

**In the Matter Of:**

**IN RE: THE MATTER OF HAYMARKET**

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**PLAN COMMISSION MEETING**

*October 28, 2019*

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***Grove & Associates Reporting & Video Services***

***1333 North Main Street***

***Wheaton, IL 60187***

***(630) 462-0060***

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BEFORE THE ITASCA PLAN COMMISSION

IN RE: )  
 ) No. PC 19-014  
THE MATTER OF HAYMARKET. )

REPORT OF PROCEEDINGS had at the  
public hearing of the above-entitled cause before the  
Itasca Plan Commission, commencing on Monday,  
October 28, 2019, 7:15 p.m., at 500 West Bryn Mawr  
Avenue, Roselle, Illinois.

As Reported By: Lynette J. Neal  
Certified Shorthand Reporter  
CSR No. 84-004363

GROVE & ASSOCIATES REPORTING

1 PRESENT:

2 MR. MARK KISCHNER, Commission Chairman;  
3 MS. KRISTA RAY, Commissioner;  
4 MS. LORI DRUMMOND, Commissioner;  
5 MR. JEFFREY HOLMES, Commissioner;  
6 MR. ERIC SWETS, Commissioner;  
7 MR. FRANK CARELLO, Commissioner;  
8 MS. SHANNON J. JARMUSZ, Director of Community  
9 Development;  
10 MS. NICOLE ESPEDIDO, Secretary;

11 HERVAS, CONDON & BERSANI, P.C., by  
12 MR. CHARLES E. HERVAS,  
13 333 Pierce Road, Suite 195  
14 Itasca, Illinois 60143  
15 (630) 860-4340  
16 chervas@hcbattorneys.com

17 Appeared on behalf of the City of Itasca;

18 ICE MILLER, LLP, by  
19 MR. MICHAEL M. ROTH,  
20 2300 Cabot Drive, Suite 455  
21 Lisle, Illinois 60532  
22 (630) 955-0555  
23 michael.roth@icemiller.com

24 and

BOND, DICKSON & CONWAY, by  
MS. MARY E. DICKSON,  
400 South Knoll Street, Unit C  
Wheaton, Illinois 60187  
(630) 681-1000  
marydickson@bond-dickson.com

Appeared on behalf of Haymarket;

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I N D E X

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1           CHAIRMAN KISCHNER: I would like to open the  
2           October 28th, 2019, Plan Commission meeting. The  
3           item before us today is continuation of Case  
4           PC 19-014. Petitioner is Haymarket DuPage, LLC.  
5           The owner of the property is Pearl Hospitality, LLC.  
6           The location is 860 West Irving Park Road. The  
7           request is a petition for a planned development by  
8           special use with exceptions and Class 1 site plan  
9           approval all in order to permit a mixed-use  
10          residential and healthcare facility and other  
11          accessory uses in the B-2 community business  
12          district at 860 West Irving Park Road.

13                           Roll call, please.

14          MS. ESPEDIDO: Commissioner Daly?  
15          Commissioner Carello?

16          MR. CARELLO: Here.

17          MS. ESPEDIDO: Commissioner Swets?

18          MR. SWETS: Here.

19          MS. ESPEDIDO: Commissioner Holmes?

20          MR. HOLMES: Here.

21          MS. ESPEDIDO: Commissioner Drummond?

22          MS. DRUMMOND: Here.

23          MS. ESPEDIDO: Commissioner Ray?

24          MS. RAY: Here.

1 MS. ESPEDIDO: Chairman commissioner?

2 CHAIRMAN KISCHNER: Also here. Thank you.

3 With that, I would like to put it  
4 over to our commission attorney, Chuck Hervas.

5 MR. HERVAS: Thank you, Mr. Chairman. Good  
6 evening everyone. My name is Chuck Hervas, the  
7 village attorney. Just a couple of comments from  
8 the legal side that I think might be helpful for you  
9 in understanding some of the process. This is a  
10 legal proceeding with legal significance. There's a  
11 court reporter present but it's actually not a  
12 trial. And so when we think of lawyers doing trial  
13 work -- and we see a lot of things on TV -- this is  
14 not what that is really like. It's just a public  
15 hearing.

16 And the purpose of the hearing is  
17 for the Plan Commission to hear all the evidence so  
18 it's -- these are the individuals up here who are  
19 going to have to make a decision, and that decision  
20 will be findings and a recommendation to the Village  
21 Board. It is the Village Board that will make the  
22 final decision in this matter. But the statute  
23 provides that when properties are subject to a  
24 zoning petition such as what Haymarket has filed,

1 that it goes for a public hearing to the Plan  
2 Commission, and that's exactly the process that  
3 we're following here.

4 The Illinois Supreme Court has made  
5 it very clear that a Plan Commission hearing has to  
6 follow the concepts of due process, and that means  
7 that there has to be fairness to the petitioners in  
8 their case, fairness to the objectors. And the  
9 courts -- both the Illinois Supreme Court and  
10 others -- have made it clear that discriminatory  
11 opinions cannot affect the process. So I want to  
12 make sure you understand that; that issues of  
13 discrimination are not appropriate for the zoning  
14 hearing.

15 Obviously, as the chairman  
16 indicated, you're all welcome here, no matter what  
17 your opinion is on this proposal. And, again, as  
18 the attorney, please respect the process and allow  
19 the Plan Commission to do their job, even if there's  
20 things that you don't necessarily understand one way  
21 or the other. There really is a legal significance  
22 to it.

23 I will do my very best to explain  
24 the legal process as issues arise, and if a question

1 is asked and you're not understanding why it may not  
2 be allowed, I'll do my best to explain the basis for  
3 it. And so I make that promise to you and hope that  
4 you will understand.

5 And, finally, please understand  
6 that this is a rather slow deliberate process, and  
7 that's just the way Plan Commission hearings go.  
8 Many of you have not been to a Plan Commission  
9 hearing before, and some of you that have, for a  
10 fence variation or something like that, this is  
11 nothing like what you've experience. And so it  
12 takes time and the record has to be developed and  
13 the Plan Commissioners will have lots of questions,  
14 and everyone will have a chance to say their piece.  
15 But please understand that it is a slow and  
16 deliberate process, but it is for the purpose of  
17 developing an appropriate record.

18 So those are all my comments, and  
19 at this point, Mr. Chairman, we're prepared to  
20 proceed.

21 CHAIRMAN KISCHNER: Thank you. I would like  
22 to turn it over to the petitioner and call your  
23 witness.

24 MS. DICKSON: Good evening. Again, for

1 purposes of the record, my name is Mary Dickson.  
2 I'm one of the attorneys for the Applicant,  
3 Haymarket Center. First is a matter of  
4 housekeeping. At the last public hearing, the  
5 attorney for the school district asked that we  
6 tender to this body the actual statements from which  
7 I quoted materials that have been presented from  
8 people relative to what Haymarket would do to the  
9 respective community or bring to the community, and  
10 I have that this evening and I ask that it be  
11 entered as Exhibit 16. I'll provide copies for  
12 everyone. That's just a matter of housekeeping. I  
13 previously tendered copies to the attorney for the  
14 school district as well.

15 (Haymarket Exhibit No. 16  
16 identified.)

17 MS. DICKSON: Now, for -- there we go. For  
18 the first thing I have this evening -- and this was  
19 part of the packet that was delivered at the last  
20 public hearing to all the members of the Plan  
21 Commission. For the purposes of the record, I would  
22 like it to be entered as Exhibit 17. It is a letter  
23 directed to the mayor of the Village of Itasca dated  
24 April 26th, 2019.

1 (Haymarket Exhibit No. 17  
2 identified.)

3 MS. DICKSON: And while I will read the full  
4 letter into the record, I think it's important to  
5 note that on April 26th, 2019, the owners of the  
6 Holiday Inn, Itasca did reach out to the mayor of  
7 the village of Itasca to let the mayor know, and  
8 through him the Village, that he had -- that they  
9 had entered into a purchase agreement to sell the  
10 Holiday Inn Itasca to Haymarket Center. Due to  
11 increased hotel competition in the area, which  
12 included five hotels in Schaumburg, the age of the  
13 asset has been magnified, resulting in a diminishing  
14 demand for this hotel. In order for us to secure a  
15 long-term extension of the Holiday Inn license  
16 agreement, a significant investment would be  
17 required to retain the Holiday Inn flag and the ROI  
18 is not there to justify this infusion of capital.

19 He went on to report to the mayor  
20 that throughout the sale process, a voluntary  
21 process he entered into with Haymarket Center, I've  
22 had extensive conversations with the Haymarket team  
23 and respect their commitment to helping people with  
24 alcohol and substance abuse disorders. He concludes

1 by stating that he is hopeful that you, the mayor,  
2 will support this project and firmly believes  
3 there's no better future use for this site than the  
4 proposed Haymarket project.

5 And with that as an introduction to  
6 Haymarket wanting to come to the Village of Itasca,  
7 I would like to call two witnesses at the same time,  
8 which we previously agreed to with counsel. Those  
9 two witnesses on behalf of Haymarket Center will be  
10 Dr. Dan Lustig, president and chief executive  
11 officer for Haymarket, as well as James Baldwin,  
12 Haymarket's chief financial officer. It is our  
13 intent that we will start the presentation with Dr.  
14 Lustig, who will take the panel with the audience  
15 here this evening through the various questions that  
16 have been asked of Haymarket.

17 CHAIRMAN KISCHNER: Real quick. Do you have  
18 a copy for us?

19 MS. DICKSON: Yes, I do.

20 (Copies distributed.)

21 MS. DICKSON: As I said, Dr. Lustig will be  
22 providing the overview of the project and he will be  
23 providing information relative to various questions  
24 that have been asked of Haymarket by both the mayor

1 and the residents, and Mr. Baldwin will be  
2 specifically addressing questions that have been  
3 asked of Haymarket relative to 911 calls to the  
4 Chicago facility. And I think you would like to  
5 have them sworn in.

6 (Mr. Lustig and Mr. Baldwin were  
7 thereupon sworn in.)

8 MS. DICKSON: And for the -- unfortunately,  
9 not members of the court, but members of the  
10 audience, if you would like to follow along,  
11 Dr. Lustig could you please provide the people here  
12 a little bit about your professional background and  
13 your work with Haymarket Center?

14 DR. LUSTIG: Absolutely. Good evening,  
15 chairman and members of the counsel. My name is  
16 Dr. Dan Lustig. I'm the president and CEO of  
17 Haymarket Center. I have been in the addictions and  
18 mental health field for the past 28 years; primarily  
19 focused on building evidence-based programs as well  
20 as a coprincipal investigator on over 20 federal  
21 projects researching human behavior as it relates to  
22 addictions treatment. Most notably, I did a  
23 ground-breaking study on behalf of the Center for  
24 Disease Control as it relates to women involved in

1 addictions. That was published in 32 countries as  
2 well as in their native languages. That study  
3 alone, which was done on 17,000 women, was focused  
4 primarily on prevention work that was done.

5 I've been at Haymarket Center for  
6 the past 23 years helping to build evidence-based  
7 programs as well as expanding our kind of  
8 comprehensive approach to addictions and mental  
9 health treatment. That has been my primary focus  
10 for that period of time. What I would like to do at  
11 this point is kind of go through the project that we  
12 are proposing with a little bit of background about  
13 Haymarket and who we are.

14 We were founded in 1975 by Father  
15 Ignatius McDermott and Dr. James West. Both of  
16 these individuals were pioneers in the field of  
17 addictions and medicine. Dr. West moved on but  
18 still was part of our Board of Directors at  
19 Haymarket, but he moved on to be the medical  
20 director at the Betty Ford Center in Rancho Mirage,  
21 California. Haymarket Center is one of the largest  
22 treatment centers in Chicago and is one of the  
23 largest treatment centers in the country that has  
24 over 19 evidence-based interventions in our

1 programs.

2 So of the 12,000 people that we see  
3 in the West Loop per year, as well as our  
4 alternative site programs, we do so in a very  
5 comprehensive way. And what I mean by that is we  
6 address three conditions simultaneously. We address  
7 the substance use disorder, the mental health  
8 condition, as well as any primary-care issues that a  
9 patient presents with. And over the past 45 years,  
10 we have found that the best way to move people into  
11 recovery with a firm foundation is by addressing  
12 these three conditions simultaneously. Many  
13 agencies and programs across the country don't do  
14 that, and what we have found in our 45 years is that  
15 if you don't address these three conditions  
16 simultaneously, one condition will cause a relapse  
17 of the other condition. And so what we try and do  
18 is a very, very serious and comprehensive approach.

19 We are not only state licensed by  
20 the State of Illinois but we are CARF accredited,  
21 and CARF is the Commission on Accreditation of  
22 Rehabilitation Facilities, which has thousands of  
23 standards that an organization has to meet and  
24 maintain in order to get that accreditation. It is

1 an international accreditation, and it is a set of  
2 standards that you have to meet in order to get  
3 that.

4 We currently have four locations.  
5 The main headquarters being in the West Loop. It  
6 has roughly 180 beds -- roughly 400-bed residential  
7 complex that has both residential, intensive  
8 outpatient, outpatient, and recovery homes in that  
9 scenario. We also have an outreach program in  
10 Chicago's Uptown neighborhood that deals primarily  
11 with the homeless individuals and getting them to  
12 care. We have one of the ground-breaking programs  
13 at O'Hare International Airport, which is primarily  
14 focused on triaging the homeless and mentally ill  
15 out of the airport and into care. That program  
16 started in 1994 and has been modeled into several  
17 other airports as a best practice program in the  
18 country. Our last is kind of a satellite location;  
19 it's an outpatient program in Waukegan that deals  
20 primarily with the probation department and  
21 individuals that are seeking outpatient services.

22 I think what makes Haymarket Center  
23 unique in relation to other facilities, both in  
24 Illinois and across the country, is that we're open

1 24 hours a day, 365 days a year. So what that means  
2 primarily is not only are we open 24 hours a day but  
3 we have an open access system to care, which means  
4 that if a loved one needs services at 1:00 in the  
5 morning, 2:00 in the morning, you can bring them to  
6 Haymarket Center, and we will do an intake  
7 assessment and admission into programming.

8 Haymarket Center has a fairly  
9 robust infrastructure at its executive level. We  
10 have a non-for-profit Board of Directors, which I  
11 know is one of the questions people had. This is a  
12 non-paid Board of Directors. And, interesting,  
13 about 58 percent of my Board of Directors actually  
14 reside in DuPage County. As the president, I have a  
15 senior executive vice president that is over human  
16 resources and family enrichment. I have an  
17 executive vice president that's over business  
18 services and facilities. I have a vice president of  
19 operations that focuses on grants, clients, training  
20 and accreditations and governmental relations. I  
21 have a vice president of clinical services who is  
22 focused primarily on all clinical programs and  
23 medical programs in the facility. She has taken the  
24 baton from me and done an outstanding job at helping

1 to increase our evidence-based programs that we have  
2 in the facility.

3 I have a chief financial officer,  
4 who is -- does the accounting and finances as well  
5 as the central intake. And then, lastly, is our  
6 medical director, who is a Board certified  
7 addictionologist, who has been in the field over 40  
8 years and has done amazing work with a lot of our  
9 long-term individuals with substance abuse  
10 disorders. So that is who makes up the executive  
11 branch of Haymarket Center. We will be putting many  
12 of the pieces over into DuPage, which will have its  
13 own infrastructure. We will not be running the  
14 facility from Chicago. It will have its own  
15 infrastructure in place out here.

16 Our goal in the DuPage site, is  
17 truly about access to treatment. One of the most  
18 challenging things that we have in this state is an  
19 individual's ability to get treatment when they need  
20 it the most. And with the substantial numbers of  
21 opioid-related overdoses and deaths, access to  
22 treatment in DuPage is very limited for residential  
23 treatment, and it gets even more limited as it  
24 relates to two things; the medicaid population and

1 those people who can't afford treatment. So I will  
2 go into this -- a little bit later into the details  
3 of how the residential program is here.

4 Outside of hospitals, there are no  
5 medically monitored withdrawal management, or what  
6 we call the medical detox programming, and very  
7 limited availability for the resident whose personal  
8 or family resources have been exhausted. What we  
9 have found in many individuals who come to the West  
10 Loop facility is a lot of these individuals actually  
11 had commercial insurance but because of not having  
12 access to care, their substance abuse disorder has  
13 progressed and so they lost their job, lost their  
14 commercial insurance, and so they were moved onto  
15 medicaid. So the medicaid population that we see is  
16 beginning to change.

17 DuPage residents needing these  
18 levels of care often must leave the county to secure  
19 care, and in 2017 and 2018, Haymarket's West Loop  
20 facility provided treatment to more than 2,000  
21 residents from DuPage, Will, Lake, and Kane  
22 counties. So when you look at why we looked at  
23 DuPage, we wanted as -- not just the CEO of the  
24 company but our Board of Directors were very

1 passionate to go where the need is.

2                   Currently Haymarket has applied for  
3 zoning approval for a non-for-profit healthcare  
4 facility at the site of the current Holiday Inn.  
5 Haymarket is a private not-for-profit healthcare  
6 facility devoted primarily to the diagnosis,  
7 treatment, and recovery support for persons disabled  
8 by substance abuse and mental health disorders who  
9 voluntarily seek care. Services will include  
10 inpatient, outpatient, and recovery programming.  
11 Patients will be admitted for overnight stays or  
12 longer in order to obtain needed medical care. Each  
13 and every individual is assessed using a state of  
14 the art assessment tool called the Global Assessment  
15 of Individual Needs that determines a level of care  
16 and determines length of programming.

17                   Haymarket is a healthcare facility.  
18 It is not a residential use as defined by staff.  
19 The word "residential" has a different definition in  
20 the treatment setting as defined by state licensure  
21 as opposed to the definition in most zoning  
22 ordinances, including Itasca's.

23                   "Residential" in the treatment  
24 context means patients are provided healthcare

1 treatment on site in a clinical or hospital-like  
2 environment for a variable length of stay. A  
3 residential treatment program consists of a  
4 comprehensive array of elements that treat both the  
5 body and the mind and, for example, counseling group  
6 therapy and psychoeducational sessions.

7           The recovery home programming or  
8 our clinical support is not a residential use.  
9 Recovery home care provides uninterrupted clinical  
10 support to patients in a structured and supervised  
11 environment. Recovery home care is only available  
12 to patients diagnosed with a substance abuse  
13 disorder. All of the recovery home care rooms at  
14 the Holiday Inn are not dwelling units, because they  
15 do not have individual kitchens.

16           Haymarket Center has been, over the  
17 last eight years, very focused on family-centered  
18 treatment. We believe in treating the entire  
19 family. And so we began to develop programs that  
20 addressed that specific issues, and so what you'll  
21 see here, as an example, are some of our  
22 comprehensive approaches for women that include  
23 family reunification, trauma-informed care, recovery  
24 coaching. Why I want to touch on recovery coaching

1 is this truly is a program that we brought to the  
2 state of Illinois, and the state of Illinois worked  
3 with Haymarket Center to include it in the 1115  
4 medicaid waiver in the state.

5 Recovery coaching is a peer-based  
6 model in which individuals get to meet clients while  
7 they are in residential treatment and then follow  
8 them back out into the community wherever the  
9 patient resides for a period of one year  
10 posttreatment. Why we do recovery coaching is  
11 because we believe very strongly in treating  
12 individuals who suffer from substance use disorders  
13 as a medical disorder. And just like individuals  
14 have to go for yearly physicals, the peer recovery  
15 coach checks in with individuals making sure they're  
16 following their discharge plan as designed.

17 We do have children in the West  
18 Loop facility. We will have children on a limited  
19 basis in DuPage, specifically if it is a barrier for  
20 women accessing care. And so many of our child  
21 development specialists are trained on  
22 evidence-based interventions to address that as well  
23 as doing screenings on fetal alcohol syndrome for  
24 individuals who were born to mothers that have an

1 alcohol disorder.

2 I will tell you that one of the  
3 questions that came up, for the past 45 years  
4 Haymarket Center has not used the public school  
5 system in the City of Chicago because we have our  
6 own child development specialists and we have our  
7 own system partners who work with us to address the  
8 developmental delays. So I will say this again,  
9 because it keeps coming up: We will not be using  
10 the public school system, as we have not used the  
11 public school system for 45 years in Chicago.

12 And then, lastly, you'll see that  
13 our goal is really to address the weaknesses in  
14 families, and so there are programming services that  
15 address fatherhood, family recovery coaching, as  
16 well as privileges to other services. You'll begin  
17 to see where Haymarket Center demonstrated the need  
18 for Haymarket DuPage as you look very, very closely  
19 at the surrounding area, you look at the specific  
20 locations, treatment providers in the area, and  
21 specifically what those treatment areas have done.

22 As we also began to take a look at  
23 the DuPage Health Coalition report, DuPage County is  
24 second only to Cook County in the number of

1 residents who needed alcohol or substance use  
2 disorder treatment last year and didn't get it.  
3 More than 57,000 residents went without recovery  
4 services that they needed, and if we don't address  
5 this, what typically happens is things get worse for  
6 a village or a county or a state and more and more  
7 costs are derived from unsupported care or  
8 unaccessed care for individuals.

9 In the staff report, it states  
10 approximately 40 substance abuse facilities are  
11 within a 10-mile service area to combat the need for  
12 Haymarket DuPage. When we began to look at each and  
13 every one of those facilities, most are DUI services  
14 or outpatient programs. Only two are inpatient  
15 residential programs, which are located in DuPage  
16 County; that being Cornell Interventions and  
17 Serenity House Counseling Services. Between those  
18 two programs, you will find that there are only 39  
19 medicaid beds, which is primarily Cornell  
20 Interventions, who are only taking ACA clients. So  
21 those individuals -- so there's a major restriction  
22 on who gets into those beds. It is not open for  
23 anybody who can just walk in and receive treatment.

24 Inpatient substance use disorder

1 treatment providers that accept medicaid in  
2 neighboring counties, you have one in Kane County,  
3 two in Will County, none in Kendall County, three in  
4 McHenry county, and five in Lake County. So,  
5 overall, residential programs are still primarily  
6 limited as it relates to outpatient programs. In  
7 the staff report, the review of the continuum of  
8 care improperly concludes that Haymarket's proposal  
9 consists of more than one primary use, and this is  
10 just simply not true when you look at the  
11 comprehensive nature of doing addictions treatment.  
12 The continuum of care is one primary use under the  
13 zoning designation "healthcare facility," which is  
14 permitted as a special use in the B-2 zoning  
15 district.

16 Haymarket DuPage will provide the  
17 following services, which correspond to levels of  
18 care licensed by the Division of Substance Use  
19 Prevention and Recovery and by the accreditation by  
20 the Commission on Accreditation of Rehabilitation  
21 Facilities, all of which would be listed in an  
22 updated directory of state licensed treatment  
23 centers. Level one, adult programming; Level 2,  
24 adult programming; Level 3.2, withdrawal management;

1 Level 3.5, adult; Level 3.7, withdrawal management  
2 adult; and, of course, recovery home care.

3 Part of our continuum and levels of  
4 care will obviously consist of an assessment, which  
5 is -- as I said earlier, is our GAIN assessment  
6 which we derive a lot of information about a client  
7 as it relates to clinical need. We will also have  
8 clinically managed residential withdrawal management  
9 ranging from stays of three to five days staffed  
10 with Illinois Certification Board and certified  
11 counselors 24 hours a day, seven days per week, 365  
12 days per year. We will also be offering medically  
13 monitored withdrawal management with stays of three  
14 to five days. This will be staffed by nurse  
15 practitioners or physician assistants, registered  
16 nurses, or licensed practical nurses 24 hours a day,  
17 seven days a week, 365 days a year. Additional  
18 staff includes Board certified counselors, and this  
19 is all required by state licensure.

20 We will also be offering clinically  
21 managed high-intensity residential substance use  
22 disorders treatment. Those stays, again, based on  
23 individual need, are assessed on either seven, 14,  
24 28, or 90 days, depending on the person's presenting

1 symptomology. This, again, is staffed with  
2 registered nurses or licensed practical nurses,  
3 Board certified counselors, licensed counselors at  
4 least 40 hours per week and with additional program  
5 staff 24 hours a day, seven days a week, and, again,  
6 365. We also will be offering intensive outpatient  
7 substance use disorder treatment with a minimum of  
8 nine hours a week of structured treatment, and,  
9 again, staffed by Board certified counselors and/or  
10 licensed counselors and case managers. And,  
11 finally, we'll be offering outpatient services and,  
12 again, this is based on the severity of the  
13 patient's presenting symptomology. This program is  
14 less than nine hours per week of structured  
15 treatment with the same staff.

16 So when you move on to our clinical  
17 support and our continuum of care, we have our  
18 recovery homes, which have an average stay of 90 but  
19 may be up to 365, depending, again, on what a  
20 person's presenting needs will be. This is staffed  
21 24 hours a day by Board certified counselors. It is  
22 a structured environment in which individuals can  
23 learn all of the skills that they have learned in  
24 residential and outpatient treatment. There's

1 continued medical monitoring for individuals on  
2 medications and education on how to take the  
3 medications.

4 The programs are obviously  
5 separated for men and women. We have peer-led  
6 groups, staff activities, and other structured  
7 operations are directed toward maintenance of  
8 sobriety for persons who exhibit treatment  
9 resistance, relapse potential, and/or lack of  
10 suitable recovery living environments, or who have  
11 recently completed substance use treatment services  
12 or who may be receiving such treatment services at  
13 this or another facility. So they have to be in  
14 some type of clinical treatment to also be in a  
15 recovery home.

16 MS. DICKSON: Now I want to just ask you one  
17 question, Dr. Lustig, before you go on to the last  
18 one. The two maps that were shown earlier, the two  
19 maps of treatment providers, that was a staff  
20 conclusion that given there were other treatment  
21 facilities located within a 10-mile radius of Itasca  
22 or DuPage County, their conclusion was, potentially,  
23 there was no need. Haymarket staff was able to  
24 review those maps with different service providers

1 in those areas, and the conclusion we reached is  
2 that's not a fair analysis of the program; is that  
3 correct?

4 DR. LUSTIG: That is correct. As I was  
5 saying, most of those programs are outpatient in  
6 nature.

7 MS. DICKSON: Or outpatient only in nature?

8 DR. LUSTIG: Correct. And so what you don't  
9 have is the important residential component that's  
10 needed.

11 MS. DICKSON: Okay. And, in fact, Haymarket  
12 does plan to provide that inpatient component, which  
13 would make it stand alone as a leader in this area  
14 as it does currently in Chicago?

15 DR. LUSTIG: It's going to do two things.  
16 Not only stand as a leader in the residential  
17 component, but you will not find a facility that has  
18 over 19 evidence-based interventions that go along  
19 with that program. So that's really what makes  
20 Haymarket Center more on the cutting edge of  
21 substance use disorders and mental health treatment.

22 MS. DICKSON: And I think the third component  
23 you mentioned is the fact that Haymarket offers  
24 medicaid beds.

1 DR. LUSTIG: Correct.

2 MS. DICKSON: Which are sorely lacking in  
3 DuPage County?

4 DR. LUSTIG: That is correct. That is the  
5 bulk of the clients that we see that come from  
6 DuPage County.

7 MS. DICKSON: So in your professional  
8 opinion, is there a need for the facility of  
9 Haymarket's planned programming? Is that need  
10 evident in DuPage County?

11 DR. LUSTIG: It is very evidently a need in  
12 DuPage County, not just from the data that we are  
13 going to be presenting but what research will show  
14 you is that when individuals get treatment that's  
15 close to home, where you get the support from family  
16 members, the outcomes are stronger, the relapse  
17 potential is shorter. And that's why when you have  
18 families that are having to drive into the City,  
19 having to drive into the west side to get care, or,  
20 as with many of the family members I've met with,  
21 have to leave the state, it's completely unnecessary  
22 when you have a lot of good programs here in the  
23 state. So being close to home is a very vital  
24 service.

1 MS. DICKSON: And if you would like to  
2 continue with your next presentation.

3 MS. RAY: I have a question. Dr. Lustig,  
4 what percentage of patients at Haymarket are on  
5 medicaid right now?

6 DR. LUSTIG: I would imagine that we are  
7 close to about 90 percent.

8 MS. RAY: All right.

9 CHAIRMAN KISCHNER: I remind the  
10 Commissioners to speak into the microphone.

11 MS. RAY: 90 percent, you said?

12 DR. LUSTIG: (Nodding).

13 MS. DICKSON: And, again, to the extent  
14 they're on medicaid, let's be clear, you talked  
15 about the reasons why they were on medicaid. For  
16 some families, isn't it fair to say that because the  
17 family member or the family supporting the  
18 individual getting care have exhausted their  
19 financial resources, and so when they're on  
20 medicaid, it could be, in your eyes, because they  
21 have exhausted their personal financial ability to  
22 pay?

23 DR. LUSTIG: That is correct. I actually met  
24 with a lot of families from DuPage when I was doing

1 a presentation in many of the area high schools, and  
2 many of the families actually re-mortgaged their  
3 homes, sent their loved ones out of the state to  
4 receive treatment. But because of their not  
5 having or being told that there should be a  
6 step-down supportive program, when their loved one  
7 returned home and relapsed, there were -- the family  
8 had absolutely no financial means to use for  
9 supportive treatment, so the patient obviously went  
10 onto medicaid.

11 As an overview of the medical  
12 services on site, Haymarket Center will have a  
13 medical clinic available to all in treatment;  
14 psychiatry and psychological services, both clinical  
15 groups and individual counseling, available  
16 throughout the facility with patients with  
17 co-occurring mental disorders. Services will also  
18 include telepsychiatry. As many people know, in  
19 this state there is a real lack of services around  
20 psychiatry, and so what Haymarket in the West Loop  
21 did with one of its distant partners is designed a  
22 robust system of telepsychiatry which helps to  
23 support our psychiatric needs for our staff as well.  
24 So there really is not a period of time where

1 somebody goes without services. Patients whose  
2 medical needs exceed the capacity of the medical  
3 clinic or who have their own physicians will be  
4 transported by Haymarket staff to other medical  
5 care.

6 So I want to make this very clear  
7 on this issue, because many physicians are afraid  
8 that if they make a referral to Haymarket Center,  
9 that they lose their patient. That is absolutely  
10 not true. We want them to continue that  
11 relationship, especially if it is a good  
12 relationship, so we will transport those patients  
13 via Haymarket vans to those appointments.

14 I'm sure this is not new to  
15 individuals, but our proposed location is obviously  
16 the Holiday Inn Itasca on the west side of  
17 Interstate 290 at Irving Park Road. It is located  
18 in an industrial, slash, business park location,  
19 which has ample parking and is surrounded by green  
20 space. This also gives, I think, a very nice  
21 perspective of the -- how isolated Haymarket DuPage  
22 is as it relates to area homes as well as childcare  
23 centers.

24 Interesting enough, we have a

1 brand-new childcare center that opened up a half a  
2 block from Haymarket's West Loop location, a  
3 Montessori school, that has been very robust with  
4 enrollment of children into that one. So as it  
5 relates -- or in comparison to Haymarket DuPage,  
6 one's a half a block away, one's about a mile away,  
7 and it seems to be doing very well.

8           Why here? Why Itasca? The Village  
9 zoning that we reviewed allows for a healthcare  
10 facility, so before we entered into a sales  
11 contract, our attorneys looked very closely at your  
12 zoning laws and what it did and did not allow. It's  
13 located in a business/nonresidential zoned area.  
14 Location is appropriate for the target service area.  
15 We are approximate to area hospitals, specifically  
16 Amita, which is a safety-net hospital. And what a  
17 safety-net hospital is defined as in the state is  
18 they are required -- they get actual monies from the  
19 state, whether they see a patient or not, to receive  
20 patients who are in need of that care.

21           Building layout and design supports  
22 comprehensive programming; the accessibility to  
23 public transportation. Property improvements are  
24 available at an acceptable price, and basically what

1 our goal was was to have as much of a turnkey  
2 operation as possible. This is what made the  
3 building so attractive. If you can imagine the soft  
4 costs of not having to buy beds, dressers, and so  
5 forth, is why the building became very, very  
6 attractive.

7 As it relates to traffic and  
8 parking, we had a professional traffic analysis  
9 conducted that establishes that Haymarket DuPage in  
10 Itasca will not have any impact on existing traffic  
11 in the area and that available parking is ample to  
12 meet facility needs. You'll hear more from our  
13 individual, our expert, who did that study later on.  
14 The Holiday Inn is not in the backyard of  
15 residential property. We actually took pictures,  
16 aerial pictures, to try to get a better  
17 understanding, and we are not in the backyard, and  
18 that's what, again, made the area very attractive as  
19 well. And, most notably, the Holiday Inn is  
20 surrounded by multiple highways, so it's an area  
21 that -- obviously it makes us a little bit more  
22 secluded than perhaps being located in a residential  
23 area.

24 I think, as we move on, to address

1 some of the issues around stigma. You know, two  
2 weeks ago, the U.S. Surgeon General came out with  
3 this statement that says the number one reason why  
4 people are dying from substance disorder is stigma.  
5 And that's a pretty powerful statement to hear  
6 today, that -- you know, if I was talking about  
7 cancer or if I was talking about diabetes or I was  
8 talking about other medical conditions, would people  
9 be dying of the numbers that aren't dying today?  
10 And so that's -- that really presents a real look to  
11 why we need access and care is so very critical to a  
12 medical population for those who suffer from  
13 substance abuse disorders.

14           Addiction is a chronic disease and  
15 not a moral failing. We have evidence-based  
16 treatment that works. We have to let, you know, all  
17 of America know that recovery is possible. As a  
18 field, I will be the first one to tell you that I  
19 don't think we've done ourselves justice. Why?  
20 Because we have taught our patients not to talk  
21 about recovery to the outside world. Alcoholics  
22 Anonymous. So not many people know or understand  
23 that treatment is effective, treatment does work,  
24 and that there are long-term people in recovery that

1 are contributing to society in very, very big and  
2 productive ways as long as they receive the  
3 life-saving treatment that they need. But as long  
4 as we restrict access to care, people won't get it.  
5 And what happens like any other medical disorder, as  
6 it progresses, it gets worse, and that's where you  
7 introduce many other factors and variables.

8 MS. DICKSON: Before you move on, Dr. Lustig,  
9 the question is -- we have a lot of comments from  
10 residents in Itasca who fear the location of the  
11 facility relative to the public library, relative to  
12 a local school. Do you think those fears are  
13 related to the stigma associated with being a person  
14 in care?

15 DR. LUSTIG: I will say -- I will answer this  
16 question two ways. First and foremost, yes. And,  
17 two, because a study was conducted about 10 years  
18 ago about peoples' perception of drug addicts, and  
19 their perception of drug addicts is not only is it a  
20 moral failing but these are people that are  
21 criminals; these are people that are sexual perverts  
22 or perpetrators; these are individuals that are  
23 homeless. And that is not the substance use  
24 disorder patient that we see today. That's not what

1 this epidemic has done today.

2           And I will tell you that, whether  
3 it's here in Illinois or across the country where I  
4 work, I do see the people have the same adage that  
5 these people deserve it because they shouldn't use  
6 drugs or alcohol to begin with; they should have  
7 gotten their mental illness addressed when they  
8 needed it and didn't so it's exacerbated and it's  
9 their fault. And when I look at whether it's a  
10 group of people from a community, whether it's a  
11 group of elected officials, they all share this same  
12 perception, that people who suffer from mental  
13 illness and substance use disorders deserve this.  
14 And that's simply not true.

15           And so this is what I propose: Do  
16 you honestly believe -- do you honestly believe that  
17 when you go to your local swimming pool that there's  
18 not somebody who is suffering from alcoholism or  
19 mental illness who is on medication to stabilize  
20 that's lying right next to you? Do you honestly  
21 believe that? Do you honestly believe that when you  
22 go to a movie theater that that person sitting in  
23 front of you or behind you doesn't have a substance  
24 use disorder? Because that's just simply not true.

1 It's simply not possible.

2 Haymarket DuPage and the local  
3 property values; this was a question that also came  
4 up. We did a market analysis on the effect on  
5 property values of locating Haymarket DuPage in  
6 Itasca. This was conducted and information will be  
7 provided by Haymarket's consultant at our next  
8 meeting. We'll go in depth in how they use -- what  
9 we used to determine that.

10 Talking about the importance of a  
11 turnkey opportunity, Haymarket is a not-for-profit  
12 with a focus on patient treatment. As such, it  
13 actively works to conserve its funds for treatment.  
14 That was one of the lenses that we looked at when we  
15 looked at properties and buildings. We looked at  
16 buildings that we wanted to retrofit that were in  
17 the tens of millions of dollars to do. As a grass  
18 roots organization who has a very passionate Board  
19 of Directors, we go where the need is. That was  
20 Father McDermott's founding principle, was to go  
21 where the need is; to address and offer services  
22 where there are none that are both comprehensive and  
23 at a level of care that a community needs.

24 When you look at -- and I mentioned

1 earlier about the beds and bedding. That's an  
2 approximate million dollars in savings. It  
3 eliminates the requirement of building a commercial  
4 kitchen for those individuals we have to serve.  
5 There's already a commercial kitchen there. It  
6 eliminates the need for costly internal conversion  
7 to meet the state's requirements of physical  
8 barriers. So, overall, there is very little -- or a  
9 huge amount of cost savings for this location.  
10 Unfortunately, I tried blowing this up in many  
11 different ways and we were challenged by that, but  
12 you will begin to see the layout of the facility.

13 And one of the questions was why  
14 did it take Haymarket Center so long to come up with  
15 our final numbers. At each and every place that I  
16 discussed, I was very clear that our architects are  
17 in the middle of trying to look at the state  
18 requirements of office space, clinic space,  
19 therapeutic space, to determine the final numbers,  
20 and that's where that final number came to, as we  
21 will begin to see here. But each and every floor is  
22 designed with state requirements in mind as well as  
23 the best service for clients. When you look at each  
24 of those floors, the recovery homes will have 36

1 beds per floor, so Floors 2 through 5 will have  
2 recovery home beds totaling 144. You'll see that  
3 the rest of the residential programs of 16 beds  
4 through Floors 2 through 5, which are split up  
5 amongst whether it's a women's floor or whether it's  
6 a men's floor are the following areas. The  
7 withdrawal management or social setting detox will  
8 also be on the first floor along with our medical  
9 detox, which will be 16 beds as well, which has a  
10 grand total of 240 beds for the facility.

11 So, again, we will have about 240  
12 patient beds planned; room numbers reduced to  
13 create, obviously, group counseling rooms, clinical  
14 and medical staff offices, nursing stations,  
15 expanding the recreational center and, again,  
16 filling in the pool area in which our primary-care  
17 clinic will be located on. So in the patient  
18 treatment rooms, there will be no changes to any  
19 existing Holiday Inn guest rooms. No kitchen  
20 facilities in any of the patient rooms. All the  
21 meals will be taken in the area that serves what was  
22 now the restaurant. Patients, all unrelated to one  
23 another, will be double occupancy, meaning two per  
24 room. Required number of rooms will also be ADA

1 compliant following the state requirements.

2 MR. SWETS: I have a quick question. When  
3 you state no kitchens in the patient's room, are  
4 there any other kitchens other than the one  
5 commercial kitchen?

6 DR. LUSTIG: If there are any kitchens in the  
7 suites -- which if I don't think there are -- there  
8 won't be any kitchens.

9 MR. SWETS: So there won't be any on the  
10 floors? Just the one commercial kitchen?

11 DR. LUSTIG: Correct.

12 MR. SWETS: Thank you.

13 DR. LUSTIG: Another important question that  
14 came up is individual patients that come to  
15 Haymarket, they actually want treatment. No  
16 individual is forced to be in treatment at Haymarket  
17 Center. They come from a variety of areas, whether  
18 it's individual or families who search the Internet;  
19 whether it's a family or friend referral, church  
20 referral or social setting provider referral;  
21 notably, a lot of hospital referrals as well as the  
22 referral source with the police department.  
23 Haymarket DuPage patients will primarily come from  
24 DuPage and the collar counties. Again, our patients

1 purely are voluntary. There are no violent  
2 offenders; no patients with sex offenses or charges.  
3 Patients will be dropped off at the facility by  
4 friends and family members, police, first  
5 responders, and by self transport.

6 MS. DICKSON: You will also be serving a  
7 minimum age population?

8 DR. LUSTIG: All of our patients must be 18  
9 years and older. Obviously, we are an  
10 abstinence-based program, and so patients discovered  
11 who have a positive drug drop will be either  
12 discharged or, if they comply with the new clinical  
13 program, the clinical plan, they will be moved,  
14 obviously, into a medical detox program.

15 CHAIRMAN KISCHNER: Excuse me, Mr. Lustig.  
16 Earlier I thought I heard you state that you may  
17 have children being treated at the location?

18 DR. LUSTIG: Those are individuals that come  
19 with mom and they're under the age of five, but they  
20 are not receiving the direct treatment that mom is  
21 getting. So any type of substance disorder  
22 treatment is geared towards individuals 18 and  
23 older. The children, the infants or the newborns,  
24 are not receiving necessarily clinical treatment.

1           CHAIRMAN KISCHNER: So they're there with the  
2 mom who is coming to get treatment, and they are  
3 going to be in a childcare setting or something like  
4 that?

5           DR. LUSTIG: Correct.

6           CHAIRMAN KISCHNER: Thank you.

7           DR. LUSTIG: You're welcome.

8           MS. DICKSON: You say they'll be discharged  
9 if they do a positive drug test, you won't be  
10 discharging them out into the community?

11           DR. LUSTIG: No, none of our patients -- one  
12 of the things that we are very passionate about, we  
13 do not discharge people to homelessness. We do not  
14 discharge people to the streets. We will transport  
15 people either if it's back home or to a safer  
16 environment for the individual. We do not just open  
17 up the doors and say you're free to go. So there  
18 will not be individuals that will be necessarily  
19 roaming the neighborhood. We are very encouraged to  
20 get that person back into care for a variety of  
21 reasons, but, most importantly, is the safety of the  
22 patient as well as the requirement for our  
23 accreditation is not to discharge people without a  
24 plan. So all of our clinical staff are designed to

1 develop a plan for discharge. When is that plan  
2 developed? Day one of admission. So we are  
3 prepared for any adverse discharges because we are  
4 planning this on day one of admission.

5 MS. DRUMMOND: Excuse me, I have a question.  
6 What if the patient decides to take the location --  
7 or go to the train station to get home and travel  
8 back and forth? Would that be allowed?

9 DR. LUSTIG: Can you repeat that question?

10 MS. DRUMMOND: If the patient wants to take  
11 the train to and from his home or her home and then  
12 walk to the Holiday Inn, which is doable, just down  
13 the street, would that be allowed?

14 DR. LUSTIG: You mean if they're coming in  
15 for treatment?

16 MS. DRUMMOND: Yes.

17 DR. LUSTIG: If they're coming in for  
18 treatment, it will be allowed.

19 MS. DRUMMOND: If they're like on an  
20 outpatient?

21 DR. LUSTIG: Yes, if they're an outpatient,  
22 then they would be allowed to come in and use the  
23 train to come in.

24 MS. DRUMMOND: What about patients that want

1 to just stop the program, they're not happy with it,  
2 they just want to leave, would they be able to exit  
3 the building?

4 DR. LUSTIG: All of our clients that want to  
5 leave against staff advice have a clinical staffing  
6 done prior to them leaving, and part of that  
7 clinical staffing is being able to transport them  
8 out of the facility using a Haymarket Center van.  
9 Now, if there's an individual that wants to walk out  
10 and doesn't want to receive services, I believe  
11 that's possible.

12 (Audience talking.)

13 CHAIRMAN KISCHNER: Recall what we discussed  
14 at the beginning of the meeting. Thank you.

15 MS. DICKSON: Relative to that question, if  
16 you have -- and we did hear testimony from an Itasca  
17 resident who was in an outpatient program in  
18 Haymarket. When that resident of Itasca came to  
19 Haymarket for his outpatient treatment, was that  
20 person subject to drug testing?

21 DR. LUSTIG: Yes, every patient that comes --  
22 whether in outpatient or residential treatment or in  
23 the recovery homes, every individual is randomly  
24 dropped.

1 MS. DICKSON: So the purpose for that is to  
2 ensure that if you're going to participate in the  
3 drug treatment program, you're going to be abstinent  
4 from drugs?

5 DR. LUSTIG: Correct.

6 MS. RAY: I have a question. It's a two-fold  
7 question. Capacity-wise, Haymarket in the City,  
8 what capacity do you operate in normally?

9 DR. LUSTIG: We are roughly around 80 percent  
10 capacity.

11 MS. RAY: Okay. So if you were at full  
12 capacity and I want to get treatment -- I want to  
13 know how this process works. So say you have five  
14 beds available at the time I call in, how does that  
15 intake process work?

16 DR. LUSTIG: So many times individuals who  
17 come in might need medical detox, which frees up a  
18 bed, or if there's someone who has been in medical  
19 detox for a period of time and can move on to  
20 treatment, we will move that patient into treatment  
21 freeing up a bed. So there's lots of levers that  
22 can be pulled to make a bed become available for the  
23 West Loop location.

24 MS. RAY: But if I come down with the

1 intention that -- is it a first come, first serve?  
2 So if you have five beds available and I call in and  
3 say -- and you said say, yes, we'll see you, if I  
4 come down there, is it first come, first serve when  
5 you get there or how does that intake process work?

6 DR. LUSTIG: It's an open access to care, so  
7 we will take you. It's a fairly large system of  
8 care, so whether you need medical detox, whether you  
9 need residential treatment or whether you need  
10 outpatient and a recovery home, all of those are  
11 different opportunities in which a bed is available  
12 if a person needs residential treatment.

13 So let's say a person comes in and  
14 is assessed for outpatient treatment but is  
15 intoxicated, they can go into our medical detox,  
16 they're assessed for medical detox, but then they're  
17 moved to outpatient and are given an opportunity to  
18 go into our recovery homes. So they can move into a  
19 recovery home bed and still participate in  
20 outpatient treatment. There's lots of different  
21 avenues for a person to go, not just one avenue,  
22 residential treatment and that's it.

23 MS. RAY: I guess my ultimate question is in  
24 situations where you just don't have the space to

1 actually treat someone, what happens? I come there  
2 to receive treatment and then all of a sudden I'm --  
3 for some reason, I'm denied. For that person, what  
4 kind of services do you provide that person outside  
5 of we don't have room for you?

6 DR. LUSTIG: We have not had that experience.

7 MS. RAY: In the Haymarket in the City,  
8 you've never had that experience?

9 DR. LUSTIG: We've not had that experience,  
10 because, again, there are different programs a  
11 person can go down. They can go into our recovery  
12 home, they can go to residential treatment, all of  
13 which contain beds, or they can go into medical  
14 detox, which is, again, another set of beds. So  
15 when you look at medical detox, it's only a  
16 three-to-five day stay so that person's moving on  
17 fairly quickly so that bed is available. So it's  
18 not a one size fits all for someone who comes  
19 through the front door. There's always space  
20 available.

21 MS. RAY: So you've never had to turn anyone  
22 down, is what you're saying?

23 DR. LUSTIG: No.

24 MS. RAY: Okay, thank you.

1 DR. LUSTIG: In years past, we had some  
2 challenges, but that was before we moved over to  
3 open access and really designed the system for that.

4 MS. DICKSON: To that point, perhaps this is  
5 a good time to address -- two kind of related things  
6 that we hear a lot from the neighborhood community  
7 is that Haymarket wants to open the facility in  
8 DuPage County and in Itasca to use as an overflow  
9 facility for the West Loop facility. Is that the  
10 purpose for wanting to move to this site?

11 DR. LUSTIG: Sorry, what --

12 MS. DICKSON: As an overflow facility?

13 DR. LUSTIG: It is not -- it does not make  
14 good business sense for me to transport someone 32  
15 miles outside the jurisdiction of Haymarket in the  
16 West Loop to bring somebody out to Itasca. When you  
17 look at the pure data numbers of the people in  
18 DuPage County that needed treatment, it's just  
19 not -- it's just not logical for us to do that, so  
20 no.

21 MS. DICKSON: And wouldn't that be actually  
22 one of the tenets of the treatment, is to keep  
23 people within their home environment? So if they're  
24 coming to the West Loop environment, you like to

1 keep that person within that treatment community?

2 DR. LUSTIG: Correct, correct.

3 MS. DICKSON: Another thing we hear is that  
4 Haymarket recently did sell a property in the City  
5 of Chicago, and one of the things that we hear is  
6 that you're interested in selling the current West  
7 Loop facility. Are you planning on selling the  
8 current West Loop facility?

9 DR. LUSTIG: Absolutely not. The West Loop  
10 facility represents more than just a facility. As  
11 its CEO, it represents a beacon. Why? Because many  
12 of the questions that are being brought up tonight  
13 and earlier is why this West Loop location is so  
14 critical. We are integrated into a neighborhood  
15 where you can't touch a condo on Washington  
16 Boulevard under \$800,000. We are in a neighborhood  
17 that is a half a block from corporate McDonald's and  
18 corporate Google. We are half a block from a  
19 childcare facility. Our clients have integrated  
20 into the neighborhood. Whether they give back by  
21 helping to shovel the sidewalks, clean the streets,  
22 a lot of our clients are interested in giving back.  
23 It represents something bigger than Haymarket  
24 Center, and that is, this is a medical disorder,

1 people can recover from it, and these are real  
2 people. So we do not have any intention of selling  
3 the West Loop facility, and, in fact, we are making  
4 improvements to the West Loop facility that is a  
5 benefit to Haymarket, its clients, as well as the  
6 neighborhood.

7 And a lot of these improvements  
8 include businesses, social enterprises, from a lot  
9 of our clients, so we have absolutely no intention  
10 at this point to sell the West Loop location.

11 MS. DICKSON: Thank you.

12 DR. LUSTIG: All of our clients are searched  
13 upon admission or upon returning from outside  
14 appointments or -- and I should say "and" -- are  
15 subject to search any time they're outside of visual  
16 control. So even if they go out with family  
17 members, if they're in our recovery homes and they  
18 go out with family members, they're also searched  
19 when they come back into the facility. Again, we  
20 did talk earlier about the random toxicology, and  
21 that is increased or decreased based on how a  
22 person's been performing on their treatment plan.

23 Again, all of our patient's  
24 personal property is searched; packages and

1 envelopes that are sent to clients are also  
2 searched. And while in primary inpatient treatment,  
3 no bags, purses, or shopping bags, backpacks or  
4 messenger bags are allowed in other than patient  
5 rooms. So staff are trained that there's not  
6 commingling, even on the programs, going into other  
7 patients' rooms. So it's a very, very structured  
8 environment that staff can keep a close an eye on as  
9 possible.

10 In our recovery homes, staff  
11 inspects -- opens and inspects all items not  
12 previously searched by security, including mail,  
13 postal or other delivery services, prior to giving  
14 items to patients. And, again, even our outpatient  
15 clients are also searched.

16 MS. DICKSON: I can see why somebody might  
17 say, well, you have a lot of search going on. Is  
18 that because of a lack of level of trust from your  
19 patients? Or is there another purpose, perhaps  
20 accountability or other conditions, that you would  
21 be telling your patients coming in these are the  
22 rules, you will be subject to search? What's the  
23 reason for that?

24 DR. LUSTIG: I think in anyone that's -- it's

1 important that rules are -- it's important that  
2 patients begin to learn how to live on life's terms,  
3 and more and more individuals that don't get  
4 treatment and their substance use disorder  
5 progresses, the rules might not apply to them. So a  
6 structured environment is a very healthy and  
7 important way for clients to get used to treatment,  
8 and so following those rules is something that is  
9 critical. It is about accountability. It is about  
10 teaching accountability to patients that are coming  
11 in to treatment.

12                   Again, here are some of the  
13 inpatient general rules. No new or additional items  
14 will be accepted to the facility after admission.  
15 Visits are restricted to approved times and areas.  
16 Date and time monitored passes to leave the facility  
17 are allowed for necessary medical appointments, and,  
18 of course, each of those medical appointments are  
19 verified through documentation in contact with the  
20 doctors' offices. No cell phones, cameras, radios,  
21 or televisions are allowed in primary inpatient  
22 treatment programs.

23                   In the event anyone wishes to leave  
24 the facility before treatment concludes, staff will

1 attempt a clinical intervention to persuade the  
2 patient to remain in treatment. If the patient  
3 continues to desire to leave treatment, he or she  
4 will be driven home or to a preferred location.  
5 Items restricted from Haymarket and will be  
6 confiscated, including illegal items will be logged,  
7 photographed, or destroyed or, if necessary, turned  
8 over to the police department. Examples are  
9 obviously weapons, illegal drugs, electrical or  
10 battery operated appliances unless inventoried and  
11 logged; over-the-counter medications must be  
12 approved by the medical director or they are  
13 confiscated; prescription medications, unless  
14 approved by the medical director; pornographic or  
15 sexually explicit or distasteful material, including  
16 clothing; products containing alcohol, including  
17 cologne, perfume, nail polish, nail polish remover,  
18 and our famous hand sanitizers, which do contain  
19 alcohol; reading material not oriented to treatment;  
20 products that may alter drug-testing results; and  
21 personal grooming items are subject to staff  
22 approval.

23 Haymarket's emergency management  
24 plan we take very, very seriously. Haymarket will

1 have an emergency management plan specific to the  
2 Itasca property and as required by our accrediting  
3 body and will be ready to respond to natural  
4 hazards, medical emergencies, fire and power  
5 outages, and all other emergencies as they arise.  
6 Haymarket staff is trained to respond to all  
7 security issues on site, again, as required by our  
8 accreditation standards in the state of Illinois,  
9 looking at some of the behavior of internal  
10 individuals, the suspicious behaviors, restricted  
11 objects, reporting incidences. We have a very  
12 robust reporting incident structure, and it is  
13 investigated on a daily basis when we get the  
14 reports. External individuals, suspicious behavior,  
15 restricting objects, and, again, reporting  
16 incidences. On site and in-house security. Access  
17 control policies we will have. Visitor control  
18 policies we will have. 24/7 access control, whether  
19 it's lockable entry doors, card-reader access, and  
20 security personnel access. Entry will be restricted  
21 to the main entrance. An exception will be,  
22 obviously, deliveries to the facility.

23 There will be 24-hour video  
24 surveillance and monitoring both internal and

1 external to the building that will monitor both the  
2 exterior egresses, the main entry, common areas, as  
3 well as the outside perimeter of the building, along  
4 with emergency call buttons.

5 MS. RAY: I have a question for the  
6 commissioners. Wasn't there a full access plan  
7 submitted?

8 MS. JARMUSZ: In your original packet.

9 CHAIRMAN KISCHNER: You can continue.

10 DR. LUSTIG: Okay. Obviously access to  
11 Haymarket DuPage will be dual-sliding front doors  
12 opened to a security staffed lobby. You'll see here  
13 at our first, second, and third shifts the security  
14 personnel that will be there. And, again, access to  
15 the other areas of the facility will be by keycard  
16 control. Doors with controlled access, both in the  
17 inpatient treatment programs as well as the secured  
18 lobby, and, again, here is the second and third  
19 shift security officers.

20 Overall, our goal is the  
21 convenience to life-saving services, whether it's  
22 through grant partnerships, bringing in 163  
23 professional jobs, an educational resource to the  
24 community, Narcan training for whether it's schools

1 or first responders, partnerships with emergency  
2 responders or churches, healthcare organizations,  
3 and schools, as well as opening up a portion of the  
4 building for community meetings and any kind of  
5 Village meetings that may want to take place in that  
6 facility. And that gives a kind of overview of what  
7 we will be proposing for the facility.

8 MS. DICKSON: Mr. Chairman, this might be an  
9 appropriate time, before we proceed with  
10 Mr. Baldwin, for the Commission to take their break?  
11 Or if you would like to proceed with Mr. Baldwin?

12 CHAIRMAN KISCHNER: Let me just make sure. I  
13 was going to ask the Commissioners if you wanted to  
14 ask any questions before we get questions from  
15 the -- I was going to ask Commissioners if they had  
16 any questions before we moved onto the next witness.  
17 Feel free.

18 MR. HERVAS: The time for -- you can ask  
19 anything for verification right now, but we're going  
20 to be getting into the more meaty questions after  
21 the presentation. So if you need a clarification on  
22 what they said, that is fine.

23 MS. JARMUSZ: Commissioner, the access plan  
24 is page 7 of the binder provided by the petitioner.

1           CHAIRMAN KISCHNER: I have a quick question.  
2 You mentioned evidence-based treatment, I believe it  
3 was. I may have read the definition of that  
4 somewhere, but I cannot recall what that means.

5           DR. LUSTIG: Let me first apologize, because  
6 our field has a lot of terminology.

7                         Evidence-based intervention means  
8 it goes through a lot of rigorous research to  
9 demonstrate that it's appropriate for the specific  
10 population and promotes the best clinical outcomes  
11 as opposed to interventions that might be  
12 inappropriate, might not have been tested on this  
13 population, might not be as effective.

14                         And one of the things that the  
15 federal government is planning to do and move  
16 through the state is requiring agencies to have at  
17 least one evidence-based intervention in its  
18 program. So these are just clinical interventions  
19 that prove to be the best for the population you  
20 serve.

21           CHAIRMAN KISCHNER: Okay, thank you. I  
22 wasn't sure. I was inferring some things, but I  
23 wasn't sure if I was inferring correctly.

24           MR. HOLMES: Early on in your presentation

1 and in the access to treatment, you cited in 2017  
2 and 2018 Haymarket's West Loop facility provided  
3 treatment for more than 2,000 residents from DuPage,  
4 Will, Lake, and Kane Counties. How many from DuPage  
5 County in 2017? How many from DuPage County in  
6 2018?

7 DR. LUSTIG: I don't have those numbers with  
8 me, but I can get -- I can break that down for you  
9 and get you that information, absolutely.

10 CHAIRMAN KISCHNER: Any other clarifications?  
11 Okay. Let's take a quick five to 10-minute recess  
12 and we'll be back at -- let's call it 8:35.

13 (Recess taken.)

14 MS. DICKSON: Before we move off of  
15 Dr. Lustig to Mr. Baldwin, I did have the  
16 opportunity to see one of the more recent questions  
17 that's been asked on Facebook to Haymarket. The  
18 question to Haymarket essentially was how can  
19 Haymarket Center guarantee it will be able to secure  
20 grants to assist the Village of Itasca if Haymarket  
21 DuPage is located within the Village. And that is  
22 one of the things we're interested in. If we can be  
23 located here, we will be aggressive in working with  
24 the community on grant applications and grant

1 proceeds coming to Itasca.

2 So, Dr. Lustig, how would Haymarket  
3 Center be able to ensure grants if it were located  
4 here in DuPage County?

5 DR. LUSTIG: We actually have a grants  
6 department that continues to receive opportunities  
7 and we screen it for appropriateness, for whether  
8 it's a Village, whether it's a first responder,  
9 whatever the need is that we have helped to  
10 identify. But I think a perfect example of securing  
11 grants or securing funding opportunities was our  
12 recent representative, Ms. Conroy, that we worked  
13 really, really closely with to address some of the  
14 lost tax revenue that was -- was being spoken about.  
15 She was able to get a half a million dollars to come  
16 to DuPage to the county, to the Village, and both  
17 the mayor as well as Representative Diane Pappas  
18 wrote a letter to -- or called the governor's office  
19 saying that the Village didn't want this money. So  
20 that -- that's unfortunate but that gives an example  
21 of how hard we work to try to address those needs of  
22 the Village.

23 MS. DICKSON: So if the mayor had not  
24 communicated with the governor's office,

1 Representative Conroy was successful in securing  
2 those grant funds for the county which would come to  
3 the Village?

4 DR. LUSTIG: Correct. She was able to secure  
5 that through the opioid funding.

6 MS. DICKSON: And in response to that, then,  
7 Dr. Lustig's presentation, which is the slide show  
8 presentation, I would just enter into evidence as  
9 Exhibit 18. And at this point, we'll turn it over  
10 to Mike Roth and Mr. Baldwin.

11 (Haymarket Exhibit No. 18  
12 identified.)

13 MR. CARELLO: So in regards to the grant  
14 money, is that a one-time 500,000 or 500,000 every  
15 year?

16 DR. LUSTIG: It was 500,000 over two years.  
17 And, again, no grant is guaranteed but it gives us  
18 that two-year running time to start looking at other  
19 opportunities.

20 MR. ROTH: Good evening, Mr. Chairman and  
21 members of the Commission --

22 CHAIRMAN KISCHNER: I have another question I  
23 wasn't aware of.

24 MS. DRUMMOND: I'm sorry. I was aware that

1 if you are awarded a grant, that you also had to  
2 come up with corresponding money to it? Is that not  
3 correct?

4 DR. LUSTIG: Corresponding -- those are for  
5 matching funds and not every fund is a matching fund  
6 grant.

7 MS. DRUMMOND: I see, okay.

8 DR. LUSTIG: So this was not a matching fund  
9 grant.

10 MR. ROTH: Again, Michael Roth. I'll be  
11 asking Mr. Baldwin, the next witness, some  
12 questions. His testimony is a little bit more  
13 analytical, and I'll be leading him through the  
14 examination.

15 So, Mr. Baldwin, could you please  
16 tell us a little bit about yourself?

17 MR. BALDWIN: My name is James Baldwin. I  
18 have been the CFO of Haymarket Center for over two  
19 years. My background is a bachelor's in accounting,  
20 also an MBA. I was also a practicing CPA.

21 MR. ROTH: And what are you here to discuss  
22 tonight?

23 MR. BALDWIN: 911 data and the need of  
24 emergency services on the Village of Itasca and the

1 Itasca Fire Protection District for this project.

2 MR. ROTH: And have you ever testified  
3 before?

4 MR. BALDWIN: I have not.

5 MR. ROTH: So how did this issue of emergency  
6 management services, EMS, come about?

7 MR. BALDWIN: Well, shortly after we became  
8 under contract to purchase the facility, it became  
9 apparent from conversations with the mayor and the  
10 fire chief that there were concerns that the  
11 facility was too large and the demand on services  
12 would be too much.

13 MR. ROTH: And so did you contact the Itasca  
14 Fire Protection District?

15 MR. BALDWIN: We did, the team met with him.

16 MR. ROTH: Chief Burke, that is?

17 MR. BALDWIN: Yes, Chief Burke.

18 He reiterated the fact that he  
19 thought their budget was too small, they could not  
20 handle it, they only have one ambulance, and that  
21 they -- it would just be too big of a strain.

22 MR. ROTH: Did Haymarket make an offer to  
23 compensate the Itasca -- or assist the Itasca Fire  
24 Department?

1 MR. BALDWIN: There was an offer to buy  
2 another ambulance. It was turned down saying that  
3 their staffing level was not enough to support  
4 another ambulance.

5 MR. ROTH: So then what happened with regards  
6 to the Village?

7 MR. BALDWIN: The mayor continued to bring  
8 this up. It was part of a very long list of  
9 questions really wanting to know how our facility in  
10 the West Loop dealt with our ambulance calls. And  
11 he specifically wanted five years of 911 data from  
12 our West Loop location.

13 MR. ROTH: And did Haymarket have that  
14 information readily available?

15 MR. BALDWIN: Sadly, we did not.

16 MR. ROTH: Why not?

17 MR. BALDWIN: We don't log telephone calls.  
18 It would be -- I mean, our staff's using cell  
19 phones. I mean, it would be impossible to track all  
20 outbound calls. It was available through City of  
21 Chicago, which we were able to FOIA and get.

22 MR. ROTH: Has tracking company telephone  
23 calls been an important issue for Haymarket in the  
24 past?

1 MR. BALDWIN: It has not. Haymarket is in  
2 the business of saving lives, not tracking telephone  
3 data.

4 MR. ROTH: So what did you do with -- in  
5 response to the mayor's request? Did you attempt to  
6 comply?

7 MR. BALDWIN: Absolutely.

8 MR. ROTH: How did you do that?

9 MR. BALDWIN: Well, we gave it -- first, we  
10 looked at it to really understand what he was asking  
11 for, and he was asking for, really, just an  
12 apples-to-oranges comparison. He was essentially  
13 asking to take the demographics and the size of our  
14 West Loop facility and convert it to what we  
15 expected the demand to be of our proposed project in  
16 Itasca.

17 MR. ROTH: Does the programming at the West  
18 Loop facility compare with that proposed for Itasca?

19 MR. BALDWIN: It is very different.

20 MR. ROTH: How so?

21 MR. BALDWIN: Right off the bat, in size, the  
22 Itasca facility would be smaller, much smaller.  
23 Program-wise, in the West Loop there's programming  
24 for severe co-occurring mental illness. Those

1 specialty programs are not proposed in Itasca. And  
2 also the medical detox, which is a huge driver of  
3 911 calls, would be much smaller in Itasca.

4 MR. ROTH: You mentioned the demographics.  
5 How does that come into play, comparing the  
6 emergency management needs in the West Loop  
7 versus -- or as compared to that proposed in Itasca?

8 MR. BALDWIN: Right, that does get hard.  
9 Obviously, the demographics of Chicago are much  
10 different than Itasca. Also Haymarket serves as a  
11 safety net for Chicago for much of the homeless so  
12 the task was difficult.

13 MR. ROTH: So how did you go about comparing  
14 apples to oranges in this assignment?

15 MR. BALDWIN: Well, there was already a lot  
16 of data out there. We had our economic report from  
17 Teska, the Village put out their economic report  
18 from Kenrich, and we went about FOIAing many  
19 agencies to try and get the right data to analyze  
20 this.

21 MR. ROTH: It has been widely reported by the  
22 Village and its residents that there were 863  
23 emergency calls -- emergency incidents to the  
24 Haymarket Chicago Healthcare Center and that that

1 would be the level of demand for services at the  
2 Itasca facility. Do you know, where did this  
3 number, 863, come from?

4 MR. BALDWIN: We did find that. It was --  
5 when it was first reported on-line on the website,  
6 and then we were able to FOIA the Village of Itasca  
7 who had received it. We did get that report. It  
8 was broken up into four sections. The total lines,  
9 amount of lines, for that report was 863.

10 MS. RAY: I have a quick question. I just  
11 want to make sure I'm hearing you correctly. You  
12 have a responsibility to your patients. We have a  
13 fiduciary responsibility to the community to make  
14 sure that we give them the proper information to  
15 make educated decisions. And from what I'm hearing  
16 from you is you're saying that it was out of the  
17 scope to ask for that information. Is that what  
18 you're -- are you saying to us that we -- that it's,  
19 you know, unheard of that we asked for information?  
20 And that's what I'm struggling with right now.

21 MR. ROTH: I don't think that was his  
22 testimony, but he can answer.

23 MS. RAY: It was. It really was.

24 MR. BALDWIN: I don't believe it's out of

1 scope. The demand on emergency services is a valid  
2 request of this Commission and I'll be getting  
3 there.

4 MR. ROTH: The difficulty, if I may, is in  
5 comparing the West Loop facility's statistics with  
6 the Itasca proposed facility's statistics, and there  
7 are problems. There are practical issues of doing  
8 so as well as gathering the evidence itself so --

9 MR. SWETS: I would like to ask a quick  
10 question with that. In comparing the West Loop to  
11 the DuPage, you said that it's different in the  
12 kinds of, probably, treatment. What would stop  
13 you -- the DuPage center from becoming what the West  
14 Loop is?

15 MR. ROTH: What exactly is that, sir?

16 MR. SWETS: Because they said the West Loop  
17 has more severe mental cases, I believe you had  
18 said. What would stop DuPage -- you becoming that  
19 style of center in DuPage?

20 MR. BALDWIN: What Dan testified to is the  
21 licensing. Once those are granted and the programs  
22 are set, that that's the program.

23 MR. SWETS: Those could never change?

24 DR. LUSTIG: What I would add, too, is when

1 you look at inner city individuals, these are  
2 individuals who may not have access to the hospital  
3 system, their acuity is much more severe, and the  
4 level of homelessness that you experience with our  
5 programming in the City is also more severe. So  
6 many of the individuals who walk in off the street,  
7 I'll give you an example, are pregnant and  
8 postpartum women. This is their first attempt at  
9 getting prenatal care. So you can imagine that a  
10 woman walks in, she's six or seven months pregnant  
11 and has no care whatsoever. I don't think we'll see  
12 that level of severity in DuPage County.

13 MR. SWETS: But you could have that level?

14 DR. LUSTIG: No doubt about that but not to  
15 the degree or volume that we would see in the West  
16 Loop location. I think that there are individuals  
17 that do have access to hospital systems and clinical  
18 care within DuPage County. So these are real  
19 long-term individuals that been outside of care for  
20 a long time. That's one of the big differences.

21 MR. SWETS: But we could potentially get to  
22 that point? There's nothing that would stop --

23 DR. LUSTIG: No. And that's why our staff  
24 are either licensed or Board certified addiction

1 counselors who are trained in dual diagnosis. So,  
2 you know, just because someone doesn't experience  
3 those severe disorders that are in the dual  
4 diagnosis programs that are in the West Loop,  
5 individuals that do experience still are managed by  
6 the staff that we would have at this facility.

7 MR. SWETS: Okay, thank you.

8 MR. CARELLO: So how do you decipher what the  
9 situation is? Or do we know that information?

10 MR. ROTH: Mr. Commissioner, we're going to  
11 get into that in detail. Okay?

12 So, Mr. Baldwin, as I understood  
13 you, we have the No-Haymarket website and other  
14 sources for the 863 call information. My question  
15 to you is is that 863 number even an accurate number  
16 of 911 calls to the West Loop facility?

17 MR. BALDWIN: Okay. It is not. The report  
18 has 863 lines. It has 863 codes. That is not the  
19 total amount of events or calls.

20 MR. ROTH: Were you able to obtain the  
21 document that comprised the 863 lines?

22 MR. BALDWIN: Yes, that came from the Village  
23 of Itasca.

24 MR. ROTH: Through an FOIA request?

1 MR. BALDWIN: Correct.

2 MR. ROTH: Okay. And you were able, then, to  
3 analyze that?

4 MR. BALDWIN: Yes.

5 MR. ROTH: And was that the sole document  
6 that you analyzed? I think you mentioned you did a  
7 number of FOIA requests.

8 MR. BALDWIN: We did. We FOIAed our own data  
9 for the five years. We went to the -- there's a  
10 separate system for the police department for the  
11 Village of Itasca, the Itasca Fire Protection  
12 District, the Addison Consolidated Dispatch.

13 MR. ROTH: And were you -- did you have to do  
14 any FOIA requests to the City of Chicago yourself?

15 MR. BALDWIN: Yes, we did.

16 MR. ROTH: So when you first analyzed the  
17 document that you received from the Village of  
18 Itasca, being the City of Chicago's dispatch  
19 information, what did you notice?

20 MR. BALDWIN: Well, one of the first things  
21 we noticed was the report pulled all the data from  
22 the 900 west block of Chicago, the entire block, and  
23 not our specific address of 932 West Washington.

24 MR. ROTH: And this was including both codes

1 and events? Instances for calls?

2 MR. BALDWIN: Correct. Getting into the data  
3 a little more, once we had it formatted in a way  
4 where we could line up all the data, both fire and  
5 police, we began to notice why just codes do not  
6 equal events, for one event could produce multiple  
7 codes. The simplest one is when an ambulance is  
8 called, the police are notified. And you'll see in  
9 the codes, you know, codes will happen within  
10 seconds of each other on the report.

11 MR. ROTH: So you did a second request to the  
12 City of Chicago?

13 MR. BALDWIN: We did, to get our full data  
14 picture both for fire and police and to have our  
15 correct address, yes.

16 MR. ROTH: And when you received that second  
17 FOIA request response from the City, was the  
18 information in that report limited solely to the  
19 Haymarket address?

20 MR. BALDWIN: No, it was customary that there  
21 are some bad addresses that get in there or that  
22 certain traffic events or parking violations also  
23 show up on the report that are not attributable to  
24 the Haymarket Center.

1 MR. ROTH: So Mayor Pruyn wanted five years  
2 of data from Haymarket. Did you do a FOIA request  
3 to the Village of Itasca for some of that  
4 information relative to the 860 West Irving Park  
5 Road location?

6 MR. BALDWIN: We did.

7 MR. ROTH: Did you get it?

8 MR. BALDWIN: We did, eventually. It did  
9 take some time. The Village's Kenrich report used  
10 five years of police data in their publicly released  
11 report. We got to start there. The Village's  
12 report did not use the Itasca Fire Protection  
13 District data, that was missing, so we had to get  
14 that.

15 MR. ROTH: Did you have an understanding that  
16 the Village of Itasca doesn't provide fire  
17 protection services?

18 MR. BALDWIN: No, not at first.

19 MR. ROTH: You learned that?

20 MR. BALDWIN: Right.

21 MR. ROTH: So then did you FOIA the Itasca  
22 Fire Protection District?

23 MR. BALDWIN: We did.

24 MR. ROTH: And did you get a response from

1 that organization?

2 MR. BALDWIN: We did.

3 MR. ROTH: Okay. And did that contain five  
4 years of information?

5 MR. BALDWIN: It was just under. It was  
6 close. There was a problem. Both the police  
7 department and the Itasca Fire Protection District  
8 both in the last five years did convert their  
9 services from doing in-house to this Addison  
10 Consolidated Dispatch, so the data was incomplete  
11 but still it was able to be analyzed.

12 MR. ROTH: When you say that it was  
13 "incomplete," were there time gaps in the  
14 information produced by the Village and the Itasca  
15 Fire Protection District?

16 MR. BALDWIN: There were and there was -- we  
17 did look at the annual report of 2018 of the Addison  
18 Consolidated Dispatch, which actually made note that  
19 there was data missing from the Itasca Fire  
20 Protection District.

21 MR. ROTH: So from all the information that  
22 you were getting, certainly from the City of Chicago  
23 there was a wealth of information and then what you  
24 did get from the Village of Itasca and the Itasca

1 Fire Protection District, what was the volume size  
2 of the information that you then began working with  
3 to do your analysis?

4 MR. BALDWIN: It was a lot of different  
5 reports, easily over a dozen, and ultimately ended  
6 up in the -- with somewhere between 2 and 3,000  
7 lines to analyze.

8 MR. ROTH: Who did you work with in your  
9 analysis?

10 MR. BALDWIN: We had a team. Including  
11 myself, we had a finance team of three. We also  
12 worked closely with our clinical team as we came  
13 across certain events that we wanted to get  
14 perspective on, and we do have an ambulance partner  
15 that we are working with that we did go over our  
16 data with them as well.

17 MR. ROTH: So you have this wealth of  
18 information. How did your team attempt to  
19 understand the scope of the dataset that you now  
20 had? I mean, how did you work with that and analyze  
21 it?

22 MR. BALDWIN: First putting it into a useful  
23 format. What I mentioned, fire and police data come  
24 separately when you get that data. First, really to

1 combine the sources, get one master list of our West  
2 Loop data, one master list of the Holiday Inn data,  
3 and then starting to combine; what does a code mean,  
4 codes have descriptions, make sure those are  
5 assigned. And then, lastly, most importantly, make  
6 sure -- we went through line by line to make sure  
7 that codes were banded together to understand what a  
8 single event was or a single call was.

9 MR. ROTH: Was all this information provided  
10 to you in an electronic format that allowed you to  
11 plug in the information and figure it out?

12 MR. BALDWIN: Sadly, no. FOIAs love coming  
13 in in the form of a PDF, so most of this data was  
14 hand-converted into Excel by our team.

15 MR. ROTH: So once you got your Excel data  
16 inputted, what did you notice initially about that  
17 dataset that you -- what was the first thing that  
18 you noticed about the dataset?

19 MR. BALDWIN: You immediately see that --  
20 well, what I spoke about before, multiple codes will  
21 equal one event. And that, you know, this was  
22 clearly overlooked by the previous economic  
23 consultant that looked at this data.

24 MR. ROTH: Why would there be multiple codes

1 for a single event?

2 MR. BALDWIN: Two main reasons. One, both  
3 the fire and police are notified almost always when  
4 there's an ambulance call. Also, there are updates  
5 that go along the way. Say a certain call can be  
6 upgraded or downgraded as the information  
7 progresses, as the responding officers or paramedic  
8 keep putting in information, so the codes could  
9 change and that data keeps changing and producing  
10 more lines of code.

11 MR. ROTH: So how many code lines might there  
12 be for a single event?

13 MR. BALDWIN: Anywhere between two and even  
14 six to ten, yeah, was normal that we saw.

15 MR. ROTH: So we keep talking about this 863  
16 number. 863, is that 863 events or is that the code  
17 data lines?

18 MR. BALDWIN: 863 is the total data lines.  
19 Nowhere close to the amount of calls.

20 CHAIRMAN KISCHNER: Excuse me, I have a  
21 question. So we've talked about the Loop facility  
22 and we've talked about 860 Irving and you're talking  
23 about -- I'm not sure which datasets you're  
24 discussing? You're going back and forth, and I'm

1 trying to --

2 MR. ROTH: Right now we're talking about the  
3 data information that was received from the City of  
4 Chicago that included the 863 data lines that's been  
5 bandied about as being the number of emergency calls  
6 that one might expect to the Itasca healthcare  
7 facility. So there's 863 data lines in some papers  
8 that are received from the City of Chicago's  
9 dispatch, and I think what Mr. Baldwin is testifying  
10 to is that there are multiple, multiple codes for  
11 each.

12 CHAIRMAN KISCHNER: I understand that. But  
13 we're talking about -- you're asking for data for  
14 the calls from Itasca, and I'm trying to --

15 MR. ROTH: Right. And we're going to get to  
16 that, because we're then going to compare what the  
17 actual number is from Chicago to what we project for  
18 the Itasca site. That really is, ultimately, I  
19 think the question, is what do we project in terms  
20 of emergency response services at the Itasca site.

21 But the question that was presented  
22 to us was tell us five years of information for  
23 Chicago, and so now we're trying to analyze that,  
24 trying to comply with the request.

1           CHAIRMAN KISCHNER: I understood that part of  
2 it. I was trying to figure out why you were asking  
3 for data from -- what is it, Addison's dispatch  
4 center or whatever that was?

5           MR. ROTH: Right.

6           CHAIRMAN KISCHNER: What does that have to do  
7 with the data that you have now?

8           MR. ROTH: Well, again, what we're trying to  
9 do is to explain to the Commission our efforts to  
10 gather data and what data it was that we were trying  
11 to gather in doing this analysis, both to compare  
12 the Chicago side with what we project for Itasca but  
13 also what the information was for the Holiday Inn in  
14 Itasca so that we could use that information, if it  
15 was of any value.

16          CHAIRMAN KISCHNER: Okay. I'm not sure why  
17 we are doing it, but maybe it will be cleared up.

18          MR. ROTH: We'll get to the Itasca site in a  
19 minute.

20          MS. RAY: I have a question. Can you put the  
21 numbers in perspective? When you said that you were  
22 missing information from Itasca, can you give a  
23 percentage number of how much information you did  
24 receive from Itasca? You said that you were missing

1 some records. I would like to get some kind of  
2 perspective of what we're talking about. Were you  
3 missing 10 percent of the information you needed to  
4 make a decision or were you missing 80 percent of  
5 the information? You know what I mean? You just  
6 said you were missing information. What does that  
7 look like?

8 MR. BALDWIN: When I started it, at first we  
9 were missing, well, all of the information from the  
10 Itasca Fire Protection District, because it was not  
11 used.

12 MS. RAY: But you had said that you analyzed  
13 everything from our fire chief. I just wanted to  
14 make sure what percentage was not received, so we  
15 can come up with some sort of conclusion. Just  
16 saying that we did not receive all the information,  
17 for me, is not adequate enough.

18 MR. SWETS: At this point, do you have all  
19 the information you need or are we still missing  
20 information? Simple question.

21 MS. RAY: Well, I think it's more than that.  
22 I think it's also if you analyze this, you're saying  
23 that you are missing a portion of the information.  
24 I just want to know how much you're missing?

1 MR. ROTH: For 2018?

2 MS. RAY: Yes, for what he was analyzing.

3 MR. ROTH: The 2018 data.

4 CHAIRMAN KISCHNER: Please speak into the  
5 mic.

6 MS. RAY: I'm sorry.

7 MR. BALDWIN: So the problem is we don't  
8 fully know. The 2018 annual reports for the --

9 (Audience clapping.)

10 CHAIRMAN KISCHNER: Again, I'm going to ask  
11 the audience to sit and listen to the proceedings,  
12 not be involved at this point. You will have time  
13 to answer. And, sir, if you want to do that again,  
14 we will ask you to leave the building. Let's  
15 continue.

16 MR. BALDWIN: The 2018 annual report, Addison  
17 Consolidated Dispatch, all it says is that data is  
18 missing from the Itasca Fire Protection District,  
19 and I can't speculate any further on that. That is  
20 just simply what that annual report references, and  
21 that is included as part of our dataset we analyzed.

22 MS. RAY: Don't you think that if you were  
23 trying to uncover insights that you would make --  
24 I'm sorry -- don't you think that if you were trying

1 to uncover insights and make an educated decision,  
2 you would have to make sure that you have all the  
3 data that would support it? That's what I'm  
4 struggling with right now.

5 MR. BALDWIN: For the educated decision that  
6 we're getting to, the conclusion, we can base -- we  
7 feel comfortable that we can at least give a minimum  
8 for the Holiday Inn -- the need on the Holiday Inn  
9 right now.

10 MS. RAY: Right. But I didn't get that vibe  
11 from you, that you were comfortable. I got the vibe  
12 that you weren't comfortable in making this decision  
13 because you weren't provided all the information  
14 from our fire district. That's what I got when you  
15 were talking.

16 MR. ROTH: And, for clarification, it was in  
17 an effort to try to gather that information that we  
18 were not receiving it. So to be able to say what  
19 all that we did not receive, that's a tall order. I  
20 think the governing bodies, they have that  
21 information, and hopefully sometime we'll get it.

22 So, Mr. Baldwin, with regards to  
23 the information -- and we're going back down to the  
24 Chicago data now. All right? And you mentioned the

1 multiple data codes for a single event. Were there  
2 also events shown within that dataset, the Chicago  
3 dispatch information, that were not related to  
4 Haymarket?

5 MR. BALDWIN: Yes, there were -- different  
6 addresses could show up and show up on that report  
7 and also traffic violations or parking violations  
8 not attributable to Haymarket.

9 MR. ROTH: So taking that information, where  
10 there are multiple data codes and then you also have  
11 calls that are in that information that are not  
12 related to Haymarket, what did you do? What did you  
13 do then?

14 MR. BALDWIN: Well, we then started doing our  
15 analysis on the data. After knowing what we found  
16 out, how many events there were, we approached our  
17 private ambulance partner and worked with them to  
18 share with them our data and to have them analyze it  
19 with us on their comfort and confidence level of how  
20 they could handle our calls.

21 MR. ROTH: And this private ambulance company  
22 is Elite Ambulance; correct?

23 MR. BALDWIN: Correct.

24 MR. ROTH: In your discussions with Elite,

1 did you provide them with operational information  
2 and what the plans were for the size of the Itasca  
3 facility?

4 MR. BALDWIN: Yes.

5 MR. ROTH: Did you have discussions with the  
6 Elite ambulance personnel with regards to the types  
7 of programs that were going to be offered at the  
8 Itasca facility as distinguished from the West Loop  
9 facility?

10 MR. BALDWIN: Uh-huh, absolutely.

11 MR. ROTH: Did you have any discussions with  
12 Elite about its -- its equipment volume? Where  
13 Elite would be dispatched from? What its  
14 capabilities would be in the Itasca area?

15 MR. BALDWIN: Definitely. They have a large  
16 fleet, and from the proposed site, they had two  
17 locations that were very close -- I believe at  
18 Thorndale and 290 and Army Trail and 355 -- that  
19 they would -- that's kind of their waiting post;  
20 that they would be close by to respond to our calls.

21 MR. ROTH: Did you have any discussions with  
22 Elite as to whether or not they were already  
23 providing service in Itasca and the surrounding  
24 area?

1 MR. BALDWIN: Yes, they were definitely  
2 throughout DuPage, and they had one very similar  
3 client right close to downtown of Itasca of the  
4 Forestview Nursing Rehab facility.

5 MR. ROTH: Now, the dataset that you received  
6 from the City of Chicago, that's both for police  
7 calls and for EMS calls; is that correct?

8 MR. BALDWIN: Yes.

9 MR. ROTH: And as a result of your  
10 discussions with Elite Ambulance and all the  
11 information and data that you had analyzed, what  
12 was -- what did Elite tell you their capabilities  
13 would be for coverage of EMS calls to the Itasca  
14 healthcare facility?

15 MR. BALDWIN: We wanted them to give a fair  
16 and conservative estimate on how much they could  
17 handle our call volume, and they thought that the  
18 figure would be 90 percent of our calls for an  
19 ambulance.

20 MR. ROTH: For ambulance service?

21 MR. BALDWIN: For ambulance service.

22 MR. ROTH: Now, is Elite capable of handling  
23 the various types of ambulance calls?

24 MR. BALDWIN: Yes. So there's generally

1 what's called three types; BLS, ALS and ALS2, Basic  
2 Life Safety and Advanced Life Safety and Advanced  
3 Life Safety 2. Elite can handle every level of  
4 service.

5 MR. SWETS: I have a question. So in  
6 emergency situations, your staff is going to call  
7 Elite Ambulance service? Is that what the protocol  
8 is you're proposing?

9 MR. BALDWIN: So a lot of our calls are  
10 nonemergency.

11 MR. SWETS: Can you expand on that?

12 MR. BALDWIN: That's basically -- that 10  
13 percent would be if it really was, you know, an  
14 emergency affecting the health and safety of the  
15 patient and the Itasca ambulance was available and  
16 closer, they would recommend that, yes. That's what  
17 would make that 10 percent of the calls.

18 MR. SWETS: Okay. And what's the other 90  
19 percent of the calls? I mean, I'm not grasping if  
20 ambulance is needed, other than transporting -- like  
21 nursing homes have to transport patients to and from  
22 the hospital. They usually don't go lights blaring.  
23 You know, it's a transportation service. How many  
24 patients are you transporting versus how many

1 patients are you doing an emergency situation?

2 I can't see 90 percent being  
3 transported but, you know, maybe you can clarify  
4 that for me. And in an emergency situation, I would  
5 believe most people would dial 911 and not 847  
6 whatever the rest of the numbers are that you're not  
7 going to have memorized, and if you ever try to look  
8 for it in your phone in an emergency situation, it's  
9 easier to dial 911. So what's -- what other --  
10 what's the 90 percent of the patients that are being  
11 transported, and can you describe that for us?

12 MR. BALDWIN: Certainly. A lot of them are  
13 classified as just general medical. Those  
14 descriptions can range from abdominal distress,  
15 allergic reactions, abnormal back pain, bleeding,  
16 diabetic complications. There are some psychiatric  
17 distress calls where there is a -- there could be a  
18 disturbance and some type of problem with their  
19 mental illness; seizures make the list; difficulty  
20 breathing. Further down the list, you get into like  
21 overdose or unconsciousness.

22 MR. SWETS: So if you have a patient that's  
23 unconscious --

24 MR. BALDWIN: Those would be the 10 percent.

1 MR. SWETS: Those would you call Elite and  
2 not the fire district?

3 MR. BALDWIN: So --

4 MR. SWETS: Where is their protocol in where  
5 they call the fire district versus a private  
6 ambulance service?

7 MR. BALDWIN: There is staff training around  
8 this. We may have Dan chime in on this, but the  
9 medical team is trained to identify situations, and  
10 they're trained on how to respond.

11 DR. LUSTIG: On top of that, we have our  
12 nursing department that will help to determine this.  
13 But I want to clarify this consistent misnomer that  
14 keeps coming up about transport. So Elite Ambulance  
15 service does more than transport. This question  
16 keeps coming up. They do advanced as well as basic  
17 life support, so they do function as a full-fledged  
18 ambulance. As a matter of fact, the Village of  
19 Itasca has a private contract with Superior that  
20 does more than just transport. It's a backup to  
21 your ambulance service.

22 So the first part of the question  
23 is, yes, they do more than just transport. They do  
24 function as a full-fledged ambulance. The second

1 part of the question is that our staff and nursing  
2 will help to determine whether it's going to be a  
3 911 call, because this person is either having a  
4 seizure or is in the process of an overdose and our  
5 Narcan administration isn't working. There are  
6 times that we have to Narcan three and four times to  
7 get a patient back, so it's more than just the one  
8 time.

9 So our nursing department is very  
10 involved in determining how this call is going to  
11 originate, whether it's a 911 call. And when you  
12 look at the analysis, you will see that a majority  
13 of those calls, those kind of 10 percent calls that  
14 are made, would be the 911 calls. The other calls,  
15 which our nursing department or physician assistants  
16 have stabilized the patient but we still need to  
17 transport that patient, will be done through the  
18 private ambulance service.

19 MR. SWETS: Okay, thank you. That explains a  
20 lot more. Thank you.

21 MR. LUSTIG: You're welcome.

22 MR. CARELLO: I still think we're kind of  
23 getting off track. There's a number. What's the  
24 number? You're narrowing this down --

1 DR. LUSTIG: Can we show --

2 MR. ROTH: We'll get there in just a couple  
3 of minutes. Mr. Baldwin, when did you then complete  
4 your analysis on this data?

5 MR. BALDWIN: It was ready for the last  
6 zoning commission meeting.

7 MR. ROTH: Okay. And here's the question  
8 they're all waiting for. What do you conclude is  
9 the expected number of emergency calls for the  
10 Haymarket Itasca healthcare facility?

11 MR. BALDWIN: On an annual basis, we project  
12 33 calls.

13 MR. ROTH: And how many of those calls are to  
14 the Itasca Fire Protection District and how many of  
15 them are to the Itasca Police Department?

16 MR. BALDWIN: It would be 13 to the fire  
17 district and 20 police calls.

18 MR. ROTH: What did the data that was  
19 attached to the Kenrich report show as being the  
20 current number of Itasca Holiday Inn EMS calls for  
21 police and fire services in the last year? Again,  
22 knowing that we're not getting all the information,  
23 but of the information and data that we do see as to  
24 calls that were made from the Holiday Inn, what's

1 that number?

2 MR. BALDWIN: That data showed 49 calls to  
3 the Holiday Inn.

4 MR. ROTH: And how many of those were police  
5 and how many of those were fire?

6 MR. BALDWIN: 17 fire and 32 police.

7 MR. SWETS: So I have a follow-up question to  
8 that. You're predicting 13 emergency calls to  
9 Itasca fire district. If that's what you're  
10 thinking, why did you offer to purchase an ambulance  
11 for the village?

12 DR. LUSTIG: Because the information we were  
13 getting was that Itasca has one ambulance and so  
14 there was -- at that point, as we were trying to  
15 work through the barriers, was there a need for a  
16 second ambulance. But after further analysis, what  
17 we found out is, yes, Itasca does have one  
18 ambulance, but it's also part of a consortium of  
19 other ambulances that are 20 or 30 in nature by  
20 using other collar county ambulances as backup. So  
21 it's not just one.

22 But then also we heard from the  
23 mayor that it's not just the purchase of an  
24 ambulance, it's also the staffing of that. So it

1 wasn't -- we were looking at this as a barrier to  
2 care or barrier for the Village, not understanding  
3 or even being aware that there really is backup to  
4 your one ambulance service in the Village.

5 MR. ROTH: Okay. So, Mr. Baldwin, let's take  
6 a look at this table. Did you prepare this table on  
7 the screen?

8 MR. BALDWIN: Yes.

9 MR. ROTH: Okay. And what does this table  
10 depict? Is it your analysis that you've been  
11 testifying to for the last --

12 MR. BALDWIN: This is the summary of our  
13 analysis to kind of comply with the mayor's request  
14 to convert our West Loop 911 calls to what would be  
15 projected for the proposed project in Itasca.

16 MR. ROTH: Can you work your way through the  
17 table, starting from the top?

18 MR. BALDWIN: Of course. So starting at the  
19 top is that 863 figure that has been widely reported  
20 as total emergency responses, but, as we see, that's  
21 not really true. The first one that you take away  
22 from that is the wrong FOIA was used but the entire  
23 900 block of Washington Boulevard was used instead  
24 of just our address. Analyzing the data, that would

1 take off 83 of those. Next up, a smaller easy one  
2 of just 6. It was a wrong address included that  
3 report.

4 MR. ROTH: That would be in the second FOIA  
5 report that was received from the Chicago dispatch?

6 MR. BALDWIN: Correct.

7 MR. ROTH: These are the wrong addresses that  
8 were included in the second report by the City of  
9 Chicago?

10 MR. BALDWIN: Yes.

11 MR. ROTH: Okay. What's next?

12 MR. BALDWIN: Next, what I had spoken of  
13 before, that codes do not equal events or calls.  
14 Essentially those are duplicates; that they're not a  
15 call. Take off 348 of those. Those were events  
16 that generated multiple codes.

17 CHAIRMAN KISCHNER: So I want to follow up on  
18 that.

19 MR. BALDWIN: Okay.

20 CHAIRMAN KISCHNER: If fire was called,  
21 that's a call. If police is called, that's also  
22 services being used. That's a separate call. Did  
23 you count that as one call or two calls?

24 MR. BALDWIN: Repeat your question?

1           CHAIRMAN KISCHNER: So if there's a call,  
2 fire department is called and the police department  
3 shows up, they're called as well. Is that one call  
4 or two calls on your sheet?

5           MR. BALDWIN: So that we would have counted  
6 as two, if they both showed up. We fairly thought  
7 that's a use of both services.

8           CHAIRMAN KISCHNER: You copied that as two  
9 lines?

10          MR. BALDWIN: Correct. But what happens  
11 frequently, particularly in Chicago, is that the  
12 police are notified and they are doing something  
13 more important. They will not be -- they will not  
14 show up, just the ambulance shows up. And there is  
15 a call that signifies if a unit was dispatched, so  
16 if a unit was dispatched we counted it.

17          CHAIRMAN KISCHNER: So if it wasn't  
18 dispatched, you didn't count it. But Itasca maybe  
19 has some better services, they would show up, and  
20 each one would be two calls. So the numbers should  
21 be inflated to really reflect what's really going to  
22 occur here as opposed to in Chicago where they might  
23 be busier on a given day. Is that correct?

24          MR. BALDWIN: I don't know that I can totally

1 speculate on how police and fire respond in Itasca.

2 CHAIRMAN KISCHNER: Well, we'll ask it when  
3 they come up and request that question if we don't  
4 know the answer to that currently.

5 MR. ROTH: James, we're back to the  
6 duplicate, triplicate, quadruplicate line items for  
7 single instances. Is there a factor in the Chicago  
8 call log, again working off this 863 number, where  
9 multiple calls may be made for a single event?

10 MR. BALDWIN: Sorry, say that again?

11 MR. ROTH: Multiple calls from Haymarket for  
12 a single event?

13 MR. BALDWIN: That can happen for sure. But,  
14 again, we're counting the calls that somebody was  
15 dispatched to and showed up to Haymarket.

16 MR. ROTH: So Haymarket personnel might make  
17 a follow-up call --

18 MR. BALDWIN: Of course.

19 MR. ROTH: -- to the Chicago dispatch for the  
20 same event?

21 MR. BALDWIN: That is noted in the data. It  
22 would be the same call, and it's noted and it has a  
23 code.

24 MR. ROTH: And in those codes, were there any

1 emergency line item codes where there was no  
2 response at all?

3 MR. BALDWIN: Yes, that can happen. Either  
4 the dispatcher, you know, solved it on the phone or  
5 somebody called up again and canceled the call, so  
6 we did adjust for those. There were 45 of those  
7 lines that included a call that emergency services  
8 did not respond to.

9 MR. ROTH: You mentioned earlier that in the  
10 dataset that you had received from the City of  
11 Chicago there may be instances where the police were  
12 dispatched to the 932 West Randolph Boulevard --  
13 West Washington Boulevard address and it didn't have  
14 anything to do with Haymarket. Is that shown on  
15 your table?

16 MR. BALDWIN: That is also adjusted for. Any  
17 traffic or parking violations not associated with  
18 Haymarket, we did take those out.

19 MR. ROTH: Earlier you had talked about  
20 trying to compare the size of the West Loop facility  
21 with that of Itasca as that is what the mayor had  
22 asked for. How did you make an adjustment for the  
23 size of the facilities?

24 MR. BALDWIN: Basically the number of beds

1 and number of treatment slots compared -- you know,  
2 the same as Itasca compared to the West Loop. We  
3 did make an adjustment for the size, conservatively,  
4 at 31 percent adjustment down, that Itasca would be  
5 smaller.

6 MR. ROTH: When you say "treatment slots,"  
7 what are you talking about?

8 MR. BALDWIN: That is outpatient, where  
9 people are showing up for their outpatient  
10 treatment.

11 MR. ROTH: Okay. So that was a 107 call  
12 downgrade?

13 MR. BALDWIN: Correct.

14 MR. ROTH: That brings us down to 231 based  
15 upon the duplicates, the errors, and the size  
16 adjustment. Earlier you mentioned about the  
17 differences in the programs at the West Loop  
18 facility as compared to what programs will be  
19 offered at the Itasca facility. How does that come  
20 into play with regards to what the projection of EMS  
21 services would be in Itasca?

22 MR. BALDWIN: Since those programs that are  
23 previously mentioned, you know, with serious mental  
24 illness, they will not be in Itasca, we made an

1 adjustment for those. That adjustment is 89.

2 MR. ROTH: Are those kinds of programs that  
3 are not going to be provided in Itasca, are those  
4 relatively large or small generators of EMS calls,  
5 in your experience?

6 MR. BALDWIN: Large generators. The serious  
7 co-occurring mental illness and also the bigger size  
8 of the medical detox program are big factors in 911  
9 calls.

10 MS. RAY: I have a question. How can you  
11 make an estimate for -- all that you've been talking  
12 about this whole time is how hard it was to get  
13 these records, right? You couldn't get them from  
14 City of Chicago. You couldn't get them from the  
15 Itasca. How could you make an estimate when you say  
16 you don't track data? In order to make an educated  
17 estimate, you have to track data, and there has to  
18 be factors in it, right? And I have a problem with  
19 this because this really reduces the number of  
20 calls, 89, when you don't know anything about the  
21 datasets. I guess that's why I'm struggling with  
22 that right now.

23 MR. BALDWIN: So we do track -- not calls but  
24 we track emergency events as part of our electronic

1 health record. That is very close to being  
2 correlated -- or it is correlated to the number of  
3 911 calls. From that, what we can do is prepare by  
4 program and where the event happened to come up with  
5 percentages on which programs account for which 911  
6 calls.

7 MR. SWETS: Are those in our packet at all?  
8 The copies of that data?

9 MR. ROTH: I don't think it is, but if you  
10 need it --

11 MR. SWETS: I mean, if you have evidence that  
12 would back up these numbers, I would assume -- or I  
13 would like to see them in our packet to, you know,  
14 analyze them ourselves so we can see -- I mean, to  
15 give a fair indication of what's going on.

16 MR. ROTH: I would add that there are HIPAA  
17 restrictions on what we can and cannot disclose with  
18 regard to medical services, and I think everybody  
19 understands that.

20 MR. SWETS: That's understandable. There  
21 could be events and dates without giving out patient  
22 names.

23 MR. ROTH: We just have to be careful. That  
24 information has not been asked of us. What was

1 asked of us was the number of emergency calls,  
2 because Itasca cares about how much its services are  
3 going to be depleted; not how many emergencies  
4 Haymarket has but what the drain might be on Itasca.  
5 That's the question that has been asked of us, and  
6 that's what we're trying to answer.

7           And the answer to your question is  
8 that is information that is held by the public  
9 agencies. They're the ones that know. They're the  
10 ones that keep track on the emergency dispatches.  
11 They make the dispatch or they don't make the  
12 dispatch. They keep all the records on that. If  
13 you want to know about the health services that are  
14 provided by Itasca and how many emergencies --  
15 excuse me, by Haymarket and how many emergency  
16 medical services Haymarket may have, I think  
17 Dr. Lustig has spoken to that, and we can provide  
18 you whatever information that is legally available.

19           MR. SWETS: In these reports, when you do  
20 have an emergency in your facility -- and with the  
21 doctors and physicians, nurses, in your facilities,  
22 I'm assuming some of those can be handled on site.  
23 So in your list of emergencies, you guys indicate if  
24 outside emergency services were needed or if it was

1 handled internally. In any of your reports, would  
2 those be available for us?

3 DR. LUSTIG: We do track them through our  
4 incidents reports, which is a manual process. So we  
5 would have to go through -- if we're using the  
6 benchmark of five years, we would have to go through  
7 12,000 clients per year manually through the  
8 incident reports to get that information.

9 CHAIRMAN KISCHNER: So your data is not  
10 computerized?

11 DR. LUSTIG: Not when it comes to the  
12 incident reports on whether the ambulance is called.  
13 It's done through the electronic health record and  
14 through an incident report, but that individual  
15 health record, we would have to go through them  
16 manually.

17 CHAIRMAN KISCHNER: Because when we get the  
18 traffic study, we can read the backing data, if we  
19 so choose, and I think that's what the commissioner  
20 is asking for, the backing data.

21 MR. ROTH: I understand. And I do want to be  
22 clear, too, that when we talk about data having been  
23 missing, the data that was missing was the data  
24 received from Itasca and the Itasca Fire Protection

1 District. We're not suggesting that the data we  
2 received from the Chicago dispatch was missing  
3 anything. It was incorrect the first time because  
4 of the wrong addresses, but the information that  
5 Mr. Baldwin is testifying to off of the table is  
6 based off of the Chicago information, which we  
7 believe is complete.

8 MS. RAY: Right, I get that. I was just  
9 saying that you were saying you guys don't track  
10 information. Well, it's hard to make an educated  
11 decision if you're saying -- making an estimate when  
12 you don't gather that information because you don't  
13 save data to pull from.

14 MR. ROTH: Well, we do have the data that  
15 Itasca provided us and we have the data that --

16 MS. RAY: But that's an estimate that you  
17 made based on what services you provide so how can  
18 we have --

19 MR. ROTH: Again, we're trying to answer the  
20 question that the mayor had insisted we answer.  
21 That's what we're trying to do.

22 MR. CARELLO: But I think the one thing  
23 that's wrong in this is removal of duplicate calls  
24 generated. You're making an assumption that --

1 MR. ROTH: We're not making an assumption.

2 MR. CARELLO: -- there was no need for police  
3 so they didn't need to be there. That doesn't  
4 matter if they need to be there.

5 MR. ROTH: We track --

6 MR. CARELLO: If fire is called, the police  
7 show up. If the police are called, fire may show  
8 up. That's a given number. That should be included  
9 in your number.

10 MR. ROTH: Let me answer that, if I may. You  
11 have data that has been provided to you through the  
12 Village's economic consultant. Okay? And that data  
13 shows 49 calls in Itasca. It shows the number of  
14 police and it shows the number of EMS, and you add  
15 them altogether and it equals 49. All right? So  
16 you've got it all. That's it. And we did the exact  
17 same thing with respect to our projections. We took  
18 police and we took fire, and the information that is  
19 involved that he's testifying to include both police  
20 and fire. It's all of it.

21 MR. CARELLO: Then how do you remove 348  
22 calls?

23 MR. ROTH: On which line are you on?

24 MR. CARELLO: Remove duplicates as a typical

1 one-call generator.

2 MR. ROTH: Because they're code lines.

3 They're not instances.

4 MR. CARELLO: You're saying a typical  
5 one-call generator --

6 MR. ROTH: If police and fire were both --

7 MR. CARELLO: If you call fire, police will  
8 dispatch, but you didn't need police but they still  
9 dispatched.

10 MR. ROTH: And we counted it.

11 MR. CARELLO: You minused off 348.

12 MR. ROTH: We minused 348, that's right.

13 MR. CARELLO: Why are you minusing at all?  
14 It still generated a call.

15 MR. ROTH: Because it wasn't an instance.

16 MR. BALDWIN: To clarify, if police and fire  
17 showed up, we counted it. That is not in the 348.

18 MR. CARELLO: What is minus 348, a duplicate  
19 call?

20 MR. BALDWIN: Those would be if -- the call  
21 can get updates so it generates five more codes. So  
22 say it can change the type of diagnosis, it could be  
23 escalated into a new diagnosis, or it could be  
24 downgraded that no one else needed to show up.

1 MR. CARELLO: Right.

2 MR. BALDWIN: Those are the ones we're  
3 eliminating. It's just different lines of code.  
4 It's not the emergency services showing up.

5 MR. CARELLO: So then for every call that may  
6 have escalated, to me that's shouldn't be a matter  
7 of reduction. That would be more services. That's  
8 like a two-alarm fire or a three-alarm fire, you'd  
9 need additional ambulance or additional fire.

10 CHAIRMAN KISCHNER: I'm not sure that's  
11 correct, because if the same one ambulance shows up,  
12 for example, they might use different tools on the  
13 ambulance, medical devices, but it's still the one  
14 call, if I'm hearing you correctly.

15 MR. ROTH: Correct.

16 MR. CARELLO: Well, not if you upgrade. And  
17 we may need our police or fire to assess. I know we  
18 are -- if there's a structural fire and our fire  
19 apparatus can't handle it, they upgrade and Wood  
20 Dale shows up. Now that's two apparatus that are  
21 being used.

22 MR. SWETS: I think maybe what they're trying  
23 to say is if somebody is lightheaded and you call  
24 the ambulance and then by the time the ambulance

1 gets there, they're unconscious, I believe that  
2 would be a separate code and that might -- is that  
3 kind of what you're talking about?

4 MR. BALDWIN: That's one example.

5 MR. SWETS: Where something changes.

6 MR. KISCHNER: But same ambulance for the  
7 service. You're not calling two ambulances for one  
8 person.

9 MR. ROTH: Right. And I want to emphasize,  
10 too, that there are zero dispatches that we  
11 discounted on the table. None. Every dispatch is  
12 included. And, again, when you take -- you look at  
13 the information that was provided by the Village of  
14 Itasca, all right, that came from the police  
15 department. Many of those instances where the fire  
16 or EMS services were dispatched and came to the  
17 Holiday Inn there were police there, too, and we  
18 counted them all. That would be counted. That  
19 would count as two dispatches. We did the same  
20 thing in Chicago. So there was no artificial  
21 reduction or overstating of the numbers.

22 Mr. Baldwin, with regard to -- all  
23 right. So now we are down to the second to the last  
24 line, I believe. We talked about the programming

1 reductions and those programs that are not provided  
2 to -- will not be provided at the Itasca facility.  
3 You mentioned the fact that -- you were specific as  
4 to which programs generated which calls; correct?

5 MR. BALDWIN: Correct.

6 MR. ROTH: Okay. Now, what was your last  
7 adjustment on your table?

8 MR. BALDWIN: Okay. We get to the private  
9 ambulance service and the 90 percent estimate that  
10 they could handle our calls.

11 MR. ROTH: Of the 142 number right above  
12 that, after you do the adjustment for programming  
13 and the size and get rid of the duplicates and  
14 inapplicable dispatches, or non-dispatches, of that  
15 142 number how many of those were police and how  
16 many of them were EMS?

17 MR. BALDWIN: So 20 were police, 122 were  
18 fire.

19 MR. ROTH: Or ambulance?

20 MR. BALDWIN: Or ambulance.

21 MR. ROTH: Did Haymarket have any fires?

22 MR. BALDWIN: No, there were no fires.

23 MR. ROTH: Okay. So --

24 MR. HOLMES: Mr. Baldwin, I mean, your table

1 gives exact numbers for the existing Holiday Inn  
2 in -- for your projection for Itasca. In the West  
3 Loop, how many fire calls did you get and how many  
4 police calls, just numbers, so that we can do our  
5 own figures?

6 MR. BALDWIN: Well, that would be working  
7 backwards. On which line would you have confusion  
8 on?

9 MR. HOLMES: Well, so is it 426?

10 MR. CARELLO: It would be 426, the way it's  
11 written here.

12 MR. BALDWIN: Yes, total 426.

13 MR. HOLMES: How many police and how many  
14 fire?

15 MR. ROTH: 426 or 381?

16 MR. BALDWIN: I do have that broken out. Out  
17 of 426, 120 would be for police, 306 would be for  
18 ambulance.

19 MR. HOLMES: Thank you.

20 MR. ROTH: For Chicago.

21 CHAIRMAN KISCHNER: Could you repeat that? I  
22 didn't get to write that down quick enough.

23 MR. BALDWIN: Sure. On that running total,  
24 breakdown of the 426, 120 would be for police and

1 306 would be for ambulance.

2 CHAIRMAN KISCHNER: Thank you.

3 MR. CARELLO: I think Commissioner Holmes  
4 makes a very good point on that question, because  
5 you're removing the errors out of this analysis, and  
6 the errors are going to happen, even for us. So I'm  
7 sure there's errors in the calls that went to the  
8 Holiday Inn but they're still calls.

9 MR. ROTH: No, they were reported by the --  
10 whenever there was a dispatch, it was reported, at  
11 least the number that they reported.

12 MR. CARELLO: But I'm saying like the ones  
13 here where -- a traffic violation we know isn't  
14 going to pertain to Haymarket, but, again, so -- and  
15 that's what you're looking at, 306, because now you  
16 can -- below the 306 is where you start removing  
17 other instances.

18 MR. ROTH: You are working off the same  
19 information that we were given, and you look at the  
20 Kenrich report and you'll see what the table is and  
21 then you'll see what each of the instances were for.  
22 You'll see who was there, whether it was police  
23 alone or police and fire, whether it was a theft or  
24 a drug problem, what it was. You'll see that on the

1 information that you got. That's what we worked off  
2 of and that was provided in the Kenrich report.

3 So, again, after you then reduced  
4 that number that Commissioners were asking about,  
5 bringing it down to 338, you eliminate the calls  
6 that were not Haymarket calls, you reduce because  
7 there's a real small -- a smaller size for the  
8 facility in Itasca than what is projected -- that's  
9 projected in Itasca as compared to what was in  
10 Chicago, and then you also make the adjustment  
11 that's very real in regards to the types of programs  
12 that are offered -- that will be offered in Itasca  
13 as compared to Chicago and you get down to the  
14 numbers.

15 And what are your numbers, then,  
16 relative to the police and fire on the 142?

17 MR. BALDWIN: On the line where it's 142, we  
18 are at 20 calls for police and 122 for ambulance.

19 MR. ROTH: Now you make an adjustment for the  
20 fact that Haymarket is now going out and getting its  
21 own ambulance services. Rather than relying upon  
22 the public services, it will go pay for its own  
23 services; right?

24 MR. BALDWIN: Correct.

1 MR. ROTH: Did you make any adjustment  
2 downward on the police on account of Haymarket  
3 bearing the burden of its own EMS services?

4 MR. BALDWIN: No.

5 MR. ROTH: Okay. But you testified that a  
6 conservative estimate by Elite Ambulance, who  
7 already provides services in Itasca, is that,  
8 conservatively, they can handle 90 percent of your  
9 calls?

10 MR. BALDWIN: That is correct.

11 MR. ROTH: All right. So now how does that,  
12 then, adjust or equate on the EMS calls in Itasca?

13 MR. BALDWIN: For the end tally, after  
14 adjustment by the ambulance, that 10 percent, we  
15 would think there would be 13 ambulance calls that  
16 would make their way through and 20 police calls.

17 MR. ROTH: After making these quantitative  
18 and qualitative adjustments to the numbers that have  
19 been provided to you, are you confident that your  
20 testimony as to the numbers of projected calls at  
21 the Itasca facility are correct?

22 MR. BALDWIN: I am. We thought they were  
23 very fair and conservative.

24 MR. ROTH: So Haymarket is going to go out

1 and it will be charged for each of its EMS calls; is  
2 that correct?

3 MR. BALDWIN: Correct.

4 MR. ROTH: It's charged on a per-call basis?

5 MR. BALDWIN: Yes.

6 MR. ROTH: Do other communities do that?

7 MR. BALDWIN: Yes, it's common practice even  
8 in the close surrounding communities. Itasca also  
9 charges for ambulance services.

10 MR. ROTH: The Itasca Fire Protection  
11 District?

12 MR. BALDWIN: They do.

13 MR. ROTH: Who do they charge and who don't  
14 they charge?

15 MR. BALDWIN: What's common practice for an  
16 ambulance call is the patient's insurance is billed,  
17 whether it's commercial insurance, medicaid, or  
18 Medicare -- medicaid and Medicare are assigned  
19 rates -- and, typically, if the patient does not  
20 have insurance, they are not charged, and they are  
21 not charged if their insurance does not pick it up.

22 MR. ROTH: Thank you.

23 CHAIRMAN KISCHNER: So I have a question  
24 about the 89, the Itasca program and reduction

1 estimate for the "no co-occurring serious mental  
2 illness program." So what you're saying is if  
3 somebody was addicted to a substance and also had  
4 that particular mental illness, you would not accept  
5 them as a -- for treatment; is that correct? You  
6 would send them to another facility, whether it's  
7 downtown or another organization?

8 MR. BALDWIN: That is correct. They would go  
9 to a different facility.

10 CHAIRMAN KISCHNER: So you would be turning  
11 them away from being close to their house in the  
12 DuPage area and from Itasca and all that?

13 MR. BALDWIN: Certainly not.

14 DR. LUSTIG: So the goal here is that when  
15 you look at a person's specific medical condition,  
16 schizophrenia, bipolar disorder, we have specific  
17 programs in the West Loop location that addresses  
18 that. When you look at dual diagnosis as a whole,  
19 about 93 percent of our substance disorder issues  
20 will have that, a co-occurring disorder. It won't  
21 be as severe and so it can be managed in our regular  
22 programming with the psychiatric support that we'll  
23 have at the facility.

24 So it's going to be those more

1 florid kind of severe issues that would be better  
2 treated at the location in the City. But, you know,  
3 your mood disorders, your cognitive disorders, can  
4 be managed in this facility, because both our staff  
5 are trained as well as having the psychiatric  
6 support in place.

7 CHAIRMAN KISCHNER: So that's another  
8 estimate, if you will, based on the diagnosis from  
9 staff that -- so we are going to have some people  
10 with those afflictions, but they're not going to be  
11 as severe based on the diagnosis?

12 DR. LUSTIG: Correct.

13 CHAIRMAN KISCHNER: Okay. Thank you.

14 MR. SWETS: I have a question for staff. In  
15 our packet, there were reports provided for us,  
16 PMIS 602 report, several pages long. It's from --  
17 is this something that we FOIAed or --

18 MS. JARMUSZ: I'm not sure what you're  
19 talking about.

20 MR. SWETS: There's really no other kind of  
21 notation on it.

22 MS. JARMUSZ: Oh, okay. I believe what  
23 you're seeing, Commissioner Swets, was a copy of the  
24 public correspondence that was received by the

1 Village from residents that FOIAed the City.

2 MR. SWETS: Okay.

3 MS. JARMUSZ: So you were provided, in your  
4 packet, a summary of all the public correspondence  
5 and this was part of it.

6 MR. CARELLO: So that would be the 863  
7 packet, right?

8 MS. JARMUSZ: I (inaudible) put together.

9 MR. SWETS: And is it -- are we going to be  
10 hearing from our fire district on behalf of this?

11 MR. HERVAS: It's my understanding that the  
12 fire district will give a presentation. That's up  
13 to them. It's also -- at some point, there will be  
14 cross-examination and the fire district is  
15 represented by counsel as well as the school  
16 district and their attorney as well. So there's a  
17 lot more -- there's a lot more that we'll hear about  
18 this.

19 MR. SWETS: Okay. I'll reserve more of my  
20 questions until after that.

21 CHAIRMAN KISCHNER: It's about 10 to 10:00.  
22 I'm not sure what you have left at this point as far  
23 as testimony?

24 MR. ROTH: None tonight.

1 CHAIRMAN KISCHNER: Not tonight?

2 MR. ROTH: One second. We have a witness  
3 that will take just a couple of minutes.

4 CHAIRMAN KISCHNER: Well, I don't want to go  
5 to another witness at this point.

6 MR. ROTH: You don't?

7 MS. DICKSON: This is -- we would agree to  
8 bringing back Dr. Lustig and Mr. Baldwin. We have a  
9 volunteer who is here to testify tonight relative to  
10 the need. He did donate his time to come and --

11 (Audience talking.)

12 CHAIRMAN KISCHNER: Well, there's not --  
13 unfortunately there's not enough time to give the  
14 testimony in 10 minutes and answer questions. So if  
15 there was time, I would certainly try to fit the  
16 person in. Can they come back?

17 MS. DICKSON: I can guarantee how the  
18 residents of Itasca would react given their current  
19 commentary.

20 CHAIRMAN KISCHNER: I'm not sure what you are  
21 referring to.

22 MS. DICKSON: The vocalization of their  
23 frustration.

24 CHAIRMAN KISCHNER: In 10 minutes, we just

1 can't fit it in. So is there anything else,  
2 testimony-wise, from these two witnesses tonight?

3 MR. ROTH: No.

4 CHAIRMAN KISCHNER: No, okay. We're not  
5 going to start cross-examination with the various  
6 public bodies at this point. There's not enough  
7 time.

8 So what I would like to do at this  
9 point is get a motion to continue the meeting, and  
10 based on just -- for the people in the audience and  
11 the public, there's a lesser turnout tonight. It  
12 seems like we have about 550-560 people. We're  
13 going to move the meeting back home, thankfully,  
14 back to Peacock Junior High, and I would like to get  
15 a motion to do so.

16 MR. ROTH: Mr. Chairman, before you vote on  
17 that motion, could I -- could I offer into the  
18 record the table as well as we have a report from  
19 Mr. Baldwin, just so we get it into the record and  
20 you have something to review?

21 CHAIRMAN KISCHNER: Sure.

22 MR. ROTH: Okay. That will be Exhibits 19  
23 and 20.

24 (Haymarket Exhibit No. 19

1 identified.)

2 (Haymarket Exhibit No. 20

3 identified.)

4 CHAIRMAN KISCHNER: Thank you.

5 MR. SWETS: I would like to make a motion to  
6 continue the public hearing to November 6th at 7:00  
7 p.m. at Peacock Middle School in Itasca.

8 CHAIRMAN KISCHNER: Do I hear a second?

9 MR. CARELLO: Second.

10 CHAIRMAN KISCHNER: Thank you. This meeting  
11 is continued.

12 \* \* \* \* \*

13 (Whereupon after the meeting was  
14 closed, a unanimous vote was  
15 taken in favor of closing the  
16 meeting.)

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

3 I, Lynette J. Neal, CSR. No. 84-004363, RPR,  
4 do hereby certify that I reported in shorthand the  
5 proceedings had at the public hearing of the  
6 above-entitled cause and that the foregoing Report  
7 of Proceedings, Pages 1 through 118, inclusive, is a  
8 true, correct, and complete transcript of my  
9 shorthand notes taken at the time and place  
10 aforesaid.

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

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

20 IN WITNESS WHEREOF I have hereunto set my  
21 hand this 4th day of November, 2019.

22   
23

24 Certified Shorthand Reporter

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