In the Matter Of:

IN RE: THE MATTER OF HAYMARKET

PLAN COMMISSION MEETING

October 28, 2019

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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

PRESENT:

MR. MARK KISCHNER, Commission Chairman;
MS. KRISTA RAY, Commissioner;
MS. LORI DRUMMOND, Commissioner;
MR. JEFFREY HOLMES, Commissioner;
MR. ERIC SWETS, Commissioner;
MR. FRANK CARELLO, Commissioner;
MS. SHANNON J. JARMUSZ, Director of Community Development;
MS. NICOLE ESPEDIDO, Secretary;

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I N D E X

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

Roll call, please.

MS. ESPEDIDO: Commissioner Daly?

Commissioner Carello?

MR. CARELLO: Here.

MS. ESPEDIDO: Commissioner Swets?

MR. SWETS: Here.

MS. ESPEDIDO: Commissioner Holmes?

MR. HOLMES: Here.

MS. ESPEDIDO: Commissioner Drummond?

MS. DRUMMOND: Here.

MS. ESPEDIDO: Commissioner Ray?

MS. RAY: Here.

MS. ESPEDIDO: Chairman commissioner?

CHAIRMAN KISCHNER: Also here. Thank you.

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

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

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

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

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

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

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

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

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

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

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

MS. DICKSON: Good evening. Again, for

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

(Haymarket Exhibit No. 16 identified.)

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

(Haymarket Exhibit No. 17 identified.)

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

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

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

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

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

MS. DICKSON: Yes, I do.

(Copies distributed.)

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

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

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

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

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

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

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

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

programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

passionate to go where the need is.

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

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

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

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

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

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

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

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

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

alcohol disorder.

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

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

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

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

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

Inpatient substance use disorder

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

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

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

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

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

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

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

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

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

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

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

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

MS. DICKSON: Or outpatient only in nature?

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

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

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

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

DR. LUSTIG: Correct.

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

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

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

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

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

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

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

MS. RAY: All right.

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

MS. RAY: 90 percent, you said?

DR. LUSTIG: (Nodding).

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

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

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

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

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

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

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

Interesting enough, we have a

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

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

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

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

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

I think, as we move on, to address

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

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

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

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

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

this epidemic has done today.

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

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

It's simply not possible.

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

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

When you look at -- and I mentioned

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

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

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

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

compliant following the state requirements.

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

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

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

DR. LUSTIG: Correct.

MR. SWETS: Thank you.

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

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

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

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

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

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

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

DR. LUSTIG: Correct.

CHAIRMAN KISCHNER: Thank you.

DR. LUSTIG: You're welcome.

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

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

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

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

DR. LUSTIG: Can you repeat that question?

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

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

MS. DRUMMOND: Yes.

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

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

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

MS. DRUMMOND: What about patients that want

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

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

(Audience talking.)

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

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

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

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

DR. LUSTIG: Correct.

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

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

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

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

MS. RAY: But if I come down with the

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

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

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

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

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

DR. LUSTIG: We have not had that experience.

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

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

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

DR. LUSTIG: No.

MS. RAY: Okay, thank you.

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

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

DR. LUSTIG: Sorry, what --

MS. DICKSON: As an overflow facility?

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

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

keep that person within that treatment community?

DR. LUSTIG: Correct, correct.

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

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

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

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

MS. DICKSON: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MS. JARMUSZ: In your original packet.

CHAIRMAN KISCHNER: You can continue.

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

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

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

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

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

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

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

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

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

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

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

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

MR. HOLMES: Early on in your presentation

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

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

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

(Recess taken.)

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

proceeds coming to Itasca.

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

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

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

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

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

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

(Haymarket Exhibit No. 18 identified.)

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

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

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

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

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

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

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

MS. DRUMMOND: I see, okay.

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

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

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

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

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

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

Itasca Fire Protection District for this project.

MR. ROTH: And have you ever testified before?

MR. BALDWIN: I have not.

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

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

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

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

MR. ROTH: Chief Burke, that is?

MR. BALDWIN: Yes, Chief Burke.

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

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

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

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

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

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

MR. BALDWIN: Sadly, we did not.

MR. ROTH: Why not?

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

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

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

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

MR. BALDWIN: Absolutely.

MR. ROTH: How did you do that?

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

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

MR. BALDWIN: It is very different.

MR. ROTH: How so?

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

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

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

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

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

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

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

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

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

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

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

MS. RAY: It was. It really was.

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

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

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

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

MR. ROTH: What exactly is that, sir?

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

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

MR. SWETS: Those could never change?

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

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

MR. SWETS: But you could have that level?

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

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

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

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

MR. SWETS: Okay, thank you.

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

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

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

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

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

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

MR. ROTH: Through an FOIA request?

MR. BALDWIN: Correct.
MR. ROTH: Okay. And you were able, then, to analyze that?
MR. BALDWIN: Yes.
MR. ROTH: And was that the sole document that you analyzed? I think you mentioned you did a number of FOIA requests.
MR. BALDWIN: We did. We FOIAed our own data for the five years. We went to the -- there's a separate system for the police department for the Village of Itasca, the Itasca Fire Protection District, the Addison Consolidated Dispatch.
MR. ROTH: And were you -- did you have to do any FOIA requests to the City of Chicago yourself?
MR. BALDWIN: Yes, we did.
MR. ROTH: So when you first analyzed the document that you received from the Village of Itasca, being the City of Chicago's dispatch information, what did you notice?
MR. BALDWIN: Well, one of the first things we noticed was the report pulled all the data from the 900 west block of Chicago, the entire block, and not our specific address of 932 West Washington.
MR. ROTH: And this was including both codes

and events? Instances for calls?

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

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

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

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

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

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

MR. BALDWIN: We did.

MR. ROTH: Did you get it?

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

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

MR. BALDWIN: No, not at first.

MR. ROTH: You learned that?

MR. BALDWIN: Right.

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

MR. BALDWIN: We did.

MR. ROTH: And did you get a response from

that organization?

MR. BALDWIN: We did.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MR. ROTH: Why would there be multiple codes

for a single event?

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

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

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

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

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

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

trying to --

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

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

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

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

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

MR. ROTH: Right.

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

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

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

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

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

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

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

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

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

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

MR. ROTH: For 2018?
MS. RAY: Yes, for what he was analyzing.
MR. ROTH: The 2018 data.
CHAIRMAN KISCHNER: Please speak into the mic.
MS. RAY: I'm sorry.
MR. BALDWIN: So the problem is we don't fully know. The 2018 annual reports for the --
(Audience clapping.)
CHAIRMAN KISCHNER: Again, I'm going to ask the audience to sit and listen to the proceedings, not be involved at this point. You will have time to answer. And, sir, if you want to do that again, we will ask you to leave the building. Let's continue.
MR. BALDWIN: The 2018 annual report, Addison Consolidated Dispatch, all it says is that data is missing from the Itasca Fire Protection District, and I can't speculate any further on that. That is just simply what that annual report references, and that is included as part of our dataset we analyzed.
MS. RAY: Don't you think that if you were trying to uncover insights that you would make -- I'm sorry -- don't you think that if you were trying

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

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

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

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

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

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

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

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

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

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

MR. BALDWIN: Correct.

MR. ROTH: In your discussions with Elite,

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

MR. BALDWIN: Yes.

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

MR. BALDWIN: Uh-huh, absolutely.

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

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

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

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

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

MR. BALDWIN: Yes.

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

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

MR. ROTH: For ambulance service?

MR. BALDWIN: For ambulance service.

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

MR. BALDWIN: Yes. So there's generally

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

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

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

MR. SWETS: Can you expand on that?

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

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

patients are you doing an emergency situation?

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

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

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

MR. BALDWIN: Those would be the 10 percent.

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

MR. BALDWIN: So --

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

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

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

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

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

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

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

MR. LUSTIG: You're welcome.

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

DR. LUSTIG: Can we show --

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

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

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

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

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

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

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

that number?

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

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

MR. BALDWIN: 17 fire and 32 police.

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

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

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

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

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

MR. BALDWIN: Yes.

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

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

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

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

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

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

MR. BALDWIN: Correct.

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

MR. BALDWIN: Yes.

MR. ROTH: Okay. What's next?

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

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

MR. BALDWIN: Okay.

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

MR. BALDWIN: Repeat your question?

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

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

CHAIRMAN KISCHNER: You copied that as two lines?

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

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

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

speculate on how police and fire respond in Itasca.

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

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

MR. BALDWIN: Sorry, say that again?

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

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

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

MR. BALDWIN: Of course.

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

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

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

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

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

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

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

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

MR. BALDWIN: Basically the number of beds

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

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

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

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

MR. BALDWIN: Correct.

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

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

adjustment for those. That adjustment is 89.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAIRMAN KISCHNER: So your data is not computerized?

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

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

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

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

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

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

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

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

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

MR. ROTH: We're not making an assumption.
MR. CARELLO: -- there was no need for police so they didn't need to be there. That doesn't matter if they need to be there.
MR. ROTH: We track --
MR. CARELLO: If fire is called, the police show up. If the police are called, fire may show up. That's a given number. That should be included in your number.
MR. ROTH: Let me answer that, if I may. You have data that has been provided to you through the Village's economic consultant. Okay? And that data shows 49 calls in Itasca. It shows the number of police and it shows the number of EMS, and you add them altogether and it equals 49. All right? So you've got it all. That's it. And we did the exact same thing with respect to our projections. We took police and we took fire, and the information that is involved that he's testifying to include both police and fire. It's all of it.
MR. CARELLO: Then how do you remove 348 calls?
MR. ROTH: On which line are you on?
MR. CARELLO: Remove duplicates as a typical

one-call generator.

MR. ROTH: Because they're code lines. They're not instances.

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

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

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

MR. ROTH: And we counted it.

MR. CARELLO: You minused off 348.

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

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

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

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

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

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

MR. CARELLO: Right.

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

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

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

MR. ROTH: Correct.

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

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

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

MR. BALDWIN: That's one example.

MR. SWETS: Where something changes.

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

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

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

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

MR. BALDWIN: Correct.

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

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

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

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

MR. ROTH: Or ambulance?

MR. BALDWIN: Or ambulance.

MR. ROTH: Did Haymarket have any fires?

MR. BALDWIN: No, there were no fires.

MR. ROTH: Okay. So --

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

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

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

MR. HOLMES: Well, so is it 426?

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

MR. BALDWIN: Yes, total 426.

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

MR. ROTH: 426 or 381?

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

MR. HOLMES: Thank you.

MR. ROTH: For Chicago.

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

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

306 would be for ambulance.

CHAIRMAN KISCHNER: Thank you.

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

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

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

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

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

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

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

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

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

MR. BALDWIN: Correct.

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

MR. BALDWIN: No.

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

MR. BALDWIN: That is correct.

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

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

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

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

MR. ROTH: So Haymarket is going to go out

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

MR. BALDWIN: Correct.

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

MR. BALDWIN: Yes.

MR. ROTH: Do other communities do that?

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

MR. ROTH: The Itasca Fire Protection District?

MR. BALDWIN: They do.

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

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

MR. ROTH: Thank you.

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

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

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

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

MR. BALDWIN: Certainly not.

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

So it's going to be those more

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

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

DR. LUSTIG: Correct.

CHAIRMAN KISCHNER: Okay. Thank you.

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

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

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

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

Village from residents that FOIAed the City.

MR. SWETS: Okay.

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

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

MS. JARMUSZ: I (inaudible) put together.

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

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

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

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

MR. ROTH: None tonight.

CHAIRMAN KISCHNER: Not tonight?
MR. ROTH: One second. We have a witness that will take just a couple of minutes.
CHAIRMAN KISCHNER: Well, I don't want to go to another witness at this point.
MR. ROTH: You don't?
MS. DICKSON: This is -- we would agree to bringing back Dr. Lustig and Mr. Baldwin. We have a volunteer who is here to testify tonight relative to the need. He did donate his time to come and --
(Audience talking.)
CHAIRMAN KISCHNER: Well, there's not -- unfortunately there's not enough time to give the testimony in 10 minutes and answer questions. So if there was time, I would certainly try to fit the person in. Can they come back?
MS. DICKSON: I can guarantee how the residents of Itasca would react given their current commentary.
CHAIRMAN KISCHNER: I'm not sure what you are referring to.
MS. DICKSON: The vocalization of their frustration.
CHAIRMAN KISCHNER: In 10 minutes, we just

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

MR. ROTH: No.

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

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

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

CHAIRMAN KISCHNER: Sure.

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

(Haymarket Exhibit No. 19

identified.)

(Haymarket Exhibit No. 20 identified.)

CHAIRMAN KISCHNER: Thank you.

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

CHAIRMAN KISCHNER: Do I hear a second?

MR. CARELLO: Second.

CHAIRMAN KISCHNER: Thank you. This meeting is continued.

* * * * *

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

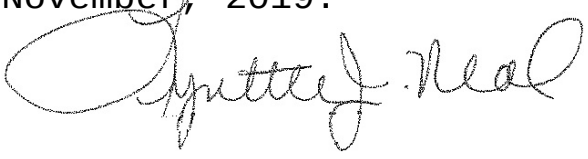
STATE OF ILLINOIS)
) SS.
COUNTY OF DU PAGE)

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

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

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

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



Certified Shorthand Reporter

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