 52:14,18,19	<b>body</b> 7:20	<b>calling</b> 6:4	<b>channel</b> 6:10
<b>base</b> 30:3 106:23	<b>book</b> 22:14 24:5,11	<b>calls</b> 12:23 13:5 14:20 15:17 16:24 17:23 33:13 36:11,13,16 39:16 50:3, 12,14 52:11 61:21 63:7 65:3 70:2 74:16 75:14 76:15 84:19 85:3,11 86:17,19 87:15 88:15 90:9,12 91:17 92:12 93:11 94:7,17,19 96:14, 16,23 101:14 104:9 107:9,14 113:23 115:11 116:6 117:13,20 119:2,7	<b>characterize</b> 38:5
<b>based</b> 31:8,9 48:20 49:2 106:22 110:11 113:11 114:2 115:12 119:13 122:16 123:21,23 124:6, 24 125:7,16,22	<b>Branch</b> 130:14	<b>car</b> 30:18 31:14	<b>chart</b> 80:13,14 83:1 119:16,17,18,20 120:17, 23 121:3 128:16,18,22, 24 129:8
<b>basic</b> 123:9	<b>break</b> 16:5 55:11 56:6,7, 10,17 69:16,19 92:11 93:12 122:5	<b>care</b> 59:3 134:6	<b>charts</b> 67:10
<b>basically</b> 109:18	<b>breakdown</b> 43:24 85:5, 6 105:8 121:23 122:2 123:20 124:8,10,12	<b>Carello</b> 5:6,7 9:16,17,20, 21 132:14,21,22 133:13, 14,17,18	<b>check</b> 41:10 68:14 70:7 77:17 100:19
<b>basis</b> 30:19 57:19 79:22 108:15	<b>breakdowns</b> 69:13	<b>carries</b> 10:6 133:7 134:3	<b>checked</b> 68:17
<b>batch</b> 42:3	<b>Bridget</b> 10:13 99:15	<b>cars</b> 30:13,21 32:15	<b>Chicago</b> 11:7 12:21,24 37:3 60:4,18 69:22 70:9, 17 71:10 73:6,8 84:19 86:22 87:8 88:19,20 96:6,9 97:9 98:11,14 101:13 107:11 108:16 109:9 112:17 113:5,16, 18,20 114:6 116:2 126:16 129:1
<b>Bates</b> 68:23	<b>bring</b> 109:1	<b>case</b> 5:20 9:5 26:10 45:12 58:10,24 61:7 65:8 114:23 131:18	<b>Chief</b> 131:15
<b>Bates-labeled</b> 68:23	<b>broad</b> 63:19	<b>cases</b> 6:12,16 131:2	<b>choice</b> 124:16
<b>bed</b> 86:16 87:14 122:19, 20,23,24 123:23 124:13	<b>broke</b> 73:20 86:4	<b>category</b> 124:17	<b>chose</b> 52:4
<b>beds</b> 11:22 85:4 86:6,10 88:23 92:13 120:2 122:3, 4,16,22 124:6,10 125:4, 15	<b>broken</b> 26:7 73:13 85:3 88:22 121:16 123:19	<b>cell</b> 36:12	<b>Chuck</b> 6:24 7:3 83:8
<b>bed</b> 86:16 87:14 122:19, 20,23,24 123:23 124:13	<b>building</b> 72:16	<b>center</b> 17:4 31:13 36:17 37:16 38:12 40:5 50:4 52:11 72:24 103:20 110:15,23 113:16	<b>circumstance</b> 55:8
<b>before</b> 5:20 7:5,8,13 9:3 19:14 34:5 41:9 48:2 60:12 108:14 109:22 118:12 130:4	<b>bulk</b> 105:19	<b>certain</b> 24:9 28:1 64:13	<b>circumstances</b> 8:6 55:3
<b>begin</b> 6:3 11:15 21:2 57:1 65:23 84:5 87:20 121:11	<b>bunch</b> 12:11	<b>Certainly</b> 10:11	<b>city</b> 60:3,17 96:6,9 98:14 101:13 107:11,18
<b>beginning</b> 21:12 91:12 107:6	<b>Burke</b> 131:16	<b>cetera</b> 124:17	
<b>behalf</b> 10:13	<b>burst</b> 17:6	<b>CFD</b> 117:23	
<b>belief</b> 117:6	<b>business</b> 8:2 9:3,10 76:14,15 112:18 131:12	<b>CFR</b> 20:14 47:8,10 60:8, 20	
<b>believed</b> 106:1			
<b>benefit</b> 7:7 99:8			
<b>Benes</b> 131:19	<b>calendar</b> 13:14 15:2		

<b>clarify</b> 25:20 59:19 129:4	<b>Commissioners</b> 76:21 127:16 132:10	<b>concussion</b> 74:20	<b>control</b> 30:19
<b>clarifying</b> 129:16	<b>communities</b> 87:12	<b>condition</b> 18:17	<b>conversation</b> 49:17 115:20 117:1
<b>Class</b> 9:7	<b>community</b> 9:10 70:10 72:7 121:20 122:8 124:16	<b>conditions</b> 87:10	<b>conversations</b> 116:7
<b>classified</b> 61:23 105:2	<b>comp</b> 48:17 53:9,15 106:3 110:14,23 111:1,3	<b>conduct</b> 15:23 84:16	<b>conversion</b> 129:4
<b>clear</b> 53:24 102:24	<b>comparable</b> 16:4 35:13 52:6 63:2 73:6 96:3,20 98:8 106:10,14 107:5 111:5,7,8 115:9	<b>conducted</b> 81:2 84:23	<b>conversions</b> 120:2
<b>clients</b> 30:7 31:3,17,19 32:3,23	<b>comparables</b> 85:2 86:15 95:24 113:19	<b>conducting</b> 85:16	<b>copied</b> 119:20
<b>clinic</b> 18:12,15 38:5	<b>compare</b> 83:6,14	<b>confer</b> 55:5	<b>copies</b> 40:24
<b>close</b> 11:24 46:14 76:4 98:17	<b>compared</b> 50:18 64:22	<b>confident</b> 94:2	<b>copy</b> 45:3
<b>closely</b> 95:21	<b>comparison</b> 73:2 98:10	<b>confidential</b> 80:19	<b>correct</b> 11:19 15:20 18:22,24 20:4,8 21:14,15 24:23 25:8,9 33:20,21 34:6,7 38:3 44:8,9 47:5 48:24 50:4,5 51:3 57:12, 13,17 58:13,17 59:14,17 61:5,13,19,22 62:5,16, 19,22 63:8 67:5 69:24 70:13 73:24 74:2,4 84:20 85:14,24 86:1 88:10,23 89:4 92:2,5,13,20,21 93:17,18,22 94:2,4,7,10, 12,15 95:11 96:17,18,24 97:1,17,18,20,21 98:1 103:1,2 104:22 105:5,9, 18,24 108:17,18,24 109:5 110:3,4,19 112:2, 13,14 114:11,17 115:13, 14 116:11,23 118:23,24 119:19,22 120:2 121:18 122:2,12,13 123:8,24 124:7,11 129:5,7,10 131:13
<b>closer</b> 87:12 89:20 125:18	<b>complete</b> 37:14	<b>confidentiality</b> 45:7	<b>correctly</b> 61:1,15 62:14 105:23 106:4 114:1
<b>clue</b> 99:22	<b>completion</b> 37:11	<b>confidentially</b> 80:16	<b>counsel</b> 6:24 21:2 131:1
<b>co-counsel</b> 10:14	<b>compliance</b> 45:24 47:6 59:21 60:14,21 61:2,12 67:15	<b>confirm</b> 68:16,17 108:15 109:5 126:10 127:2	<b>counsels</b> 129:15
<b>collar</b> 87:13	<b>compiled</b> 44:16 47:18 48:22 49:6	<b>confirmation</b> 109:11,14	<b>count</b> 123:23
<b>collated</b> 74:23	<b>complete</b> 37:14	<b>conflict</b> 60:19	<b>counted</b> 92:23
<b>collection</b> 66:6	<b>complied</b> 79:3	<b>confusing</b> 12:13	<b>counties</b> 87:13
<b>collectively</b> 41:16	<b>comply</b> 39:10	<b>connect</b> 46:17 47:4 49:13	<b>counting</b> 44:12 80:1 123:22
<b>column</b> 66:6,14 129:2	<b>component</b> 71:7	<b>consent</b> 18:10 19:14 38:2,10,13,14,15 58:24	<b>County</b> 130:13
<b>combined</b> 67:11	<b>components</b> 107:20	<b>consenting</b> 38:22	<b>court</b> 7:10 10:10 23:12 27:13 77:23 81:17 111:23
<b>combing</b> 50:2 75:9	<b>comprehensive</b> 8:10 17:15 20:2 90:21,24 112:11,16,23 113:4	<b>consents</b> 58:2	<b>courtesy</b> 23:12
<b>comfortable</b> 47:24 85:15	<b>comps</b> 47:22 48:4,6,13 63:6 85:8 110:12,22 114:21	<b>conservative</b> 30:20	
<b>comment</b> 6:11 8:13	<b>concern</b> 60:14 126:13	<b>consistency</b> 44:22	
<b>comments</b> 7:5 9:2	<b>concerned</b> 100:10	<b>consistent</b> 81:7 86:8 93:2	
<b>commission</b> 5:3,21 6:5 7:4,13,17,19 8:8,21 9:4 14:18 17:2 18:2 27:15,16 28:20 74:10 81:20,22 83:17 116:9	<b>concerns</b> 103:4	<b>consultant</b> 41:11 131:8	
<b>Commission's</b> 84:18	<b>concluded</b> 130:1 134:9	<b>consultation</b> 13:12	
<b>commissioned</b> 109:19	<b>conclusion</b> 88:14	<b>consulting</b> 26:2	
<b>Commissioner</b> 5:6,7,8, 9,10,11,12,13,14 9:14, 15,16,20,21,22,23,24 10:1,2,3 56:13 76:22 79:7 127:17 132:13,14, 16,21,22,23,24 133:1,2, 3,4,11,13,18,19,20,21, 22,23,24 134:1	<b>conclusions</b> 89:4 90:6 105:22	<b>contained</b> 60:16 80:12 119:17	
		<b>context</b> 24:16,22 25:1, 14	
		<b>continue</b> 130:4 132:10, 20	
		<b>continued</b> 5:21 9:13 133:8	
		<b>Continuing</b> 34:21 44:21	
		<b>contradict</b> 98:4	



<b>documents</b> 13:10,14 14:14 15:1,15 16:12,14, 20,23 20:3,10,17	<b>easy</b> 12:12 35:7 123:3	<b>end</b> 12:20 35:19 43:17 51:16 52:9 75:3 99:11	<b>examined</b> 13:19 84:9 88:13 90:5
<b>Dominik</b> 6:5 11:12 13:12 15:23 16:1 33:18 42:10 43:12,16,19 44:5,7 47:12,16,20 48:3,4,11, 15,20 49:2 53:15,19 61:15 62:1,13 63:1,4,11 69:13 73:13 74:1 77:9, 13,15,18,21 78:4,6,7 80:1,12 81:4 83:4 84:7, 13 88:3 101:4,9 102:24 108:4,10 111:20 114:9 121:8 127:16 128:15,23	<b>effect</b> 6:7	<b>endlessly</b> 102:7	<b>example</b> 70:5 107:11
<b>Dominik's</b> 14:18 35:2 79:17 130:1	<b>efficient</b> 53:4	<b>enjoy</b> 101:7	<b>Excel</b> 44:24 45:3,16 47:12 48:22 49:5 59:20 60:6 75:4 119:23 120:20 121:1,4
<b>door</b> 22:18	<b>effort</b> 34:14 75:1,2 81:10 117:5	<b>enough</b> 46:15 47:2 93:17 116:17	<b>Excellent</b> 100:21
<b>down</b> 16:5 23:13 26:7 40:13 51:9 52:4 69:16,19 73:20 74:21 85:3 86:5 88:22 92:12 93:13 107:6 121:16 122:6 123:19	<b>efforts</b> 51:12	<b>enter</b> 45:1 67:4	<b>except</b> 82:13
<b>driving</b> 30:7	<b>electronic</b> 16:17 18:6 40:2,18,22,23 41:1,2 64:8 69:10	<b>entered</b> 66:8	<b>exception</b> 30:19
<b>Drummond</b> 5:8,9 9:22, 23 132:23,24 133:19,20	<b>electronically</b> 40:14 41:23	<b>entertain</b> 9:12	<b>exceptions</b> 9:7
<b>due</b> 6:8 7:22 107:9	<b>Ellenbeck-</b> 54:9	<b>entire</b> 62:5 102:15,17	<b>excess</b> 126:24
<b>duly</b> 13:19 84:9	<b>Ellenbecker</b> 11:19,23 12:4,7,15 21:4,8,10 22:22 23:10,15 24:8,13 25:6,19 26:1,11 27:5,19, 24 28:4 29:13,17,18 31:22,24 32:1,13,17,22 35:21 36:1 45:6,14 53:20 54:10,11,15,20 55:18 56:4 57:8 59:19 63:15 64:18 80:4,5 108:3,5,9 111:14,18,21,22 112:9 120:16 121:7 129:19 131:4 132:1,3	<b>entirely</b> 47:16	<b>Excuse</b> 24:1
<b>Dupage</b> 5:23 14:9 24:23 29:22 30:8 31:2 86:17,19 87:2,12 91:17 97:10 110:13 115:6,24 120:2 130:10,13	<b>Ellenbecker's</b> 11:18	<b>entries</b> 63:18 108:20,22	<b>executive</b> 10:16 13:24 14:5,7
<b>duplicate</b> 108:12	<b>emergencies</b> 33:12	<b>entry</b> 64:3 66:22 68:16, 24	<b>exercise</b> 74:23 75:7
<b>duplicates</b> 103:14	<b>emergency</b> 7:23 43:23 58:11,24 94:11 123:10	<b>equation</b> 129:2	<b>Exhibit</b> 78:11,12,15 83:1 128:21 130:9,10
<hr/> <b>E</b> <hr/>	<b>employee</b> 93:4 122:6	<b>errors</b> 94:18 108:23	<b>exhibits</b> 25:10 130:8,21
<b>e-mail</b> 120:22 121:3	<b>employees</b> 39:16 62:8, 17 63:7 65:13 66:13 121:19,23 122:8 123:12 124:2	<b>essential</b> 31:14	<b>existed</b> 59:10
<b>earlier</b> 16:22 20:9 48:19 50:22 52:23 91:13,16 98:19 107:2 109:24 116:20 125:14	<b>employment</b> 31:19 32:4 72:6	<b>established</b> 28:13	<b>expect</b> 107:19 131:5
<b>earliest</b> 131:19	<b>EMR</b> 41:11,12,15 42:1	<b>estimate</b> 15:13 34:15,23 50:23 51:1 88:15 91:7 94:1,6,7,9,14 95:8 96:14, 16 97:16 98:17 103:9 105:7	<b>expectation</b> 31:18 32:3, 6 72:5,7,19
<b>early</b> 51:13	<b>EMS</b> 33:9,12,24 34:6,9, 15,23 36:6,11,13 39:16 41:24 49:3,19 50:3 51:13,15 52:2,11,16 53:2,3,5 61:21 62:15,17, 21 63:18 88:15 92:24 93:10 101:14 103:18 115:11 117:22,23 124:12	<b>estimates</b> 36:6	<b>expected</b> 32:15,18,20 33:2,4 87:2
<b>easier</b> 100:6	<b>encompassed</b> 128:24	<b>estimations</b> 49:19	<b>experience</b> 41:21 106:23
		<b>evaluation</b> 50:7 82:10	<b>experienced</b> 41:15,19
		<b>evening</b> 5:1,19,21 9:4 14:12 57:6,7 77:6 84:14 88:3 133:10	<b>expert</b> 14:18 26:19 47:8 52:2 53:8,13 54:24 60:8 79:10,11 81:18,21 131:15
		<b>evenly</b> 124:18	<b>expert's</b> 53:7
		<b>event</b> 17:4,6,7 37:16	<b>explain</b> 17:1 71:20,23 73:9
		<b>events</b> 17:9	<b>explained</b> 16:2 19:14 91:2 109:15 110:24 112:4
		<b>eventually</b> 116:8	<b>explanation</b> 112:12,19 113:1,7
		<b>everybody's</b> 115:21	<b>expressed</b> 112:4
		<b>evidence</b> 25:11	<b>extensively</b> 52:3 102:10 103:4
		<b>exact</b> 36:14	
		<b>exactly</b> 119:8 120:19 126:23 129:11	
		<b>EXAMINATION</b> 13:21 84:11 128:13	

<b>external</b> 117:19	<b>fill</b> 17:7 37:18 39:10 58:5, 8,9,12 65:11,18	<b>formula</b> 86:14,15,18 7 76:22 88:3 99:7 134:4
<hr/> <b>F</b> <hr/>	<b>filled</b> 38:1,2,20 39:4,7 57:14,24	<b>fortunately</b> 93:17
<b>facilitate</b> 59:5	<b>filling</b> 39:6 65:7	<b>forward</b> 6:2 8:2 52:8 75:11 76:7
<b>facilities</b> 20:14 48:17 60:10 62:1	<b>final</b> 7:21 86:20 133:9	<b>foundation</b> 79:15 80:2 81:13 102:1,2,4,9
<b>facility</b> 9:9 12:24 13:6 14:16 18:12 19:17,21 22:12 24:23 30:8,23 31:19 32:5,9 34:10,23 36:7 39:11 49:4 53:16,17 71:10 75:23 96:11,16,24 97:12,13 98:24 101:14, 19 104:12,14 106:2 107:21 110:3 114:23 123:7 126:10	<b>finally</b> 6:18 8:19	<b>four-point-something-</b> 97:5
<b>facing</b> 75:23	<b>find</b> 95:14 125:18	<b>frame</b> 95:21
<b>fact</b> 13:3 38:23 82:7,21 103:11 113:13,15 116:12 117:4	<b>findings</b> 7:17 13:16	<b>front</b> 24:11 45:5 105:1
<b>factor</b> 82:10	<b>fine</b> 11:13 27:24 56:13, 14 60:16 118:13	<b>full</b> 35:12 107:3 114:23
<b>fair</b> 28:11,16 93:1 105:12 115:8	<b>finish</b> 23:12 34:20 44:20	<b>fun</b> 99:4
<b>faith</b> 110:10	<b>finished</b> 67:2	<b>future</b> 6:2 19:21 38:22, 23
<b>falls</b> 75:22	<b>fire</b> 37:3 108:16 112:17 113:5,16	<hr/> <b>G</b> <hr/>
<b>family</b> 70:5,6	<b>fixed</b> 6:22	<b>game</b> 28:16
<b>farther</b> 92:23	<b>focus</b> 51:20	<b>gatekeeper</b> 81:18
<b>fashion</b> 51:17 55:11	<b>focused</b> 13:7 32:11	<b>gather</b> 12:23
<b>February</b> 78:10 128:17	<b>focusing</b> 116:2	<b>gave</b> 28:3 44:5,6 56:10 69:12 85:19 88:19,20 90:20 91:1 93:17 98:16 109:10,13 110:7,17 112:24 122:5 127:11 129:1,7
<b>federal</b> 20:13 45:11 81:17	<b>FOIA</b> 49:16 50:3,7,12 51:20,21,24 52:4,18 55:21 89:13 90:10 92:8 109:7 113:8 121:22	<b>GED</b> 72:14
<b>federally</b> 85:12	<b>FOIAS</b> 81:5 88:17 90:9 93:3	<b>general</b> 44:3 58:22
<b>feel</b> 81:7 86:24	<b>follow</b> 21:6 44:24 47:21 48:12 80:21 132:2	<b>generally</b> 29:4
<b>feels</b> 29:10	<b>follow-up</b> 12:7 21:5 23:21 128:7 129:15	<b>generate</b> 96:17
<b>fell</b> 103:21 104:24 105:3	<b>followed</b> 80:20 81:1 86:4	<b>generated</b> 18:5 19:15, 23 57:20 58:2
<b>felt</b> 20:1 85:15 91:15 106:9 107:8	<b>following</b> 6:4 62:7 131:11	<b>give</b> 43:22 52:10 63:14 69:13 90:16 93:10,14 95:19 99:11 115:7 118:7 120:1,5,20 125:13 127:21 130:2
<b>field</b> 42:1	<b>follows</b> 6:3 13:20 84:10	<b>give-</b> 100:11
<b>fields</b> 40:19 45:17 95:15	<b>foreseeable</b> 6:2	<b>giving</b> 28:24 35:3 112:12
<b>figure</b> 43:7 61:11	<b>form</b> 6:16 17:24 18:4,5 19:11,18 38:22 39:17,18 57:23 88:17 106:6 118:22 119:21 120:10	<b>gleaned</b> 48:22 49:5
<b>figuring</b> 59:23	<b>format</b> 12:3	<b>goal</b> 72:21,22
<b>filed</b> 34:5 81:5	<b>forms</b> 16:16 18:19 20:19 48:9 57:11	<b>good</b> 5:1,19 31:11 57:6,
		<b>gosh</b> 99:21
		<b>government</b> 8:2
		<b>governments</b> 8:4
		<b>Governor's</b> 7:23
		<b>governs</b> 20:13 39:6
		<b>great</b> 56:19 77:19
		<b>greater</b> 126:7
		<b>gross</b> 96:15
		<b>group</b> 121:19,20 122:7 124:16
		<b>grouped</b> 123:6
		<b>groups</b> 67:12 70:21,22
		<b>guess</b> 44:17 49:12 57:6 64:15 76:3 90:3 91:22 106:15 114:12 123:17 124:15 127:21
		<b>guidance</b> 15:23
		<b>guide</b> 8:11
		<hr/> <b>H</b> <hr/>
		<b>half</b> 14:3 132:5
		<b>hand</b> 10:20 20:20,21 69:7,8 116:10
		<b>happened</b> 17:8 123:11 126:10
		<b>hard</b> 89:9 94:9,14
		<b>harder</b> 106:10
		<b>hardship</b> 82:9
		<b>Haymarket</b> 5:23 7:21 10:14,16 11:7 12:21,22 13:1,3,13 14:1,2,8,13,15, 16,20,24 16:12 17:4,11, 21 22:12 24:23 26:20 27:7 29:22 30:8 31:2,13 33:20,22 34:4,9,10,15 36:7,17,23 37:4,10,16 38:7,12 39:6,9,13,16 40:5,23 41:10,11,17 43:23 44:4 50:3 51:12, 14,21 52:11,15,17 53:2, 4,5,9 55:22 57:18,21 58:6,22 59:11 62:6 68:6 72:9,16,20,23 74:17

83:21 84:15,19 85:11,15, 19 86:3,17,19,22 87:2 88:7,19,20 89:22 91:4,17 93:11 96:15 97:9,10,17 98:11,16 100:12 101:12 103:8,12,20 104:17,19 105:7 106:2,18 109:3,9, 13,20 110:12,13,15,23 111:7 112:23 113:18,20 114:11,19 115:6,12,17, 18,24 116:2,6,8,13,21 117:13,22 118:4,21 119:12,22 120:1,5,7 124:15 125:9,21 126:9, 15,16,22 127:2,21 129:1 130:10	<b>hit</b> 31:3 108:11 <b>hold</b> 21:23 83:8,10 <b>Holmes</b> 5:10,11 9:14,15, 24 10:1 76:22 127:17 132:13,16 133:1,2,11,21, 22 <b>home</b> 30:7 31:3,17,19 32:3,8 33:1 61:17 66:12 69:16,20 70:10,12 71:18 72:1,2,17 85:3 86:5,7,10 88:22,23 92:10,12,19 121:17 122:3,4,19,20 123:1,2,12,21 124:18 125:1,4,15 <b>homeless</b> 87:9 107:10, 21 <b>homes</b> 16:6,7 44:1 70:21,23 71:21,24 72:5 73:3,14,21 92:19 93:9 <b>hospital</b> 18:9,12 39:20 64:4,5 <b>hours</b> 40:8 41:9 75:9 91:24 92:2 115:3 <b>housekeeping</b> 130:7 <b>hundred</b> 36:24 37:5 40:8 41:9,16 61:8 65:16 75:8 91:24 92:2 115:3 <b>hurts</b> 99:23	<b>impact</b> 34:6 79:12 115:24 <b>importance</b> 81:21 <b>important</b> 71:8 116:17 <b>inability</b> 108:15 <b>inaccurate</b> 102:7 106:18 <b>inadequate</b> 27:23 <b>inappropriate</b> 54:3 55:10 <b>incident</b> 16:15 17:2,3,18 20:5,6,18 30:17 34:13,22 36:21,22 37:3,12,14,19, 23 40:7 42:22,24 43:5,13 48:5,7,8,16 50:18 56:2 57:12,20 58:7 61:3 62:11 63:21 64:10 65:7,9,12,18 67:24 68:2,6,10,12 69:2, 5,8 75:19 76:9 91:20 96:10 98:23 101:20 103:6 104:12 118:21 <b>incidents</b> 40:13 103:12 125:22 126:7 <b>include</b> 18:20 39:16 62:20 96:2 <b>included</b> 50:12 63:6,20 112:7 <b>includes</b> 62:14,17 72:13,14 <b>including</b> 8:10 <b>inclusive</b> 124:1 <b>increase</b> 96:10 <b>increases</b> 35:22 <b>independent</b> 119:13 <b>indicating</b> 99:10 100:23 <b>indicator</b> 87:1 98:7 106:8 115:7 <b>indicators</b> 91:17 <b>individual</b> 42:5 <b>individuals</b> 58:11 62:4, 15 107:22 <b>inform</b> 18:16 <b>information</b> 8:10 14:22 15:9,10,11 16:11,13	18:10 19:15 20:2 22:14 24:5 27:8,16 28:14 29:24 30:2 38:17 41:12 42:4 43:19,21 44:5,6,7,14,16 45:2,10,21 46:3,7,9,12, 17,21 47:4,7 49:15 50:13 51:22,24 58:3 60:3,17 63:5,24 64:22 65:2 66:24 69:3,12 75:3,10 80:11 81:4 83:22 84:22 85:1 86:2,11,13,21 90:7 91:10,21 92:7 94:13 112:23 113:11 115:17 118:5,10 127:12 130:15 <b>informed</b> 85:5,22 <b>initial</b> 88:9,12 89:1 101:17 112:3,8 116:5 <b>inpatient</b> 11:21 <b>inquire</b> 24:9 <b>instances</b> 58:14 64:13 <b>instruct</b> 54:7 <b>instructed</b> 43:22 <b>instructing</b> 114:19 <b>instructions</b> 16:8 44:23 <b>insurance</b> 75:12 <b>intake</b> 17:10 <b>integration</b> 70:11 <b>intensive</b> 11:20 21:21 22:3 <b>intent</b> 96:2 106:13 107:3 <b>interested</b> 8:15,18 34:6 <b>interface</b> 49:14 <b>interference</b> 89:17 <b>interject</b> 24:2 <b>interjected</b> 23:19 <b>internal</b> 13:7,9,14 14:14, 21 15:1,8 16:12,14 20:17 50:21 84:17 91:6 <b>internally</b> 126:9 <b>internet</b> 99:13 <b>interplay</b> 54:23 <b>interrupt</b> 19:2 24:1
---	---	---	--

<b>interrupting</b> 71:22	13 99:1,5 132:21,23	<b>left</b> 94:19	<b>Loop</b> 12:24 13:6 14:16,
<b>introduce</b> 10:9 77:8	133:1,3,5,17,19,21,23	<b>legal</b> 6:24 7:9,10,14 8:22	21 30:12,14 33:20 34:10,
78:13 130:8	134:1	<b>legally</b> 8:17	15,18,23 36:17,23 37:4,
<b>introduced</b> 27:18 78:11	<b>kind</b> 52:7 74:22	<b>legs</b> 43:8	10 38:7 39:6 43:23 49:3
<b>introduction</b> 13:23	<b>Kissel</b> 6:4 10:15 11:3	<b>legwork</b> 47:13	52:11,17 53:5,9,16 55:22
<b>investigation</b> 61:16	12:1,17 13:15,17,23	<b>lessons</b> 75:15	73:18 96:10 97:12 98:24
<b>invite</b> 65:22 76:24	21:11 22:17 23:20 24:4	<b>letter</b> 130:11,12	101:14,19 104:12 106:2,
<b>involve</b> 17:9	26:23 27:8,18 28:7,14,23	<b>level</b> 82:4 107:17 116:19	18 109:13 110:2,13,23
<b>involved</b> 14:8 43:8	29:8,19 36:3 45:15 55:19	<b>levels</b> 31:16	111:7
<b>involvement</b> 29:5,15	56:8,20 57:6 74:11,14	<b>liable</b> 46:22	<b>Loop's</b> 51:12 53:2
<b>Irving</b> 5:24 9:10	75:5,18 76:12 77:5,11	<b>life</b> 72:18	<b>lost</b> 83:8 99:2
<b>issue</b> 12:12 14:11 33:24	80:1,24 83:20 92:15	<b>light</b> 13:3	<b>lot</b> 8:10 15:10 30:20,22
45:24 79:16 81:18 82:2	93:13 95:16 113:24	<b>limit</b> 61:16 93:9	108:23 125:10
102:21 103:22	117:6 118:9 120:20	<b>limitations</b> 16:19 17:18	<b>louder</b> 78:3
<b>issues</b> 27:1 29:15 75:22	122:4,10 123:24	19:10,13	<b>lower</b> 70:6 115:5
79:22	<b>Kissel's</b> 12:8 27:22 28:9	<b>limited</b> 22:22 29:14 35:3	<b>lump</b> 69:17
<b>Itasca</b> 5:2 22:12 34:1,5	29:15 118:3	<b>limiting</b> 27:13	<b>lumped</b> 73:11
52:15 53:16 69:22 70:14,	<b>KLOA</b> 32:11	<b>list</b> 17:16 39:24 130:10	<b>Lustig</b> 11:4,10 13:8
17 71:10,15 73:5,22	<b>knew</b> 47:20 50:15 51:11	<b>listed</b> 66:14	20:10 22:17 23:8,17 26:5
96:17,23 97:13 106:3	52:15 80:18,19 122:22	<b>listen</b> 114:8	27:1 28:6,8 51:4 56:3
107:15,20 110:15 115:11	<b>knowing</b> 22:23 53:1	<b>listening</b> 118:9	76:13 79:8
	125:24	<b>litigation</b> 54:8,12,13	
	<b>knowledge</b> 48:15	83:7,15	<b>M</b>
	<b>KPIS</b> 75:12	<b>live</b> 32:24	<b>made</b> 13:5 36:11 84:16
<b>J</b>		<b>lives</b> 76:16	124:16
	<b>L</b>	<b>LLC</b> 5:23	<b>main</b> 104:20
<b>James</b> 6:5 13:8 36:3	<b>laceration</b> 74:21	<b>loaded</b> 38:24	<b>maintain</b> 13:4 31:11
51:22 74:1 84:7	<b>lack</b> 79:15	<b>local</b> 8:4	67:9
<b>January</b> 12:21 34:12,19	<b>large</b> 8:8 107:18 125:17	<b>located</b> 88:13	<b>maintained</b> 66:5 67:11
35:14 80:15 84:15	<b>largely</b> 52:1 116:2	<b>location</b> 5:23 60:4	<b>make</b> 6:11 7:17,20 11:1
<b>Jennifer</b> 80:6	<b>larger</b> 87:15 97:13 98:2	69:22,23 70:9 77:13	25:21 31:6 44:18,21
<b>Jim</b> 14:18 53:15,18	<b>late</b> 82:14 84:15	94:17 103:12,18 105:1	54:13 56:16 78:20 80:9
114:9	<b>latest</b> 56:1 112:10	<b>locations</b> 73:16	81:16 102:18 124:23
<b>job</b> 7:15 71:6,7 72:5,6,	<b>law</b> 20:13 45:11	<b>locked</b> 52:18	130:4 132:10
14,18 104:10 115:22	<b>lawyers</b> 83:15	<b>long</b> 14:1 33:22 40:6	<b>makes</b> 19:4 119:9
<b>John</b> 64:4	<b>lay</b> 102:3,4,9	<b>looked</b> 30:11,21 35:9	<b>making</b> 106:22 116:1
<b>join</b> 80:5,7	<b>League</b> 130:12	42:8 44:16 46:14 50:15,	<b>manageable</b> 51:10
<b>joins</b> 99:6	<b>learn</b> 118:3,8	20 59:5 87:11 89:3 90:23	<b>manner</b> 117:15
<b>jump</b> 14:11 108:10	<b>learned</b> 75:16 105:14	104:4 105:24	<b>manual</b> 13:13 14:13
	116:8 118:2 125:10		15:22
<b>K</b>	<b>leave</b> 27:9 63:19 72:23		<b>manually</b> 13:10 40:12
<b>Karen</b> 6:4 10:15 13:17	<b>leaves</b> 39:11		<b>March</b> 5:2,20 132:12
56:10 77:12 80:23			<b>Mary</b> 10:14 99:23 100:1
<b>KHAN</b> 5:6,8,10,12,14			
9:20,22,24 10:2,4 83:8,			

<b>masks</b> 55:6	<b>mind</b> 11:8 43:12 56:10	11 90:10 92:7 93:3,8	24 11:16,24 12:17,19
<b>material</b> 81:23	<b>minutes</b> 56:7,11 127:24	94:9 109:7 113:14	13:22 19:8,9 20:22 22:15
<b>materials</b> 15:7 26:21	<b>miraculously</b> 91:19	114:13 121:22	23:4,10,14,24 25:2,19
<b>math</b> 97:3,16	<b>mislead</b> 97:3	<b>NOLFO</b> 21:4 56:12 57:3,	26:22 28:3 29:8 31:20,22
<b>matter</b> 7:5 29:4 55:10	<b>misleading</b> 96:19	5 65:19 78:17,22 82:16,	32:10,16 33:16 45:6,10
71:12	<b>misplaced</b> 79:6	21 83:3 87:21 88:2 90:2	53:20 54:8,11 55:15
<b>matters</b> 28:21	<b>miss</b> 99:4	99:3,7,15,17,23 100:5,9,	56:6,9,19,21 71:1 76:24
<b>mayor</b> 34:8	<b>missed</b> 101:5	21,24 101:2,10,22 102:3,	77:2,7,10,12,19 78:7
<b>means</b> 18:20	<b>mistake</b> 116:1	22,23 107:24 111:17	80:8,10 82:2,24 84:4,12
<b>meant</b> 22:18 106:6	<b>mixed-use</b> 9:8	129:17 131:7,14	87:16 91:5 99:2,9,12,20
<b>measure</b> 130:7	<b>modifier</b> 110:20	<b>noncompliance</b> 61:12	100:1,7,14 101:5,9,21,24
<b>measures</b> 109:11	<b>moment</b> 99:11	<b>normal</b> 68:10	102:13 119:16 127:23
<b>medical</b> 16:15,17 17:5	<b>monitoring</b> 6:19	<b>North</b> 119:4,7	128:2,4,6,11,14 129:12
18:4,6,8,11,14,16,17	<b>months</b> 66:24 79:9	<b>Nos</b> 130:21	130:2,6,23 134:7
19:16,22,24 21:21 22:3,	<b>motion</b> 9:12 10:6 130:4	<b>note</b> 55:10	<b>O'Keefe's</b> 79:4
20 33:11 38:18 39:10,12	132:10,17 133:7,9 134:3	<b>notes</b> 40:3 53:21 54:17	<b>oath</b> 55:3 80:23,24 94:21
40:3,13,16,19,22,24	<b>mouth</b> 11:18	55:16 64:8 100:19	95:2,8
58:4,7,11 64:2,8 69:11	<b>move</b> 8:2 11:11 17:24	<b>number</b> 9:5 14:14,20	<b>object</b> 22:15 26:22 27:3
70:18 71:14	24:12 54:14	15:4,6 30:10,21 31:1,2	71:1 79:13
<b>medications</b> 18:18	<b>moved</b> 9:14 52:8 132:13	36:16 42:24 43:22 50:11	<b>objection</b> 23:11 24:3,7,
<b>meet</b> 7:23	133:11	51:9,10 52:10 59:6,14	10 32:10 78:18,21,23
<b>meeting</b> 5:2,3 13:1	<b>moving</b> 6:2 75:11 76:6	62:14 64:20 65:2 68:2	79:13,14 81:12 82:13
56:17 130:5 133:8	<b>multiple</b> 97:24 108:20	74:16 78:11,12 81:24	84:3 101:21,24 102:14,
<b>meetings</b> 6:2 12:21	<b>mute</b> 89:22	82:1,13,23 83:3 84:18	18
<b>member</b> 19:19 65:17	<b>NAACP</b> 130:13	85:3,18,22 86:3,5,16	<b>objections</b> 27:12 80:3,
<b>members</b> 44:13,15	<b>Narcan</b> 130:17	89:6,7,12,13 90:7,10,12,	5,7
121:20 122:8 124:16	<b>national</b> 125:18	17,20 91:1 93:24 94:2,3,	<b>objectors</b> 7:16
<b>memo</b> 120:21	<b>natural</b> 23:21	22,23 95:2,4,5,8,20,23	<b>observation</b> 81:17
<b>men's</b> 66:11,12 70:7,19	<b>nature</b> 17:5 24:3,7 27:24	96:16 97:6,8,9,19,21,23	<b>obtain</b> 31:19 32:4 84:23
71:16,18,23 73:3	55:9 116:14	98:2,3,4,16 100:11,15	<b>obtained</b> 83:21 114:10
<b>mentioned</b> 120:6	<b>navigating</b> 41:19,21	101:11 102:8,11,21	<b>obvious</b> 116:16
<b>mentions</b> 69:4	<b>necessarily</b> 39:8 75:18	105:15,19 109:7,8,10	<b>occur</b> 12:23
<b>Messrs</b> 131:4	89:5 111:2	112:7,12,24 115:6,8,11	<b>occurred</b> 14:15
<b>met</b> 13:1	<b>necessary</b> 127:22	118:20 119:7,11,12	<b>October</b> 36:9 52:24 79:8
<b>method</b> 8:1 88:9 127:5	<b>needed</b> 59:6 62:4,9,15,	121:21 122:5,10,15	<b>odds</b> 119:11
<b>metrics</b> 75:13	17,20 116:19	123:10,18 124:1,5,6,9,23	<b>office</b> 67:16
<b>microphones</b> 55:7	<b>NFIRS</b> 81:5 88:17 89:2,	125:15,17 126:7 127:2	<b>officer</b> 47:6 59:21 60:21
<b>middle</b> 55:16		128:21 130:12,14,15	<b>onset</b> 38:11
<b>midst</b> 55:1		<b>numbers</b> 11:6 15:12	<b>open</b> 9:13 10:7 22:18
<b>midstream</b> 23:16		42:9 49:2 50:19 79:20	23:7
		96:10 98:24 101:20	<b>open-ended</b> 24:10
		103:6 104:12 107:1	<b>opening</b> 7:1
		109:3,5,6,12,14 114:11	<b>operator</b> 106:6 111:2
		117:6 120:12,18 122:23,	<b>opined</b> 97:23
		24 123:4 125:3,7,12,13	
		<b>nurses</b> 12:2	
		<b>O</b>	
		<b>O'KEEFE</b> 10:8,11,13,23,	

<b>opinion</b> 88:18 90:16 106:24	<b>parking</b> 30:20 31:4	<b>perform</b> 79:9	<b>Polaris's</b> 78:9
<b>opinions</b> 86:22	<b>part</b> 16:17 20:15 25:23 35:14 41:8 42:11 43:10 45:24 47:8,11 49:11 51:13 60:8,20 72:10 75:20 107:20 113:5	<b>performed</b> 114:16	<b>policy</b> 31:1,6,7 37:10,13, 17,21,22 39:5,9,13,15 45:12
<b>opportunity</b> 8:12 23:8 27:9 28:4,20,24 55:5	<b>participating</b> 77:14	<b>period</b> 90:12 91:21 93:15 120:19	<b>pool</b> 50:14
<b>options</b> 66:7	<b>particular</b> 24:5 27:17,18	<b>permit</b> 9:8 31:4	<b>population</b> 62:6 107:10
<b>order</b> 5:3 9:3,8 26:8 38:17	<b>parties</b> 6:15 8:15 79:2	<b>person</b> 7:24 23:2,19 31:4 44:4 47:3,5 52:18 60:15	<b>populations</b> 87:9
<b>orders</b> 7:23	<b>party</b> 8:18	<b>person's</b> 46:19	<b>portion</b> 47:10
<b>ordinary</b> 57:15 61:3	<b>pass</b> 31:4 55:16	<b>personal</b> 46:3,6,9,11	<b>posed</b> 16:19
<b>organization</b> 31:16 75:11 76:6	<b>passed</b> 55:11	<b>personally</b> 26:15,18 34:16 41:7 42:6,23 76:1	<b>position</b> 14:4 79:4,6 96:6 104:3 106:20 112:15,20 113:3
<b>original</b> 48:21 86:18 96:21 105:14 115:5,9 116:24	<b>pasted</b> 119:20	<b>personnel</b> 109:4	<b>possibly</b> 8:15
<b>originally</b> 49:20 96:22 106:11 109:21 116:24	<b>path</b> 52:5	<b>petition</b> 7:14,21 8:1 9:6	<b>Post-it</b> 120:14
<b>outcome</b> 87:14 104:8	<b>patient</b> 18:6,7,9,14 19:14,18,20,21,22 21:13 30:18 38:2,11 39:11,19 40:3,5,14,15,21 41:18 42:5 46:14 51:5 57:24 58:2,21 59:24 65:15 69:10 93:5 103:19 105:3 113:22 114:1,3,6,7,10 122:6 123:15 126:22	<b>petitioner</b> 5:22 6:3,14 7:16 8:15 13:18 28:1,5 84:8	<b>potential</b> 33:23
<b>outlined</b> 86:23	<b>patient's</b> 16:17 18:17 31:11 40:16	<b>petitioner's</b> 78:15 130:21	<b>potentially</b> 131:20
<b>outpatient</b> 61:22 62:3, 14 63:7	<b>patients</b> 12:2 17:10 22:1 30:13 32:8 41:18 48:16 59:15 61:17 62:6 63:19 65:14 72:9 92:10 113:21 114:5 121:24 123:13 124:12	<b>phones</b> 36:12	<b>practice</b> 90:15
<b>overdose</b> 130:16	<b>pause</b> 99:1	<b>physically</b> 38:16 40:2	<b>prefer</b> 12:10
<b>overrule</b> 71:12 81:14 82:13 84:2	<b>PC</b> 5:21 9:5	<b>picked</b> 20:6	<b>preferred</b> 7:24
<b>overruling</b> 81:24	<b>PDF</b> 128:22	<b>picture</b> 114:23	<b>prejudice</b> 82:5,14,18,23
<b>overview</b> 13:16 18:3	<b>people</b> 17:10 20:6 40:2 41:14,15,20 43:3,9 47:14,18 48:23 49:6 50:17 51:15 63:20 65:9, 10 66:18,19 75:8,23 81:1 92:24 116:9	<b>piece</b> 54:1	<b>preparation</b> 26:20 27:23 29:5
<b>owe</b> 23:11	<b>percent</b> 30:6,10,24 31:2 32:13 36:24 37:5 61:2,8 65:16 96:9 125:6,12,15, 20	<b>pipe</b> 17:5	<b>prepare</b> 29:10 88:8
<b>owner</b> 5:22	<b>percentage</b> 37:2,7 61:12 105:11 124:22	<b>plan</b> 5:2,21 6:5 7:4,13, 17,19 8:7,21 9:4,7 14:18 24:17 25:22 26:2,7,9 27:14,16 28:20 30:12 72:10,11,13 74:10 76:20 81:19,22 83:16 84:18 127:15 131:8 132:9	<b>prepared</b> 17:3 36:22 37:3,5 61:4 72:23 95:19 128:16 129:7
		<b>planned</b> 9:6 38:6 131:9	<b>preparing</b> 91:10
<hr/> <b>P</b> <hr/>		<b>pleasure</b> 88:5	<b>present</b> 5:18 10:15 11:5 14:12 18:11 26:24 28:7 29:1 131:2,18
<b>p.m.</b> 134:9		<b>point</b> 28:1,12 29:6 52:24 58:8,9 74:9 77:1 90:3 97:2 111:11 117:2 123:17 129:24	<b>presentation</b> 6:12,15 52:9 71:3
<b>pages</b> 40:10,11,15		<b>pointed</b> 102:8	<b>presented</b> 8:14 26:24 28:5,8,19,22 51:22 78:12 80:12 81:8 83:1
<b>pandemic</b> 7:22 8:8		<b>points</b> 29:9	<b>presenting</b> 26:23 38:19 131:8
<b>paper</b> 40:24 54:1		<b>Polaris</b> 13:13 86:23 130:14	<b>president</b> 10:16 13:24 14:5,8
<b>papers</b> 41:10			<b>presume</b> 23:23
<b>paperwork</b> 118:16			<b>pretty</b> 11:24 17:15 21:18 93:6
<b>paramedics</b> 37:12,19 107:15,16			
<b>parameters</b> 92:4			
<b>park</b> 5:24 9:11 31:4			

<b>previous</b> 86:9 108:20 125:2,5,7	105:13 115:23	<b>put</b> 11:17 39:1 43:16 49:6 107:20	<b>rate</b> 70:2
<b>previously</b> 96:1 116:13 123:1	<b>projector</b> 107:9	<b>putting</b> 72:15	<b>rates</b> 75:12
<b>prior</b> 34:12,19 91:10	<b>proportioned</b> 122:16	<hr/>	<b>ratio</b> 11:21 12:1 21:13,20 22:2,20 28:19 87:14 97:16
<b>privacy</b> 79:23	<b>proposed</b> 22:12 32:24 53:16 96:16,24 97:13	<b>Q</b>	<b>ratios</b> 23:18,21 24:9,20
<b>problem</b> 56:12 80:2 99:10,16 102:11 126:8	106:3 107:21 110:3,14 120:2	<b>qualification</b> 15:5	<b>raw</b> 83:5 88:13 122:10
<b>procedure</b> 6:6 39:9 54:14	<b>protect</b> 7:15	<b>qualifications</b> 15:7 81:1	<b>Ray</b> 5:14
<b>procedures</b> 6:1 8:7 104:24	<b>protected</b> 20:11,12,13 45:11,20 85:12 123:15	<b>quality</b> 75:20	<b>re-</b> 71:18
<b>proceed</b> 12:18 29:16 78:6 100:22 108:7 128:12 131:6	<b>protections</b> 79:21	<b>question</b> 11:4,10,14,16 13:3,11 14:19 17:20 21:5,12,16 22:16,19 23:5,7,8 24:4,6 25:2,20, 24 26:8 28:16,18,21 29:2,4 31:23 33:18 34:4 35:1,20 43:12 48:2,14,20 52:17,22 53:18 60:21 63:11 65:6 67:21 75:6 76:4 79:5,7 80:21 86:20 93:7 95:3 96:2 100:8,9 102:20 103:5 107:4 110:7,9,10,18 111:1,17, 18,20,24 113:22 115:16 118:19 119:14 122:9 124:3,4,20 127:9 128:8	<b>re-acclimate</b> 72:12
<b>proceeded</b> 16:7	<b>protects</b> 79:23	<b>question's</b> 94:24	<b>re-disclosed</b> 46:22
<b>proceeding</b> 6:8 7:9	<b>protocols</b> 95:14 113:6	<b>questioning</b> 76:4 84:5 99:18 116:4,16,18	<b>re-disclosure</b> 47:10 60:9
<b>proceedings</b> 6:9,20 7:13 134:8	<b>provide</b> 8:13 13:16 14:14 15:14 16:13 18:2, 13 26:21 36:6 38:12 39:23 42:3 43:18 45:12 52:16 83:23 85:6 86:3 92:6 114:13 115:22 130:24	<b>questions</b> 6:14 8:12 12:7 16:21 19:11 20:23 21:18 23:9 24:19 26:3,10 27:3,17,20 28:2,5,6 57:8 59:20 66:1 67:15 74:5,10 76:19,21 78:8 80:14 84:14,18 87:16 98:11 111:4 114:19 127:13,16, 20 129:13,16,18,20,21	<b>reach</b> 15:22
<b>process</b> 8:20,22 16:2 24:16 25:8,23 44:22,24 47:20,22 48:4,12 68:19 81:1,2 109:15 112:13 113:1	<b>provided</b> 19:16 28:10 37:1 39:24 43:21 48:21 49:4 71:4 79:18 82:22 83:21 85:20 90:11 93:8 94:23 95:4,17 96:7 101:16 109:8 112:19 113:7 114:11,16 117:6 119:12,22 122:18 126:15	<b>quick</b> 89:22	<b>reached</b> 16:1
<b>produce</b> 67:17,19 80:20	<b>provider</b> 18:11 19:16,24 38:18,22,23 39:12,20	<b>quorum</b> 5:18	<b>read</b> 111:22,24
<b>produced</b> 11:7 15:16 24:15,22,24 25:11,13 26:3 27:6 81:6 96:23	<b>providing</b> 30:2 47:9 94:17 107:16	<hr/>	<b>readiness</b> 72:6,14
<b>professional</b> 18:17 38:18 70:20	<b>public</b> 6:9,11 7:14,16 8:11,13 9:4,13 10:7 25:1, 8,23 27:14 78:9 132:11	<b>R</b>	<b>reading</b> 29:19,20
<b>program</b> 22:9,10 26:7 31:12 45:18,21 46:10,12 47:1 66:6,8,9,14 69:12, 14,15 70:6,7,11,14 71:7 73:6,12,23 74:17 75:20 130:17	<b>publicly</b> 60:3	<b>raise</b> 10:19 29:11	<b>ready</b> 72:18 77:8 128:9 131:17
<b>programs</b> 69:14,16,17, 21 70:2,12,16 72:8 73:5, 15,18 74:15 122:2 124:7, 10	<b>published</b> 64:9	<b>raised</b> 78:24 79:5,7 80:15 102:11,21	<b>real</b> 89:22
<b>project</b> 14:9 33:17 35:3, 14 41:8 43:9 49:12,21 75:18 87:15 105:14	<b>pull</b> 14:21 75:2	<b>ran</b> 51:8	<b>realistic</b> 115:23
<b>projection</b> 98:10 115:6 116:5	<b>pulled</b> 127:5	<b>range</b> 71:11	<b>reality</b> 61:6 125:17
<b>projections</b> 96:21	<b>purpose</b> 13:4 15:16 16:24 18:3,13 22:15 26:23 73:2 80:13 81:15		<b>realized</b> 116:17
	<b>purposes</b> 15:19 29:22 103:5		<b>reason</b> 102:13 107:5 109:1 112:7
	<b>pushed</b> 106:10		<b>reasonable</b> 15:13 42:3 51:10

<b>recognized</b> 8:17	<b>reflect</b> 38:21	<b>repeat</b> 7:7 31:23 63:15 111:13	<b>residential</b> 9:8 16:6 43:24 61:17,24 66:10,11 69:20 70:19,20 71:16,17 73:14,21 85:4 86:6,7 92:9,19 93:10 121:16 123:21 124:17,19,24
<b>recollection</b> 30:1 128:24	<b>reflected</b> 50:3 63:21 119:7	<b>reply</b> 94:8	<b>residents</b> 32:3,24 51:15
<b>recommendation</b> 7:18 31:10	<b>refresh</b> 128:23	<b>report</b> 14:19 17:2,3,7,22 25:13 26:20 27:6 29:5, 21,23 30:3 32:11 36:22 37:3,12,14,19 43:20 47:17 48:21 51:24 57:12 61:3 63:6,21 64:11 65:7, 9,12,18 69:2 73:20 78:18 79:11 80:13 81:6,8 86:23 88:7,9,10,12 89:1 91:10, 22 94:8 95:18 96:21 106:7 109:22,23 111:9 112:11 115:9,10 116:5 122:17 127:1,4,8	<b>resource</b> 22:7 24:14
<b>recommending</b> 7:20	<b>regard</b> 29:21 33:24 35:2 42:9 50:10 88:11 109:12 118:21 120:4	<b>reported</b> 61:10 103:8	<b>respect</b> 8:22 27:11 28:19 73:1 78:21 81:11 82:9 83:18
<b>reconcile</b> 117:15 125:22,23 126:2,8	<b>regarding</b> 86:21	<b>reporter</b> 7:10 10:10,19 19:2,7 23:12 35:19,23 77:23 78:2,5 87:4 89:8, 15,17 111:12,19,23	<b>respond</b> 13:10,15 75:24 80:14 84:17
<b>reconciled</b> 113:15 126:12	<b>Regardless</b> 73:22	<b>reporting</b> 104:23 113:6	<b>responded</b> 40:4 69:4 95:16 108:22
<b>reconciliation</b> 104:9,11 113:10,12 114:16 117:5, 15,21 123:14 126:21	<b>register</b> 102:14	<b>reports</b> 15:8,12 16:15 17:18,19 20:5,6,18 25:10 34:13,14,22 36:21 37:23 40:7 42:22 43:1,5,13 44:10 48:5,7,8,16 50:18, 21 56:2 57:20 62:11 67:24 68:2,6,11,12 69:5, 9 75:19 76:9 81:21 88:17 91:20 118:22 126:24 127:11	<b>responding</b> 23:11
<b>reconvene</b> 134:5	<b>regular</b> 131:12	<b>representatives</b> 13:1	<b>response</b> 26:2 73:19 79:4 80:9 89:13 90:10 93:5 103:19
<b>record</b> 7:12 8:21 16:18 18:6,14 19:22 40:3,16, 19,22 42:5 64:8 69:11 78:11,13,19,21 80:9 102:5,14,15,17,18 128:3, 20 130:8,19	<b>regularly</b> 68:13	<b>request</b> 9:5 13:15	<b>responses</b> 11:6 13:5 14:15,23 15:2 17:20 19:12 36:17 43:23 85:19, 21,23 86:5,7,8,21 91:8 94:11 113:16 123:10 124:12 127:11
<b>records</b> 13:4,8 40:14,24 41:18 51:5,7 63:18,23 64:2 66:16 75:9 80:16 119:13	<b>reject</b> 108:23	<b>requested</b> 109:9	<b>responsibilities</b> 68:10
<b>recovery</b> 16:7 30:7 31:3, 17,18 32:3,8,14,24 44:1 61:17 66:12 69:15,20 70:10,11,21,22 71:18,24 72:1,2,5,17 73:14,21 85:3 86:5,6,10 88:22 92:10,12,19 93:9 121:17 122:3,19 123:1,12,21 124:18,24 125:4,15	<b>rejecting</b> 106:19 108:16	<b>requesting</b> 24:4	<b>responsible</b> 65:7,10
<b>redact</b> 67:18	<b>rejoin</b> 56:18	<b>requests</b> 92:8	<b>responsive</b> 14:17 51:21 52:21 80:22 81:10
<b>redirect</b> 77:1,2 102:12 127:21 128:13	<b>relate</b> 78:9	<b>requirements</b> 79:1	<b>restate</b> 11:14 112:21
<b>reduce</b> 97:10	<b>related</b> 12:7 28:22 55:13 114:21	<b>requires</b> 37:18 39:15	<b>result</b> 59:23
<b>reduced</b> 86:15,16 96:20	<b>relates</b> 24:3 60:8	<b>requiring</b> 37:11	<b>resulted</b> 86:19 103:18
<b>reduces</b> 115:8	<b>relating</b> 24:9	<b>research</b> 91:6 98:7 105:14 113:20 125:2,5,8, 11	<b>resumed</b> 84:9,11
<b>reducing</b> 40:12	<b>release</b> 46:23 47:7 58:23	<b>researching</b> 109:16	<b>retained</b> 52:2
<b>refer</b> 18:20 128:15,17	<b>released</b> 18:10 38:17 58:3		<b>retroactively</b> 39:1
<b>reference</b> 80:17	<b>relevant</b> 71:5		<b>returned</b> 64:4
<b>referral</b> 16:16 18:4	<b>reliability</b> 52:3		<b>revealed</b> 119:3
<b>referred</b> 22:17	<b>reliable</b> 34:15 50:23,24 116:22 117:7		<b>review</b> 13:13 14:14,24 15:22 16:13 40:6 41:14 42:11,14,16,20,23 43:13 44:22 48:23 56:1 68:13, 15 84:16,24 85:13,16 96:12 109:19,20
<b>referring</b> 24:6 49:22	<b>reliance</b> 16:20		<b>reviewed</b> 13:10 15:11, 12 20:17,18 26:9 50:17
	<b>relied</b> 29:22 30:6 47:16 53:6 81:4		
	<b>relying</b> 17:19 19:10 88:14 90:17 94:8		
	<b>remarks</b> 7:1		
	<b>remember</b> 99:20 117:10 118:12		
	<b>remind</b> 19:3		
	<b>remote</b> 6:18		
	<b>remotely</b> 6:8 77:14		
	<b>renew</b> 78:24		

85:12 86:13	<b>segmentation</b> 74:19	<b>simple</b> 48:14	85:12,24 101:16 117:7
<b>reviewing</b> 42:13 43:4 68:10	<b>segmented</b> 74:16	<b>simply</b> 85:23 93:5	<b>speak</b> 19:3 44:12 78:2
<b>rights</b> 7:15	<b>seizure</b> 38:9	<b>single</b> 73:19	<b>spearhead</b> 55:24
<b>road</b> 5:24 9:11 107:6	<b>selected</b> 93:20	<b>sir</b> 48:9 88:5,11 103:23 108:1 131:2	<b>special</b> 9:6 55:3
<b>role</b> 35:2,3 68:5,9	<b>senior</b> 10:16 13:24 14:5, 7	<b>sit</b> 94:20	<b>specific</b> 21:18 22:11,16 24:6 26:10 29:14 30:5,24 34:24 55:21 60:9 90:8
<b>roll</b> 5:5	<b>sense</b> 66:17	<b>site</b> 9:7 87:15 89:14 90:12 108:19 111:3 123:11,12	<b>specifically</b> 28:23 37:18,22 50:20 55:24 60:21 117:14
<b>room</b> 42:12 55:4	<b>sentence</b> 87:5	<b>sites</b> 16:4 35:13 52:6 63:3 87:7 91:16 96:4 106:8 123:2,3	<b>spending</b> 74:24
<b>Roselle-bloomingle</b> 130:11	<b>separate</b> 12:13 16:9 67:10,12 69:17 76:10	<b>sitting</b> 53:22	<b>spent</b> 41:9,16 75:8
<b>roughly</b> 103:7	<b>separated</b> 25:17	<b>situation</b> 38:13 65:11	<b>split</b> 123:23
<b>rubric</b> 44:17	<b>sequentially</b> 66:19	<b>situations</b> 107:18	<b>spoke</b> 117:16
<b>ruled</b> 82:3	<b>service</b> 72:7 107:17	<b>size</b> 86:16 97:10 125:16	<b>spot-check</b> 68:1
<b>rules</b> 6:6	<b>services</b> 33:9 53:3 62:15,18,21 92:24	<b>skills</b> 72:16	<b>spread</b> 102:5 124:18
<b>ruling</b> 82:15	<b>session</b> 7:6 132:5,6	<b>slips</b> 75:21	<b>spreadsheet</b> 45:1,4,8, 16,17 47:13,17 48:22 49:5 66:5,17,23 67:1 76:10 119:24 120:5,6,7 121:1
<b>rulings</b> 83:16	<b>set</b> 92:4	<b>slow</b> 8:19	<b>spreadsheets</b> 67:20
<b>Russo</b> 5:12,13 10:2,3 133:3,4,23,24	<b>setting</b> 30:16,17 54:3 71:15 73:7 75:12	<b>small</b> 125:16	<b>staff</b> 6:14,18 14:13 17:10 19:19 21:24 22:8,9 25:17 26:6 28:19 36:11 39:10 44:13,15 65:17 66:15 123:5 124:16
<b>résumé</b> 72:15	<b>share</b> 45:11 82:14	<b>Smith</b> 64:4 65:22,24 66:3 71:5,19 74:5,8 80:6 121:10,12,14 122:10 123:9 127:13 129:21 131:5,17,22	<b>staff-to-detox</b> 21:13
<b>S</b>	<b>shared</b> 63:4	<b>Smith's</b> 132:2	<b>staff-to-patient</b> 11:21 12:1 21:20 22:2,19 23:18 24:20
<b>sadly</b> 36:10	<b>sheet</b> 59:20 60:6 75:4 120:21	<b>social</b> 71:15 73:7	<b>staffing</b> 23:21 24:17 25:12,22
<b>safety</b> 78:9	<b>sheets</b> 67:7	<b>society</b> 72:13	<b>stairs</b> 74:22
<b>sample</b> 125:16	<b>shift</b> 21:15,16,22,24 22:4,9,20 23:1,18,22 24:20 26:8	<b>sole</b> 13:4	<b>stand</b> 84:9
<b>Sangamon</b> 104:21 119:4,7	<b>shifts</b> 22:24	<b>solely</b> 17:19 106:24 113:11	<b>standing</b> 31:11
<b>saving</b> 76:15	<b>shock</b> 116:12	<b>solutions</b> 78:9	<b>start</b> 10:17 11:8 21:5,11 39:24 72:12 74:12 77:20 87:4 111:12 126:13 127:7
<b>schedule</b> 22:8	<b>shocked</b> 116:15	<b>someone's</b> 38:9	<b>started</b> 11:9 106:11 110:10
<b>school</b> 72:6 131:18	<b>shorter</b> 82:8	<b>sort</b> 50:16 74:18 77:1	<b>starts</b> 12:9
<b>scope</b> 27:4,11 32:12	<b>showed</b> 126:3	<b>sorts</b> 83:16	
<b>screen</b> 77:16	<b>shows</b> 65:2 96:9 98:23 101:13,19	<b>sounded</b> 91:3	
<b>search</b> 40:19,20 41:11 69:9 72:6 92:5 126:10	<b>sign</b> 6:12 38:16 58:22 59:1	<b>sounds</b> 91:22 99:7	
<b>searchable</b> 41:6 69:6	<b>sign-up</b> 6:16	<b>source</b> 28:15 68:16,24 116:4,23 117:19 126:15, 16	
<b>searched</b> 41:22 127:10	<b>significance</b> 7:10	<b>sources</b> 51:8 65:4	
<b>secondary</b> 67:6	<b>significantly</b> 65:2		
<b>secretary</b> 5:4 9:18 132:19 133:16	<b>similar</b> 60:5 93:6 119:23		
<b>seek</b> 32:4			

<b>state</b> 8:3,4 78:19 81:17	<b>supervising</b> 43:3 49:12	51:4 52:3,14 79:11,12 80:23,24 84:10 96:1 97:24 98:19 103:4 106:4 107:1,2,4 109:24 110:1 122:4 123:1	<b>time-consuming</b> 51:7
<b>stated</b> 130:14	<b>supplemental</b> 82:3,12 88:7		<b>times</b> 7:7 19:20 59:7 96:15 97:5,6,12,22 100:16 129:3
<b>statement</b> 36:14	<b>support</b> 27:6 82:22 130:11,13	<b>testify</b> 11:12 35:11 63:2 74:15 88:6 94:21 95:1,7	<b>today</b> 5:19 33:16 78:24 88:6 94:20
<b>statistics</b> 130:16	<b>supporter</b> 130:10	<b>testifying</b> 25:7	<b>told</b> 24:21 45:23 47:6,8 48:11 59:21 60:1,22 61:24 62:13 64:20 90:6 92:9 93:23,24 94:3 95:12 116:13 118:6 123:22
<b>statute</b> 8:3	<b>surprise</b> 65:1 101:18 119:6	<b>testimony</b> 7:11 11:5 12:8,9 20:9 26:24 27:14 28:10 33:1 55:17 60:24 61:15 71:5 72:4 77:5 79:17 81:9 90:4 91:16 96:22 108:20 112:3 115:16 116:21 118:3 126:18 130:1,24	<b>tonight</b> 5:15 6:1 10:15 13:16 26:3,13 108:14 110:1 118:2,3,8
<b>stay</b> 32:8	<b>surprised</b> 65:5 98:22	<b>text</b> 99:9	<b>total</b> 30:21 68:1 118:20 121:21 122:5,15 123:9 124:5,9
<b>step</b> 15:21 72:18	<b>sustain</b> 24:10	<b>thing</b> 46:18 59:18 102:6 109:10 119:15 126:11 129:1	<b>town</b> 34:6
<b>step-by-step</b> 8:11	<b>swear</b> 77:8,23	<b>things</b> 75:21 89:23 123:14	<b>track</b> 15:10 17:23 51:15 53:5 66:5 73:12 76:11 85:11 117:24
<b>steps</b> 100:10	<b>swearing</b> 7:10 77:21	<b>thinking</b> 10:24	<b>tracked</b> 68:23 117:23
<b>Steve</b> 78:17 80:4 129:17, 19 131:7	<b>Swets</b> 79:7	<b>thinks</b> 53:9	<b>tracking</b> 13:5 15:16 67:7 76:14 117:22
<b>stick</b> 106:24	<b>sworn</b> 10:9,18,21 13:19 78:1 84:9	<b>thorough</b> 91:3	<b>traditionally</b> 27:12
<b>stop</b> 6:21 53:21 54:10	<b>system</b> 19:23 41:6,7,16, 19,21,22 51:5 64:8 81:18	<b>thought</b> 32:10 90:4 110:21 111:1	<b>traffic</b> 29:23 30:3,22
<b>streaming</b> 6:19,20,21		<b>thoughts</b> 115:5	<b>training</b> 33:8,9,11 41:3 72:15
<b>street</b> 103:13,20 105:1,4 126:19	<b>T</b>	<b>three-week</b> 91:21	<b>transcribing</b> 7:11
<b>strike</b> 39:14	<b>taking</b> 18:18 52:5	<b>thumbing</b> 118:15	<b>transcript</b> 23:6 106:1 110:6
<b>study</b> 81:2 101:17 106:11 112:8	<b>talk</b> 49:18 50:9 51:18 55:12 106:12 118:14	<b>tie</b> 42:5 47:3 126:22	<b>transport</b> 18:21 38:14, 16 126:20
<b>subject</b> 11:11 27:19 29:4 71:11 81:21 83:24 110:22	<b>talked</b> 49:20,23 50:1,11 67:15 79:20 102:6 107:7 109:23 112:2 113:14,16 116:24	<b>tied</b> 46:21	<b>transported</b> 18:8 39:19 40:5
<b>submit</b> 130:18	<b>talking</b> 24:17,18 49:21 66:4 100:14,15 126:18	<b>time</b> 6:23 8:13 12:6 21:1 23:5 27:22 28:1 29:2,3,6, 10,11 31:12 36:22 37:1, 2,6,7,12 38:14,16 39:4 40:17 45:18,21,24 46:7, 8,13,18,21 47:1,4,9 49:1 55:6,20 57:14 59:22 60:4,13 61:2,9 65:20 66:19,20 67:4,19 69:1,6, 11 76:7,10,21 77:4 78:14 82:8 84:22 87:19 89:9 90:4,13 93:15 95:21 100:17 107:7 108:22 117:24 118:4,10 120:19 125:23 126:2,11 127:1, 15,20 129:16,24 131:10	<b>transporting</b> 19:1
<b>submitted</b> 102:16	<b>tallied</b> 73:19		<b>treat</b> 59:15
<b>substance</b> 20:14 60:9	<b>tallies</b> 44:11		<b>treat-</b> 71:16
<b>substantial</b> 83:19	<b>tally</b> 15:8 36:15 45:1 80:16 85:23		<b>treatment</b> 16:6 20:14 43:24 61:17,24 66:11 69:20 70:20 71:16,17 73:14,21 85:4 86:6,7,10 88:23 92:12,20 93:10 122:3,20 123:2,11 125:4
<b>suburban</b> 30:16 87:1 91:16 98:7 106:8,16,24 107:8	<b>tallying</b> 44:14		<b>tremendous</b> 91:15
<b>suburbs</b> 52:6	<b>team</b> 14:21 40:1 42:11 47:14 51:23		
<b>suggestion</b> 11:1	<b>telling</b> 103:23		
<b>summaries</b> 45:8 48:21 49:4	<b>template</b> 44:17		
<b>summarizing</b> 17:7	<b>term</b> 51:1		
<b>summary</b> 47:13 88:17, 18,20 94:16 108:18 109:8,10 118:7 120:8,11, 18 130:3	<b>terms</b> 39:22 40:19 74:16 75:21		
<b>Superintendent</b> 131:18	<b>testified</b> 13:9,19 25:23 26:5 27:8 36:5,10 50:13		
<b>supervise</b> 56:1			

107:7 112:5	<b>undertook</b> 13:13 14:13	<b>virtual</b> 7:24 8:3	39:6 43:23 49:3 51:12
<b>trends</b> 35:17,20,22	<b>unfair</b> 29:2	<b>visit</b> 18:8 19:24 38:6,8 58:4 64:5	52:11,17 53:2,5,9,16
<b>trial</b> 7:12	<b>unfamiliar</b> 104:23	<b>visitor</b> 19:20	55:22 73:18 96:10 97:12
<b>tried</b> 50:23 51:3,6,8 80:18,20,22	<b>unique</b> 96:10 98:23 101:20 103:6 104:11	<b>visitors</b> 17:12 62:20 63:7 66:13 121:20,23 122:8 123:5	98:24 101:14,19 104:12
<b>tripped</b> 74:21	<b>unlikely</b> 64:16	<b>visits</b> 63:18	106:2,18 109:13 110:2, 13,23 111:7
<b>true</b> 47:19 82:17 95:14 100:18	<b>unobtainable</b> 125:8	<b>vocation</b> 72:6	<b>whatnot</b> 75:10
<b>trusted</b> 90:20 114:12	<b>unofficially</b> 74:19	<b>vocational</b> 71:6	<b>wishing</b> 6:11,13
<b>trusting</b> 114:15	<b>unrelated</b> 28:10	<b>vote</b> 9:19 132:20 133:16	<b>witness</b> 10:9,21 13:18 17:6 19:6 25:3 26:4
<b>turn</b> 59:22 131:1	<b>unscheduled</b> 18:8 19:24 38:8 39:11 58:4	<b>Voters</b> 130:12	31:21 32:19 37:15 53:21
<b>two-</b> 91:20	<b>unsearchable</b> 41:4	<b>votes</b> 44:12	54:18,23 55:2,5,12,16
<b>two-and-a-half-fold</b> 98:4	<b>unusual</b> 17:4 37:15		65:11,17,21 71:13 74:7
<b>type</b> 38:13 41:12 86:16 107:22 123:6 124:13	<b>updated</b> 130:9,15		77:24 78:1 84:8 87:6
<b>types</b> 25:11 74:19	<b>updates</b> 132:8	<b>W</b>	89:10,16,19 90:1 102:12
<b>typical</b> 54:14,22 68:6	<b>urban</b> 30:16 107:18,19		108:2 112:1 121:9 131:9 132:3
<b>U</b>	<b>usual</b> 112:18	<b>wait</b> 6:21 12:8,10 34:20 44:20	<b>witnesses</b> 6:4 7:11 8:14 65:10 79:12 132:2
	<b>utilization</b> 49:3	<b>waited</b> 79:10	<b>woman's</b> 71:17
	<b>utilize</b> 47:4 107:3	<b>wanted</b> 30:20 44:8 48:12 68:14 73:13 85:2 95:23 96:3 98:7,10 116:21 119:15 120:19 128:6	<b>women</b> 70:5 130:12
<b>ultimately</b> 20:16 42:10 72:22	<b>utilized</b> 85:2 87:14 109:16	<b>warrant</b> 33:12	<b>women's</b> 66:10,11 69:15 70:18,24 71:16
<b>unable</b> 7:23 38:13	<b>V</b>	<b>Washington</b> 104:21	<b>word</b> 91:7
<b>unavailable</b> 116:14	<b>validate</b> 100:10 101:11	<b>watch</b> 6:9	<b>words</b> 11:17
<b>unclear</b> 71:2	<b>valuable</b> 75:19	<b>ways</b> 81:3	<b>work</b> 6:20 22:9 30:18 32:18,21 33:2,4 41:17 47:18 48:23 49:15,19 66:19,21 72:11,20 91:14 107:7 112:3,6,10 115:3 116:19
<b>unconscious</b> 58:12,16	<b>value</b> 75:10,16	<b>website</b> 6:13,17 8:9	<b>worked</b> 66:20 115:19
<b>underlying</b> 45:9 83:19 87:9	<b>variety</b> 63:20	<b>Wednesday</b> 5:20 132:11 133:8 134:5	<b>workers</b> 118:15
<b>understand</b> 7:19 25:2, 7,21 35:10 42:2 57:11 59:1,20 60:7,11 62:13 63:1 75:22 79:3 85:10 95:12 96:6,13 97:11 98:13 103:22 104:3 105:16,21,23 106:19	<b>Vendors</b> 17:13	<b>week</b> 5:22 25:17 33:7,16 82:2 130:3 131:8,11 134:5	<b>working</b> 66:18 99:10
<b>understanding</b> 32:7 59:4 92:4 103:3 131:11	<b>verify</b> 109:4	<b>week's</b> 12:6	<b>world</b> 61:1
<b>understood</b> 61:14 63:2 92:18 94:5 113:24	<b>versus</b> 88:14 90:17 93:10 105:8	<b>weeks</b> 131:6	<b>worth</b> 34:9 52:16
<b>undertake</b> 116:19	<b>vice</b> 10:16 13:24 14:5,7	<b>weight</b> 81:14,20 83:24	<b>write</b> 53:24 91:22
<b>undertaking</b> 47:21	<b>video</b> 6:19,21	<b>welcome</b> 5:2 65:21 74:7 78:7	<b>writing</b> 53:21 54:17
	<b>view</b> 98:13	<b>West</b> 5:23 9:10 12:24 13:6 14:16,20 30:12,13 33:20 34:10,15,18,23 36:17,23 37:4,10 38:7	<b>wrong</b> 11:19 59:14 105:24
	<b>village</b> 6:14,18 7:18,20 51:22 52:21 53:1		<b>Y</b>
	<b>Village's</b> 6:10,13,16,24 8:9		<b>year</b> 13:14 15:3 16:3 35:4,12 47:23 51:5 57:22 59:11 68:7 75:13,14
	<b>violation</b> 47:10		

93:20 96:3 102:16,17  
113:17

**years** 14:3 35:15 41:17

**years'** 34:9 52:16

**yielded** 90:9 115:5

**Youtube** 6:10

---

**Z**

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**zoning** 7:14,21 8:1  
54:12,22

**Zoom** 19:5 54:3 55:4