

In the Matter Of:
IN RE: THE MATTER OF HAYMARKET

REPORT OF PROCEEDINGS

November 13, 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 Wednesday,
November 13, 2019, 7:00 p.m., at 301 East North
Street, Itasca, Illinois.

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

GROVE & ASSOCIATES REPORTING

1 PRESENT:

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

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

12 MR. CHARLES E. HERVAS,
13 333 Pierce Road, Suite 195
14 Itasca, Illinois 60143
15 (630) 860-4340

chervas@hcbattorneys.com

Appeared on behalf of the City of Itasca;

ICE MILLER, LLP, by

12 MR. MICHAEL M. ROTH,
13 2300 Cabot Drive, Suite 455
14 Lisle, Illinois 60532
15 (630) 955-0555

michael.roth@icemiller.com

and

BOND, DICKSON & CONWAY, by

16 MS. MARY E. DICKSON,
17 400 South Knoll Street, Unit C
18 Wheaton, Illinois 60187
19 (630) 681-1000

marydickson@bond-dickson.com

Appeared on behalf of Haymarket.

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07:04

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I N D E X

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1 CHAIRMAN KISCHNER: With that, I would like to
2 welcome everybody and open the November 13th, 2019,
3 Plan Commission meeting. The item before us is a
4 continuation of Case No. PC 19-014. The Petitioner
5 is Haymarket DuPage, LLC. The owner is Pearl
6 Hospitality, LLC. The location is at 860 West Irving
7 Park Road. The request is a petition for a planned
8 development by special use with exceptions and
9 Class 1 site plan approval and -- all in order to
10 permit a mixed-use residential and healthcare
11 facility and other accessory uses in the B-2
12 community business district at 860 West Irving Park
13 Road.

14 Roll call, please.

15 MS. ESPEDIDO: Commissioner Daly?

16 MR. DALY: Here.

17 MS. ESPEDIDO: Commissioner Carello?

18 MR. CARELLO: Here.

19 MS. ESPEDIDO: Commissioner Swets?

20 MR. SWETS: Here.

21 MS. ESPEDIDO: Commissioner Holmes?

22 MR. HOLMES: Here.

23 MS. ESPEDIDO: Commissioner Drummond?

24 MS. DRUMMOND: Here.

1 MS. ESPEDIDO: Commissioner Ray?

2 MS. RAY: Here.

3 MS. ESPEDIDO: Chairman Kischner?

4 CHAIRMAN KISCHNER: Also here.

5 Plan Commission Attorney Chuck

07:05

6 Hervas also has a short statement.

7 MR. HERVAS: Thank you, Mr. Chairman. Good
8 evening, everyone. Just a couple of comments. Some
9 of them I made last time but, again, for the benefit
10 of those that were not here, please understand that
11 this is a legal proceeding that has legal
12 significance. There's a court reporter present. And
13 while this may seem like it's close to a trial, like
14 you might see on television or something of that
15 nature, it's not. It's actually just a public
16 hearing, and so the rules are not quite exactly the
17 same.

07:05

07:05

18 The Plan Commission is going to make
19 a recommendation. Once they hear all the evidence
20 and the public hearing is concluded, the Plan
21 Commission makes a recommendation to the Village
22 Board. The Village Board will be making the final
23 decision in this matter. Just want to make sure
24 everyone's clear on that.

07:05

1 There is the cross-examination of
2 witnesses that's taking place right now. Please
3 understand that the cross-examination of witnesses is
4 a due process right that is under the decisions of
5 the Illinois Supreme Court. It applies to the
6 attorneys for objectors and for governmental
7 entities, and it applies to any residents that are
8 within 200 -- or property owners that are within 250
9 feet of the property.

07:06

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07:07

10 Public questions, as the Chairman
11 reminded you, will be allowed, but the public is not
12 engaging in cross-examination. And I know that, as I
13 said before, some of you are ready to go, you got
14 your lawyer hat on, but that's not -- that's not
15 what's going to happen at the public hearing. And,
16 also, I want you to know that this is consistent with
17 how the Plan Commission has handled matters in the
18 past. The public is allowed to ask questions.
19 That's how we've always done it, and that's how they
20 will continue to do it. This is very important,
21 because I know this is going to be hard for the
22 public, but this is not your time to give a speech or
23 to express your opinion. It is a time to ask a
24 question for purposes of clarification or if you just

1 want information that you're looking for an answer
2 to. The Chair is not going to allow a
3 cross-examination or a speech, and you'll be stopped,
4 because we need to move the proceedings along. You
5 will have a chance to express your opinion during the
6 public comment section.

07:07

07:07

07:08

07:08

7 And so also understand that the
8 questions will be regulated for efficiency and for
9 relevancy. It must be within the scope of the
10 testimony of the witness and, most of all, it should
11 be helpful to the plan commissioners in making their
12 decision. Please understand that this is a slow and
13 deliberate process. It's designed to create a record
14 that is appropriate for a Plan Commission public
15 hearing. I ask that you please respect the process,
16 even if you do not agree with it.

17 Then there's another comment I would
18 like to make for the attorneys with respect to the
19 receipt of exhibits, because we had numerous exhibits
20 that came in in our last public hearing. These are
21 some general principles and rules that I'm following,
22 and if you need clarification, let me know. I expect
23 that all of the exhibits should be properly marked
24 and identified in the record. I am not following a

1 formal admission process as you would have in court.
2 Objections are appropriate for the record, but this
3 is not an issue in which you would object or -- to
4 the admission and then there's a ruling on admission.
5 All exhibits are for the benefit of the Plan
6 Commission. The petitioners, the objectors, or staff
7 may comment or address the propriety of exhibits that
8 are on the record at the time that they are tendered
9 or at a later time on the record or in writing to the
10 Plan Commission. So this is -- this is not a
11 restrictive process, it is not intended to be, and so
12 when exhibits are tendered, they will be received.
13 If somebody has an objection or needs some
14 clarification, that should be done on the record.

07:08

07:09

15 I hope that that's clear. Do any of
16 the lawyers have any questions about that?

07:09

17 MR. ROTH: No.

18 MR. HERVAS: Okay. Then, Mr. Chairman, at
19 this point, I -- we're in the middle of
20 cross-examination of Mr. Baldwin, but I don't know if
21 there are any matters that need to be addressed
22 before we begin the cross-examination?

07:09

23 Okay. Then, Mr. Baldwin, you recall
24 that you have been placed under oath. Who is going

1 to be leading off the cross-examination?

2 CHAIRMAN KISCHNER: Actually, before we begin
3 cross-examination, I just wanted to make a statement
4 to Ms. Dickson and her team. I was reviewing the
5 transcript of the October 16th meeting, and I came 07:10
6 across a statement that you made on pages 23 and 24
7 that troubles me greatly.

8 At the beginning of the meeting,
9 before your first witness was made -- was called, you
10 made an assertion that may have questioned the 07:10
11 authority -- or, excuse me, the neutrality of the
12 Plan Commission. I'm not sure how but I missed it
13 during your statement, and I apologize to my fellow
14 plan commissioners for missing that statement. If I
15 had heard it that evening, I would have addressed it 07:10
16 then and there.

17 I'll quote what you said. So your
18 statement on the Legrand statement was: "Village
19 staff has questioned the need for this facility so
20 have many residents of Itasca who contested the 07:11
21 location of Haymarket DuPage through public comments,
22 social media postings, correspondence with local
23 leaders, and signs say no to Haymarket. Well, for
24 every person who said no and for every person who has

1 already decided to vote no on the zoning proposal, I
2 ask you to pay particular attention to the following
3 witnesses," end quote.

4 So I can't speak for the Village
5 staff or what our local leaders believe and I'm not 07:11:
6 on Facebook or other social media sites. I'm not
7 blind so I understand that many residents have
8 concerns. However, I take deep offense to your
9 statement that some or all of us on the Plan
10 Commission may have made up our minds with regard to 07:11:
11 the Haymarket petition.

12 Though I have not spoken with the
13 Commissioners about this in any way, I have worked
14 with most of them for many years. I can assure you
15 that we understand what we've signed up for, and I 07:11:
16 stand before you and all of Itasca when I say this
17 Commission has not decided to vote no before this
18 hearing began. It is my goal to run a fair hearing
19 and this Commission's duty to listen to all arguments
20 of evidence and then render a decision. Please 07:12:
21 understand that is what we are going to do.

22 MS. DIXON: I understand your charge, and I
23 thank you.

24 CHAIRMAN KISCHNER: Okay. With that,

1 Mr. Baldwin, are you ready?

2 MR. BALDWIN: I am.

3 CHAIRMAN KISCHNER: You may proceed.

4 MS. SMITH: Good evening. I'm Jennifer Smith,
5 legal counsel for Itasca School District 10. At the
6 last hearing on November 6th, you heard Dr. Lustig
7 testify that Itasca School District twice reached out
8 to Haymarket for information regarding supports for
9 children in your program; correct?

07:12

07:12

07:12

07:13

10 MR. BALDWIN: I did hear that, yes.

11 MS. SMITH: Okay. And you heard Dr. Lustig
12 testify that Haymarket does not yet have a partner in
13 the Itasca area to provide educational services to
14 the children ages three to five that you anticipate
15 will be at Haymarket; correct?

16 MR. BALDWIN: I also heard that.

17 MS. SMITH: And you heard Dr. Lustig testify
18 that your current plan is to transport children from
19 Itasca to University of Illinois Chicago for
20 educational services while you search for local
21 partners; correct?

22 MR. BALDWIN: Correct.

23 MS. SMITH: What, if any, steps has Haymarket
24 taken to identify local educational partners since

1 the hearing on November 6th?

2 MR. ROTH: Objection; the witness is being
3 cross-examined on the testimony of another witness.
4 Counsel's already had the opportunity to
5 cross-examine Dr. Lustig, and she's done so. To 07:13
6 question Mr. Baldwin about somebody else's testimony
7 that was not within the scope of his testimony is
8 improper, and I'd ask that counsel be directed to
9 move on to a relevant issue.

10 MR. HERVAS: Response, please? 07:13

11 MS. SMITH: Yes. I was laying a foundation to
12 lead us up to a question that I did not ask
13 Dr. Lustig and which is within the scope -- he can
14 tell me if it's not -- of his expertise as a -- the
15 chief financial officer, I believe, for Haymarket. 07:14
16 And that has -- that's the steps they've taken in the
17 last week to address a deficiency that Dr. Lustig
18 testified to, they have not identified an educational
19 partner. If this witness doesn't know, he can say
20 that, but whether or not they've identified an 07:14
21 educational partner is certainly a relevant issue.

22 MR. ROTH: Misstates his testimony, and,
23 again, it reaffirms my objection. She's questioning
24 him on the testimony of Dr. Lustig. She's had her

1 chance. We need to move on. As the Chairman has
2 said, once a person has testified, they're done.

3 MR. HERVAS: The scope of this witness's
4 testimony did not involve, as my best recollection,
5 the issues relating to the children and the finding 07:14
6 of a local partner, and I think I've got that right.

7 And to the extent that the scope of
8 this witness's testimony did not involve that, then
9 that would not be a question I would allow, unless
10 you could show me that this witness testified in some 07:15
11 way to that issue.

12 MS. SMITH: Okay, I'll move on. In the scope
13 of your responsibilities, do you understand the
14 number of beds that will be available for men and
15 woman projected at the Itasca site? 07:15

16 MR. BALDWIN: I am.

17 MS. SMITH: And you testified previously about
18 the projections? The number of individuals that you
19 project will be served; correct?

20 MR. BALDWIN: Correct. 07:15

21 MS. SMITH: How many beds for women are you
22 projecting that the residential treatment program
23 will have at the Itasca site?

24 MR. ROTH: Objection; counsel's questioning

1 the witness about the same questions she had asked
2 Dr. Lustig concerning beds and women and ultimately
3 it must be relevant to children. Mr. Baldwin did not
4 testify to those issues. He testified to the issue
5 of EMS calls to this facility. If this somehow 07:16
6 relates to that, then perhaps she can get there, but
7 so far she has not. I object.

8 MS. SMITH: Dr. Lustig specifically deferred
9 the answer to this line of questions to Mr. Baldwin.
10 He said that Mr. Baldwin would know more specifically 07:16
11 the number of beds for women in the various programs
12 and he was unable to answer. And he just testified
13 that this is within the scope of his testimony and he
14 had previously testified to the number of beds.

15 So I'm trying to ask a line of 07:16
16 questions to confirm the number of beds for women who
17 would be eligible to have children stay with them at
18 the site so that we can appropriately or accurately
19 project the number of children at issue.

20 MR. ROTH: Outside the scope. 07:17

21 MR. HERVAS: It is actually my recollection
22 that there was a deferral, and since the witness has
23 indicated a level of competency to answer that
24 question, that will be allowed.

1 MS. SMITH: Would you like me to repeat the
2 question?

3 MR. BALDWIN: No. The women's residential
4 program has 16 beds.

5 MS. SMITH: And how many women per year is
6 Haymarket projecting will be treated in the
7 residential program?

8 MR. BALDWIN: We project about 200.

9 MS. SMITH: And how many beds for women are
10 you projecting for the recovery home program?

11 MR. BALDWIN: 36.

12 MS. SMITH: And how many women per year is
13 Haymarket projecting will be in the recovery home
14 program?

15 MR. BALDWIN: 150.

16 MS. SMITH: And are there any limitations not
17 already testified to with respect to those women
18 having children reside with them?

19 MR. ROTH: Objection; it's beyond the scope of
20 the witness's testimony, even as described by
21 counsel.

22 MS. SMITH: If he knows. I asked --

23 MR. ROTH: Beyond the scope.

24 MR. HERVAS: I understand, but let me hear the

1 response, please.

2 MS. SMITH: There could be issues with respect
3 to just the assignment of beds that -- that is within
4 the scope of his testimony, so that's what I'm trying
5 to confirm. And if later they argue that, you know,
6 there's some other condition that we didn't know
7 about, I think now is the opportunity to provide that
8 information.

07:18

07:18

07:18

07:19

9 They -- there was an unorthodox
10 process for testimony where they both testified
11 together, so there's been some fluidity here in the
12 subjects that both covered. And if he has any
13 information that there's a limitation on children
14 staying with the women that he just testified to are
15 projected, now is his opportunity. Otherwise, I
16 would consider it waived and all of these women could
17 have two children each living with them.

18 MR. HERVAS: I find that the question is
19 sufficiently related and overrule the objection. He
20 should proceed.

21 MR. BALDWIN: Your question again?

22 MS. SMITH: Yes. Is there any other
23 limitation, that you're aware of, to the women for
24 the beds you just described having children stay with

1 them?

2 MR. BALDWIN: It would -- it would be only for
3 the women's residential program, the 16-bed unit.

4 MS. SMITH: Dr. Lustig -- you heard Dr. Lustig
5 testify that women in the recovery home program also
6 can have women -- or children with them, though. So
7 are you disputing his testimony?

07:19:

07:19:

07:20:

07:20:

8 MR. ROTH: Objection; mischaracterizes. I
9 would also add, too, that we offered to have
10 Dr. Lustig and Mr. Baldwin cross-examined together,
11 and it was the Chairman's decision not to allow that;
12 to have the cross-examination occur sequentially.
13 Now, if that's -- that's where we are now and to go
14 back and try to impeach, perhaps, Dr. Lustig's
15 testimony through this witness is totally improper
16 and it's contrary to your earlier ruling.

17 MR. HERVAS: I'm going to -- before I give you
18 a chance to respond, I'm going to sustain it to the
19 form of the question only. Because I do think that
20 there is a -- it's not improper for her to inquire in
21 this line, but I will sustain it to the form of the
22 last question.

23 MS. SMITH: Can you please explain further
24 your answer? Explain your answer.

1 MR. ROTH: Objection to the form.

2 MR. HERVAS: Well, if he remembers the answer.
3 We just need to make sure we're on the same platform
4 here.

5 MR. BALDWIN: I'm not totally sure what
6 Dr. Lustig testified to.

07:20

7 MS. SMITH: Not as to Dr. Lustig's testimony.
8 You just testified that only women in the residential
9 treatment program, not woman in the recovery program,
10 can have children with them?

07:21

11 MR. BALDWIN: Correct, it's my belief that's
12 how it would work.

13 MS. SMITH: Okay. And can you explain what is
14 the basis for your belief?

15 MR. BALDWIN: Our current programming is
16 specialized. It is the inpatient programming. Now,
17 granted, in the proposed site, it's also an inpatient
18 program but not a specialty. So it would only apply
19 to that program, the inpatient 16-bed unit based on
20 what we're doing now.

07:21

07:21

21 MS. SMITH: So the recovery home program in
22 what way -- explain, again, your basis for thinking
23 that is -- the recovery home program in Chicago, can
24 those individuals, women, have children with them?

1 MR. BALDWIN: It is family recovery program
2 and it's -- we're not offering that in Itasca.

3 MS. SMITH: Is there somewhere in what you've
4 submitted that confirms that the recovery home
5 program -- that women in that program cannot have
6 children with them? 07:21

7 MR. BALDWIN: I'm not sure.

8 MS. SMITH: Okay. And, again, is there any
9 other basis or something I could refer to to confirm
10 that women in the recovery home program cannot have
11 children with them? 07:22

12 MR. BALDWIN: I'm not sure.

13 MS. SMITH: I have no other questions.

14 MR. HERVAS: Thank you. Mr. Ellenbecker?

15 MR. ELLENBECKER: Yes. Mr. Chairman, 07:22
16 Commission, good evening. I'm Steve Ellenbecker. I
17 represent 260 North Oak Street, 308 West Center, 943
18 Willow, the concerned citizens of Itasca, which
19 includes but is not limited to 107 West George as
20 well as 505 Catalpa. I also represent this evening 07:22
21 865 West Irving Road, LLC, the registered owner of
22 865 West Irving Park Road, and its tenant,
23 Mr. David's Flooring. May I proceed?

24 MR. ROTH: For clarification, are those new

1 clients?

2 MR. ELLENBECKER: The last one is.

3 MR. ROTH: The one that's within 250 feet of
4 the subject property is a new client?

5 MR. ELLENBECKER: Yes. 07:23

6 MR. HERVAS: I do want to make sure that it is
7 clear, though, that -- and this is just going by my
8 recollection of the area, but I believe Mr. David's
9 Flooring and Carpeting, that that's within 250 feet
10 of the subject property? Is that -- are you 07:23
11 representing that that's the case?

12 MR. ELLENBECKER: Yes, Mr. Hervas.

13 MR. HERVAS: Okay. Thank you.

14 MR. ELLENBECKER: Good evening, Mr. Baldwin.

15 MR. BALDWIN: Good evening. 07:23

16 MR. ELLENBECKER: If I asked -- I think you
17 and I talk at a similar pace, so we have to take
18 turns for the court reporter's sake.

19 MR. BALDWIN: Fair enough.

20 MR. ELLENBECKER: If I ask a question that you 07:23
21 didn't hear or didn't understand, please let me know,
22 and I'll do my best to repeat it and/or rephrase it.
23 Okay?

24 MR. BALDWIN: Okay.

1 MR. ELLENBECKER: I notice that you have some
2 papers with you over there, and if it doesn't take
3 too long, it doesn't look like a big pile, could you
4 just tell me what you have at your disposal at the
5 table?

07:24

6 MR. BALDWIN: Sure. Some of our reference
7 figures on our research and analysis.

8 MR. ELLENBECKER: Are those reference figures,
9 to your knowledge, reference figures that have been
10 produced either to the Commission and/or have been
11 made publicly available otherwise?

07:24

12 MR. BALDWIN: They've been updated from the
13 last meeting when the -- Attorney DiNolfo asked to
14 take into account some extra data.

15 MR. ELLENBECKER: Did you have any of those
16 data summaries before last week's meeting on
17 November 6th?

07:24

18 MR. BALDWIN: You're speaking to the data
19 summaries that Attorney DiNolfo put into evidence?

20 MR. ELLENBECKER: Yeah, let me ask a better
21 question. Did you have any breakdowns or assessments
22 of the data compilations that you had run prior to
23 November 6th?

07:24

24 MR. BALDWIN: Yes, of course.

1 MR. ELLENBECKER: Okay. And with regard to
2 your data breakdowns, other than -- or in addition to
3 the slide that was presented on October 28th, to your
4 knowledge, have any of your data breakdowns or
5 compilations been produced to the Commission and/or
6 made publicly available?

07:25

7 MR. BALDWIN: Since last week?

8 MR. ELLENBECKER: At any time.

9 MR. BALDWIN: Oh, we -- well, the initial --
10 our initial report was submitted, is that what you
11 mean?

07:25

12 MR. ELLENBECKER: Sure. Since your -- let me
13 ask another question.

14 MR. BALDWIN: Yeah.

15 MR. ELLENBECKER: Haymarket Itasca submitted
16 an application for a special-use permit; correct?

07:25

17 MR. BALDWIN: Correct.

18 MR. ELLENBECKER: And part of your mission in
19 this case, as you see it, was to go through some EMS
20 data and make some determinations, and we'll talk
21 about that more in detail, and make -- do some
22 analysis to determine what the impact, if any, would
23 be on Itasca; correct?

07:25

24 MR. BALDWIN: Correct.

1 MR. ELLENBECKER: And you poured through a lot
2 of data that we -- if we didn't get anything else out
3 of last week, we got that you poured through a lot of
4 data; correct?

5 MR. BALDWIN: Correct. 07:25

6 MR. ELLENBECKER: Did you have or prepare any
7 summaries of all the data you looked at in addition
8 to the slide that was presented to the community and
9 the Commission on October 28th?

10 MR. ROTH: Objection; his report was already 07:26
11 submitted into evidence, so if it's -- if counsel's
12 asking in addition to that, I don't have an
13 objection, but it's clear -- the record ought to
14 reflect that a report has been submitted and admitted
15 into evidence. 07:26

16 MR. HERVAS: So do you have an objection to
17 the question?

18 MR. ROTH: Yeah, I'm objecting to the
19 suggestion that there's nothing else that's been
20 submitted, and I want the record to be clear that a 07:26
21 report was submitted and was admitted into evidence.
22 So if counsel's asking beyond that -- if he's not,
23 then I object to the form of the question.

24 MR. HERVAS: Okay. So then would you

1 re-ask -- would you withdraw the question and re-ask
2 it?

3 MR. ELLENBECKER: Sure.

4 MR. HERVAS: Thank you.

5 MR. ELLENBECKER: Mr. Baldwin, in addition to
6 the slide that was presented on October 28th while
7 you were on the stand and the report that was entered
8 into evidence as an exhibit, do you have any other
9 data compilations or summaries of the EMS data that
10 you reviewed?

11 MR. BALDWIN: Yes, we have an updated one from
12 last week.

13 MR. ELLENBECKER: Okay. And the updated one
14 that you have from last week is what you have in
15 front of you; correct?

16 MR. BALDWIN: Correct.

17 MR. ELLENBECKER: And, to your knowledge, has
18 the updated data summary that you have in front of
19 you today been made publicly available or at least
20 available to the Commission prior to tonight?

21 MR. BALDWIN: Not that I'm aware of.

22 MR. ELLENBECKER: Okay. Did you -- with
23 regard to that updated summary, did you prepare that
24 on your own?

1 MR. BALDWIN: No, I have a team supporting me.

2 MR. ELLENBECKER: Okay. Did you prepare any
3 of it?

4 MR. BALDWIN: Yes.

5 MR. ELLENBECKER: Okay. Was it prepared in
6 Excel, or what native format was it prepared in?

7 MR. BALDWIN: Excel and Word.

8 MR. ELLENBECKER: Were you the one actually
9 working the Excel and Word documents and preparing
10 those? Are you the author?

11 MR. BALDWIN: Yes, on definitely part of it,
12 but, again, other team members are going through the
13 data as well.

14 MR. ELLENBECKER: Okay. What else do you have
15 at your disposal here tonight in addition -- if
16 anything, in addition to your updated data summary?

17 MR. BALDWIN: The figures that support that.

18 MR. ELLENBECKER: Okay. According to -- well,
19 I don't even need to start with that.

20 You oversee -- your job at Haymarket
21 is to oversee the accounting, finance, and staff
22 missions at Haymarket; correct?

23 MR. BALDWIN: Correct.

24 MR. ELLENBECKER: And you receive a salary

1 from Haymarket; correct?

2 MR. BALDWIN: Correct.

3 MR. ELLENBECKER: Okay. And your job, as I
4 understood it -- correct me if I'm wrong -- your job
5 as it pertained to the Haymarket application was to
6 take a large volume of EMS calls and whittle it down
7 to a small number; correct?

07:28

07:28

07:28

07:28

8 MR. BALDWIN: Part of it. But also to try and
9 ultimately get a conclusion for the effect on
10 emergency services.

11 MR. ELLENBECKER: Sure. And going a little
12 bit farther back, you went to Augustana College;
13 correct?

14 MR. BALDWIN: I did.

15 MR. ELLENBECKER: You got your MBA at Loyola;
16 right?

17 MR. BALDWIN: I did.

18 MR. ELLENBECKER: And you ultimately sat for
19 the CPA exam; correct?

20 MR. BALDWIN: Correct.

21 MR. ELLENBECKER: Now, the CPA exam included a
22 section on ethics; is that right?

23 MR. BALDWIN: Yes.

24 MR. ELLENBECKER: And CPAs -- the reason

1 there's an ethical guideline or a standard of conduct
2 is because CPAs are in a position -- or must be in a
3 position of trust and reliance; correct?

4 MR. BALDWIN: Correct.

5 MR. ELLENBECKER: And, as a result, the
6 profession of certified -- or certified public
7 accountants is guided by ethical and code of conduct;
8 correct?

07:29

07:29

07:29

9 MR. ROTH: Objection, Judge. This is not a
10 trial, this is a zoning hearing, and if counsel is
11 going to impugn someone's integrity, or try to,
12 there's another form for that. This is a zoning
13 hearing. How do these questions possibly go to the
14 elements of the zoning relief that Haymarket is
15 asking for? This is so far beyond the realm of
16 propriety, you need to stop it.

17 MR. HERVAS: Any response for the record?

18 MR. ELLENBECKER: Yeah, the response is that
19 if this Commission is going to rely on any witness's
20 testimony, this one included, that their credibility
21 is always at stake. And I'm not impugning anybody's
22 credibility. I'm asking him what he was guided by in
23 his profession as a CPA, and whether -- we'll get to
24 it -- whether that was what guided him in his

07:29

1 endeavor in this case.

2 MR. HERVAS: The objection is overruled. You
3 may proceed.

4 MR. ELLENBECKER: Do you need the question
5 re-asked? 07:30

6 MR. BALDWIN: Please.

7 MR. ELLENBECKER: As a result of the
8 importance of certified public accountants and the
9 trust and reliance placed on them, that is, at least
10 in part, why the profession is governed by a code of 07:30
11 conduct; correct?

12 MR. BALDWIN: Correct.

13 MR. ELLENBECKER: And part of that code of
14 conduct requires you to be an objective,
15 disinterested witness with regard to the data or the 07:30
16 work you're doing; correct?

17 MR. BALDWIN: Sure.

18 MR. ELLENBECKER: And according to the code of
19 conduct, a CPA should refuse to remain associated
20 with data or work that they know or should know to be 07:30
21 misleading; correct?

22 MR. ROTH: Objection; Mr. Baldwin is not
23 testifying as an expert witness. He's testifying as
24 an employee and as a CFO of the party. Okay? So

1 this line of questioning is inappropriate, unless he
2 can -- unless he can somehow explain why these
3 standards that he's referring to are applicable to an
4 expert's opinion, it's irrelevant.

5 MR. HERVAS: Response for the record? 07:31

6 MR. ELLENBECKER: The code of conduct and the
7 ethics which guided -- and I think still guide --
8 Mr. Baldwin are important to how he prepared and how
9 he approached this project and how he's going to, if
10 at all, stand behind the data that he has presented. 07:31
11 I'm not suggesting he isn't following those ethics.
12 I want to find out if the ethics he has tested on and
13 proved his competency in guided his work in this
14 case.

15 MR. ROTH: He can ask the question. 07:31

16 MR. ELLENBECKER: I'm getting there.

17 MR. HERVAS: The question related to the
18 question about the standard that you have to follow
19 as a CPA. We haven't even gotten to the point of
20 applying any of that to his testimony. And given 07:32
21 that he has provided information to the Plan
22 Commission, it is wholly appropriate to -- to test
23 the foundational elements of his testimony before the
24 Commission, and so I'm going to allow the

1 questioning.

2 MR. ELLENBECKER: And the last by way of
3 ethical background questions, Mr. Baldwin. You'd
4 agree that the code of ethics and the code of conduct
5 for CPAs instruct that you shall not knowingly
6 misrepresent facts; correct? 07:32

7 MR. BALDWIN: Correct.

8 MR. ELLENBECKER: All right. In the course of
9 Mr. DiNolfo's cross-examination of you on
10 November 6th, an issue arose -- I'll call it an
11 issue -- with regard to the number of addresses that
12 were represented in the larger general dataset that
13 you used to conduct your analysis. Do you recall
14 that? 07:32

15 MR. BALDWIN: I do. 07:32

16 MR. ELLENBECKER: And, correct me if my
17 recollection of the addresses is wrong, but I believe
18 it came out that your compilation or your dataset
19 that you were using as your master number, the
20 largest number, included data for the address 120
21 North Sangamon and 932 West Washington; correct? 07:33

22 MR. BALDWIN: Correct.

23 MR. ELLENBECKER: And upon questioning by
24 Mr. DiNolfo, I think you agreed that there are --

1 there were another -- there were two other addresses
2 that are at least associated with the building
3 connected with 932 West Washington that are owned and
4 operated by Haymarket; correct?

5 MR. BALDWIN: Correct.

07:33

6 MR. ELLENBECKER: In looking at the data that
7 you've indicated you did in the last week, did you
8 come to learn that the missing addresses on the data
9 associated with those addresses are significant and
10 material to the evaluation of the effect of a
11 Haymarket Itasca on Itasca?

07:33

12 MR. ROTH: Objection to the form of the
13 question.

14 MR. HERVAS: Response?

15 MR. ELLENBECKER: I think he can -- this
16 witness, I think, is qualified to determine whether
17 it's a material fact as it pertained to his analysis.

07:33

18 MR. HERVAS: The objection is overruled. Do
19 you understand the question?

20 MR. BALDWIN: Yes.

07:34

21 MR. HERVAS: Okay.

22 MR. BALDWIN: From what you are talking to, it
23 was something both the Village experts and our team,
24 we did misinterpret, but ultimately it did not change

1 our conclusion of the analysis.

2 MR. ELLENBECKER: And the reasons you gave for
3 not including that data, none of them were that you
4 didn't know those addresses didn't exist; right?
5 Because you did know they existed; right?

07:34

6 MR. BALDWIN: Correct.

7 MR. ELLENBECKER: I think the reasons you
8 gave -- and maybe there were more -- but one was the
9 Village wasn't focusing on those two addresses?
10 That's one explanation, correct, that you gave?

07:34

11 MR. BALDWIN: That I gave? I think, maybe.

12 MR. ELLENBECKER: Okay. And another one you
13 gave was those weren't your main business addresses;
14 right? You used the two main businesses address,
15 i.e., 932 West Washington and 120 North Sangamon;
16 correct?

07:34

17 MR. BALDWIN: Correct.

18 MR. ELLENBECKER: And I think the third one --
19 correct me if I'm wrong -- was you didn't really
20 think there'd be that many calls with the 108 and the
21 124 North Sangamon; correct?

07:35

22 MR. BALDWIN: Correct. But it was -- that's
23 also related to the -- that original FOIA that the
24 Village did. We did go back and look at this because

1 we also wondered, you know, what happened. The
2 original FOIA for our data that the Village did, the
3 search parameters just said "Haymarket" for our whole
4 Sangamon -- for our Sangamon address. So when we
5 looked at it, that did include the 124 address and it
6 also included, somehow, our address at O'Hare.

07:35

7 So we took that into consideration.

8 It had around 150 lines. Afterwards, when we
9 compared our data of a different FOIA to that, I
10 think we had 152 lines. We essentially concluded
11 that, in total, these datasets were the same, they
12 were right, and that they would include everything;
13 that they would include all of our addresses on
14 Sangamon.

07:36

15 MR. ELLENBECKER: Okay. And based on your, I
16 guess, investigation of that, is it your
17 understanding that the total number for one year's
18 worth of data for total EMS calls, or lines of calls,
19 to Haymarket or related to Haymarket West Loop is
20 863?

07:36

07:36

21 MR. BALDWIN: No, it increased. Our total
22 calls, our total unique calls, went to 583. That's
23 when we redid the analysis.

24 MR. ELLENBECKER: Okay. 583 for one address?

1 MR. BALDWIN: All addresses put together,
2 unique calls.

3 MR. ELLENBECKER: So when you did a reanalysis
4 of the data, the Chicago Fire Department and police
5 department, your analysis was that there were not 863
6 but there were 500 some calls? 07:36

7 MR. BALDWIN: No, the -- sorry, the 863 would
8 be total lines. I can give you this comparison. Our
9 new total lines of data would be 1,139. That would
10 be the -- that's comparable to the 863. 07:37

11 MR. ELLENBECKER: Okay. All right. And
12 before we even go any further with regard to what
13 data was looked at, the total -- the mission of your
14 analysis was -- according to the slide that you
15 presented, was to get a line item for projected
16 number of annual calls to Itasca emergency
17 responders; correct? 07:37

18 MR. BALDWIN: Yes. And to make a conclusion
19 on if there would be a burden on current services.

20 MR. ELLENBECKER: Right, you made the next
21 step, but the preliminary step would be to determine
22 the projected number of annual calls; correct? 07:37

23 MR. BALDWIN: Correct.

24 MR. ELLENBECKER: All right. And to get

1 the -- to get an accurate number, the projected
2 number of annual calls, regardless of what -- any
3 FOIA request by the Village or by the "No Haymarket"
4 group or any private citizens, you knew what your
5 pool of potential addresses were to FOIA yourself;
6 correct?

07:38

7 MR. BALDWIN: Yes.

8 MR. ELLENBECKER: Okay. I mean, in the grand
9 scheme of things, nobody knows the addresses through
10 which or at which Haymarket does business better than
11 Haymarket; correct?

07:38

12 MR. BALDWIN: Sure.

13 MR. ELLENBECKER: One of the other things we
14 just talked about, one of your reasons was that your
15 two main business addresses were not at 108 and 124
16 North Sangamon; correct?

07:38

17 MR. BALDWIN: Correct.

18 MR. ELLENBECKER: And if we walk around --
19 strike that. Does Haymarket, to your knowledge, do
20 any work or business through 108 and 124 North
21 Sangamon?

07:38

22 MR. BALDWIN: 108 is a locked door. 124 is
23 used for our current patients.

24 MR. ELLENBECKER: Okay. And, Mr. Chairman, I

1 would like to show the witness what we've marked as
2 Exhibit No. 1.

3 MR. HERVAS: You should make sure that the
4 petitioner's counsel has it -- seen it first.

5 MR. ELLENBECKER: I will.

6 (Objectors' Exhibit No. 1 marked.)

7 MR. HERVAS: Do you want to --

8 MR. ELLENBECKER: Yeah.

9 MR. HERVAS: Let me just make sure that you're
10 okay? All right. Let me -- have you marked it?

11 MR. ELLENBECKER: I marked it on my copy. I
12 didn't know how --

13 MR. HERVAS: Okay. As long as the record
14 shows you're passing out a particular exhibit, you've
15 marked it Objectors' 1 or whatever?

16 MR. ELLENBECKER: Yes, I marked the copy that
17 I would like to hand to the witness Objectors' 1 and,
18 for descriptive purposes --

19 CHAIRMAN KISCHNER: If you could just repeat
20 that into the microphone.

21 MR. ELLENBECKER: For descriptive purposes,
22 Objectors' Exhibit No. 1 is a four-page -- four pages
23 of photographs. There is a No. 29 on the bottom
24 right-hand corner of the first page, and the first

1 page has a picture with 932 as the address.

2 Mr. Baldwin, do you have Exhibit
3 No. 1 in front of you?

4 MR. BALDWIN: I do.

5 MR. ELLENBECKER: And do you see that on the
6 first page, as I just described, that there's an
7 address of 932?

8 MR. BALDWIN: There is.

9 MR. ELLENBECKER: Is this the address of 932
10 West Washington?

11 MR. BALDWIN: It is.

12 MR. ELLENBECKER: Okay. If you turn to the
13 second page of Exhibit No. 1, are you able to see the
14 address in that picture?

15 MR. BALDWIN: No.

16 MR. ELLENBECKER: I see the photocopying was
17 not good. Do you recognize that address to be 108
18 North Sangamon?

19 MR. ROTH: Objection; before there's testimony
20 as to the exhibit, can we get a foundation?

21 MR. ELLENBECKER: Sure, absolutely.

22 Do you work or do you ever go to
23 work at 932 West Washington?

24 MR. ROTH: No, the foundation as to the

1 exhibit.

2 MR. ELLENBECKER: Oh, do these appear to be --
3 if you go through all four pages of Exhibit No. 1, do
4 these appear to be photographs of doors and addresses
5 affiliated with Haymarket in West Loop? 07:41

6 MR. ROTH: When?

7 MR. HERVAS: That satisfies -- for purposes of
8 the witness, if he's able to identify it, it is
9 sufficient foundation. What you're asking him now is
10 whether or not there's something about the document 07:41
11 itself for purposes of admission? I'm not -- for
12 purposes of the examination, I don't have a problem
13 with -- with that.

14 MR. ROTH: I think it would help if he knew
15 who took the pictures and when. 07:41

16 MR. ELLENBECKER: I think we can see from
17 Exhibit No. 1, especially the second page, that this
18 is taken from Google.

19 MR. ROTH: Oh, Google, okay.

20 MR. ELLENBECKER: The ubiquitous 07:42
21 photographers.

22 MR. HERVAS: You may -- you may proceed.

23 MR. ELLENBECKER: On page 2, I'll go back to
24 page 2 of Exhibit No. 1, do you recognize that to be

1 an entryway associated with 108 North Sangamon?

2 MR. BALDWIN: It probably is.

3 MR. ELLENBECKER: Okay. If you go to page 3
4 of Objectors' No. 1, do you recognize that to be the
5 doorway of 120 North Sangamon? 07:42

6 MR. BALDWIN: I do.

7 MR. ELLENBECKER: And if you go to page 4 of
8 Objectors' No. 1, do you recognize that to be the
9 door entryway of 124 North Sangamon?

10 MR. BALDWIN: I do. 07:42

11 MR. ELLENBECKER: And aside from the photo on
12 No. 2, which appears to be a bit obscured in
13 photocopying, do you recognize that there are
14 Haymarket and/or McDermott logos on all three of
15 those addresses? 07:42

16 MR. BALDWIN: I do see that.

17 MR. ELLENBECKER: And with regard to the type
18 of business done at these addresses, do you know what
19 type of services are performed or offered at each of
20 these addresses by Haymarket? 07:43

21 MR. BALDWIN: For the most part.

22 MR. ELLENBECKER: What type of services are
23 offered at 124 North Sangamon?

24 MR. BALDWIN: In there, it's only used for

1 clients, recovery homes, and our detox units.

2 MR. ELLENBECKER: So your medical detox would
3 be performed at 124 North Sangamon.

4 MR. BALDWIN: Correct.

5 MR. ELLENBECKER: And your medical detox, I
6 believe, is what you said last week -- or actually
7 October 28th, that that's the huge driver for EMS
8 calls; correct?

9 MR. BALDWIN: It is.

10 MR. ELLENBECKER: So the huge driver for EMS
11 calls being at 124 North Sangamon but that was
12 excluded from your dataset being presented on
13 October 28th; correct?

14 MR. BALDWIN: When we went back and looked at
15 it, it was initially excluded.

16 MR. ELLENBECKER: Okay.

17 MR. CARELLO: I have a question.

18 MR. HERVAS: Certainly.

19 MR. CARELLO: You mentioned that one of those
20 buildings is a locked door. What does that mean?
21 You mentioned it. You said that it's -- one is for
22 use and then one of the buildings is a locked door.
23 Did I get that right, counsel? Did he mention that?

24 MR. ELLENBECKER: Yes.

1 MR. CARELLO: Yeah.

2 MR. ELLENBECKER: That's how I remember it.

3 MR. CARELLO: So what does that mean? One of
4 those facilities is a locked door?

5 MR. BALDWIN: Right, we don't use it. It's
6 always locked and perhaps it only is available when
7 the fire alarm's pulled.

8 MR. CARELLO: So does that mean there's nobody
9 in it? It's like an overflow facility?

10 MR. BALDWIN: Oh, I'm sorry.

11 MR. CARELLO: What does that mean?

12 MR. BALDWIN: It's just another --

13 MR. CARELLO: Patients can't walk in and out
14 that door?

15 MR. BALDWIN: They cannot. It's just another
16 door that goes to our main entrance, the 932, they go
17 to the same lobby.

18 MR. CARELLO: I see what you're saying.

19 MR. BALDWIN: Yeah.

20 MR. CARELLO: The storefront address happens
21 to be on that door and there's two address locations.

22 MR. BALDWIN: You got it.

23 MR. CARELLO: Got it.

24 MR. ELLENBECKER: With Mr. DiNolfo last week,

1 he was asking you questions about four or five-year
2 data. Do you recall that?

3 MR. BALDWIN: I do.

4 MR. ELLENBECKER: And I think your response,
5 among others, was that you were concerned about the 07:45
6 one-year data because that's what the Village was
7 focused on; correct?

8 MR. BALDWIN: Among other things.

9 MR. ELLENBECKER: Right. And you wanted to
10 compare apples to apples in terms of annual 07:45
11 assessment versus annual assessment; right?

12 MR. BALDWIN: Right, ultimately I think an
13 annual figure is what people would want.

14 MR. ELLENBECKER: Do you find any value --
15 maybe in your background as a CPA or CFO of 07:45
16 Haymarket, do you find any value in going back and
17 looking at trending and assessing what the trends
18 are?

19 MR. BALDWIN: Sure. We did take an initial
20 look at it and not to go line by line for the 07:46
21 analysis but actually, in general, the calls were
22 trending up so that a most recent year would be the
23 highest and the most fair.

24 MR. ELLENBECKER: And if the data is trending

1 upwards, I'm not a math genius like yourself, but
2 that would indicate or at least suggest that next
3 year they'll be higher and the following year the
4 numbers will be even higher, if they're trending up;
5 correct?

07:46

6 MR. BALDWIN: Not necessarily. I mean, they
7 are correlated to the opioid epidemic, the
8 homelessness rate in Chicago. I mean, there's a lot
9 of factors into that, and also, ultimately, it's
10 really tough to take that to transfer to what would
11 be proposed in Itasca.

07:46

12 MR. ELLENBECKER: Right. But if there's a
13 discernible trend upward, then the corollary to that
14 would be that the EMS calls would be higher next year
15 and the EMS calls would be higher the next year;
16 correct?

07:46

17 MR. ROTH: Objection; it's been asked and
18 answered, and he said no.

19 MR. HERVAS: Did you answer the question
20 already?

07:47

21 MR. BALDWIN: I believe I did.

22 MR. ELLENBECKER: He did but then there --

23 MR. HERVAS: Let's move on.

24 MR. ELLENBECKER: Okay. Did you ultimately,

1 at some point for yourself, FOIA one-year data from
2 Chicago Fire Department?

3 MR. BALDWIN: I don't think so. I think our
4 FOIA for the five-year was what we did.

5 MR. ELLENBECKER: So you FOIAed five years. 07:47
6 Did you ever FOIA one year for Chicago Police
7 Department?

8 MR. BALDWIN: I don't believe so.

9 MR. ELLENBECKER: Have you seen data that you
10 believe represents Chicago Fire Department and 07:47
11 Chicago Police Department one-year data from July '18
12 to July '19?

13 MR. BALDWIN: Other than our data that we have
14 already put in?

15 MR. ELLENBECKER: Is it in your data? Let me 07:48
16 ask it this way: Does your data include the one-year
17 data for CFD and CPD from July '18 to July '19?

18 MR. BALDWIN: Yes, July 1st, 2018, to
19 June 30th, 2019, was our analysis year.

20 (Objectors' Exhibit No. 2, Exhibit 07:48
21 No. 3, Exhibit No. 4, Exhibit No.
22 5 marked.)

23 MR. ELLENBECKER: For the record, I just
24 handed over or tendered copies of data to counsel,

1 documents exhibit Objectors' 2, which is F-M-I-S-O-C
2 602 report, July 8th, '18, to July 9, '19, for data
3 that according to location of services is 120 North
4 Sangamon. I also tendered Objectors' Exhibit 3,
5 which is data July 8th, 2018, to July 8th, 2019.

07:49

6 MR. ROTH: Steve, we don't have the first one
7 you just mentioned. We don't have the 120.

8 MR. ELLENBECKER: Yeah, it's right here. It's
9 read by location of service.

10 MR. ROTH: Okay. So this is 2?

07:50

11 MR. ELLENBECKER: I handed Objectors' No. 3,
12 which is dated July 8 of '18 to July 8, '19, for 932
13 West Washington. And I also tendered Objectors' 4,
14 which is one-year data July 8, '18, to July 8, '19,
15 for 124 North Sangamon, and I tendered Objectors' 5,
16 which is dated July 8, '18, to July 8, '19, for 108
17 North Sangamon.

07:50

18 For the record, what I'll hand the
19 witness is what's been marked as Exhibit No. 2, and
20 I'll also hand the Commission their copies of Exhibit
21 No. 2.

07:51

22 MR. ROTH: Mr. Chairman, could we get a
23 foundation as to what these records are? Get a
24 proper foundation?

1 MR. ELLENBECKER: I would like to mark them
2 for identification, and then ask the witness if he
3 recognizes what these are.

4 MR. ROTH: Okay.

5 MR. HERVAS: You may --

6 MR. ROTH: They've been circulated already but
7 whatever.

8 MR. HERVAS: You may proceed.

9 MR. ELLENBECKER: I hand the witness and the
10 Commission what's been marked for identification as
11 Exhibit No. 3. I tender to the witness and the
12 Commission what's been marked for identification as
13 Exhibit No. 4. And, lastly, I'll tender to the
14 witness and the commission what's been marked as
15 Exhibit No. 5 for identification.

16 Mr. Baldwin, you have what's been
17 previously marked as Exhibits 2, 3, 4, and 5 for
18 identification in front of you?

19 MR. BALDWIN: Yes.

20 MR. ELLENBECKER: Correct? And do you
21 recognize Exhibits 2, 3, 4, and 5 as data in the form
22 that it would be returned or produced by Chicago Fire
23 Department in response to a FOIA request?

24 MR. BALDWIN: It does -- yeah, it would be in

1 that format.

2 MR. ELLENBECKER: Okay. And with regard to
3 the data depicted in Exhibits 2, 3, 4, and 5, do you
4 agree that this is generally the type of data that
5 Haymarket would have obtained similarly for it's
6 five-year data that it requested and received?

07:53

7 MR. BALDWIN: Yes.

8 MR. ELLENBECKER: Okay. And if we turn to the
9 last page of Exhibit No. 2 -- and, for the record,
10 also, is it your understanding that F-M-I-S-O-E-
11 C-E-C 602 reports are responses from the Chicago Fire
12 Department?

07:54

13 MR. BALDWIN: As far as I know.

14 MR. ELLENBECKER: Okay. And if we look at the
15 last page of Exhibit No. 2 -- I move to admit
16 Exhibits 2, 3, 4, and 5, Mr. Hervas?

07:54

17 MR. HERVAS: We're not actually having formal
18 motions in that way. Now that you've identified it
19 and presented it, if there is an objection or a
20 problem, a statement can be made on the record about
21 that, but once you've tendered the exhibit, it's a
22 part of our record and the Commission will have it.

07:54

23 MR. ELLENBECKER: Okay. Thank you. On the
24 last page of Exhibit --

1 MR. ROTH: And, for the record, I do object to
2 the presentation until there's been a proper
3 foundation for the document from someone who has seen
4 the document before, who knows where it came from,
5 who made the request and we can see the context of 07:54
6 the request that gave rise to these documents. We
7 don't know what this is. All the witness has
8 testified to is it looks like something in the format
9 that we've seen before.

10 MR. HERVAS: That's all we know at this point. 07:55
11 That's correct.

12 MR. ROTH: Thank you.

13 MR. HERVAS: So whatever weight or value it
14 has, that's as far as it goes. You may proceed.

15 MR. ELLENBECKER: You'd agree, Mr. Baldwin, 07:55
16 that on the first page of Exhibit No. 2, if you look
17 at location of service and the address of occurrence
18 that this is dated, that, with very few exceptions,
19 reflects EMS fire responses for 120 North Sangamon?

20 MR. BALDWIN: Which one is 2? They're not 07:55
21 labeled.

22 MR. ELLENBECKER: Do you need the question
23 repeated?

24 MR. BALDWIN: Please.

1 MR. ELLENBECKER: In looking at the first
2 page of Exhibit No. 2, does this appear to be FOIA
3 response data from Chicago Fire Department for --
4 based on location of service and address of
5 occurrence, 120 North Sangamon? 07:56

6 MR. BALDWIN: No, the address says
7 "Haymarket," and it includes 120 North Sangamon, 124
8 North Sangamon, and 1 West CTA O'Hare Platform.

9 MR. ELLENBECKER: If you look at the first
10 page of Exhibit 2, how many non-120 North Sangamon
11 Street locations of service do you see? 07:56

12 MR. BALDWIN: Two.

13 MR. ELLENBECKER: If you turn to the second
14 page of Exhibit 2, how many non-120 North Sangamon
15 Street locations of service do you see? 07:56

16 MR. BALDWIN: Objection to the form of the
17 question. When he says "non-120 North Sangamon"
18 addresses, as you can see some of the addresses
19 include both 120 and 124 North Sangamon, so I don't
20 know -- I object to the form of the question until
21 it's clarified. 07:57

22 MR. HERVAS: Can you clarify that, then,
23 please?

24 MR. ELLENBECKER: Sure. On page 2 of Exhibit

1 No. 2, how many addresses in the location-of-service
2 column do you see that do not refer to an address at
3 120 North Sangamon?

4 MR. BALDWIN: Five.

5 MR. ELLENBECKER: Okay. Similarly, on page 3 07:57
6 and 4 of Exhibit No. 2, how many addresses do you see
7 in the location of service for addresses that do not
8 include 120 North Sangamon?

9 MR. BALDWIN: Five on page 3; four on page 4.

10 MR. ELLENBECKER: Okay. Based on your review 07:58
11 of these documents, I see that you have -- 8, 13 --
12 you found 17 addresses in Exhibit 2 that do not
13 include the location of service at 120 North
14 Sangamon; correct?

15 MR. BALDWIN: Correct. 07:58

16 MR. ELLENBECKER: And what is the total
17 number -- when you get FOIA responses from Chicago
18 Fire Department, at the end of the spreadsheet they
19 give you the total number of lines; correct?

20 MR. BALDWIN: Correct. 07:58

21 MR. ELLENBECKER: Okay. And based on this
22 spreadsheet, what is the total number of lines
23 reflected on Exhibit 2?

24 MR. BALDWIN: 172.

1 MR. ELLENBECKER: And if we subtract the 17,
2 this would reflect -- Exhibit No. 2 would reflect the
3 total number of lines of 155 attributed to 120 North
4 Sangamon; correct?

5 MR. BALDWIN: Correct. 07:59

6 MR. ELLENBECKER: Exhibit No. 3, which refers
7 to 932 West Washington, you would agree that on the
8 face of Exhibit No. 3, that based on the service
9 location and the included geography returned by
10 Chicago Fire Department, this is focused on 932 West 07:59
11 Washington; correct?

12 MR. BALDWIN: Correct.

13 MR. ELLENBECKER: And at the end of Exhibit
14 No. 3, what is the number of lines that Chicago Fire
15 Department notes on the 932 West Washington response? 07:59

16 MR. BALDWIN: 186.

17 MR. ELLENBECKER: And if you look at
18 Exhibit 4, which the included geography is the 124
19 North Sangamon address; correct?

20 MR. BALDWIN: Correct. 07:59

21 MR. ELLENBECKER: At the end of Exhibit No. 4,
22 what is the total number of calls or lines for
23 Chicago Fire Department for the 124 North Sangamon
24 address?

1 MR. BALDWIN: 271.

2 MR. ELLENBECKER: And, lastly, for Exhibit 5,
3 this is a FOIA response from Chicago Fire Department
4 for 108 North Sangamon; correct?

5 MR. BALDWIN: Correct. 08:00

6 MR. ELLENBECKER: And what is the total number
7 of lines on that report?

8 MR. BALDWIN: 16.

9 MR. ELLENBECKER: Now, when you generated your
10 data, did you include responses for both fire and
11 police? 08:00

12 MR. BALDWIN: Yes.

13 MR. ELLENBECKER: Okay. And, to date, I've
14 only showed you the Chicago Fire one-year data from
15 July of '18 to July of '19; correct? 08:00

16 MR. BALDWIN: It appears so.

17 MR. ELLENBECKER: I will tender -- and let the
18 record reflect that I'm tendering a copy of Exhibits
19 6, 7, 8, and 9 to Haymarket counsel.

20 (Objectors' Exhibit No. 6, Exhibit
21 No. 7, Exhibit No. 8, Exhibit No.
22 9 marked.) 08:01

23 MR. ELLENBECKER: For the record, No. 6 for
24 identification is data from July 8, 2018, to July 8,

1 2019, for 108 North Sangamon. Opposition or opposer
2 No. 7 for identification is Chicago responses for 120
3 North Sangamon. No. 8 for identification, the
4 Chicago Police Department FOIA response for 932 West
5 Washington. And No. 9 for identification, the 08:02
6 Chicago Police Department FOIA response data for 924
7 (sic) North Sangamon.

8 Mr. Baldwin, what I'm going to hand
9 you is what I've marked as Exhibits 6, 7, 8, and 9
10 for identification, and I'll also tender a copy of 08:03
11 each to the Commission.

12 Mr. Baldwin, do you now have
13 Exhibits 6, 7, 8, and 9 in front of you?

14 MR. BALDWIN: I do.

15 MR. ELLENBECKER: Do you recognize Exhibits 6, 08:04
16 7, 8, and 9 as responses by Chicago Police Department
17 to FOIA requests, based on the front, from July 8,
18 2018, to July 8, 2019?

19 MR. BALDWIN: Yes.

20 MR. ELLENBECKER: And is this the type of data 08:04
21 that you and/or your team for Haymarket requested and
22 received from Chicago Police Department?

23 MR. BALDWIN: Similar.

24 MR. ELLENBECKER: And if we look at Exhibit

1 No. 6, you note that this is a FOIA response by CPD
2 for 108 North Sangamon; correct?

3 MR. BALDWIN: Correct.

4 MR. ELLENBECKER: And what is the total number
5 of lines reported on Exhibit No. 6?

08:05

6 MR. BALDWIN: 40.

7 MR. ELLENBECKER: And if you go to Exhibit
8 No. 7, what's the total number of lines recorded by
9 Chicago Police Department for 120 North Sangamon?

08:05

10 MR. BALDWIN: There are some other addresses
11 on this one, but the report totals 275.

12 MR. ELLENBECKER: Okay. For Exhibit No. 8,
13 FOIA response from Chicago Police Department for 932
14 West Washington, how many lines are reflected on that
15 report?

08:05

16 MR. BALDWIN: Total lines, 228.

17 MR. ELLENBECKER: And, lastly, for Exhibit
18 No. 9, what are the total number of lines reported
19 for the address that we talked about earlier tonight
20 of 124 North Sangamon?

08:06

21 MR. BALDWIN: Again, there are some other
22 addresses on this report, but the report totals 351
23 lines.

24 MR. ELLENBECKER: Okay. And you're absolutely

1 correct that there are a couple other addresses
2 mentioned on here. In looking at the few pages --
3 the four pages of Exhibit No. 9, how many non-124
4 North Sangamon Street addresses are shown in Exhibit
5 No. 9?

08:06

6 MR. BALDWIN: Five.

7 MR. ELLENBECKER: So if we have 351 lines and
8 there are five that are not affiliated or not
9 seemingly indicating for 124 North Sangamon, that
10 puts us at 346; correct?

08:07

11 MR. BALDWIN: Correct.

12 MR. ELLENBECKER: All right. So to get the
13 total number -- would you agree that to get the total
14 number at least of lines, the starting point for a
15 dataset for one year, July 8, 2018, to July 8, 2019,
16 for the four addresses we know to be affiliated with
17 work and services provided by Haymarket, that we
18 would add the 155 we discussed, 186, 271, 16, 40,
19 275, 228, and 346? Would you agree with that?

08:07

20 MR. BALDWIN: Agreed.

08:07

21 MR. ELLENBECKER: Okay. If I gave you a
22 calculator, could you add all those for me?

23 MR. BALDWIN: Right, yeah.

24 MR. ELLENBECKER: Okay.

1 MR. ROTH: Objection; if counsel has a number,
2 let him throw it out there.

3 MR. ELLENBECKER: I don't have a number.

4 MR. ROTH: Are we doing the analysis here
5 tonight? Is that what we're doing? 08:08

6 MR. ELLENBECKER: I'll respond to that. We're
7 not doing the analysis. What we're doing is adding
8 it subject to the modifications he just made, so I
9 have a number but I'm going to have him give me the
10 number that we've modified. 08:08

11 MR. ROTH: I object.

12 MR. HERVAS: Let's -- let's get through it.

13 MR. BALDWIN: It is around 1500.

14 MR. ELLENBECKER: Approximately 1500?

15 MR. BALDWIN: Yeah. 08:08

16 MR. ELLENBECKER: Okay. All right. So the
17 total number of lines, based on the data we just went
18 through, Exhibits 2 through 9, you'd agree is
19 somewhere around 1500 as opposed to the 863 lines
20 that you started with in your analysis that you
21 presented on October 28th; correct? 08:08

22 MR. BALDWIN: That also the Village started
23 with, correct.

24 MR. ELLENBECKER: Right. And with regard to

1 those 1500, are you comfortable now that those 1500
2 or so lines would accurately depict the number -- or
3 represent the number of lines as would be revealed by
4 FOIA requests from July 8, '18, to July 9, '19, for
5 Chicago FD and PD to Haymarket's four addresses?

08:09:

6 MR. BALDWIN: Is your question is 1500 lines a
7 reasonable number?

8 MR. ELLENBECKER: No. Are you -- are you
9 reasonably confident that that 1500 lines accurately
10 represents the total number of lines that we now know
11 for the four addresses associated with services and
12 addresses owned and operated by Haymarket?

08:09:

13 MR. ROTH: Objection to the form of the
14 question. If he's asking if it reasonably reflects
15 what's shown in these documents that he's being shown
16 tonight, that's one question, but that's not what
17 he's asking.

08:09:

18 MR. HERVAS: Okay.

19 MR. ELLENBECKER: He's absolutely right,
20 that's not what I'm asking. I want to know now -- we
21 have two different numbers, and I want to know if the
22 new number is the one that you think accurately
23 reflects the total number of lines or approximately
24 total number of lines --

08:09:

1 MR. ROTH: Objection --

2 MR. HERVAS: Hold on.

3 MR. ROTH: Objection; the dates are different
4 and different numbers between what? Between what?

5 MR. HERVAS: So I'm going to sustain the 08:10
6 objection as to the form of the question. I'll let
7 you re-ask another question.

8 MR. ELLENBECKER: Mr. Baldwin, for the period
9 of time July 8, 2018, to July 8, 2019, based on
10 Exhibits 2 through 9 and your understanding of 08:10
11 Chicago's responses to FOIA requests, are you
12 comfortable that the total number of lines for those
13 four addresses for that one-year period is
14 approximately 1500?

15 MR. ROTH: Objection to the form of the 08:10
16 question. As shown in these documents? Is that what
17 he's asking?

18 MR. HERVAS: That's what he asked.

19 MR. ROTH: That's not what he said but --

20 MR. HERVAS: I thought that's what I heard. 08:10

21 Is that what you're asking?

22 MR. ELLENBECKER: I think I said based on
23 these FOIA responses.

24 MR. HERVAS: That's what I thought, too. So

1 the objection is overruled.

2 MR. BALDWIN: Right. Based on these
3 documents, there would be around 1500 lines.

4 MR. ELLENBECKER: Okay.

5 MR. BALDWIN: Which would be slightly
6 different from our analysis.

08:11

7 MR. ELLENBECKER: Now, you can set those aside
8 for right now, and if you want to use them for my
9 subsequent questions, that's fine. I don't want to
10 say you can't but just set them to the side, if you
11 will, for now, unless you need them.

08:11

12 With regard to your background --
13 and we talked about your background a little bit --
14 you'd agree that what you were asked to do in this
15 case by whoever asked you -- i.e., coming up with a
16 projected number of calls and a burden on EMS -- that
17 was a tough job for you based on your background,
18 wasn't it?

08:11

19 MR. BALDWIN: The data analysis of 911 data is
20 complicated.

08:12

21 MR. ELLENBECKER: And it's a task that your
22 background didn't really prepare you for; correct?

23 MR. BALDWIN: Not necessarily. And, right,
24 data analysis as a CPA comes hand in hand.

1 MR. ELLENBECKER: Right. But in terms of the
2 substance of this data, did you have any background
3 or familiarity with the substance of the data that
4 you had been asked to analyze?

5 MR. BALDWIN: 911 data specifically, no, but 08:12
6 I'm used to all different forms of data to analyze.

7 MR. ELLENBECKER: And as it pertains to fire
8 protection districts generally, you told Mr. DiNolfo
9 last week, November 6th, that you didn't know the ins
10 and outs of how fire protection districts operate; 08:12
11 correct?

12 MR. BALDWIN: Correct.

13 MR. ELLENBECKER: And you also said you didn't
14 want to speculate as to how Itasca fire and police
15 respond to calls; correct? 08:12

16 MR. BALDWIN: As to how they respond, no.

17 MR. ELLENBECKER: All right. Did anybody on
18 your internal team -- I think you testified that you
19 had a finance team of three working with you;
20 correct? 08:13

21 MR. BALDWIN: Correct.

22 MR. ELLENBECKER: Did anybody on your finance
23 team, to your knowledge, have a background in both
24 requesting and analyzing FOIA responses from CPD and

1 the Chicago Fire Department?

2 MR. BALDWIN: That specifically, no.

3 MR. ELLENBECKER: You didn't learn how to
4 analyze 911 data, the codes, the service locations,
5 the units rolled, you didn't learn how to do that at
6 Augustana; correct? 08:13

7 MR. BALDWIN: Correct.

8 MR. ELLENBECKER: And I think it's a safe
9 question to say you didn't learn how to do that type
10 of analysis at Loyola either; correct? 08:13

11 MR. BALDWIN: Specifically 911 data analysis,
12 no. General data analysis.

13 MR. ELLENBECKER: Prior to the request that
14 you perform -- or complete this project as it relates
15 to Haymarket's application, had you ever -- had you
16 ever read an EMS FOIA response? 08:13

17 MR. BALDWIN: No.

18 MR. ELLENBECKER: Had you ever formulated any
19 projections with regard to EMS calls or burdens on
20 emergency providers prior to your enrollment in this
21 project for this application? 08:14

22 MR. BALDWIN: No.

23 MR. ELLENBECKER: Mr. Roth, I think, indicated
24 earlier -- and he'll tell me if I got it wrong -- but

1 you've never -- you're not being offered as an expert
2 on this issue; correct?

3 MR. BALDWIN: Correct.

4 MR. ELLENBECKER: Do you consider yourself an
5 expert on FOIA response data from EMS providers in
6 Chicago or otherwise?

08:14

7 MR. BALDWIN: Specifically on 911 data, no,
8 but on data analysis, I'm an expert.

9 MR. ELLENBECKER: Okay. And we're going to
10 get to your exclusionary criteria. Had you ever
11 before -- prior to this project in support of
12 Haymarket's application, had you ever before
13 developed and applied exclusionary criteria to EMS
14 FOIA response data?

08:14

15 MR. BALDWIN: Say that again?

08:14

16 MR. ELLENBECKER: Had you ever before being
17 enrolled in this project for Haymarket in support of
18 its application, had you ever applied -- developed
19 and applied an exclusionary criteria to data like you
20 did in this case?

08:15

21 MR. ROTH: Objection to the form of the
22 question, "exclusionary criteria." Exclusionary of
23 what?

24 MR. ELLENBECKER: Let me ask -- I'll withdraw

1 it. Let me ask a precursor.

2 You testified earlier on
3 November 28th (sic) and a little bit last week that
4 you started with a large number of lines and then you
5 whittled it down based on certain criteria; correct? 08:15

6 MR. BALDWIN: Correct.

7 MR. ELLENBECKER: Right. And it might be
8 we're not providing serious mental services, it might
9 be the size of the facilities or other things, but
10 those were bases you used to exclude numbers from the 08:15
11 total line of calls; correct?

12 MR. BALDWIN: Yes, it was to give estimates to
13 try to get down to unique calls.

14 MR. ELLENBECKER: Right. You -- you
15 developed -- and I'll ask you if you did 08:15
16 personally -- but essentially you applied
17 exclusionary criteria to the data; right? You
18 started with a big number and then you said if it has
19 this, I'm going to take it out, and if it has this,
20 I'll take it out, and if it has that, I'll take it 08:16
21 out; correct?

22 MR. BALDWIN: Not necessarily. We had to
23 recreate what a unique event was and so apply
24 estimates to convert data to what would be at the

1 proposed site.

2 MR. ELLENBECKER: For any type of call
3 depicted in any of the Chicago Fire or Police
4 Department FOIA response data that you've looked at,
5 did you make any sort of analysis to compare Itasca's 08:16
6 protocol for emergency response to the way Chicago
7 emergency response responded to a given call?

8 MR. BALDWIN: Yes. But a lot of it -- what
9 you're talking about is -- would be irrelevant. It's
10 trying to get to unique calls and then analyze from 08:16
11 there.

12 MR. ELLENBECKER: Well, let's say we were
13 trying to analyze it to see what the burden on
14 resources would be. In that instance, did you do any
15 sort of analysis between Chicago Fire Department, 08:17
16 Chicago Police Department FOIA response data and how
17 Itasca would respond to the same type of call in
18 terms of units rolled? Personnel assigned?

19 MR. BALDWIN: Again, no, because irrelevant.
20 We need to get to unique calls and then apply the 08:17
21 analysis on what would be proposed in Itasca.

22 MR. ELLENBECKER: Right. So let's start with
23 unique calls. For every --

24 MR. BALDWIN: Right.

1 MR. ELLENBECKER: -- unique call, the relevant
2 analysis is how Itasca would respond to those unique
3 calls; correct? If you're going to determine what
4 the burden on Itasca would be?

5 MR. BALDWIN: You have to see the analysis all 08:17
6 the way through to the end, because, obviously, you
7 have to factor in the private ambulance, and then how
8 it would be responded to would be the remainder.

9 MR. ELLENBECKER: Okay. Over the course of
10 the several nights that you've testified, I think it 08:18
11 goes back to October 28th and last week and then
12 tonight, you'd agree that Haymarket has asked this
13 Commission to believe that it would conduct
14 background checks on all patients; correct?

15 MR. ROTH: Objection to the form of the 08:18
16 question. Haymarket would ask this Commission to
17 believe?

18 MR. HERVAS: Do you understand the question?

19 MR. BALDWIN: I understand the question. It
20 would be much more relevant to Dr. Lustig's 08:18
21 testimony.

22 MR. HERVAS: Then I'm going to overrule the
23 objection. You may answer the question.

24 MR. BALDWIN: Yes, I believe we do background

1 checks on patients.

2 MR. ELLENBECKER: And have you represented
3 that -- and, I mean, you specifically -- have you
4 represented that Haymarket Itasca will never treat
5 patients with severe mental illness? 08:19:

6 MR. BALDWIN: I've testified that we do not
7 have that programming planned in Itasca.

8 MR. ELLENBECKER: So let me ask the follow-up.
9 To your knowledge, will Itasca or Haymarket Itasca
10 ever service or provide care and treatment to those 08:19:
11 with severe mental illness?

12 MR. BALDWIN: If it's qualified as that
13 severe, they would go to a different facility. We
14 would not have that specialty programming. That's
15 what's pro forma. 08:19:

16 MR. ELLENBECKER: Is it your understanding
17 that patients with some mental illness will be
18 treated at Haymarket Itasca?

19 MR. BALDWIN: Yes, most likely.

20 MR. ELLENBECKER: Is it your understanding 08:19:
21 that the number of medical and social detox beds at
22 Haymarket Itasca will never change?

23 MR. BALDWIN: It's very hard to change them
24 once you're licensed and the beds are up and running.

1 MR. ELLENBECKER: To your knowledge -- strike
2 that. Is it your understanding and testimony that
3 Haymarket has an enforceable contract currently in
4 place with Elite Ambulance?

5 MR. BALDWIN: Yes. 08:20

6 MR. ELLENBECKER: Do you know when that
7 contract was signed?

8 MR. BALDWIN: I'm not sure.

9 MR. ELLENBECKER: Do you know who for
10 Haymarket signed it? 08:20

11 MR. BALDWIN: Dr. Lustig.

12 MR. ELLENBECKER: Do you know who from Elite
13 signed it?

14 MR. BALDWIN: I'm not sure.

15 MR. ELLENBECKER: Do you know when that
16 contract between Elite and Haymarket was signed? 08:20

17 MR. ROTH: Objection; asked and answered.

18 MR. HERVAS: That was asked and answered. You
19 just asked him a couple of questions ago if he knew
20 when the contract was signed. 08:20

21 MR. ELLENBECKER: So I'll move on to my next
22 question. Do you know if the contract between
23 Haymarket and Elite was signed before September 5th
24 of 2019?

1 MR. BALDWIN: I do not.

2 MR. ELLENBECKER: Last week you indicated in
3 questioning on the 863 lines that we have discussed
4 previously, you kept referring to the 863 as the
5 "Village's data." Do you recall that? 08:21

6 MR. BALDWIN: Sure, true enough.

7 MR. ELLENBECKER: And the slide -- although it
8 was hard for me to find, I actually got a screen
9 shot -- your slide actually says, "Total emergency
10 responses as reported by, quote, 'No Itasca 08:21
11 Haymarket,' end quote, for Haymarket West Loop." Do
12 you recall that?

13 MR. BALDWIN: I do.

14 MR. ELLENBECKER: Based on your slide
15 indicating that the 911 data came from No Itasca 08:21
16 Haymarket, does that refresh your recollection as to
17 whether you were dealing with Village data as opposed
18 to a citizens group data?

19 MR. BALDWIN: I believe they both used it.

20 MR. ELLENBECKER: Do you know why -- did you 08:22
21 create this slide?

22 MR. BALDWIN: Yes.

23 MR. ELLENBECKER: Do you know why you chose to
24 refer to the source of the data as, quote, "No Itasca

1 Haymarket," end quote?

2 MR. BALDWIN: I believe that's where we first
3 saw it.

4 MR. ELLENBECKER: Okay. Would you agree that
5 based on the data we've gone through tonight,
6 Exhibits 2 through 9, and the data you've looked at
7 for five years that reflects Haymarket's reliance on
8 emergency providers in the City of Chicago, would you
9 agree that that data, unfiltered by you, dwarfs the
10 current need for emergency response at the Holiday
11 Inn Itasca?

08:22

08:22

12 MR. BALDWIN: No.

13 MR. ELLENBECKER: Okay. What is the total
14 number of calls, if you know, for the five years of
15 data that you looked at for Haymarket West Loop?

08:23

16 MR. BALDWIN: I do not know five years. I
17 know one year.

18 MR. ELLENBECKER: Okay. What is the total
19 number based on -- based on 1500 -- approximately
20 1500 lines, how many of those -- how many of those
21 calls did CPD and Chicago fire send units and
22 respond?

08:23

23 MR. ROTH: Objection. Is the question calling
24 for Mr. Baldwin's opinion relative to the exhibits

1 that counsel has just offered? I mean, he's assuming
2 1500, so is the question directed at these exhibits?
3 Form of the question.

4 MR. ELLENBECKER: Yeah, I think I said based
5 on Exhibits 2 through 9. 08:23

6 MR. HERVAS: Okay. So he's asking about the
7 exhibits that he tendered. Do you have an objection
8 beyond the form?

9 MR. ROTH: Yeah, I object to the form. I
10 don't believe that was the question. We can probably 08:23
11 have it read back, but counsel could also rephrase
12 his question.

13 MR. HERVAS: Let's re-ask the question,
14 please.

15 MR. ELLENBECKER: I'll start with your data. 08:24
16 Based on your data, do you have an understanding for
17 any one-year data you analyzed of Chicago fire and
18 police response to FOIA requests, what is the number
19 of calls that Chicago fire and Chicago police
20 responded to Haymarket West Loop? 08:24

21 MR. BALDWIN: We would be around 600 calls.

22 MR. ELLENBECKER: Okay. And you'd agree that
23 600 calls dwarfs the amount of calls that are
24 currently responded to by EMS and police to the

1 current Holiday Inn Itasca?

2 MR. ROTH: Objection; form of the question. I
3 don't know what "dwarfs" means.

4 MR. ELLENBECKER: Do you know the word dwarfs?

5 MR. ROTH: In this context? What's the point? 08:24

6 MR. HERVAS: Do you understand the question?

7 MR. BALDWIN: I believe I understand the
8 question.

9 MR. HERVAS: All right. Then the objection's
10 overruled. Go ahead. 08:25

11 MR. BALDWIN: Sure. As far as total calls go,
12 it does dwarf, in your word.

13 MR. ELLENBECKER: Okay. I don't know why I
14 picked that word. It just came to mind.

15 MR. BALDWIN: Okay. 08:25

16 MR. ELLENBECKER: I showed you the slide that
17 you indicated you created that was shown through your
18 direct testimony on October 28th. I called it
19 exclusionary criteria earlier. We couldn't quite
20 agree on the language. 08:25

21 But with regard to the methodology
22 that you applied in analyzing and filtering the total
23 number of calls, did you find this approach or this
24 formula in any textbook or learned treatise?

1 Peer-reviewed article?

2 MR. BALDWIN: No, it would just be natural
3 logic.

4 MR. ELLENBECKER: Did you, yourself, pick
5 areas such as remove duplicates, remove codes, remove
6 traffic violations, and faculty -- or facility size
7 reduction estimates?

08:25

08:26

08:26

08:26

8 MR. BALDWIN: In line also with the Village
9 data in their report, we agreed with how to try to
10 get down to unique calls.

11 MR. ELLENBECKER: With regard to the proper
12 addresses, one of the areas on your slide says
13 "adjust for wrong addresses being used." Do you
14 recall that?

15 MR. BALDWIN: Yes.

16 MR. ELLENBECKER: Would you agree that based
17 on Exhibits 2 through 9, aside from the callouts that
18 you made, that the right addresses were provided in
19 those responses for Exhibits 2 through 9?

20 MR. BALDWIN: In the exhibits, right, you gave
21 me?

22 MR. ELLENBECKER: Yes.

23 MR. BALDWIN: The addresses appear accurate.

24 MR. ELLENBECKER: Okay. And if the addresses

1 are accurate, you wouldn't have a line-item reduction
2 for wrong addresses in the FOIA request; correct?

3 MR. BALDWIN: Correct, that's before when the
4 whole block was used.

5 MR. ELLENBECKER: Right. And in terms of 08:26
6 facility size reduction, one of the things you note
7 here is medical detox programs; correct?

8 MR. BALDWIN: Correct.

9 MR. ELLENBECKER: And what's your
10 understanding of the medical detox facility 08:27
11 capabilities at West Loop?

12 MR. BALDWIN: It would be half the size.

13 MR. ELLENBECKER: What's the total number?

14 MR. BALDWIN: Oh, sorry. We currently have 32
15 medical detox beds. We would have 16 at the proposed 08:27
16 Itasca location.

17 MR. ELLENBECKER: And as I asked Dr. Lustig,
18 do you agree, based on your understanding of the
19 Haymarket Itasca plan, that if we combine both
20 medical and social detox that both require 24-hour 08:27
21 medical care, that you would have 32 beds here in
22 Itasca?

23 MR. BALDWIN: Social detox is a completely
24 different program.

1 MR. ELLENBECKER: Okay. But my question was
2 based on a combination of the social and medical
3 detox plans for Haymarket Itasca, both requiring
4 24-hour medical care, does the Haymarket Itasca plan
5 call for 32 such beds? 08:27

6 MR. BALDWIN: Medical detox, the severity is a
7 lot higher and requires a much higher level of
8 medical care. But, yes, to your question, it would
9 still have medical oversight for both programs.

10 MR. ELLENBECKER: When you went through the 08:28
11 data line by line, whether through Excel or
12 otherwise, did you make notations about which calls
13 were coming specifically from medical detox versus
14 social detox?

15 MR. BALDWIN: We do not have social detox in 08:28
16 the West Loop.

17 MR. ELLENBECKER: Okay. So let me ask it just
18 for medical detox. When you went through the data
19 and you were knocking out lines and reducing the
20 number, did you make notations in any data reflecting 08:28
21 which specific calls you knew to be associated with a
22 patient in medical detox?

23 MR. BALDWIN: No, that's not in the data.

24 MR. ELLENBECKER: Okay. But yet you made a

1 line-item reduction based on the existence of medical
2 detox in the West Loop; correct?

3 MR. BALDWIN: We made a line-item reduction
4 for the general size being smaller.

5 MR. ELLENBECKER: Okay. You also made a
6 line-item reduction for serious mental health
7 programming; correct?

8 MR. BALDWIN: Correct.

9 MR. ELLENBECKER: Did you make any sort of
10 determination in your sifting and filtering of the
11 EMS data presented on October 28th to determine how
12 many of those patients had serious mental illness?

13 MR. BALDWIN: That's not in the data.

14 MR. ELLENBECKER: Okay. Yet you made a
15 line-item deduction based on a programming difference
16 for severe mental illness.

17 MR. BALDWIN: Well, would you like me to
18 explain it?

19 MR. ELLENBECKER: Sure.

20 MR. BALDWIN: Yeah. What we can do, what we
21 talked about before, is we can view a code in our
22 electronic health record. It codes both urgent and
23 emergency codes that our medical staff either take
24 care of themselves or calls out to 911 for help.

1 That would be -- we thought it was a
2 very fair correlation, and we can do that by program.
3 We have three severe mental illness programming units
4 in the West Loop. We took a ratio of those codes
5 that were coded in our health record and used that as
6 the basis to apply that. Since we would not have
7 those programs in Itasca, we could make a reduction.

08:30

08:30

08:30

08:30

8 MR. ELLENBECKER: So you made that deduction
9 based on looking at internal patient-specific
10 confidential information and not from the FOIA data
11 itself?

12 MR. BALDWIN: Correct.

13 MR. ELLENBECKER: Okay. Is that data, the
14 patient identifiers removed, that you could make
15 available?

16 MR. BALDWIN: We would not want to based on
17 our compliance with HIPAA and 42 CFR, very
18 stringent -- we would really want to tread carefully
19 there.

20 MR. ELLENBECKER: For the very basis of
21 removing calls, for instance, for -- relating to
22 medical detox and severe mental illness, the
23 background or basis for that you're not willing to or
24 not able to provide; correct?

1 MR. ROTH: Objection; it's been asked and
2 answered.

3 MR. ELLENBECKER: Not -- that form of the
4 question was not asked.

5 MR. HERVAS: I don't think it was in that form 08:31:
6 of the question but --

7 MR. ROTH: He explained what the issue was
8 with regards to the disclosure of these documents
9 under federal and HIPAA law. I mean, what more can
10 he say? 08:31:

11 MR. HERVAS: Response, for the record, please?

12 MR. ELLENBECKER: The follow-up question was,
13 the natural follow-up from that, saying as a result,
14 because you cannot or will not produce it -- and I
15 can ask the question again -- is -- 08:31:

16 MR. HERVAS: That's what I thought it was, so
17 I'm going to overrule the objection. You may answer
18 the question.

19 MR. BALDWIN: We wouldn't want to. But it's
20 also really important to note at this point that 08:31:
21 it's -- the effect on how the end -- the end analysis
22 gets to, it would be a very small effect.

23 MR. ELLENBECKER: Okay. Did you do any
24 inquiry or analysis to determine what the reliance on

1 emergency medical services was in the area in and
2 around Haymarket West Loop? In other words, your
3 patients, especially outpatients, can come and go;
4 correct?

5 MR. BALDWIN: Correct. 08:32

6 MR. ELLENBECKER: Right. And all patients are
7 there voluntarily? I think we've heard that a couple
8 times; correct?

9 MR. BALDWIN: Correct.

10 MR. ELLENBECKER: And what I'm wondering is 08:32
11 did you make any sort of assessment to determine what
12 type of EMS needs any of your patients had off
13 campus, so to speak?

14 MR. BALDWIN: I don't believe so.

15 MR. ELLENBECKER: Do you think -- and I'm 08:32
16 asking for your objective opinion on this one. Do
17 you think, based on the analysis you've done as part
18 of the application process, that there is some
19 number, any number out there, that you would think
20 constitutes an unreasonable or unmanageable burden on 08:33
21 Itasca's emergency responders?

22 MR. ROTH: Objection; calls for a legal
23 conclusion.

24 MR. HERVAS: I'm going to overrule that

1 objection. He specifically asked for his opinion
2 and -- in that effect, and so if he's willing to
3 offer an opinion, we'll hear it.

4 MR. BALDWIN: No. As I testified before,
5 after this analysis, particularly with the use of the
6 private ambulance, it would not be an undue burden.
7 Was that your question?

08:33

08:33

08:34

08:34

8 MR. ELLENBECKER: That wasn't my question. My
9 question was, based on your experience, short
10 experience, in working on this application process,
11 do you think there's any number out there of calls on
12 EMS, paramedic and police, that you would agree
13 constitutes an unreasonable or unmanageable burden on
14 a town's emergency resources like that of Itasca?

15 MR. ROTH: Objection; it's been asked and
16 answered, and I renew my previous objection that it
17 calls for a legal conclusion.

18 MR. ELLENBECKER: I agree it was asked but not
19 answered.

20 MR. HERVAS: I'm going to overrule the
21 objection. The witness should answer, if he can.

22 MR. BALDWIN: I think you're getting -- you're
23 speculating on the severity of the calls and that's
24 not what the data shows. This data analysis was

1 simply on use of emergency services, so I can only
2 answer to that far.

3 MR. ELLENBECKER: Right. You can't answer
4 whether, conceivably, you could have seen a number
5 that would constitute an unreasonable or unmanageable
6 burden on Itasca; correct? 08:34

7 MR. BALDWIN: Well, if we're talking -- or if
8 we're comparing Itasca's capacity, we can look at how
9 many ambulance dispatches the Itasca Fire Protection
10 District has say in a year. 08:35

11 MR. ELLENBECKER: Have you ever been a
12 consultant for any fire protection district to opine
13 on its capacity for calls?

14 MR. BALDWIN: No.

15 MR. ELLENBECKER: Have you ever been called by
16 any fire protection district to give such an opinion
17 and declined the invitation? 08:35

18 MR. BALDWIN: No.

19 MR. ELLENBECKER: Did you do any sort of
20 inquiry into 911 or other EMS calls to similar
21 facilities to that contemplated at Haymarket Itasca
22 that you know to exist either in the suburbs or
23 anywhere else in the country? 08:35

24 MR. BALDWIN: Could you repeat that?

1 MR. ELLENBECKER: Sure. Did you do any sort
2 of 911 analysis or EMS analysis for facilities that
3 you know to exist either in the neighboring counties
4 or anywhere else in the country?

5 MR. BALDWIN: No. 08:35

6 MR. ELLENBECKER: Okay. So the only dataset
7 that's been evaluated is Haymarket West Loop;
8 correct?

9 MR. BALDWIN: Correct.

10 MR. ELLENBECKER: With regard to Elite 08:36
11 Ambulance, I believe you testified on October 28th
12 that Elite is providing services to Forestview
13 Nursing & Rehabilitation; correct?

14 MR. BALDWIN: Correct.

15 MR. ELLENBECKER: And I believe your testimony 08:36
16 on that date was that Forestview Nursing &
17 Rehabilitation was very similar to Haymarket;
18 correct?

19 MR. BALDWIN: I don't believe that. It was at
20 least a large size and would produce a large number 08:36
21 of emergency calls.

22 MR. ELLENBECKER: On page 84 of the 10/28
23 transcript, did you say, "Yes, they were definitely
24 throughout DuPage and they had one very similar

1 client right close to downtown of Itasca of the
2 Forestview Nursing Rehab facility"?

3 MR. BALDWIN: That sounds right.

4 MR. ELLENBECKER: Okay. So you did say one
5 very similar client; correct? 08:36

6 MR. BALDWIN: If that was in there.

7 MR. ELLENBECKER: Right. Now, what do you
8 know about Forestview Nursing & Rehabilitation Center
9 in terms of the clients or patients it has?

10 MR. BALDWIN: It's a nursing facility. 08:37

11 MR. ELLENBECKER: Is the age --

12 MR. BALDWIN: 144 beds.

13 MR. ELLENBECKER: Is the age group of
14 Forestview Nursing & Rehabilitation similar to the
15 age group demographic to be serviced at Haymarket
16 Itasca? 08:37

17 MR. BALDWIN: I would doubt it.

18 MR. ELLENBECKER: Are the reasons the patients
19 go to Forestview Nursing & Rehab the same as what you
20 would conceive for Haymarket Itasca? 08:37

21 MR. BALDWIN: No.

22 MR. ELLENBECKER: Did your contract -- or does
23 your contract, to your knowledge, with Elite
24 Ambulance -- first of all -- and if I asked this, I

1 apologize -- have you ever seen the contract?

2 MR. BALDWIN: Yes.

3 MR. ELLENBECKER: Okay. Does the contract
4 have a guaranteed response time that Elite would
5 guarantee how long or the range of time it would take
6 to respond to Haymarket calls? 08:38

7 MR. BALDWIN: Not that I'm aware of.

8 MR. ELLENBECKER: Does the contract or any
9 addendum to that contract with Elite set out the
10 criteria for which Haymarket and its staff would call
11 Elite as opposed to 911? 08:38

12 MR. BALDWIN: I don't believe so.

13 MR. ELLENBECKER: Does the contract, to your
14 recollection, have incentives for volumes of calls?

15 MR. BALDWIN: What do you mean by
16 "incentives"? 08:38

17 MR. ELLENBECKER: Right. If Elite responds to
18 a certain number of -- over a threshold number of
19 calls per month, per quarter, per year, are there
20 multipliers, to your knowledge, in that contract? 08:38

21 MR. BALDWIN: No. They're flat rates set by
22 medicaid.

23 MR. ELLENBECKER: And the medicaid flat rates
24 would be per ride; correct?

1 MR. BALDWIN: Correct.

2 MR. ELLENBECKER: Is there a penalty for Elite
3 responding to -- or below a threshold number of calls
4 per month, per quarter, per year?

5 MR. ROTH: Objection to this line of
6 questioning to relevance. How is this relevant?

08:39

7 MR. ELLENBECKER: It's relevant in the sense
8 that Mr. Baldwin has represented that Elite's going
9 to respond to 90 percent of the calls, and if there's
10 a financial incentive for them to do so, I think it
11 is relevant.

08:39

12 MR. HERVAS: I'm going to overrule the
13 objection.

14 MR. BALDWIN: I'm not aware of any incentives
15 or disincentives in the contract.

08:39

16 MR. ELLENBECKER: Do you know if Elite, based
17 on the contract, has agreed to devote a specific
18 vehicle or ambulance to Haymarket?

19 MR. BALDWIN: That is not in the contract.

20 MR. ELLENBECKER: Okay. And I think my last
21 two questions are this: We've heard testimony here,
22 I think even by you maybe, that 58 percent of
23 Haymarket's directors are residents of DuPage County;
24 correct?

08:39

1 MR. BALDWIN: Correct.

2 MR. ELLENBECKER: To your knowledge, are any
3 of Haymarket's directors residents of Itasca?

4 MR. BALDWIN: I don't know.

5 MR. ELLENBECKER: That's all I have. 08:40

6 MR. HERVAS: Thank you.

7 CHAIRMAN KISCHNER: Okay. At this time, we're
8 going to take a 10-minute break and return -- we'll
9 call it at 10 to.

10 (Recess taken.) 08:52

11 CHAIRMAN KISCHNER: Okay. Ms. Dickson, if you
12 could -- they can go up here.

13 MS. DICKSON: Thank you.

14 CHAIRMAN KISCHNER: So for the public, our
15 next step is the plan commissioners will be asking
16 question of Mr. Baldwin and Dr. Lustig and then after
17 that, we are going to open it up for public
18 questioning. So, with that, I'll open it up to the
19 commissioners. Any questions? 08:53

20 MS. RAY: I don't have any questions at this
21 time. 08:54

22 MR. CARELLO: Yes, I actually do have a
23 question in regards to the initial reporting that was
24 done, and I believe it was Mr. Baldwin, you mentioned

1 that when the initial data was put together, only two
2 addresses were used as the main locale for calls.
3 But, in reality, if a call is made to the other two
4 locations, the addresses would have to be given;
5 correct? Because a fire or police would not be 08:54
6 called to the -- I believe is it the 932 West
7 Washington, once they get there and say, well, oops,
8 you have to go across the street. So, in reality,
9 shouldn't all four addresses have been initially
10 assumed, even though two are the main address? 08:54

11 Because no matter what, police and
12 fire have to respond to an address. They would never
13 just respond to the 932 or, I forget, what was the
14 second main address? 124?

15 MR. BALDWIN: 120. 08:55

16 MR. CARELLO: 120, yeah.

17 MR. BALDWIN: So two things. One, we did
18 think we got all the addresses, but, also, it is
19 totally possible that it does happen, right? A
20 call's made -- a call's made and they say they are at 08:55
21 Haymarket and it does happen, that the ambulance or
22 police would show up and they're directed across --
23 these are basically three buildings put together so
24 you can go --

1 MR. CARELLO: Within blocks?

2 MR. BALDWIN: No, continuous, contiguous.

3 MR. CARELLO: Okay.

4 MR. BALDWIN: So you can go down the hall and
5 essentially be at a different address. So it is
6 totally possible, what you're talking about.

08:55

7 MR. CARELLO: Okay.

8 CHAIRMAN KISCHNER: Okay. So, Mr. Baldwin --
9 well, either of you can answer these. Dr. Lustig
10 noted all patients were diagnosed when ascertained if
11 they had a severe co-occurring mental illness. Every
12 diagnosis is open to human error and assumably there
13 will be the occasional misdiagnosis.

08:56

14 I would think misdiagnosed patients
15 would easily be the most apt to use emergency
16 services. Am I correct to assume no provision was
17 made in the emergency 911 call spreadsheet for
18 misdiagnosed patients or any other
19 out-of-the-ordinary circumstances? So, in other
20 words, were the numbers presented a best-case
21 scenario? No errors were assumed in any diagnosis?

08:56

08:56

22 DR. LUSTIG: Let me answer the first half as
23 far as the misdiagnosis. So every patient that comes
24 to Haymarket Center goes through an exhaustive

1 assessment process using the Global Assessment of
2 Individual Needs. Built into that assessment are the
3 clinical criterias for a disorder.

4 So it's not that -- necessarily that
5 someone is saying to you that you've got bipolar
6 disorder or a patient says in the past I've been
7 diagnosed as having a bipolar disorder. They're
8 actually -- as the assessment process goes on,
9 they're actually meeting or not meeting criteria. So
10 there is a very, very low, almost impossible, error
11 rate for misdiagnosis, because the patient is meeting
12 the clinical criteria.

13 We don't take the patient's face
14 value of their previous history and diagnosis. We
15 actually work through a very linear process to
16 determine a diagnosis, that then is also assigned by
17 our physician. So in answer to your first half of
18 your question, there really isn't a misdiagnosis that
19 takes place.

20 CHAIRMAN KISCHNER: So maybe I'll restate it a
21 little bit.

22 DR. LUSTIG: Sure.

23 CHAIRMAN KISCHNER: Maybe I didn't ask it
24 eloquently. You had said in one of the prior

1 meetings that when they come in, they're diagnosed
2 and they can have a low level of co-occurring mental
3 illness --

4 DR. LUSTIG: Correct.

5 CHAIRMAN KISCHNER: -- or a higher level? 08:58

6 DR. LUSTIG: Correct.

7 CHAIRMAN KISCHNER: And you're saying there's
8 never any mistakes?

9 DR. LUSTIG: My reference was to the diagnosis
10 of a mental health disorder or substance use 08:58
11 disorder. As far as the severity goes?

12 CHAIRMAN KISCHNER: That's what I was really
13 getting at, was the severity.

14 DR. LUSTIG: So the severity of the disorder
15 is obviously determined by the assessor who is going 08:58
16 through that along with access to our psychological
17 services department. So when you're sitting in an
18 assessment and the assessor feels, oh, the
19 information I'm getting might not be as indepth as it
20 should be, they will call somebody in from the psych 08:58
21 team to further interview the patient and it will
22 focus on severity. So that person will determine the
23 kind of next step to take. So I don't know if that
24 answered your question or not.

1 CHAIRMAN KISCHNER: So you're saying there's
2 very low misdiagnosis?

3 DR. LUSTIG: There's a lot of controls put in
4 place that does not allow for misdiagnosis. That's
5 why we actually settled on using this very
6 sophisticated instrument in helping to diagnose,
7 because a lot of other instruments will take the face
8 value of a patient and say, okay, the patient reports
9 being bipolar or having some type of mood disorder,
10 is depressed. And that's not really good criteria to
11 work from, because, to your point, there can be a lot
12 of misdiagnosis. That's not what we find with our
13 current assessment.

08:59:

08:59:

08:59:

08:59:

14 CHAIRMAN KISCHNER: Okay. Thank you. Because
15 I've seen it in the past, and maybe it's not the same
16 instrument, where there was a misdiagnosis.

17 DR. LUSTIG: Absolutely. And that's why --
18 and I can actually give you instruments that have a
19 high level of misdiagnosis and error rate to it, and
20 the reason why we chose this instrument is really its
21 low error rate.

22 CHAIRMAN KISCHNER: Fair enough. You don't
23 have to answer the second part of that question,
24 then.

1 MR. LUSTIG: Okay.

2 MR. SWETS: I have a question for Dr. Lustig.
3 In your opinion -- or when you see the stuff that
4 goes on, do you have overdoses in your facility?

5 DR. LUSTIG: Yes, we do. 09:00

6 MR. SWETS: Okay.

7 DR. LUSTIG: But the overdoses take place
8 because of a variety of issues. It's not -- there
9 are clients very early on in treatment that may sneak
10 in drugs into the building, but we go through a very 09:00
11 extensive search process. What we don't do are
12 cavity searches. And just like in Cook County Jail
13 or any other kind of secured facility, drugs get in,
14 but we have a very, very sophisticated search process
15 as well as, that goes hand in hand, is a random 09:00
16 urinalysis process. So we will know pretty early on
17 but, yes, an overdose does occur, like a lot of
18 overdoses occur across the country.

19 MR. SWETS: And when an overdose occurs, are
20 they kicked out of the program? Do they stay in? 09:01
21 What's the process?

22 DR. LUSTIG: There isn't a single process for
23 every patient. It's very unique. Has this person
24 violated rules over and over and over again? Have

1 they not followed their kind of treatment? I mean,
2 there's a lot that goes into whether a person is
3 allowed to continue or is it better that a client
4 goes to a different program other than Haymarket.

5 So Haymarket's not necessarily the 09:01:
6 cure all for every patient. So it -- they might be
7 better referred to someplace else if they can't
8 follow the very, very strict rules that we have set
9 up.

10 MR. SWETS: Okay. Thank you. 09:02:

11 CHAIRMAN KISCHNER: Mr. Baldwin, one of the
12 things that I've stated in the past, past meetings,
13 is we're the Plan Commission and we plan for the
14 future. Tonight you stated it's very hard for
15 Haymarket or any medical facility to change their 09:02:
16 license level, I'll call it. That may not be the
17 correct terminology. Prior you said -- at a prior
18 meeting you said -- when giving testimony, you stated
19 the license being sought from the State of Illinois
20 would preclude admitting those with co-occurring 09:02:
21 serious mental illnesses.

22 While Haymarket may not currently be
23 applying for that licensure, that includes treating
24 the co-occurring serious mental illnesses, can the

1 license be amended or a new license be applied for in
2 the future?

3 DR. LUSTIG: Lots of different questions
4 there, if I can answer that, since it's more of a
5 clinical question. I think your question is -- there 09:03
6 are restrictions that allow for only 16 beds per
7 program. So by -- currently, you can't go beyond 16
8 beds per program, so you're affixed by federal and
9 state laws that they're beginning look at now, but
10 you can't go beyond 16 beds. So that's, I think, 09:03
11 the --

12 CHAIRMAN KISCHNER: Well, going by memory --
13 and correct me if I'm wrong -- I think there was 32
14 beds at the Chicago facility?

15 DR. LUSTIG: Two different programs. 09:03

16 CHAIRMAN KISCHNER: Two different programs.
17 You're only going to one of them here?

18 DR. LUSTIG: Correct.

19 CHAIRMAN KISCHNER: So my question, I guess,
20 will be in the future, whether you have a new Board 09:03
21 or new director, whatever, you might say, you know,
22 we're going to change our focus a little bit, we want
23 to expand our programming, we're doing well here, we
24 want to add that, can you do it? Not are you

1 planning to do it --

2 DR. LUSTIG: Sure.

3 CHAIRMAN KISCHNER: -- but can you change your
4 license level?

5 DR. LUSTIG: Can we close the program down and
6 reopen it under a different license or a different
7 program? Yes.

8 CHAIRMAN KISCHNER: Okay.

9 DR. LUSTIG: But we couldn't add to the
10 program.

11 CHAIRMAN KISCHNER: Okay.

12 DR. LUSTIG: We would have to shut down a
13 program and reopen it up under that different
14 population.

15 CHAIRMAN KISCHNER: Okay.

16 DR. LUSTIG: But it would have to be a unique
17 population that's different than what you are
18 currently serving.

19 CHAIRMAN KISCHNER: So you're saying you
20 couldn't keep the 16 beds you have now and add 16
21 beds?

22 DR. LUSTIG: So let me -- I apologize. Let me
23 try and be clearer. I can't have a 16-bed program
24 for men and have another 16-bed program for men

1 without it being a very different population. So it
2 would have to be men involved with children or intact
3 children. It can't be the same exact program that
4 you already have up and running.

5 So let's use the example of social 09:04
6 setting detox and that we would prefer that it be a
7 medical detox program. I would have to close down
8 that and then I would -- probably the best way to get
9 a different license would be to have one program for
10 men and one program for women. You have to have a 09:05
11 unique population. You just can't open up a program
12 that's already identical to what you're serving. So
13 it's a little bit of a challenge to close a program
14 down, because you have to think of what is that
15 unique population that we're going to serve. 09:05

16 CHAIRMAN KISCHNER: Okay. But the bottom line
17 is, it can be done?

18 DR. LUSTIG: Yes. But you can't increase the
19 bed numbers.

20 CHAIRMAN KISCHNER: Got you. 09:05

21 MR. DALY: So, Dr. Lustig, as a follow-up to
22 that question, then, if we keep the number of beds --
23 once this Plan Commission has voted and let's say the
24 project is approved and the Village approves it, then

1 five years from now, potentially, you could close
2 down a 16-bed program and elevate the level of care
3 to a different, higher needs population. Then maybe
4 you do take on severe mental illness as a replacement
5 program for, say, that 16-bed social detox program.

09:06

6 My concern is that the Village
7 wouldn't have a chance to change the decision to
8 allow Haymarket to occupy the space. So, for
9 example, you come in for the special use and we
10 approve the special use. The Village approves the
11 project based on what you're presenting to us with
12 your current plan. In the future, you could unplug a
13 lower -- I would say -- you could unplug one program
14 and put another program in there, and then there
15 would be no consideration by the Village or the Plan
16 Commission at that point, because now you're under
17 federal rules, and as long as you're following
18 federal rules, the whole makeup of your facility
19 could change; is that correct?

09:06

09:06

20 DR. LUSTIG: You typically don't have the
21 whole makeup of a facility changing, but what I think
22 is also really important to note is even from the
23 very beginning, we want to be a strong partner with
24 Itasca. The fact that not having input, I -- you

09:06

1 know, I personally would be meeting with people so
2 that they understood very transparently what we are
3 doing. This isn't -- you know, at no time are we
4 trying to come into the Village to try to do
5 something that's underhanded, that's a burden to the
6 Village. That's not our plan.

09:07

09:07

09:07

09:08

7 Our plan is how do we -- and that's
8 why we -- and that's evidenced by us trying to meet
9 with people so that we can better understand what the
10 needs are and become a real partner with the Village,
11 and that's what we are planning on doing and have
12 been doing. You know, someone asked a question why
13 did we offer an ambulance when we didn't know the
14 demand. We offered an ambulance because we heard
15 that there was only one ambulance. It wasn't that we
16 were trying to underhandedly say, oh, let's give them
17 another ambulance. No, it was we heard that there
18 was only one ambulance for calls.

19 So from the very beginning, you can
20 see that Haymarket Center has wanted to partner very
21 clearly with the Village and get their input in any
22 of the decisions that we are making.

23 CHAIRMAN KISCHNER: Just so you know, my
24 question wasn't saying you're underhanded. I'm

1 saying if your program changes or if the needs
2 change --

3 DR. LUSTIG: Yeah, no, no, no, I wasn't
4 indicating that.

5 CHAIRMAN KISCHNER: In the future, something 09:08
6 changes, you can do this. Yes or no?

7 DR. LUSTIG: Yes, the changes can be made.

8 CHAIRMAN KISCHNER: Okay, perfect. Slide 43
9 of your PowerPoint states 163 jobs would be brought
10 to Itasca. Just two quick questions. Was the math 09:08
11 completed in a similar fashion to Mr. Baldwin's
12 emergency services 911 call spreadsheet? In other
13 words, did Haymarket ask the Holiday Inn owners how
14 many employees they employed and then subtract them
15 or add to them? So was there addition and 09:08
16 subtracting done basically to say we're going to have
17 so many more employees or less employees?

18 MR. BALDWIN: Yes, I do believe Teska's
19 economic report addressed that by taking the
20 difference so -- 09:09

21 CHAIRMAN KISCHNER: Okay. So you're going to
22 have 163 more jobs than what is there now, is what
23 the --

24 MR. BALDWIN: 163 total.

1 CHAIRMAN KISCHNER: Total. Oh, so not more
2 than what's at the hotel now. So if the hotel had 50
3 employees or a hundred employees -- if they had a
4 hundred employees, you're going to have 63 more
5 employees, for example?

09:09:

6 MR. BALDWIN: Correct.

7 CHAIRMAN KISCHNER: Is that your -- okay. I
8 don't have that number. I'll have to re-review that.
9 Okay. I'll re-review that.

09:09:

10 And then the new jobs, would they
11 only be open to Itasca residents, or are you going to
12 hire the best people from wherever they may come
13 from, I assume?

14 DR. LUSTIG: The overall goal is we would want
15 to hire the best quality individual and their
16 background. But I will tell you, as head of the
17 organization, it's -- it's easier if the person lives
18 closer to the facility, so that's why Itasca
19 residents would have a priority. Because as a
20 24-hour-a-day operation, you know, someone living
21 close by obviously has -- has a leg up.

09:09:

09:10:

22 CHAIRMAN KISCHNER: Okay. Thank you.

23 MS. DRUMMOND: I have a question. I'm not
24 sure if this is on.

1 Dr. Lustig, you had said before that
2 you were offering an ambulance for Itasca. Is that
3 offer still on the table?

4 DR. LUSTIG: At this point, no, because some
5 of the money that we were trying to get for it has
6 gone away. 09:10

7 MS. DRUMMOND: All right, thank you.

8 DR. LUSTIG: I mean, we, too, were very
9 disappointed that the monies that we were trying to
10 get, as addressed the taxes, was also -- you know, I 09:10
11 don't know if it's off the table anymore. We would
12 actually have to go to the powers that be to see if
13 that can be reinstated as well, so, you know, that's
14 what we're dealing with obviously.

15 MR. CARELLO: I have another question. When 09:11
16 we initially were talking about transportation and
17 you mentioned that it's not in the best interest to
18 be commuting miles away and there's so many people
19 out in the collar counties that are going to these
20 facilities and then public transportation was 09:11
21 mentioned by some of the counsels last week, that
22 really the way it works is kind of a convoluted
23 system. Because they really go from here to
24 Arlington Heights, which is Cook County, or from

1 Itasca to and from Chicago.

2 And what happens -- I mean, maybe it
3 would or wouldn't. I'm not saying it's good or bad,
4 but if once they learn -- people learn of there's a
5 facility out here and they start commuting from the 09:11:
6 city out here, that's a decent commute. Is it a
7 possibility that we could have a -- I forget the bed
8 count -- 152 beds of people coming from the City to
9 fill it, which you said would be kind of
10 counterproductive. You wouldn't want to be taking 09:12:
11 people from Cook County here.

12 DR. LUSTIG: Correct.

13 MR. CARELLO: You'd want to be taking them to
14 the collar counties and DuPage County.

15 DR. LUSTIG: Correct. 09:12:

16 MR. CARELLO: But what if it happens, starts
17 to happen? I mean, would you control -- would you
18 steer them back to --

19 DR. LUSTIG: We would steer them back to our
20 main facility in Chicago, where they're, again, 09:12:
21 closer to home.

22 MS. RAY: I have actually one clarification.
23 Can you just clarify about the recovery homes. I
24 must have misinterpreted something. There will be no

1 children living in the recovery homes?

2 DR. LUSTIG: Let me elaborate a little bit
3 more. So the feds and the state have what's called a
4 priority population and it lists off a variety -- you
5 know, aged and impacted people, pregnant and 09:12
6 postpartum women. So pregnant and postpartum women
7 are priority population. And so what we would have
8 to do is make sure that there was a room available in
9 the recovery home that could -- that mom and baby
10 would go into. I can't have mom, baby, and another 09:13
11 woman in the same room. Why? Because you have to
12 have, according to state law, at least three feet of
13 space on two sides of a bed and that would even
14 include a crib. So it would be limited to space. It
15 wouldn't be like our main headquarters, that has a 09:13
16 family recovery program or programming that's geared
17 towards that.

18 But I want to be clear that I would
19 not turn a woman away from treatment or the recovery
20 home if it's a barrier for them accessing care. We 09:13
21 would find a way to help them. So if that means that
22 there is a bed available in the recovery home, then,
23 yes, we would serve them.

24 MS. RAY: Because that was a little bit

1 different than when you were being questioned
2 earlier; correct? Because I was under the impression
3 that there was absolutely no situation where children
4 were able to live in the recovery home.

5 DR. LUSTIG: No, that is wrong. 09:14

6 MS. RAY: Okay.

7 CHAIRMAN KISCHNER: Before organizations move
8 to a new site, they generally do market research.
9 Haymarket stated there is a need in DuPage County and
10 the collar counties for your services. My focus is 09:14
11 more on Itasca itself.

12 Can you tell me how much of a need
13 there is for your services here? Specifically how
14 many individuals from Itasca were treated at
15 Haymarket in the past 12 months? How many Itasca 09:14
16 residents weren't treated at Haymarket that needed
17 treatment?

18 DR. LUSTIG: So I can -- I can only give you
19 the number of what we treated, which I think were
20 like 379, but I'm unsure of that number because I 09:14
21 would have to refer to -- I would have to look at the
22 report. But when you look at the state data -- and,
23 again, the state data has DuPage data, not Itasca
24 data -- there were 54,000 people that needed

1 treatment and didn't get it. So I don't know how
2 that breaks down for just Itasca.

3 CHAIRMAN KISCHNER: You said 379? Did I hear
4 a number --

5 DR. LUSTIG: Correct. But, again, I would 09:15
6 have to look at the report that was already
7 submitted. There was a -- there is a report that was
8 submitted that showed that.

9 CHAIRMAN KISCHNER: So from Itasca, 379 you've
10 treated in the past year? 09:15

11 DR. LUSTIG: Again, please refer to the
12 report.

13 CHAIRMAN KISCHNER: Oh, was that from DuPage?

14 DR. LUSTIG: Was that DuPage? Okay. So
15 that's -- 09:15

16 (Audience talking.)

17 DR. LUSTIG: I was clear -- I was clear that I
18 don't have that report.

19 CHAIRMAN KISCHNER: Again, I'll ask the
20 audience to listen at this point, not comment. 09:15

21 Okay. Slide 11 of your PowerPoint
22 presentation states there were only two residential
23 substance use disorder facilities in DuPage County.
24 Itasca is in the far northeast corner of DuPage.

1 Your materials discuss treating DuPage County
2 primarily and other surrounding counties as well.

3 You've also stated Haymarket wants
4 to be near where the patient's live, similar to
5 Frank's question, to make both -- to make both
6 accessing treatment easier and because patients would
7 be close to their home and personal support base.

09:16

09:16

09:16

09:16

8 Kane, Will, Kendall, McHenry, Lake,
9 and even the opposite corner of DuPage is far or
10 farther away from Itasca than some of those areas are
11 from your other treatment centers.

12 So I don't understand why this
13 location is the best from a patient perspective. I
14 understand you mentioned that from a cost
15 perspective, hey, we're getting a hotel at a pretty
16 good rate, we don't have to do much construction, the
17 F, F, and E is -- you know, you have your furniture,
18 your fixtures, your equipment, it's all in place.
19 But from the support group of the families, I mean,
20 we're pretty far from a lot of these collar counties.
21 How do those two things work?

22 DR. LUSTIG: I think if you look at our data
23 that we serve at Haymarket Center, we actually get
24 people from all over the state of Illinois. We get

1 people that are as far south as six hours from
2 Haymarket. So, you know, what I think this area
3 represents is a place that is still close to where
4 people live that offers this level of comprehensive
5 services.

09:17:

6 When you look at the data that was
7 submitted, there are not a lot of 3.5 residential
8 programs, there's only two of them, so there's bed
9 limitations even at the one facility that has the
10 largest amount of beds, which I think is roughly 34
11 beds, and that they don't take individuals that are
12 part of the medicaid expansion. So there are
13 restrictions even on those beds.

09:17:

14 So, again, when you look at what's
15 available in all these areas in the western suburbs,
16 they're not 3.5 in nature, they aren't open 24 hours
17 a day, and there's already restrictions to those
18 beds. So this is an opportunity for people not to go
19 into the City but be able to get services in the
20 western suburbs.

09:17:

09:18:

21 CHAIRMAN KISCHNER: So then I guess in
22 follow-up, wouldn't it be better to open multiple
23 centers in the -- counting them, the seven, eight
24 counties we have, DuPage County, then having one

1 large one? That way those treatment centers could be
2 closer to the patient's support base, which is
3 something that you've mentioned.

4 DR. LUSTIG: You're actually speaking
5 something that's very dear to my heart, and that is 09:18
6 one of the things that the Board of Directors of
7 Haymarket and myself have looked very closely at is
8 developing something very similar that the feds are
9 using, which is a hub-and-spoke model. And that is
10 to have a main location where other outpatient 09:18
11 satellite offices can feed into for residential
12 services. Because the reality to this is, as you can
13 see what's happening not just here in Illinois but
14 across the country, is the fact that expanding into
15 residential treatment is a very costly endeavor. 09:19
16 What we're seeing in Illinois happen is other
17 agencies are buying up other agencies, so there's not
18 really an expansion of care. There is actually the
19 same level of care but just smaller groups and
20 organizations that own it. So, overall, what we're 09:19
21 proposing is helping to improve the state and county
22 issues as far as expansion of care.

23 CHAIRMAN KISCHNER: But you're still opening
24 just the one site?

1 DR. LUSTIG: It's a very -- residential
2 treatment is one of the most costliest endeavors, and
3 the reality of this is that if it wasn't for the fact
4 that Haymarket Center is very mission driven, you
5 just don't have organizations wanting to open up
6 multiple locations. They would rather buy up
7 existing locations.

09:19:

09:20:

09:20:

09:20:

8 CHAIRMAN KISCHNER: Okay. It was mentioned
9 Haymarket was pursuing a two-year \$500,000 grant. I
10 guess that fell through, is what you had said?

11 DR. LUSTIG: I don't know the status of it at
12 this point. I don't. I do know that both the Mayor
13 and Representative Diane Pappas sent a letter to the
14 governor's office saying that they were not
15 interested in receiving that money, so I don't know
16 where that money stands today.

17 CHAIRMAN KISCHNER: Okay. Grants aren't
18 guaranteed, obviously. Is there any other source of
19 revenue that Haymarket can guarantee in perpetuity to
20 the Village?

21 DR. LUSTIG: In perpetuity, no. All grants
22 are not guaranteed, you're absolutely correct, but
23 this was -- this gave two years of looking for
24 opportunities that we could help the Village with.

1 CHAIRMAN KISCHNER: Okay. Anybody else have
2 anything?

3 MS. RAY: One more question. 24 hours intake;
4 so any time of the day, the same level of
5 professionalism, so you have the same expertise? So 09:21:
6 I come in at midnight, right, and I go through my
7 whole evaluation process and I'm identified as
8 someone that needs psychiatric counseling. You have
9 those counselors on staff at that time of night to be
10 able to identify those situations? 09:21:

11 DR. LUSTIG: Yes. As well as a psychiatrist
12 that is available 24 hours a day if medication is
13 needed.

14 MS. RAY: But they're on staff? So it's not
15 something like you have to call and they come in? 09:21:
16 They're on staff?

17 DR. LUSTIG: Correct, correct.

18 MS. RAY: Okay.

19 CHAIRMAN KISCHNER: Thank you. So the Village
20 supplied the Commission with a spreadsheet of 09:21:
21 questions and responses from early on before the
22 hearings started that you gave. Some were responded
23 to at the time, some weren't, and some were a little
24 bit unclear to me. Maybe they were responded to.

1 Since we've begun the hearing, a lot
2 of questions have been answered, but I still have the
3 following questions. The first set of questions, has
4 Haymarket shared their EMS plan with the police and
5 fire department here?

09:22

6 DR. LUSTIG: Meaning the use of the private
7 ambulance? Is that what we're talking about?

8 CHAIRMAN KISCHNER: No, your EMS plan,
9 whatever that would be.

10 DR. LUSTIG: Define "EMS" for me.

09:22

11 CHAIRMAN KISCHNER: Maybe EMS isn't the right
12 word. Your emergency medical services; what criteria
13 you would use to call a private ambulance versus, you
14 know, the 911, just straight 911, things of that
15 nature? You know, police. You know, when do you go
16 on lockdown. I don't need to know the plan, because
17 I know you don't want to make that public, obviously,
18 but have you shared that information?

09:22

19 DR. LUSTIG: No, we have not.

20 CHAIRMAN KISCHNER: Okay. Would you share
21 that information if you came to Itasca?

09:22

22 DR. LUSTIG: Yes, we would share, obviously,
23 the emergency plan and how we're going to address
24 medical issues and so forth, absolutely.

1 CHAIRMAN KISCHNER: With police and fire?

2 DR. LUSTIG: Absolutely. I mean, that's what
3 we were kind of trying to do even in the beginning,
4 is develop as much information as we can, so that
5 just shows evidence of what we want to do. 09:23

6 CHAIRMAN KISCHNER: Okay. And then, you know,
7 assuming you were approved, the police chief says,
8 you know, hey, this one thing in your plan doesn't
9 make any sense, would you modify it, you know, per A,
10 B, C? Is that something that you'd be willing to do? 09:23

11 DR. LUSTIG: Absolutely. And we have done
12 this in the past. This isn't unique to just Itasca.
13 When we actually sit on a council that's in our area
14 that police are a part of, fire is a part of, people
15 that own businesses are a part of, and we take 09:23
16 feedback from them all the time. So we have staff
17 dedicated to go there and provide as much support as
18 possible. So we've done that historically for at
19 least the 24 years I've been at Haymarket.

20 CHAIRMAN KISCHNER: Okay. The second question 09:24
21 off the spreadsheet is what training, degree,
22 accreditations, and/or certifications does the
23 director of facilities and vice president have with
24 regard to security, disaster response? And I'm

1 summarizing what they asked, but those kinds of
2 things.

3 DR. LUSTIG: So everyone -- the two people
4 that you mentioned, we have actual criteria through
5 CARF that we -- that -- our accreditation process 09:24
6 that we have to meet or exceed, and so they receive
7 training on that. We also have asked for technical
8 assistance from other security agencies to help us
9 build our security plan, so it's not just what
10 Haymarket thinks is best or our accreditation thinks 09:24
11 is best but what other security firms would recommend
12 we do.

13 CHAIRMAN KISCHNER: And what is CARF an
14 acronym for?

15 DR. LUSTIG: It's the Commission on 09:25
16 Accreditation of Rehabilitation Facilities, and that
17 is an international accreditation that treatment
18 centers can either apply for that or for JCAHO
19 accreditation, which you might be familiar with, with
20 hospitals and medical facilities. 09:25

21 CHAIRMAN KISCHNER: Okay. So as a taxpayer, I
22 don't care if Medicare, private insurance, or
23 Haymarket picks up the cost for fire service calls to
24 Haymarket. If a patient or their insurance provider

1 can't pay for service rendered, is Haymarket going to
2 pick up the financial liability?

3 DR. LUSTIG: For -- I'm sorry, for what piece?

4 CHAIRMAN KISCHNER: Fire protection, just as
5 an example, an ambulance call. 09:25

6 DR. LUSTIG: Yes. If our private ambulance
7 service, that's what we've contracted with, to be
8 able -- we would pick that up, yes.

9 CHAIRMAN KISCHNER: Okay. But if you had to
10 call 911 -- 09:25

11 DR. LUSTIG: Uh-huh.

12 CHAIRMAN KISCHNER: -- and Itasca Fire
13 Department shows up --

14 DR. LUSTIG: I'm -- 100 percent, as head of
15 this company, we are willing to discuss and help pay 09:26
16 for that, yes.

17 CHAIRMAN KISCHNER: So I'm also concerned that
18 our police and fire services may not be available to
19 existing Itasca residents and businesses and those of
20 other communities where we have intergovernmental 09:26
21 agreements. My second bottom-line financial question
22 is if the Itasca fire or police department finds it
23 necessary to increase personnel and/or equipment
24 because of an increase in calls caused by Haymarket,

1 would Haymarket be willing to pay for the added
2 personnel and equipment as long as they're being
3 served here?

4 DR. LUSTIG: No, it would not.

5 CHAIRMAN KISCHNER: I read that you may have
6 mentioned that Haymarket has an in-house security
7 staff. Are you willing to upgrade to hire staff with
8 policing capabilities similar to what many colleges
9 do?

09:26

09:27

09:27

09:27

10 DR. LUSTIG: We would certainly take a look at
11 it. We currently now have staff that have to have a
12 PERC card and they have to have certain designated
13 training to be part of that. As far as upgrading
14 staff, I have no problem with looking at that.

15 MS. RAY: I have a question. If you're --
16 you're operating at 80-percent capacity so you figure
17 about 190 if you're operating at 80 percent; right?
18 So what does --

19 DR. LUSTIG: It depends on the program. I'm
20 sorry.

21 MS. RAY: Okay. So what does that security
22 staff look like? How many security officers are in
23 the facility at any given time, is my question, or
24 projected in the facility at any given time?

1 DR. LUSTIG: We do have a report. I don't
2 want to miss number the report, but I think -- I
3 would rather refer to the report, because I don't
4 want to misquote the number. But we are looking at
5 staff on three shifts so it's 24 hours a day. We are
6 looking at staff that also have -- we will have video
7 capabilities, both internally and externally, around
8 the building, so that's -- that was part of our plan
9 that we also submitted.

09:27

09:28

09:28

09:29

10 MS. DICKSON: If I could also answer that.
11 It's in staffing, security staffing. Let me cite to
12 you a -- if you have the -- if you have access to it,
13 otherwise I'll provide you a copy of it. It is part
14 of the presentation Dr. Lustig made, and I can't read
15 it. That's too small. This part right here.

16 MR. ROTH: It's 40 through 42.

17 MS. DICKSON: Of the Dr. Lustig --

18 MR. ROTH: Slides 40 through 42.

19 MS. DICKSON: And just they -- what that
20 report said is that on first shift, there would be
21 four security officers, second shift, three security
22 officers, third shift, two security officers, and
23 there's also a demarkation for the door with
24 controlled access. On second shift, there would be

1 three security officers, and on third shift, two
2 security officers.

3 MS. RAY: Thank you.

4 MR. SWETS: To piggyback on that question, are
5 those security officers dedicated to just security or
6 are they an employee that plays multiple roles and
7 security is one of them?

8 DR. LUSTIG: No, they are dedicated to
9 security.

10 MR. DALY: I have a follow-up to that
11 question. In terms of the types of incidents that
12 security would respond to, it's my understanding, you
13 know, that the clientele is all there voluntarily.
14 So in the day-to-day operations, is that -- I mean,
15 does security have to deal with family members or
16 visitors at times? Or is it primarily -- or could
17 you please just explain what they normally would
18 respond to.

19 DR. LUSTIG: I think I understand your
20 question. They will respond to anything that is
21 viewed as a potential threat to the organization, to
22 staff, and to clients.

23 MR. DALY: So what is the typical source of
24 those threats? Is it your clientele who is in

1 medical detox, for example? Or is it someone coming
2 to visit a family member who is in the program?

3 DR. LUSTIG: We have very -- almost -- very
4 little when it comes to family members, very little.
5 We have a very low level of security issues to begin 09:30
6 with, because, again, it's a voluntary nature. What
7 we typically deal with, though, is specifically in
8 early recovery when people are coming from detox into
9 treatment, there's a level of frustration. But I
10 will tell you that I think having security personnel 09:31
11 is almost a prevention; where clients know not to act
12 out too much because they know that there is security
13 present.

14 Plus, all of our staff are trained
15 on mental health first-aid, and they are also trained 09:31
16 to be also the eyes and ears of security. So if they
17 even see a potential problem, we use a code system to
18 alert security to come and respond.

19 MR. DALY: Okay.

20 CHAIRMAN KISCHNER: So, Mr. Ellenbecker, the 09:31
21 attorney that was up here earlier, asked does Elite
22 have a guaranteed response time in their contract.
23 The answer was no. I guess the Itasca Fire
24 Department is, you know, a block away, basically.

1 They're much closer than Elite. So if you need an
2 ambulance, other than for routine transport to a
3 hospital, why would they not be called if there was a
4 medical emergency, if someone was injured? In other
5 words, if an ambulance is needed, I'm still confused
6 as to why the closest ambulance wouldn't be the one
7 called?

09:32

09:32

09:32

09:33

8 DR. LUSTIG: So if I could back up a little
9 bit and talk about -- you need to be medically
10 stabilized to be a patient of Haymarket Center to
11 begin with. So it would be our medical staff and
12 personnel that would determine the level of severity
13 of, you know, can this patient wait for Elite to
14 respond or is this such an emergency that 911 should
15 be called, and that's what the training is centered
16 on. Why would we not call 911? Because, overall, we
17 don't want to be become a burden to the Village.
18 That's why we set out to hire a private ambulance.

19 So, again, for the most part, our
20 population starts off with being somewhat medically
21 stabilized to begin with.

22 CHAIRMAN KISCHNER: Okay. Just -- I'm just
23 trying to process that there's a liability in not
24 calling the closest ambulance.

1 DR. LUSTIG: And, again, if this was an
2 emergency that needed -- you know, it couldn't wait,
3 then, yes, 911 would be called.

4 CHAIRMAN KISCHNER: Okay. Thank you.

5 MR. SWETS: In some of the reports that were
6 FOIAed, there's no way of us knowing if it was a
7 needed emergency or a call, or how do we decipher
8 that on our own versus taking the word from you guys
9 on what you guys have testified on? At all these
10 locations, you know, we see the numbers here, and how
11 do we decipher is this a heart attack that you guys
12 can't solve and you have to call 911? Or is it, you
13 know, somebody cut themselves with a knife and, you
14 know, it just needs to get to the emergency room for
15 stitches?

16 DR. LUSTIG: So the report does not have codes
17 for severity, so we would have to go line by line to
18 look at what was the specific response needed. But,
19 again, I think what's important to understand is
20 that's why we have physician assistants and that's
21 why we have MDs and that's why we have RNs and LPNs
22 on staff, to really help determine severity.

23 MR. SWETS: And is there a reason you don't
24 use private ambulance service for the West Loop

1 facility?

2 DR. LUSTIG: No, there -- we don't really need
3 to.

4 MR. BALDWIN: Right, we don't need to.
5 Chicago has the capacity and also Chicago charges for
6 ambulance services.

7 CHAIRMAN KISCHNER: Any other questions from
8 the Commission at this time? Okay.

9 I know that -- Dr. Lustig, I think
10 you're going to be here for the whole hearing,
11 correct? So we may have some other questions for you
12 and might ask you to respond in the future because
13 things come up and we'll be like, oh, we didn't know
14 we had that question. I don't know if Mr. Baldwin or
15 not, if you're not here, you're not here. I
16 understand that.

17 I think we are ready for -- well,
18 what time is it? So we can start the public
19 comment -- public questioning, sorry, at this time.
20 Do we have a procedure laid out? A procedure? Like
21 normally we have someplace for somebody to sign in
22 and that kind of stuff.

23 MS. JARMUSZ: For those that wish to make --
24 or ask questions of the witnesses, there's a sign-in

1 desk near the center of the aisle, Mo, with his hands
2 up in the air, so if you could begin to line up
3 behind that table and sign in if you would like to
4 ask questions of the witnesses this evening.

5 CHAIRMAN KISCHNER: And just as a reminder, 09:36
6 you know, our cutoff time is 10:00 a.m., so if
7 you're -- what did I say?

8 MS. JARMUSZ: 10:00 a.m.

9 CHAIRMAN KISCHNER: I'll already have been at
10 work, won't I? So what we'd like to do is ask you to 09:36
11 identify yourself, address, and then proceed.

12 MR. DIESTEL: James Diestel, 107 West George
13 Street, Itasca. I direct the question directly to
14 you?

15 CHAIRMAN KISCHNER: Correct. 09:37

16 MR. DIESTEL: All right. This is to
17 Dr. Lustig. It appears from your testimony, you are
18 not aware of the three gambling establishments and
19 five locations selling or serving alcohol which are
20 located within a block of the Holiday Inn. I 09:37
21 understand that patients need to be able to identify
22 triggers and overcome them in day-to-day life. It
23 seems common sense would indicate that you would want
24 to remove any and all triggers in treatment and also

1 in early recovery. Is it fair to your patients to
2 put a facility so close to possible triggers while
3 they are in your care?

4 CHAIRMAN KISCHNER: Can you answer that?

5 DR. LUSTIG: Yeah. There are triggers in 09:37
6 almost every environment that a patient comes in. We
7 actually have liquor stores that are near Haymarket
8 in the West Loop. We also have head shops that are
9 located with clients in the West Loop. This is what
10 we have to educate and treat clients around, is how 09:38
11 to live on life's terms within the community that
12 they're returning to. To find an area that has no
13 triggers is really not possible.

14 MR. DIESTEL: Just seems that that's a lot of
15 triggers very close in a suburban location, not an 09:38
16 urban location.

17 CHAIRMAN KISCHNER: Is there a question in
18 there?

19 MR. DIESTEL: Oh, sorry. I do have another
20 question. Dr. Lustig, based on testimony and 09:38
21 Haymarket's paperwork, accessibility to treatment for
22 everybody in DuPage is your primary goal. However,
23 you chose a location at the furthest northeastern
24 point of DuPage where individuals would need to

1 travel well over 30 minutes from Naperville, West
2 Chicago, Aurora, et cetera. Based on reports in
3 those areas, those are some of the highest uses of
4 Narcan. It also seems that you're not aware --

5 MR. ROTH: Objection. Is there a question? 09:39

6 MR. DIESTEL: There is, next line. Also it
7 seems that you're not aware that public
8 transportation did not connect Itasca to DuPage,
9 other than a couple cities surrounding Itasca. Do
10 you still believe accessibility for everyone in 09:39
11 public transportation are your top priorities, as you
12 said?

13 DR. LUSTIG: Of course it is. And, again, as
14 I mentioned earlier, we have individuals that come to
15 Haymarket from as far south as six hours. So people 09:39
16 take cabs. They take other means of transportation
17 to come to Haymarket.

18 MR. DIESTEL: Would it not be easier, as you
19 said, to use public transportation however?

20 DR. LUSTIG: Ease is a relative term. I don't 09:39
21 know what's easier for one person.

22 MR. DIESTEL: But you were the one that said
23 public transportation was one of your primary uses
24 for why you chose this location.

1 DR. LUSTIG: It is a variable.

2 MR. DIESTEL: I believe you said primary, but
3 one last question. I brought some paperwork, 15
4 copies.

5 MR. ROTH: Objection. Is there a question? 09:40

6 MR. HERVAS: Hold on --

7 MR. DIESTEL: I thought if you made 15 copies
8 of paperwork, you could present something. It's
9 Ashley Selmon, DuPage County Board Representative's,
10 blog based on her experience with the presentation of 09:40
11 how Haymarket was presented to DuPage trying to
12 garner support.

13 MR. HERVAS: So you want to submit a piece of
14 evidence to the Plan Commission at this time?

15 MR. DIESTEL: Correct. 09:40

16 MR. HERVAS: Do you have a question?

17 MR. DIESTEL: I do. Should I ask the question
18 first and then --

19 MR. HERVAS: Just so that we're clear, when
20 you make your public statement, you can certainly 09:40
21 submit documents to the Plan Commission.

22 MR. DIESTEL: Okay.

23 MR. HERVAS: If you have a question that is
24 preconditioned on some document or something that you

1 would like an explanation on, that's a little
2 different. So I need to understand precisely what
3 you're trying -- what you want to do.

4 MR. DIESTEL: Maybe I should ask the question
5 first, and then we could determine whether anything
6 is --

7 MR. HERVAS: Okay, sure.

8 MR. DIESTEL: Is that okay?

9 Okay. Dr. Lustig, you stated in
10 testimony that DuPage County desperately needs
11 Haymarket as a treatment center thus garnering
12 support and putting them on your list of the
13 www.haymarketdupage.org. Three of the supporters
14 were Itasca's DuPage County Board Representatives.

15 MR. ROTH: Objection. Is there a question?

16 MR. HERVAS: Well, I guess he's --

17 MR. ROTH: You've been clear about how we are
18 going to proceed here tonight.

19 MR. HERVAS: I understand. And the reason
20 there's an objection, just so you know, is it sounds
21 like you're making a statement as opposed to asking a
22 question.

23 MR. DIESTEL: Okay. I'll sum it up in one
24 line. Two of the three individuals, Ashley Selmon

1 and Don Puchalski, who are our representatives from
2 the DuPage County Board, they withdrew their names
3 from the list after reviewing the information as to
4 the impact on our city. Do you have any idea why
5 they would remove their names from that list that you
6 put up on your website?

09:42

7 DR. LUSTIG: They asked to have their names
8 removed, and we removed them immediately.

9 MR. DIESTEL: Just out of the blue?

10 DR. LUSTIG: They requested it.

09:42

11 MR. DIESTEL: Okay. The question is why did
12 they remove their name? There had to be a reason, if
13 they signed up onto physically support you and then
14 they removed it.

15 MR. ROTH: Objection; asked and answered.

09:42

16 CHAIRMAN KISCHNER: Do you know the answer
17 why? The reason why?

18 DR. LUSTIG: I do not know the reason why.

19 MR. DIESTEL: Okay. Thank you. I can present
20 the answer to that question, if you'd like.

09:42

21 MR. HERVAS: That's -- that would not be
22 asking a question, and, certainly, you'll have an
23 opportunity to present the Commission with
24 documentation. Now's not the time.

1 MR. DIESTEL: Okay. I will do it another
2 time. Thank you very much.

3 CHAIRMAN KISCHNER: So then just, if you
4 could, Chuck, for the audience, when would be the
5 proper time to submit that documentation? 09:43

6 MR. HERVAS: There will be a time for audience
7 comment, and during that time, if an audience member
8 wants to give testimony to the Commission, they'll
9 have an opportunity to be sworn in and give testimony
10 and present documentation. If the audience simply 09:43
11 wants to make a public comment generally, without
12 that process, that's different. So there will be a
13 time for you to --

14 MR. DIESTEL: At the very end, right?

15 MR. HERVAS: Well, it's toward the very end, 09:43
16 yes.

17 MR. DIESTEL: Thank you.

18 MR. HERVAS: Thank you.

19 MS. ZAKOS: Good evening. My name is Helen
20 Zakos, and I live at 405 Broker Avenue. Dr. Lustig, 09:43
21 you just stated now that your staff would triage 911
22 calls, is that -- or emergency response calls, is
23 that correct?

24 DR. LUSTIG: Would determine whether to call

1 911 or the private ambulance service.

2 MS. ZAKOS: Okay. So in last week's
3 testimony, Mr. Baldwin, you stated that Elite
4 Ambulance would actually triage those calls. You
5 did. I'm not asking. I'm actually just telling you 09:44
6 that.

7 MR. ROTH: Objection.

8 MS. ZAKOS: So there is a question.

9 CHAIRMAN KISCHNER: Please speak to me.

10 MS. ZAKOS: Okay. So you stated in your 09:44
11 testimony last week, that Elite would triage calls,
12 emergency calls. Is that in their contract?

13 MR. ROTH: Objection to the form of the
14 question.

15 MS. ZAKOS: That's a question. 09:44

16 MR. HERVAS: Hold on. Let me -- we just need
17 to make sure that we have some order to this. So
18 you're asking the doctor if --

19 MS. ZAKOS: I'm sorry, I'm actually asking
20 Mr. Baldwin. 09:44

21 MR. HERVAS: Okay. That's not clear. But
22 technically you should be directing your question to
23 us.

24 MS. ZAKOS: Sorry.

1 MR. HERVAS: This is not a conversation
2 between you and the witness. That's the thing that's
3 tricky about this. So you can ask the question. If
4 you need to give some -- if the question has some
5 context, that's certainly understandable, which 09:45
6 you've given. You said it's based on some testimony.

7 So let's start again and the
8 Chairman will then direct -- as long as he
9 understands the question, he'll then direct
10 Dr. Lustig or Mr. Baldwin to answer. 09:45

11 MS. ZAKOS: Okay. So, Mr. Chairman, last week
12 Mr. Baldwin stated that Elite Ambulance services
13 would be called for all emergency responses by staff
14 at Haymarket. He stated that Elite would triage the
15 calls and decide whether they would respond to a call 09:45
16 or whether 911 would respond to a call.

17 Is that in Elite's contract? Do
18 they know that they're going to be putting this
19 much -- do they understand -- is it in their
20 contract -- is it in the Elite contract that they 09:45
21 know that they will be triaging emergency responses
22 from Haymarket? That's my question.

23 CHAIRMAN KISCHNER: Mr. Baldwin, do you recall
24 making that statement?

1 MR. BALDWIN: I recall a line of questioning,
2 and I remember saying Elite is absolutely part of the
3 process, that they would be called, but I remember at
4 the very end of that line of questioning is
5 ultimately who would decide on who to make that call,
6 and that would be Haymarket staff.

09:46

7 CHAIRMAN KISCHNER: Okay.

8 MS. ZAKOS: Mr. Chairman, there was some
9 discussion about the definition of a nonemergency
10 call. I wanted some clarification. So what
11 constitutes a nonemergency call?

09:46

12 CHAIRMAN KISCHNER: Is that directed -- who is
13 that directed to?

14 MS. ZAKOS: It is directed to Mr. Baldwin or
15 Dr. Lustig, doesn't matter. It was Mr. Baldwin that
16 actually stated -- talked about nonemergency calls,
17 but either one can answer the question.

09:46

18 CHAIRMAN KISCHNER: Okay.

19 MR. BALDWIN: For example, they could be
20 traffic incidents, parking, or something that the
21 dispatch -- no one responded to.

09:46

22 MS. ZAKOS: So part of his testimony last
23 week, he also stated -- he defined nonemergency calls
24 as asthma attacks, difficulty breathing, bleeding,

1 psychiatric distress calls, disturbances, a seizure.
2 To me, those sound like medical emergencies, not
3 nonmedical emergencies.

4 So he stated that 90 percent of the
5 calls are going to be facilitated by Elite Ambulance,
6 who may or may not be able to facilitate the
7 emergency call, like a difficult breathing or a heart
8 attack, so I'm trying to understand --

9 CHAIRMAN KISCHNER: So what is your question?

10 MS. ZAKOS: My question is if -- if only 10
11 percent of the emergency calls are going to be made
12 for those types of -- sorry, let me strike that.

13 My question is how can someone --
14 how can you define a nonemergency as difficulty
15 breathing? How does he not see that difficulty
16 breathing or having a seizure or having an asthma
17 attack, these are all medical emergencies. So to put
18 that under the umbrella of a nonmedical emergency,
19 seems negligent. So how are they defining that?

20 MS. DICKSON: Do you know, the question -- I
21 just have to ask this. This particular questioner is
22 citing a lot of material without a page cite. We
23 know from last week that the transcript in some
24 respects was incorrect, and we don't know if she's

1 taking this all out of context or not. So if she's
2 going to say what he testified to, I think it's
3 incumbent upon her to also provide us with a
4 page cite so we can determine whether -- she's making
5 statements of fact, and we don't know that that's
6 true.

09:48

09:49

09:49

09:49

7 MR. HERVAS: Yeah. I think that that can be
8 easily cleared up by the witness clarifying what
9 their testimony was, if it's not being stated
10 correctly. So the witness can answer that and answer
11 whether they can or cannot answer the question.

12 CHAIRMAN KISCHNER: Maybe before the witness
13 answers, do you have the page cite?

14 MS. ZAKOS: No, I do not. I'm not an
15 attorney.

16 CHAIRMAN KISCHNER: Okay. I figured you may
17 have looked up --

18 MS. ZAKOS: I just made notes.

19 CHAIRMAN KISCHNER: Do you recall that
20 testimony?

21 MR. BALDWIN: I do not. I think it was taken
22 out of context, mainly because -- I'll try to
23 reiterate that the data is the data. There's no
24 severity in the data. You can't really read into it.

1 And as far as Elite goes, all right, they can handle
2 all calls, but it would be a process to determine,
3 then, what is emergency and what's not and what needs
4 the closest ambulance.

5 DR. LUSTIG: And let me just, if I may, add 09:49:
6 this to this. For 45 years, Haymarket Center has
7 handled this population successfully, both medically,
8 psychologically, and behaviorally. So as far as the
9 word "negligent" is spoken about, I have an issue
10 with. We have very clear guidelines on how we work 09:50:
11 with these patients, very clear guidelines, and if
12 there is a medical necessity, our RNs, our medical
13 doctors, our physician assistants handle this
14 accordingly. This is a very serious issue that I
15 don't appreciate is being bantered around. We take 09:50:
16 this very seriously, each and every patient, as it
17 relates to their medical symptoms and presentation,
18 both at the beginning of Haymarket Center's
19 admission, during Haymarket Center's admission, and
20 even as continuity of care following discharge from 09:50:
21 Haymarket Center.

22 So patients are hooked up to
23 primary-care physicians outside of Haymarket Center
24 when treatment is completed so there is a continuity

1 of care done. This is not that they just receive
2 medical services and they fly and be free. This is
3 about establishing services and making sure that
4 patient continues medical services even after they
5 leave Haymarket.

09:51

6 MS. ZAKOS: So, for clarification, I was not
7 suggesting that Haymarket or Elite Ambulance was
8 being negligent.

9 DR. LUSTIG: The word "negligent" was used.

10 MS. ZAKOS: Sir, I'm sorry, I'm not asking you
11 a question. I'm talking to the Chairman.

09:51

12 CHAIRMAN KISCHNER: So do you have another
13 question?

14 MS. ZAKOS: I do. Has anybody spoken to
15 Alexian Brothers with regards to any of their
16 representation with regards to the impact this is
17 going to have on the EMS calls or ER visits to their
18 ER, since that is the closest ER to the Haymarket
19 Itasca location that's being proposed?

09:51

20 CHAIRMAN KISCHNER: The ER where?

09:52

21 MS. ZAKOS: The ER at Alexian Brothers.

22 CHAIRMAN KISCHNER: Okay. So could you --

23 DR. LUSTIG: Yes, we have.

24 MS. ZAKOS: Can you tell me who you spoke to?

1 DR. LUSTIG: I do not have the name with me,
2 but we have not only spoken with them but have also
3 spoken with the president and CEO of Amita.

4 MS. ZAKOS: Amita Health Alexian Brothers?

5 CHAIRMAN KISCHNER: Let him answer, that's
6 fine.

7 MS. ZAKOS: Sure.

8 DR. LUSTIG: So, yes, we have spoken to them
9 and, yes, very clearly he spoke to me on the very
10 fact that they can handle an increase from Haymarket
11 Center, because it's about coordinating care as well
12 as we would be taking patients from them that needed
13 substance abuse treatment services. So it would be
14 not just a burden to them but we would help to
15 relieve the burden from the hospital system.

16 MS. ZAKOS: So you talk about the burden. Is
17 there -- does anybody from your facility have
18 admitting privileges to the nearest hospital, which
19 is Alexian Brothers?

20 DR. LUSTIG: No, they do not. But, again, we
21 have been meeting with the chief medical officers --

22 MS. ZAKOS: Thank you.

23 DR. LUSTIG: Should I finish?

24 CHAIRMAN KISCHNER: You can finish,

1 absolutely.

2 DR. LUSTIG: Okay. So we are continuing to
3 meet with both the chief medical officers of
4 different facilities as well as key admission people
5 so that we have a clear understanding of what the
6 proper clinical pathway and medical pathway would be
7 for our patients.

09:53

8 CHAIRMAN KISCHNER: Thank you. You may
9 proceed.

10 MR. GREGOR: Mr. Chairman, my name is Joe
11 Gregor. I live at 1125 Surrey Lane in Itasca. And I
12 was wondering if I could ask probably Dr. Lustig, the
13 size of this project, 260 beds, is it? Can you give
14 us some idea -- can he give us some idea, in the
15 thousands and thousands and thousands of treatment
16 centers that have been implemented across the
17 country, where does this rank? Is it kind of average
18 size? Is it on the very large end? I kind of doubt
19 it's on the small end but --

09:53

09:53

20 CHAIRMAN KISCHNER: Okay. So your question
21 is?

09:54

22 MR. GREGOR: Where does this fit in?

23 CHAIRMAN KISCHNER: Where does it rank?

24 MR. GREGOR: And the reason for the question

1 is, because there may well be hundreds and hundreds
2 of --

3 CHAIRMAN KISCHNER: We don't need the reason.

4 MR. GREGOR: Okay.

5 CHAIRMAN KISCHNER: So do you have an idea? 09:54

6 DR. LUSTIG: So in order to be clear in
7 understanding, the size is broken down into two
8 things. One is if you're looking at treatment beds,
9 clinical treatment beds --

10 MR. GREGOR: Yes. 09:54

11 DR. LUSTIG: -- that is in the medium size.
12 If you're including the recovery home beds, it's on
13 the larger size. But as far as treatment goes, we
14 actually fall in line with even medical hospitals
15 that are in and around the area. 09:54

16 CHAIRMAN KISCHNER: Okay. Thank you.

17 MR. GREGOR: Okay. The next question -- I
18 just had a question for clarification, because two
19 different witnesses have, at least in my opinion,
20 kind of given two different indications with respect 09:54
21 to Itasca's behaviors and Itasca's willingness to
22 reasonably engage with Haymarket. So I wanted to ask
23 Dr. Lustig his opinion, relative to the two different
24 witnesses and at least what I think I --

1 CHAIRMAN KISCHNER: What's your question?

2 MR. GREGOR: Okay. My question is that -- one
3 of the witnesses indicated that he felt that people
4 in Itasca generally, at least, understood the
5 severity of the epidemic at hand and actually had a 09:55
6 humane response or a -- you know, that they actually
7 had compassion for people who are suffering from
8 addiction.

9 CHAIRMAN KISCHNER: Do you recall which
10 witness that was? 09:55

11 MR. GREGOR: It was the gentleman from
12 Bloomingdale who was on the planning commission. He
13 was actually the gentleman who preceded the young man
14 from Itasca. And on the other hand, you know, I
15 heard a list of statements read into the record, I 09:56
16 guess, they were picked from the Internet or --

17 MR. ROTH: Objection. Is there a question?

18 MR. GREGOR: Yeah, the question is,
19 Dr. Lustig, which way do you fall on this? Do you
20 think people here -- 09:56

21 CHAIRMAN KISCHNER: Sir, this way.

22 MR. GREGOR: Does Dr. Lustig think people
23 here -- I realize it's difficult to answer but just
24 his impression. Does he think that people are just

1 inherently biased or unfeeling or have no compassion
2 to people? Or does he think that maybe there are
3 some legitimate concerns about how the size of this
4 project fits the community?

5 CHAIRMAN KISCHNER: Okay. Do you understand
6 the question?

09:56

7 DR. LUSTIG: I think most people are
8 inherently biased when it comes to individuals with
9 substance use disorders. I think even if you poll
10 people, they -- the image that you get from an
11 individual who suffers from substance use disorders
12 is that homeless, criminal individual. And so many
13 people haven't taken the leap of understanding what
14 this epidemic has affected and who it's affected.

09:56

15 So I'm not necessarily going to
16 comment that people are biased against it, but,
17 overall, when you deal with individuals and you talk
18 about addiction, it does, even today, bring up very
19 different images for people and it's usually not
20 positive images. As far as the people of the Village
21 of Itasca, you know, I -- I -- you know, I haven't
22 polled each and every person from Itasca, but it is
23 something that education plays a key role in
24 understanding that people can be rehabilitated.

09:57

09:57

1 Regardless of a size of a program, people can be
2 rehabilitated and be brought back to productive
3 citizens, tax-paying citizens.

4 CHAIRMAN KISCHNER: Thank you.

5 MR. GREGOR: All right, thanks. 09:57

6 CHAIRMAN KISCHNER: So at this time, we are
7 pretty much out of time. We are not going to have
8 someone else come up, but we are going to -- our next
9 meeting for this topic for the Plan Commission will
10 be held on December 4th. We do have a public hearing 09:58
11 next week where there's three public hearings but
12 none pertain to Haymarket. Just so you know, we do
13 have a meeting next week. Haymarket will not be
14 there. There's three other public hearings.

15 So, Haymarket team, you guys get the 09:58
16 evening off next week. We'll still be working on
17 your behalf. With that, I would like to get a motion
18 to continue.

19 MR. SWETS: I would like to make a motion to 09:58
20 continue the public hearing on December 4th at
21 7:00 p.m. at Peacock Junior High.

22 MR. HOLMES: I second.

23 CHAIRMAN KISCHNER: Okay. All in favor?

24 (Chorus of ayes.)

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CHAIRMAN KISCHNER: We are continued. Thank
you, everybody.

* * * * *

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

3 I, Lynette J. Neal, CSR. No. 84-004363, RPR,
4 do hereby certify that I reported in shorthand the
5 proceedings had at the public hearing of the
6 above-entitled cause and that the foregoing Report of
7 Proceedings, Pages 1 through 142, inclusive, is a
8 true, correct, and complete transcript of my
9 shorthand notes taken at the time and place
10 aforesaid.

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

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

20 IN WITNESS WHEREOF I have hereunto set my hand
21 this 3rd day of December, 2019.

22 
23

24 Certified Shorthand Reporter

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