

PETITION FOR SPECIAL USE

Village of Itasca Plan Commission
c/o Community Development Department
550 W. Irving Park Rd.
Itasca, IL 60143
(Ph): 630-773-5568 (F): 630-773-0852
comdevitasca.com

Date Submitted: August 7, 2020

ALL ITEMS MUST BE COMPLETE TO PROCESS APPLICATION

Address(es) of Property: 860 W. Irving Park Rd.
Owner(s) of Property: Haymarket DuPage LLC, an Illinois limited liability company
Petitioner(s) (if other than owners): n/a
Existing Use: Vacant Building Zoning: B-2
P.I.N. #(s): 03-07-202-002 Lot Size (sq. ft.): 304,920

Please answer the following questions (you may attach additional sheets if needed):

1. Please provide a detailed description of the use requested.

The request is for approval of a special use for a health center under Section 8.04.2.m of the Itasca Zoning Ordinance. Health Centers (Healthcare Facilities) include "clinics" and "hospitals" such as that proposed. The Petitioner will operate and maintain the existing building and facilities on the subject property without new site development, other than interior renovation, enhanced landscaping improvements and fenced patio. There will be no change to the height, size or location of existing structures. The facility will hold a maximum of 240 beds (144 Recovery Home beds and 96 Treatment beds).

The Petitioner will provide diagnosis, treatment, and recovery support for persons disabled by substance use and behavioral health disorders who voluntarily seek care. Services will include inpatient, outpatient, and recovery programming, as described in detail in Attachment A.

Petitioner also requests a variation permitted under Section 4.11.8 of the zoning ordinance to waive the site plan standards as stated in Section 14.13.7.c, 14.13.7.d, and 14.13.7.e.

2. Please explain how the special use requested is in the interest of the public and is not solely for the interest of the applicant.

Attachment B details the urgent public need for the access to the substance use disorder and behavioral health care the Petitioner provides. Petitioner is an Illinois not for profit organization which will deliver services according to a public benefit mission and will obtain no benefit to itself.

3. Explain the reasons why the special use is necessary or desirable for the public convenience and how it will contribute to the general welfare of the neighborhood or community at this location.

The special use is necessary and desirable for the public convenience due to the rapid and widespread growth of the life threatening health and safety problems caused by substance use and behavioral

health disorders in DuPage and the surrounding collar counties, as well as in Illinois and the rest of the country — as explained in more detail in Attachment B. The special use will contribute to the general welfare of the community because this location offers the Petitioner the ability to improve access to treatment and recovery services that are needed in DuPage County and the surrounding collar counties. This particular site is appropriate for the reasons stated in response to #4 below. Itasca's Zoning Ordinance presents a hardship and impediment to community access to needed treatment because the zoning regulations exclude healthcare facilities, including clinics and hospitals, from all but the Village's one regional office center, except as allowed by special use permit. The grant of the requested special use at this location is (a) consistent with the plain reading of the Zoning Ordinance and (b) necessary under federal civil rights laws that protect people in recovery, including provisions of those laws that require a reasonable accommodation in favor of individuals in need of the Petitioner's services. The hardship that the Petitioner—and those individuals needing care—would suffer by the denial of the Petition outweighs any gain to the public by refusing the Petition.

Currently the building is vacant and not in use. This use will revitalize an under-utilized property, enhance existing landscaping, and provide 163 new jobs in Itasca.

4. Will the special use be detrimental to the health, safety, morals or general welfare of persons residing or working in the vicinity? Please explain your answer.

No. The very purpose of the special use proposed is to provide a benefit to the public health, safety, and welfare.

The inclusion of healthcare facilities as special uses in the B-2 zoning district is tantamount to the Village's finding that healthcare facilities are in harmony with the Village's general zoning plan and will not adversely affect the neighborhood.

The existing building and improvements are perfectly suited to the Petitioner's proposed use. There will be no change to the height, size or location of the existing structure. A healthcare facility in the existing building is compatible with the existing office, commercial and industrial uses in the immediate vicinity of the subject property. Traffic, lighting, utilities, storm water management and other aspects of the proposed land use are appropriate for this location. Existing uses and zoning of nearby property, and property values, will not be negatively impacted by the special use proposed by Petitioner. See, additionally, expert reports provided in support of the Application.

5. What effect will the use have on property values and improvements in the vicinity? Please explain your answer.

There will be no negative impact on property values and improvements in the vicinity. See response to #4 above and experts' reports provided in support of the Application.

Owner's Name(s): Haymarket DuPage, LLC
Address: c/o McDermott Center NFP
932 W. Washington Blvd
Chicago, IL 60607

Phone: (312) 226-7984

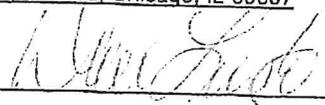
Email: dlustig@hcenter.org

Petitioner's Name(s): Haymarket DuPage LLC

Address(es): c/o McDermott Center NFP
932 W. Washington Blvd, Chicago, IL 60607

Phone: (312) 226-7984

Email: dlustig@hcenter.org

Signature: 

Agent or Attorney (if applicable)

Name: Bridget M. O'Keefe

Firm: Daspin & Aument LLP

Address: 300 S. Wacker Drive, Suite 2200
Chicago, IL

Phone: (630) 955-6594

Email: bokeefe@daspinaument.com

Site Planner or Engineer (if applicable)

Name: _____

Firm: _____

Address: _____

Phone: _____

Email: _____

Please attach the following:

- o Legal description of property (from title policy or plat of survey) — required for all variances.
- o Current plat of survey (showing all site improvements/structures and easements).
- o Architectural renderings of new or altered structures (if applicable).
- o Site Plan (drawn to scale showing buildings, parking spaces, storm water detention and all other significant data with all pertinent dimensions fully noted).
- o If held in trust, letter naming all beneficiaries of the trust and authorizing the below signed person to act on the matters related to the petition request. The letter must be signed by all beneficiaries of the trust.

THE LEGAL TITLEHOLDER MUST SIGN THE PETITION. Where the property is held in trust, the trust officer must sign the petition and include a letter naming all beneficiaries of the trust and authorizing the below signed person to act on the matters related to this petition request. The undersigned acknowledges and agrees that this application and all documentation submitted becomes public record and may be viewed by the public.

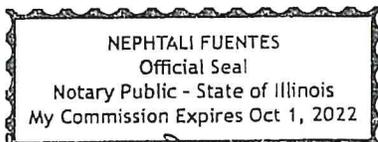
I, DR. DAN LUSTIG, PRESIDENT AND CEO OF HAYMARKET DUPAGE LLC, DO HEREBY CERTIFY OR AFFIRM THAT HAYMARKET DUPAGE LLC IS THE OWNER OF RECORD OF THE AFORESAID DESCRIBED PROPERTY AND HEREBY MADE APPLICATION AS SUCH.

Signature: *Dan Lustig*

SUBSCRIBED AND SWORN TO

BEFORE ME THIS *16th* DAY OF *August*, 2020

NOTARY PUBLIC



Nephtali Fuentes

Attachment A

The Petitioner requests approval for a special use under Section 8.04.2.m of the Village of Itasca Zoning Ordinance (Zoning Ordinance): "Health centers, including clinics and hospitals."

The Petitioner proposes to operate a behavioral health center with a range of medical and clinical services for inpatient, outpatient and recovery programming for substance use disorders and behavioral health treatment. The Petitioner will maintain the existing building and facilities on the identified property with no change to the height, size, or location of the existing former hotel structure and with no new site developments except for enhanced landscaping and fenced patio. Planned interior renovations will be to convert some current guest rooms to group counseling rooms, clinical and medical staff offices, and nurse stations; to expand the recreation center; and to fill in the pool. Existing hotel rooms that are not renovated as described will be used for patient care. There will be a maximum of 240 beds on site: 144 Recovery Home beds and 96 Treatment beds. Haymarket's historic experience is 80%-85% occupancy at any given time. No room is a "Dwelling" or "Dwelling Unit," as defined in the Zoning Ordinance (pages 3-13 through 3-14), nor will become a "Dwelling" or "Dwelling Unit" through renovation or use.

The behavioral health center will be licensed by the Illinois Department of Human Services for a continuum of substance use disorder treatment services for adult males and females, ages 18 and older, under Title 77 Illinois Administrative Code Rule 2060 and as further described by the American Society of Addiction Medicine.¹

The continuum of services will include the following:

- Assessment/diagnosis. Upon a patient's arrival, Haymarket DuPage will follow its central intake procedure, which includes conducting a comprehensive medical and global appraisal of individual needs (G.A.I.N.) assessment.
- Inpatient programs are clinically managed, high-intensity treatment for substance use disorders with separate programs for men and women. The amount of time each patient is provided health care is dependent on individual needs through assessment that meets the criteria of the American Society of Addiction Medicine.
- Inpatient treatment may range from 14 days to 90 days, depending on individual need, with a typical stay around 28 days.
- The following are among the inpatient treatment programs planned for Haymarket DuPage:
 - Rapid Stabilization Programming has a variable length of stay with a maximum stay of 14 days. The goal of this program is to assist patients who completed treatment during the current year and were unable to remain abstinent. Residential substance use disorder programs are staffed with Illinois Certification Board-certified or licensed counselors at least 40 hours per week and with additional program staff 24 hours per day, seven days per week, 365 days per year.
 - Medically monitored withdrawal management (detoxification), with usual stays of three to five days. Withdrawal management units are staffed with nurse practitioners or physician assistants, registered nurses and/or licensed practical nurses 24 hours per day, seven days per week, 365 days per year. Additional staff include Illinois Certification Board-certified counselors.

¹ The American Society of Addiction Medicine, *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, Third Edition. 2013.

- All other inpatient programs are staffed by Illinois Certification Board-certified or licensed counselors at least 40 hours per week and with additional program staff 24 hours per day, seven days per week, 365 days per year.
- Outpatient programs are staffed with Illinois Certification Board-certified or licensed counselors, as well as with case managers.
- Recovery home programs with separate programs for men and women. Recovery home stays will usually be 90 days but may be up to 365 days. Recovery Homes, as defined by Title 77 Illinois Administrative Code Rule 2060, are “alcohol and drug free housing components whose rules, peer-led groups, staff activities and/or other structured operations are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another licensed facility.” Rule 2060 requires Recovery Homes to have certified staff and structure including at least five group sessions per week. In Petitioner’s model, certified staff are on the unit 24 hours per day, seven days per week, 365 days per year. Petitioner’s model also includes requirements that Recovery Home clients provide weekly schedules and inform staff of all movement external to the building and sign in and out every time they enter or leave the unit.

All programs with stays over night or longer will have two patients per room.

All clinical services will be delivered according to individualized treatment plans signed by the Petitioner’s medical director, who is a board-certified physician. All patients in all programs will be subject to random drug testing at least twice per week. Medications for all patients in any residential unit, including the recovery home, will be surrendered to staff, logged, and kept in a locked cabinet in a locked office. Patients and clients will be observed taking their medications at the prescribed intervals, and staff members document medication observation in the patient’s electronic health record.

A medical clinic will be located on the main floor. Patients whose medical needs exceed the capacity of the medical clinic, or who have their own physicians, will be transported by Petitioner’s staff to other medical care, unless there is a medical emergency. If there is a medical emergency a Haymarket DuPage nurse or medical representative will execute a documented triage plan to determine if the emergency is considered in need of basic life safety (BLS) or advanced life safety (ALS). If it is BLS, the Haymarket DuPage medical team will call the contracted private ambulance service. If it is ALS, the Haymarket DuPage medical team will call 911. Petitioner will have signed linkage agreements with local hospitals, primary care clinics, and other service providers.

Psychiatry and psychological services will be available throughout the facility for patients with co-occurring behavioral health disorders. These will include telepsychiatry and licensed clinicians on site who will conduct clinical groups and individual counseling.

Petitioner will provide, or arrange for provision of, additional services that will enhance the structure of the facility programming and enhance the ability of patients to maintain long term recovery. These services include:

- Parenting education
- Fatherhood programming
- GED preparation classes
- Job readiness and job placement services
- Health education
- Linkage to care and care coordination for individuals with chronic health conditions

The facility will have trained security personnel on site 24 hours per day, seven days per week, 365 days per year, as well as security cameras. All individuals accessing treatment units, whether to visit or for receiving care, will be subject to a routine search by security staff.

Petitioner expects to employ 163 full time staff that will include medical, clinical, program support, administrative, security, housekeeping and janitorial services.

Attachment B

The need for the services the Petitioner proposes to provide is urgent—and crystal clear. This need is demonstrated by the twin crises of increasing levels of substance use disorders and related deaths, and severely limited capacity for treatment and access to care across Illinois, and in DuPage County specifically.

The national opioid crisis has received extensive news coverage over the past few years, and federal and local governments have focused efforts on addressing it. Yet the data is still astonishing, and opioid overdose death rates continue to climb. In fact, the most recent data² from the U.S. Centers for Disease Control and Prevention (CDC) show that 71,999 Americans died from overdoses in 2019, an increase of nearly 5 percent over 2018 and a new record. That is nearly 200 deaths every day. While the majority of these deaths involved opioids, people are dying from overdoses on a variety of drugs.

The Illinois Department of Public Health (IDPH) data³ show that there were 2,167 deaths from opioid-related overdoses in 2018, a 76 percent increase in overdose deaths in just five years (2014). Non-fatal overdoses increased by 135% in the same five-year period, to 13,616.

Like the rest of the State, DuPage County has seen high volumes of substance use-related incidents in recent years. The DuPage County Health Department reports⁴: “Heroin and opioid-related overdose deaths are at epidemic levels nationally and in DuPage County. Opioid use disorder often starts with prescribed opioids, and may lead to overdose.”

From 2015-2019, according to the DuPage County Coroner⁵, there were 435 overdose deaths – 96 in 2019 alone – and 762 non-fatal overdose reversals⁶ that did not result in death. A surge in overdose deaths was reported by the Coroner in May of this year.⁷ Multiple deaths occurring on the same day were reported. During a three week period alone, 22 deaths resulted from overdose, mainly due to opioids.

DuPage was a leader in distributing Narcan to first responders, an opportunity which those first responders embraced. But after time, those first responders began to report that they were performing opioid overdose reversals on some of the same individuals repeatedly. What was needed was access to the appropriate levels of substance use disorders care that would help individuals escape the cycle and enter into recovery.

Clearly, access to life-saving treatment is urgently needed. In 2018, 18.9 million Americans needed treatment.⁸ While opioid use is increasing in every area of the state, Illinois has actually seen a *decrease* in treatment capacity. Following years of budget cuts, Illinois was first in the nation in overall decline in

² Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. Centers for Disease Control and Prevention. July 15, 2020.

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

³ Illinois Department of Public Health. Opioid Dashboard. <https://idph.illinois.gov/OpioidDataDashboard/>

⁴ DuPage County Health Department, “The Opioid Crisis Locally and Beyond: Defining the Problem.” <https://www.hopedupage.org/DocumentCenter/View/78/The-Public-Health-Response-to-Opioid-Use-Disorder-in-DuPage-County-PDF>

⁵ DuPage County Coroner https://www.dupageco.org/Coroner/Coroner_News/2020/62335/

⁶ Impact DuPage, Monthly Lives Saved By DuPage Narcan Program.

<https://www.impactdupage.org/indicators/index/view?indicatorId=4867&localeId=668>

⁷ Public Safety Announcement: Surge in Overdose Deaths, DuPage County Coroner’s Office Press Release, May 13, 2020.

⁸ Substance Abuse and Mental Health Services Administration. (2019) Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.

treatment capacity by 2012, the most recent year for which data are available. Despite having the nation's fifth largest population, Illinois had fallen to 44th, or 3rd worst in the nation, in treatment capacity.⁹ The United States Substance Abuse and Mental Health Services Administration reported that in 2014, only 11.7% of individuals with substance use disorders in Illinois were able to access care.¹⁰ Individuals with alcohol use disorders fared worse – only 5% were able to access care.¹¹ DuPage is not different from the resident of the State. The DuPage Health Coalition reported last year that some 57,000 residents went without needed recovery care.

Access to treatment in DuPage County is very limited. Outside of hospitals, there are no medically monitored withdrawal management (detoxification) programs, and only limited availability of residential substance use care and recovery home beds—especially for individuals whose families' resources to help them have been exhausted. DuPage residents needing these levels of care often must leave the county.

Haymarket Center itself served 376 DuPage County residents in 2017 and 2018 at its Cook County location, and more than 2,000 when Will, Kane, and Lake Counties are added. It is clear that the DuPage County area has an urgent need for the programs the Petitioner intends to provide.

⁹ Kane-Willis, K.; Aviles, G; Barnett, D.; et. al, Diminishing capacity: The Heroin crisis and Illinois treatment in national perspective. Illinois Consortium on Drug Policy at Roosevelt University, Aug., 2015.

¹⁰ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Illinois, 2015. HHS Publication No. SMA-16-Baro-2015-IL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

¹¹ Substance Abuse and Mental Health Services Administration.

Attachment C

- The location is appropriate to the target service area and demonstrated need exists for substance use disorder and behavioral treatment facilities.
- Proximity to hospitals
- Located adjacent to a business (non-residential) zoned area with municipal services.
- Building layout and design supports comprehensive programming
- Building is in good condition and virtually turn-key
- Renovation timeline is approximately 120-180 days