

## Shannon Malik Jarmusz

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**From:** Shelley Cirincione  
**Sent:** Monday, December 02, 2019 8:15 AM  
**To:** Shannon Malik Jarmusz; Mo Khan  
**Subject:** FW: Haymarket Questions  
**Attachments:** Haymarket Risk Analysis.pdf; Haymarket Questions - Nov 22.pdf

**From:** Joseph Gregor [REDACTED]  
**Sent:** Thursday, November 28, 2019 7:58 PM  
**To:** Shelley Cirincione <scirincione@itasca.com>  
**Subject:** Haymarket Questions

Dear Shelley,

I have attached 2 files. I am hoping that the planning commission can review both requests before the next planning commission meeting on December 4.

Also, I would like to know if the planning commission can get a copy of the PowerPoint presentation made by Haymarket (included staffing estimates, layout drawing, and EMS estimates) posted on-line.

One final question, does anyone know when the minutes from the last Haymarket meeting will be posted?

Thank you,

Joe Gregor  
[REDACTED]

November 27, 2019

Dear members of the Itasca planning commission:

I attended the planning commission meeting on Wednesday, November 13 regarding the Haymarket proposal for Itasca. During the meeting, I asked Dr. Lustig to compare the proposed Itasca project to existing drug and alcohol treatment centers in terms of the number of in-patient beds. Dr. Lustig's reply follows, as extracted from page XX of the unofficial transcript posted on the Village of Itasca web site:

*I am waiting for the unofficial transcript from to be posted so I can document Dr. Lustig's response in full context. Dr. Lustig's reply was that the Itasca proposal is similar to other projects. He added that the number of beds would be "on the larger side".*

According to the attached literature, there are approximately 14,000 in-patient drug and alcohol treatment centers in operation across the United States. This total excludes outpatient facilities (clinics) that are not connected to an in-patient treatment center. Only 9 of these 14,000 treatment centers have more than 141 beds (2016 data). The 240-bed project proposed for Itasca would be larger than 99.9% of operating in-patient drug and alcohol treatment centers.

In my opinion, characterizing the proposed Itasca project as being "on the larger side", while technically correct, is misleading and evasive. This answer does not adequately convey critical content. If Dr. Lustig wanted to provide a clear, well defined, and quantitative answer, then I believe he could have done so. Stakeholders in this discussion would have

benefitted from a complete and transparent response. Having a clear picture of where the proposed project fits within the spectrum of existing facilities provides a better opportunity to understand the implications of presented information.

Project developers, governmental entities (such as planning commissions), and local communities have found common ground for the parameters of drug and alcohol treatment centers 14,000 different times. Project size relative to the size of the hosting community would likely be a consideration in each case. The fact that essentially zero out of 14,000 cases proceeded with a similar patient density (number of beds relative to the location size) as the proposed Itasca project is telling. The fact that 99.9% of all operating facilities were approved at smaller scale than the proposed project regardless of location is also significant.

My main concern with this proposal is the large size of the facility relative to the small size of Itasca. If there were hundreds of 200+ bed facilities placed into towns approximately the same size as Itasca, then I would feel much more comfortable with the Haymarket proposal. If this proposal were for a 16-bed facility, then I would consider the smaller facility to be much better suited for a town the size of Itasca.

One of the planning commission agenda items is to consider the potential impact of the proposed project on Itasca property values. If the proposed project were well within the established range of facilities operating in the United States (say within the middle two quartiles), then existing studies exploring this relationship would be more generally applicable. All concerned parties need to be aware that more than 99.9% of the situations providing experience and data cited in the literature would have been obtained from smaller

facilities than the proposed project. Conclusions drawn from existing experience and literature may not be applicable to this situation due to the unusual scale of the proposed project, coupled with Itasca's relatively small size. If Haymarket contends that Itasca property values would not be adversely affected by the proposed project, then the most compelling evidence would be drawn from similar situations in terms of project scale, relative to the location size and community demographics. This evidence would be difficult to find. I expect there are few, if any, examples of a 200+ bed facility placed into a town of less than 10,000 people anywhere within the United States.

In terms of real estate values in the West Loop, Haymarket does in fact operate a treatment center much larger than that proposed for Itasca. However, Haymarket's West Loop location has been in place for over 40 years. Haymarket operates within an area of Chicago that has undergone a significant transformation while Haymarket was already present in the community. That is an entirely different situation from opening a 240-bed treatment center within a town of less than 10,000 people.

I realize that there will be an opportunity for public comment at the end of the planning commission process. However, I am asking the planning commission to make an effort to clarify some basic facts about the scale of this project as soon as possible. The reason for the requested timing is because I do not believe it is fair for people to process information presented by Haymarket, particularly when it comes to property values, if they are under the mistaken impression that this project is even remotely typical with respect to in-patient capacity.

I appreciate all of the time and effort the planning commission has made in order to evaluate the Haymarket proposal. I would also appreciate your consideration of this request to evaluate Dr. Lustig's statement regarding the size of the proposed Itasca project relative to industry norms, and clarify the relevant facts for the benefit of all stakeholders.

Sincerely,

Joseph Gregor



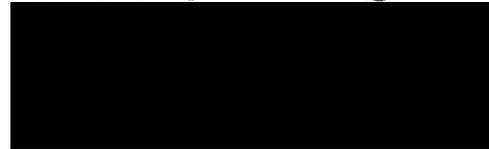
Attachment: Project Scale Risk Assessment – 29 pages

# Haymarket Itasca Proposal

## **Project Scale Risk Assessment**

Performed and Submitted by:

Joseph Gregor



November 27, 2019

# 141 Bed Treatment Center – 10<sup>th</sup> Largest in the United States

## AMITA Health Alexian Brothers Behavioral Health Hospital Hoffman Estates



If you or a family member is struggling with mental health issues, addiction or behavioral disorders, AMITA Health is there for you when life becomes too difficult. Since 1999, AMITA Health Behavioral Health Hospital has focused on providing evidence-based behavioral health care for patients and families when they require more intensive treatments. Our 141-bed facility is the 10th largest behavioral health hospital in the country and offers specialized services for mental health and substance abuse problems.

*AMITA Health Behavioral Health Hospital is a Catholic hospital that abides by the U.S. Conference of Catholic Bishops' Ethical and Religious Directives for Catholic Healthcare Services.*



# One of the Largest Addiction Treatment Centers in the World Opens in Washington DC Metro Area

## New Facility Offers Full Continuum of Care Treating Substance Use Disorder

KING OF PRUSSIA, Pa., March 16, 2018 /PRNewswire/ — **Recovery Centers of America (RCA)**, an addiction treatment provider delivering evidence-based treatment, working in-network with insurance providers has opened a 140-bed inpatient and outpatient drug and alcohol treatment facility in Waldorf, MD.

RCA uses a neighborhood-based approach that is founded on research data indicating patients who enter into treatment and remain closely connected to their family and support networks are more likely to complete the full course of treatment and remain in long-term recovery.

At full capacity, RCA's center for addiction treatment will treat about 2,500 patients per year, employ over 200 people and generate approximately \$40 million in revenue a year, resulting in a profoundly positive economic and health services impact on Charles County and the greater Washington, D.C. market.

RCA at Waldorf is in-network with major insurance providers. This allows patients to get quality treatment while reducing out of pocket cost. About 75% of RCA's patients have deductibles and co-pay costs of less than \$1,500, whereas other addiction treatment centers typically range from \$5,000 to \$100,000. Additionally, RCA offers interest-free financial assistance which spreads out payments over a period of time. The result is avoiding steep up-front charges found with many other providers and thus, ensuring costs do not become a barrier to quality care.

RCA at Waldorf offers evidence-based addiction treatment programs for individuals and families struggling with substance use disorders – specializing in opioids, heroin, alcohol, cocaine and other drugs, as well as co-occurring behavioral health disorders such as trauma, depression and anxiety disorders. The facility offers a full continuum of care that includes medically managed detoxification, residential and outpatient treatment, ongoing support and family services in a loving and supportive atmosphere with world-class amenities.

**RCA Press Release, March 16, 2018**

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## **Project Scale Risk Analysis - 1**

This analysis is intended to explore the relative impact of different sized drug and alcohol treatment facilities if they were to be placed into different size communities. The bigger the facility, the bigger the impact. The smaller the intended destination, the bigger the impact.

Patient density is defined as the number of patient beds in the recovery facility per 10,000 (10k) residents of the intended location. The choice of “per 10,000 residents” is meant to move the quotient (patient density) to a number greater than 1.0 more often than not. A patient density comparison of 50 versus 3 is easier to understand than 0.0050 compared to 0.0003.

A more sophisticated analysis would consider the specific programming at the proposed facilities instead of just the number of beds. Including the size of both in-patient and out-patient programs may also improve the accuracy of the analysis. It may also be better to factor in the unique demographics of the intended destination. However, obtaining the data, adjusting the data to a consistent basis, and then building a predictive model would be a complicated task.

The purpose of this analysis is to use a simple but logical metric. Bed count numbers are relatively easy to understand. There is no ambiguity; a bed is a bed.

## **Project Scale Risk Analysis - 2**

A major metropolitan area such as the City of Chicago is more difficult to characterize with this metric than smaller cities and towns. With respect to resources such as emergency services and social welfare capabilities taken as a whole, the metric is logical. However, major metropolitan areas are a patchwork of distinct neighborhoods more so than smaller towns. In terms of localized impacts such as property values, demands on a single EMS location, or the quality of life within a neighborhood, it would be better to use the neighborhood population instead of the entire city population.

Some large treatment facilities are placed into remote locations. These locations may have been chosen to provide a sense of serenity, or else remove patients from distractions or triggers. The consideration of patient density for a 100-bed treatment center placed outside of a small town in the Arizona desert would probably not be valid.

**Table 1**  
**Comparison of Wheaton and Itasca Patient Densities**

City	Population	Beds	Beds per 10K Residents	Ratio to Benchmark
<b>Wheaton</b>	53,373	<b>16</b>	3.0	<b>1.000</b>
Itasca	9,416	3	3.2	1.06
Itasca	9,416	16	17.0	5.7
Wheaton	53,373	240	45.0	15.0
Itasca	9,416	240	254.9	85.0

Patient density defined as beds per 10,000 residents  
 Benchmark is ratio of location patient density to base case (which = 1.000)  
 Population data: 2017 Google estimates

## Table 1 Analysis

Haymarket proposed a 16-bed drug and alcohol treatment center that would have been located in Wheaton, Illinois. This proposal was unanimously rejected by the Wheaton City Council in February, 2018.

Haymarket must have considered a 16-bed facility to be viable clinically and economically. I assume that Haymarket believed that the scale of the project was sufficient to serve the needs of Wheaton at a minimum, and perhaps some surrounding communities as well.

The patient density for the Wheaton facility would have been 3.0 beds per 10k residents. For a similar patient density in Itasca, Haymarket would have proposed a 3-bed facility. If Haymarket had proposed a 16-bed facility for Itasca, the patient density would have increased to 17 beds per 10k residents. The benchmark ratio shows a factor of 5.7 relative to the Wheaton benchmark. This result simply reflects that the population of Wheaton is 5.7 times greater than Itasca when comparing separate 16-bed proposals.

If Haymarket had proposed a 240-bed facility for Wheaton, then the resulting patient density would have been 15 times greater than what was turned down by Wheaton.

The patient density for the 240-bed Itasca proposal is 254.9 beds per 10k residents. The relative community impact would be 85 times greater, as represented by the ratio for the Itasca project to the Wheaton 16-bed benchmark. This differential is over 2 orders of magnitude.

**Table 2**  
**240 Bed Facility Patient Densities – Various Illinois Locations**

City	Population	Beds	Beds per 10K Residents	Ratio to Benchmark
Chicago	2,716,000	400	1.47	1.67
<b>Chicago</b>	2,716,000	<b>240</b>	<b>0.88</b>	<b>1.000</b>
Aurora	200,965	240	11.9	13.5
Joliet	148,462	240	16.2	18.3
Naperville	147,682	240	16.3	18.4
Rockford	147,651	240	16.3	18.4
Springfield	114,868	240	20.9	23.6
Peoria	112,883	240	21.3	24.1
Elgin	112,456	240	21.3	24.2
Champaign	87,432	240	27.4	31.1
Wheaton	53,373	240	45.0	50.9
Elmhurst	46,662	240	51.4	58.2
Roselle	22,794	240	105	119
<b>Itasca</b>	9,416	240	<b>255</b>	<b>288</b>
Leland	928	240	2,586	2,927

Google population estimates for 2017

## **Table 2 Analysis**

The propose of Table 2 is to examine the patient densities resulting from placing a 240-bed drug and alcohol treatment facility into various Illinois cities, spanning a wide range of populations.

The benchmark for comparative purposes is a 240-bed facility proposed for Chicago. The 400-bed line in the first row of the table is intended to provide a reference for Haymarket's current West Loop facility.

As mentioned previously, the patient density for a major metropolitan area like Chicago may have applicability with respect to the overall city budget and aggregate capacities of EMS and social service capabilities. When considering an aggregate number such as the total city EMS budget, the benchmark ratio increases from 1.000 (City of Chicago benchmark) to 13.5 for Aurora, the 2<sup>nd</sup> largest city in Illinois. This ratio increases further as population decreases. The differential is a factor of 288 for Itasca, and a factor of 2,927 for my wife's home town of Leland, Illinois.

**Table 3**  
**Implied Number of Beds for Various Locations Given Constant Patient Density**

City	Population	Beds	Beds per 10K Residents	Ratio to Benchmark
<b>Itasca</b>	9,416	<b>240</b>	<b>255</b>	<b>1.000</b>
Roselle	22,794	<b>581</b>	255	1.0
Elmhurst	46,662	<b>1,189</b>	255	1.0
Naperville	147,682	<b>3,764</b>	255	1.0
Aurora	200,965	<b>5,122</b>	255	1.0
Chicago	2,716,000	<b>69,227</b>	255	1.0

Patient density defined as beds per 10,000 residents  
 Benchmark is ratio of location patient density to base case (which = 1.000)  
 Population data: 2017 Google estimates

## **Table 3 Analysis**

Table 3 applies the patient density of 255 beds per 10k residents, matching the Haymarket Itasca proposal, to a handful of Illinois cities.

A treatment facility would need to have 581 beds in Roselle and 1,189 beds in Elmhurst in order to match the patient density of the Haymarket Itasca proposal. I believe that either case would result in the largest drug and alcohol treatment center in the United States, if not the world.

Politicians from Roselle and Elmhurst have stated that Itasca needs to “do the right thing” and approve the Haymarket Itasca proposal. Personally, I doubt that their constituents would agree to a 581-bed facility in Roselle, or a 1,189-bed facility in Elmhurst. For that matter, I doubt that either city would accept a 240-bed facility. I also doubt that either politician in question would propose a 240-bed facility for location within their primary voter base.

**Table 4**  
**Implied Number of Beds for Various Locations given Fixed Patient Density**

City	Population	Beds	Beds per 10K Residents	Ratio to Benchmark
<b>Chicago</b>	2,716,000	<b>240</b>	0.88	<b>1.000</b>
Aurora	200,965	<b>18</b>	0.88	1.0
Naperville	147,682	<b>13</b>	0.88	1.0
Elmhurst	46,662	<b>4</b>	0.88	1.0
Roselle	22,794	<b>2</b>	0.88	1.0
Itasca	9,416	<b>1</b>	0.88	1.0

Patient density defined as beds per 10,000 residents  
 Benchmark is ratio of location patient density to base case (which = 1.000)  
 Population data: 2017 Google estimates

## Table 4 Analysis

Assume that a new 240-bed treatment center would not impose an undue burden with respect to the aggregate city finances, EMS budget, or social services capability of Chicago. The purpose of this table is to explore the size of facilities located within various Illinois cities, for proposals with the same patient density of 0.88 beds per 10k residents as a 240-bed center placed into Chicago.

According to this scenario, cities such as Aurora and Naperville would be large enough to manage a similar financial and city services exposure as Chicago, and still retain a facility scale close to the 16-bed size proposed by Haymarket for Wheaton.

If the patient density were fixed at 0.88 patients per 10K residents, the facility size consistent with this patient density would be very small for locations with fewer than 50,000 residents. Except for special circumstances, it does not seem likely that such a small facility would be economically viable. There may also be important clinical limitations at this scale (4 beds or less).

**Since small and intermediate-sized locations throughout the country have operating drug and alcohol treatment centers, it would be useful to know the range of patient densities for these locations.**

# Approximately 14,000 In-Patient Substance Abuse Centers in Operation (2016)

## MARKET OVERVIEW: PROVIDERS

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> The mental health & substance abuse treatment market is highly fragmented<sup>(1)</sup>

	Locations	Operators
Mental Health & Substance Abuse Centers	13,946	10,090
Mental Health & Substance Abuse Clinics	15,050	9,892
<b>Total</b>	<b>28,996</b>	<b>19,982</b>
AAC centers (residential and hospital centers)	12	1
<i>AAC market share</i>	<i>0.09%</i>	<i>0.01%</i>
AAC clinics (outpatient clinics)	18	1
<i>AAC market share</i>	<i>0.12%</i>	<i>0.01%</i>

(1) 2016 Management estimate based on IBISWorld estimates



# 2014 Data Extracted from a State of California Health Care Services Report

## CALIFORNIA CASE STUDY

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- > 1,628 treatment clinics and centers representing approx. 10% of the U.S. market<sup>(1)</sup>
- > 60% of treatment clinics and centers are located in Southern CA<sup>(1)</sup>
- > 782 residential centers with 18,118 beds in total (average size is 23 beds)<sup>(1)</sup>
- > AAC currently has 241 beds in California (1.3% of available beds)



<sup>(1)</sup> 2014 CA Department of Health Care Services

**Table 5**  
**Patient Densities for 23-Bed Facilities if Place into Various California Locations**

City	Population	Beds	Beds per 10K Residents
Eureka	27,177	<b>23</b>	8.46
Monterey	28,639	<b>23</b>	8.03
Napa	79,774	<b>23</b>	2.88
Whittier	86,838	<b>23</b>	2.65
Santa Barbara	92,101	<b>23</b>	2.50
Compton	97,617	<b>23</b>	2.36
Richmond	110,040	<b>23</b>	2.09
Berkeley	122,324	<b>23</b>	1.88
Anaheim	352,497	<b>23</b>	0.65
Oakland	425,195	<b>23</b>	0.54
Sacramento	501,901	<b>23</b>	0.46
San Francisco	884,316	<b>23</b>	0.26
San Jose	1,035,000	<b>23</b>	0.22
San Diego	1,420,000	<b>23</b>	0.16
Los Angeles	4,000,000	<b>23</b>	0.06

Google population estimates for 2017

## Table 5 Analysis - 1

According to an American Addiction Centers (AAC) presentation, approximately 15,000 treatment clinics (no in-patient services) and approximately 14,000 treatment centers (including in-patient services) are in operation within the United States (2016 estimates).

AAC also presented information extracted from a 2014 report from the California Department of Health Care Services. California had 1,628 treatment clinics (no in-patient services) and treatment centers (providing in-patient services), representing about 10% of the market (number of people treated) within the United States.

For facilities that include in-patient capabilities, California had 782 residential centers with 18,118 total beds operating in 2014. ( $18,118/782 = 23.2$ )

**The average in-patient drug and alcohol treatment center in California has 23 beds. The treatment center proposed for Itasca is more than 10X the California average.**

The purpose of Table 5 is to examine the patient density that would correspond to placement of an “average” in-patient facility within California cities covering a wide range of populations.

I have not been able to find corresponding national averages, or data specific to Illinois.

## Table 5 Analysis - 2

The treatment center size distribution was not reported. However, unless there was a multi-modal or extremely non-Gaussian data distribution, a 23-bed facility is probably not too far out of the ordinary with respect recovery centers operating within California.

A 23-bed facility in Eureka, a relatively isolated city in northern California, would have a patient density of 8.46 beds per 10k residents. The same size facility in the state capital of Sacramento would be 0.46 beds per 10k residents. Proposing a 23-bed facility for Eureka may stretch city resources and budgets more than the incremental strain on Sacramento's resources associated with proposal implementation. However, the city finances for Eureka may be in better shape than Sacramento.

This analysis assumes that patient density, at least to some extent, reflects the financial burden or strain on the intended location. If this assumption is valid, then the beds per 10k residents shown in Table 5 would give some indication of the "typical" burden for a single 23-bed facility located within various California cities.

This approach focuses on the potential burdens created by implementing a project. The overall societal benefits claimed for the project are not considered. The wide-spread societal benefits may very well exceed the burdens and costs to the specific community.

**Table 6**  
**Implied Number of Beds for Various Locations with Patient Density of 3.0 Beds/10K**

City	Population	Beds	Beds per 10K Residents
Chicago	2,716,000	<b>815</b>	<b>3.0</b>
Aurora	200,965	<b>60</b>	3.0
Naperville	147,682	<b>44</b>	3.0
Springfield	114,868	<b>34</b>	3.0
Champaign	87,432	<b>26</b>	3.0
Elmhurst	46,662	<b>14</b>	3.0
Roselle	22,794	<b>7</b>	3.0
Itasca	9,416	<b>3</b>	3.0

Patient density defined as beds per 10,000 residents  
 Benchmark is ratio of location patient density to base case (which = 1.000)  
 Population data: 2017 Google estimates

## **Table 6 Analysis - 1**

A patient density of 3.0 beds per 10k residents was considered relative to the population of various Illinois cities. The choice of 3.0 was made assuming that there are likely to be numerous examples of operating facilities with similar patient densities in California. I do not have access to the detailed California data set, so I can't test this assumption.

Just for the purpose of discussion, let's say that a 3.0 patient density indicates a level of risk tolerance and resource expenditure (considered independently from societal benefit) that is generally acceptable in California. If this were true, then the number of treatment center beds commensurate with that cost and risk level is shown for various Illinois cities in Table 6.

Under these assumptions, cities such as Elmhurst, Champaign, Springfield, Naperville, and Aurora would be able to support recovery facilities of between 14 and 60 beds. Haymarket indicated that licensing is provided for individual building blocks of unique 16-bed programs. Under these assumptions, a 16-bed facility may be appropriate for Elmhurst, whereas a 64-bed facility may be appropriate for Aurora.

The 815-bed result for Chicago implies multiple facilities located within multiple neighborhoods.

## **Table 6 Analysis - 2**

The goal from this type of analysis would be to balance the financial and community risks of the location versus the treatment needs specific to that location. This effort would be facilitated by looking at project scales similar to widely adopted precedents. Staying within established norms should make it more likely to find common ground among all of the stakeholders.

**Table 7**  
**Patient Density Relative to Reference Location**

Facility	Reference Location	Population	Beds	Beds per 10K Residents
Rosecrance Harrison	Rockford	147,651	92	6.2
Rosecrance Williamson	Rockford	147,651	78	5.3
Rosecrance Moreland	Champaign	87,423	44	5.0
Rosecrance Lakeview	Chicago	2,716,000	30	0.11
Rosecrance Lakeview	<b>Lakeview</b>	70,833	30	4.2
Haymarket West Loop	Chicago	2,716,000	400	1.47
Haymarket West Loop	<b>West Loop</b>	12,477	400	320.6

Chicago neighborhood definitions and population estimates from: [city-data.com](http://city-data.com) (2016 estimates)

## **Table 7 Analysis - 1**

Rosecrance has operated drug and alcohol treatment programs in Rockford for decades. They started with a 20-bed center in 1982, and then expanded to 32 beds in 1992. Three years later, they opened a new 72-bed treatment center on Harrison Avenue in Rockford. Two additional expansions have brought the in-patient capacity to 92 beds.

In 2004, Rosecrance opened the Griffin Williamson Adolescent Treatment Center. This 78-bed facility serves teens and young adults.

Rosecrance opened a 44-bed treatment center on Moreland Boulevard in Champaign in 2018.

Rosecrance opened a 30-bed treatment center in the Chicago Lakeview neighborhood in 2016. Patient density calculations are shown relative to the City of Chicago population as well as the Lakeview neighborhood population. With respect to aggregate city resources, the Lakeview facility has a patient density of 0.11 beds per 10k residents of Chicago. Relative to the Lakeview neighborhood, the patient density is 4.2 beds per 10K residents of the Lakeview neighborhood.

Note: The Lakeview facility is a recovery home. This facility does not have medical detox or social detox units.

## **Table 7 Analysis - 2**

The McDermott Center, now doing business as the Haymarket Center, was founded in 1975. Over time, this facility has grown to its current capacity of 400 beds. It is one of the largest in-patient treatment centers in the United States.

Over this time span, the surrounding West Loop area transformed from an industrial and warehouse environment into a corporate center. The West Loop is home to large corporations such as Google and McDonalds.

The residential population of the West loop is in the smallest quartile of Chicago neighborhoods (12,477 residents).

The patient density for the West Loop location is 1.5 beds per 10k residents of Chicago. However, relative to the West Loop residential population, the patient density balloons to 320.6. Since the West Loop is mainly a business environment, the calculated patient density does not reflect the impact of a drug and alcohol treatment center placed into a more residential neighborhood. This same anomaly would occur if considering a Chicago Loop or Gold Coast location.

## **Table 7 Analysis - 3**

The patient density analysis is intended to evaluate the placement of a new drug and alcohol treatment center into various residential communities. The Rosecrance Lakeview facility fits this analysis. Although Lakeview has many business and entertainment options, it is still primarily a residential neighborhood. Just ask the Chicago Cubs.

Haymarket West Loop grew in size over decades, and the composition of the surrounding community changed significantly over this time period. The presence of Haymarket did not hinder the transformation of the West Loop into a thriving business center. In fact, business owners would likely see a benefit from Haymarket's presence. If the alternative to having adequate drug and alcohol treatment capacity (beds) is a concentration of homeless and addicted people near their offices, business owners would prefer the former.

The West Loop is a large commercial center located within a major metropolitan city. The West Loop has a relatively small residential component compared to its overall environment. As a small suburban community, Itasca does not even remotely resemble the West Loop.

## Chicago Neighborhood Data - 1

	Chicago Neighborhood	Population	Relative Ratio	Count
	<b>West Loop</b>	<b>12,477</b>	<b>1.000</b>	
1	Albany Park	48,511	3.89	
2	Andersonville	14,490	1.16	
3	Archer Heights	19,343	1.55	
4	Armour Square	8,188	0.66	1
5	Ashburn	41,571	3.33	
6	Auburn Gresham	56,533	4.53	
7	Austin	110,395	8.85	
8	Avalon Park	10,001	0.80	2
9	Avondale	34,431	2.76	
10	Belmont Cragin	80,699	6.47	
11	Beverly	28,783	2.31	
12	Bridgeport	57,541	4.61	
13	Bronzeville	2,802	0.22	3
14	Bucktown	24,335	1.95	
15	Burnside	3,586	0.29	4
16	Canaryville	16,143	1.29	
17	Chatham	29,443	2.36	
18	Chicago Loop	24,542	1.97	
19	Chinatown	11,449	0.92	5
20	Cragin	90,229	7.23	
21	Clearing	36,988	2.96	
22	DePaul	40,290	3.23	
23	Douglas	19,187	1.54	
24	Dunning	45,905	3.68	
25	East Garfield Park	32,249	2.58	
26	East Side	40,095	3.21	
27	Edgewater	39,994	3.21	
28	Edison Park	11,093	0.89	6
29	Englewood	42,969	3.44	
30	Forest Glen	7,846	0.63	7

	Chicago Neighborhood	Population	Relative Ratio	Count
	<b>West Loop</b>	<b>12,477</b>	<b>1.000</b>	
31	Fuller Park	8,272	0.66	8
32	Gage Park	42,165	3.38	
33	Garfield Ridge	48,788	3.91	
34	Gold Coast	8,430	0.68	9
35	Grand Boulevard	30,627	2.45	
36	Greater Grand Crossing	47,851	3.84	
37	Greektown	1,702	0.14	10
38	Hegewisch	14,828	1.19	
39	Hermosa	20,870	1.67	
40	Humbolt Park	81,061	6.50	
41	Hyde Park	26,965	2.16	
42	Irving Park	49,458	3.96	
43	Jefferson Park	25,407	2.04	
44	Jeffery Manor	10,259	0.82	11
45	Kenwood	14,801	1.19	
46	Lakeview (Wrigleyville)	70,833	5.68	
47	Lakeview East	4,719	0.38	12
48	Lawndale	135,840	10.89	
49	Lincoln Park	63,234	5.07	
50	Little Italy	6,091	0.49	13
51	Logan Square	60,290	4.83	
52	Loop	27,615	2.21	
53	Lower West Side	77,885	6.24	
54	Madison Square	3,608	0.29	14
55	Magnificent Mile	48,598	3.90	
56	Marquette Park	63,328	5.08	
57	McKinley Park	19,971	1.60	
58	Medical Village	46,421	3.72	
59	Morgan Park	28,748	2.30	
60	Mount Greenwood	38,794	3.11	

Source: city-data.com 2016 estimates



## Conclusions - 1

14,000 in-patient drug and alcohol treatment centers across the United States have been approved, licensed, and placed into operation. There is obviously some intersection of treatment needs, programming, facility size, economic viability, location, demographics, community acceptance, and governmental approval processes that have been agreed to 14,000 different times.

In-patient capacities greater than 140 beds represent less than 0.1% of projects that have moved from proposal into facility operation. With such a large number of precedents, it stands to reason that there may well be some compelling reasons why this is true.

## Conclusions - 2

Finding common ground among stakeholders means balancing the needs of the project promoter, the local community, various government agencies, the addiction community, and society at large. The balance between critical mass for a viable project versus financial and quality-of-life risks to the community is important. The “right” project would respect this balance. Getting a good deal on a building and saving money on linens and furniture is not a good reason to proceed with the project from Itasca’s perspective.

I do not believe it would be reasonable to proceed with a 200+ bed facility located within a town of fewer than 10,000 residents. Out of 14,000 operating facilities, I doubt there is a single example of a 200+ bed facility placed into a location close to the population and demographics of Itasca. Without any data or evidence taken directly from similar situations, I don’t see how anyone can justify the risk exposure facing the residents of Itasca residents.

## Shannon Malik Jarmusz

---

**From:** Joseph Gregor [REDACTED]  
**Sent:** Friday, November 22, 2019 2:09 PM  
**To:** Shannon Malik Jarmusz  
**Subject:** Haymarket Questions  
**Attachments:** Haymarket Questions - Nov 22.pdf

Dear Shannon:

I have some questions that I am hoping the planning commission can ask Haymarket (see attachment). I dropped off a signed copy at the village hall front desk.

Also, do know when the draft transcripts from the last Haymarket meeting will be available on-line?

Thank you,

Joe Gregor  
[REDACTED]

November 22, 2019

Re: Haymarket Proposal – Request for Clarification

Dear members of the Itasca planning commission:

I have some questions related to the Haymarket proposal, however the testimony on this specific topic is closed. I believe Dr. Lustig agreed that planning commission members could go back to previous topics in case they needed additional clarification. I am hoping that you could seek some information regarding Haymarket's definitions of voluntary admission and free will participation.

Haymarket stated that nobody is ever sentenced by the judicial system to enter any treatment program at their facilities. I believe this point has been made very clear.

Haymarket stated that 100% of their patients enter and remain at their facilities voluntarily, and of their own free will. As with many words and phrases, the word voluntary and the phrase own free will are not necessarily precise. I accept that relatives and personal support networks may be applying encouragement (pressure) in the background. I think this pressure would be helpful and appropriate. Even if someone were to be hounded and badgered by loved ones to seek treatment, I believe this should still be considered as voluntary (albeit lovingly pressurized) admission and participation. I accept that in general, patients do not really want to be in a treatment facility. They voluntarily enter and remain in treatment programs because they want to escape addiction, not because they like being there. I also accept that some patients may seek admission to a treatment center primarily as an alternative to being homeless, indigent, cold, wet, and/or hungry. I accept that any of these circumstances cited in this paragraph should be appropriately considered as voluntary and an expression of own free will with respect to admission and participation (and of course not with respect to homelessness or poverty which are outcomes, not voluntary choices).

I have read some recent commentaries and on-line reviews written by former Haymarket patients, as well as family members and friends of current and former patients. I saw one lengthy statement referencing a patient who allegedly attended an in-patient program at Haymarket as part of a court-ordered early release program. I am not well informed about diversionary sentencing or early release programs. I assume that violating the terms and conditions defined by the courts (such as not attending or completing an approved program) would cause an automatic legal consequence.

If someone wanted to stretch conventional definitions, I suppose they could say that a choice to enter a treatment program instead of receiving a judicial punishment is made freely between two options. The person making the decision could be described as exercising their own free will when choosing from an approved list of treatment centers. Someone could also say that remaining in a program versus facing incarceration upon leaving is a voluntary choice. Personally, I believe that these interpretations would stretch credible limits beyond breaking.

Based on many statements from Haymarket about program enrollment and attendance being voluntary and an expression of free will, I would logically conclude that Haymarket does not participate in diversionary or early release programs. The on-line comment referenced above would therefore be false. However, in the event that Haymarket's definition of voluntary decisions and expression of free will includes jail diversion or early release situations, then it would be good to know.

Regarding the Itasca proposal, Haymarket has made statements about maintaining facility security and community safety built upon the premise that patients enter and can exit treatment programs on a voluntary basis. I see this linkage as reasonable. I think that a voluntary patient is less likely to cause trouble. Voluntary engagement implies that someone is more likely to accept Haymarket's rules, regulations, and treatment goals. Stepping up to face a problem and voluntarily seeking treatment (even with a push from family and friends) shows courage and motivation. It may not guarantee success, but deciding on your own to get help seems like a great start. Being forced to choose treatment as an alternative to a conviction and/or jail term; not so much.

In order to make sure there is no misunderstanding of these definitions, I would like to achieve the following objectives, but I don't know how to do so. I am hoping that the planning commission may agree that these objectives are appropriate and within the current Haymarket proposal review process:

1. Verify that the word voluntary and the term own free will have not been stretched or distorted to include any form of judicial or governmental coercion.
2. Confirm that Haymarket Itasca would not in any way be an extension of the judicial system as an alternative to a conviction or jail time, either directly (treatment at Haymarket court specified), or indirectly (Haymarket selected by offender from a range of court-approved options).
3. Extract a clear statement for the record with respect to any potential for future considerations of the proposed Itasca facility accepting prison diversion or early-release patients, either directly (treatment at Haymarket Itasca court specified) or indirectly (Haymarket Itasca selected by offender from a range of court-approved options).

If I had the opportunity, I would have asked Haymarket the following questions:

1. If someone were faced with a choice between a conviction and/or jail sentence, versus treatment at a court-approved drug and alcohol treatment facility (not necessarily Haymarket), would Haymarket still consider this situation to be a voluntary admission and an exercise of free will?
2. Does Haymarket have current experience and/or past history with patients sent there by the judicial system, either directly (Haymarket specified by court order) or indirectly (Haymarket selected by offender from a range of court-approved options)?

3. If the answer to question 2 is yes, then approximately what percentage of patients fall and/or fell into these categories?

4. Regardless of the answers for the West Loop location, does Haymarket expect that any patients in attendance at the proposed Itasca facility would enter a Haymarket treatment program as the direct or indirect result of a court order?

5. Regardless of current programming plans for the proposed Itasca facility, does Haymarket reserve the right to participate in court-supervised diversion and/or early release programs, either directly or indirectly, at some point in the future?

Note: The concept of court supervised programs cited above is intended to mean the person in question is engaged within an on-going judicial procedure, or else receives an offer of early release from jail, contingent upon entering and completing court-approved treatment options. Someone who was previously convicted of an alcohol or drug related offense who has fulfilled their legal obligations is outside the scope of the questions posed above.

I readily admit that the questions stated above were prompted by commentary made within an on-line forum that is intended to help people select the best available drug and alcohol treatment facility. I realize that this type of forum may be unreliable. However, the comment was very specific about complying with a judicial order, so I believe that it is reasonable to investigate further.

Just to be clear, I am not saying that courts and other governmental authorities should not consider or pursue diversionary or early release programs. I am simply saying that these situations should not be considered as voluntary or reflective of free will. I believe it is worth a few minutes to verify Haymarket's position. What is the harm in doing so?

Thank you in advance for any help that you can provide in getting clear and complete answers from Haymarket on this subject.

Sincerely,

  
Joseph Gregor  




937 South Second Street · Springfield, IL 62704  
217.528.7335 · 217.528.7340 fax  
www.ilabh.org

IABH Programs:  

The Village of Itasca  
550 West Irving Park Road  
Itasca, IL 60143

RECEIVED NOV 14 2019

To whom it may concern,

Please distribute the included letters to Mayor Jeff Pruyn, members of the Itasca Plan

Commission, members of the Village Board of Trustees, and any other relevant staff members.

Thank you,

Sara Howe, CEO  
The Illinois Association for Behavioral Health

# Illinois Association for Behavioral Health

937 South Second Street · Springfield, IL 62704  
217.528.7335 · 217.528.7340 fax  
www.ilabh.org

IABH Programs:



The Honorable Jeff Pruyn  
Mayor  
550 West Irving Park Road  
Itasca, IL 60143

RECEIVED NOV 14 2019

Dear Mayor Pruyn:

The opioid epidemic has taken an enormous toll on families in communities throughout DuPage County, including Itasca, over too many years now. Tragically, the scourge of the epidemic continues to grind on. No community is immune.

Since day one, Haymarket has been on the frontline in the fight against the opioid crisis and has saved countless lives.

Haymarket DuPage will be able to provide the type of life-saving care to DuPage and Itasca families that they need. Families and their livelihoods and their actual lives are on the line. Your support for the Haymarket center means an investment in the community's future. Itasca can be a leader by being a community that fights for its families and against the persistent opioid threat.

The Illinois Association for Behavioral Health, which represents addiction treatment community providers in DuPage County and throughout Illinois, wishes to express our full support for Haymarket DuPage.

Thank you in advance for – your – support.

Thank you,

Sara Howe, CEO  
Illinois Association for Behavioral Health  
sara@ilabh.org  
Springfield, Illinois

Cc: Village Plan Commission and Board of Trustees

## Shannon Malik Jarmusz

---

**From:** Jeff Pruyn  
**Sent:** Tuesday, November 05, 2019 10:00 AM  
**To:** Shannon Malik Jarmusz; Carie Anne Ergo  
**Subject:** Fwd: Itasca Haymarket

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

FYI

Sent from my iPad

Begin forwarded message:

**From:** Frank Condetta [REDACTED]  
**Date:** October 29, 2019 at 6:17:34 PM CDT  
**To:** [mayer@itasca.com](mailto:mayer@itasca.com)  
**Cc:** [fmadaras@itasca.com](mailto:fmadaras@itasca.com), [mlatoria@itasca.com](mailto:mlatoria@itasca.com), [klinser@itasca.com](mailto:klinser@itasca.com), [dgavanes@itasca.com](mailto:dgavanes@itasca.com), [jaiani@itasca.com](mailto:jaiani@itasca.com), Ellen Leahy <[mleahy@itasca.com](mailto:mleahy@itasca.com)>  
**Subject:** Itasca Haymarket

Hello,

The Haymarket team did a fine presentation last night.

It was well scripted, rehearsed and executed.

Their attorneys did a fine job asking pre-planned questions to the witnesses during their presentations, asking right on queue with the pre-planned answer given.

They must have spent a lot of time practicing, well choreographed but obvious.

I don't believe for a second that there will be only 33 emergency calls per year for the facility.

Sincerely,

Frank Condetta

## Shannon Malik Jarmusz

---

**From:** Jeff Pruyn  
**Sent:** Tuesday, November 05, 2019 9:40 AM  
**To:** Shannon Malik Jarmusz; Carie Anne Ergo  
**Subject:** Fwd: Itasca Haymarket

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

FYI

Sent from my iPad

Begin forwarded message:

**From:** "Melanie Meyers" [REDACTED]  
**Date:** October 31, 2019 at 11:11:38 AM CDT  
**To:** [mayor@itasca.com](mailto:mayor@itasca.com)  
**Subject:** Itasca Haymarket

Greetings:

I believe that Haymarket has made a common and honest mistake with their calculations for their predictions for emergency calls for the proposed rehab facility.

During their calculations, when rounding their numbers, they misplaced the decimal point.

Instead of 33, the number is actually 330.

They may have reversed calculated, starting with 33 and massaged their interpretations and adjustments to get that answer.

Since they are very honest, straightforward, transparent, and are looking out for the best interests of all parties concerned, not just themselves, this is understandable.

Best Regards,

Melanie Meyers

## Shannon Malik Jarmusz

---

**From:** Jeff Pruyn  
**Sent:** Tuesday, November 05, 2019 9:39 AM  
**To:** Shannon Malik Jarmusz; Carie Anne Ergo  
**Subject:** Fwd: Itasca Haymarket Meeting

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

FYI

Sent from my iPad

Begin forwarded message:

**From:** Paul Kushner [REDACTED]  
**Date:** November 2, 2019 at 12:33:07 PM CDT  
**To:** [mayor@itasca.com](mailto:mayor@itasca.com)  
**Subject:** Itasca Haymarket Meeting

Hello:

I was at the Haymarket Public Hearing last Monday.

Why is this number "863" even being discussed? It was derived from an inaccurate FOIA request from a public comment from an unknown source. The inaccurate FOIA clearly shows "9XX W. Washington".

Haymarket is using that number for misdirection purposes and trying to show that they are heroic by "identifying" errors.

They created that error by starting with unreliable, questionable data, which clearly shows that they are incompetent in doing a forensic audit and deriving a reliable estimate.

Garbage in, garbage out.

Regards,

Paul Kushner

## Shannon Malik Jarmusz

---

**From:** Jeff Pruyn  
**Sent:** Tuesday, November 05, 2019 9:38 AM  
**To:** Shannon Malik Jarmusz; Carie Anne Ergo  
**Subject:** Fwd: Haymarket in Itasca

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

FYI

Sent from my iPad

Begin forwarded message:

**From:** "Jodi Thayer" [REDACTED]  
**Date:** November 2, 2019 at 2:21:07 PM CDT  
**To:** [mayor@itasca.com](mailto:mayor@itasca.com)  
**Subject:** Haymarket in Itasca

Hi !!

I am a resident of Wheaton and have attended all of the Haymarket public meetings in Itasca, at the DuPage County Board, and with the Hope Task Force. I have also attended the earlier meetings held in Wheaton.

Haymarket Center is a business with political connections. Since they will receive a lot of money for a facility in DuPage, they will say anything at the public hearings to achieve their goals, including numbers, percentages, studies and what they will do and what they won't do. This is mostly rehearsed talk to sound impressive. They have said the same unconfirmed embellishments at all of the meetings.

The only reason that they are planning a site in Itasca is that they came across property that fit their goals at a very attractive price. The location in DuPage didn't matter. The property tax exemption and free public services do matter to them, because it saves them a lot of money.

Since it is a business, they will fill open beds with individuals from ANYWHERE, despite what they say. They would not be responsible for their residents behavior outside of the facility.

What they say now about their business plan could easily change in the future, for their benefit. The goal is to establish the facility with any placation necessary.

After attending all of these meetings and listening to their attorneys, it is quite obvious that part of their plan is to file a federal discrimination lawsuit if they don't get what they want, even if it is baseless.

Their attorneys are making a lot of money in this matter.

Regards,

Jodi Thayer  
Wheaton

## Shannon Malik Jarmusz

---

**From:** Mark Buschbacher [REDACTED]  
**Sent:** Saturday, November 02, 2019 2:56 PM  
**To:** Shannon Malik Jarmusz  
**Subject:** Serenity House Counseling - Invite

Hello Shannon-

I am the President/Executive Director of Serenity House Counseling Services in Addison IL. We've been in operation for over 33 years, providing residential and recovery home treatment in DuPage and throughout the collar counties. My campus is roughly 5 acres serving 44 both Men & Women- Halfway house 22 - Recovery home.

[www.Serenityhouse.com](http://www.Serenityhouse.com)

I would like to invite the Mayor of Itasca and the planning commission an opportunity for a private tour of our campus to see first hand our operation, similar to the business proposed in Itasca - ( I'd prefer - No Press, No community members, No outside / inside influencers)

I would be happy to personally provide the tour and answer any questions about OUR operation.

If the Mayor and or Planning Commission feel this would be beneficial in their research & due diligence, I'm available at the below.

Mark Buschbacher  
President/Executive Director  
Serenity House Counseling Inc.  
[630-620-6616](tel:630-620-6616) - Direct

[REDACTED]  
[891 S Rohlwing Rd](#)  
[Addison IL 60101](#)

## Shannon Malik Jarmusz

---

**From:** Fink, Mike [REDACTED]  
**Sent:** Tuesday, October 29, 2019 4:54 PM  
**To:** Shannon Malik Jarmusz  
**Subject:** Haymarket meeting minutes and item submitted as evidence

Hello Shannon,

I am a resident of Itasca [REDACTED] and I want to thank you for being the contact person on the Itasca Plan Commission. I can only imagine that it is a tremendous amount of work at this time. I was wondering if the public can get access to the items that Hay Market has placed into evidence, as well as the transcripts in English from the court reporter of all the meetings on this issue. I need to review the testimony of the witnesses and all the comments from the Itasca government and the public questions in detail. As you know, we ran out of time last night before the public was able to submit questions, or there cross examination. I don't want to let the facts get stale, during the time lapse until the Nov 6<sup>th</sup> meeting so I am hoping to get your help as soon as reasonably possible.

Just as an aside, I think the public was not satisfied with not being able to ask questions last night, and I believe that because of this, the public turnout will be larger at the Nov 6<sup>th</sup> public hearing. I am not confident that Peacock School will be sufficient to support the number of people that will be motivated to show up. I know it costs us money to rent out the high school, but please be cognizant that it may cause further delay if the meeting has to be rescheduled due to the size of the public interest that turns out. I'm just looking out for everyone's best interest in seeing this process move forward without unnecessary delays.

I would like to learn more about the details of the Haymarket proposal and would appreciate your help in being directed to specific information including past transcripts of earlier meetings, on the record public comment, and Itasca government communications with Haymarket. These are all necessary in order to properly prepare for next month's hearing.

Thanks in advance for your guidance,  
Mike



**Michael R. Fink**  
Senior Sustaining Engineer  
ZEBRA TECHNOLOGIES CORPORATION

SEE MORE. DO MORE.

3 Overlook Point  
Lincolnshire, IL 60069  
T: +1 (630) 556-1715  
<mailto:mfink@zebra.com>  
[www.zebra.com](http://www.zebra.com)



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## Shannon Malik Jarmusz

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**From:** Jeff Pruyn  
**Sent:** Tuesday, October 29, 2019 1:00 PM  
**To:** Carie Anne Ergo; Shannon Malik Jarmusz  
**Subject:** Fwd: Itasca haymarket

FYI

Sent from my iPhone

Begin forwarded message:

**From:** "Richard Edwards" [REDACTED]  
**Date:** October 29, 2019 at 12:44:15 PM CDT  
**To:** [Mayor@itasca.com](mailto:Mayor@itasca.com)  
**Subject:** Itasca haymarket

Mr. Mayor:

As you know, a lot of time was spend presenting numbers for police and fire info, reviewing data for 863 calls. If you did have a chance to review the FOIA data, comments made by Haymarket did make sense in regard to FOIA data for 932 W. Washington, since the initial FOIA report shows info for "9XX W. Washington." Haymarket also uses a second address for the same facility which is 120 N Sangamon, which the FOIA clearly shows that address had 441 calls.

It is extemely hard to believe that Haymarket can project a total of 33 emergency calls per year at the proposed facility, even after their "ajustments" and weeding out duplicate calls, etc.

Looks like this proposal is more on attorneys, technicalities and misdirection than on substance.

Regards,

Rich Edwards

## Shannon Malik Jarmusz

---

**From:** Shannon Malik Jarmusz  
**Sent:** Monday, October 28, 2019 9:40 AM  
**To:** Margaret Kusinski  
**Subject:** RE: Haymarket

Good morning, Peggy-

I am not a part of any Haymarket groups or discussions online and I am unable to see Facebook group content on the matter. My ethical obligation as a certified planner requires that I remain neutral through the public hearing process and help facilitate the petition making its way through the zoning hearings.

In addition, Community Development provides a staff report to the Plan Commission to summarize the proposal and outline any open matters which can be found on the Village of Itasca Haymarket page: <http://www.itasca.com/1953/Holiday-Inn---Haymarket-Center-Proposal>.

I was surprised to hear you saw my name posted on Facebook and it would be helpful if you could please send me a screenshot of what you saw so I can understand the context and how it ended up there.

Thank you for your message and I hope this information is useful!

Best regards,  
Shannon

Shannon Malik Jarmusz, AICP  
Director of Community Development

Village of Itasca  
[smalikjarmusz@itasca.com](mailto:smalikjarmusz@itasca.com)  
630-228-5671

-----Original Message-----

**From:** Margaret Kusinski [REDACTED]  
**Sent:** Monday, October 21, 2019 10:07 PM  
**To:** Shannon Malik Jarmusz <[smalikjarmusz@itasca.com](mailto:smalikjarmusz@itasca.com)>  
**Subject:** Haymarket

Shannon,

I saw your name on the No Haymarket Itasca Facebook page, as someone supporters should contact. Can I ask you what it is you are doing for the group?