

**In the Matter Of:**

**IN RE: HAYMARKET DU PAGE, LLC**

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**REPORT OF PROCEEDINGS**

*December 04, 2019*

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

***1333 North Main Street***

***Wheaton, IL 60187***

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

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1 PRESENT:  
 2 MR. MARK KISCHNER, Chairman;  
 3 MR. FRANK CARELLO, Commissioner;  
 4 MR. BRENDAN DALY, Commissioner;  
 5 MS. LORI DRUMMOND, Commissioner;  
 6 MR. JEFFREY HOLMES, Commissioner;  
 7 MS. KRISTA RAY, Commissioner;  
 8 MR. ERIC SWETS, Commissioner;  
 9 MS. SHANNON MALIK JARMUSZ, Director of Community  
 10 Development;  
 11 MS. NICOLE ESPEDIDO, Recording Secretary;  
 12 HERVAS, CONDON & BERSANI, P.C., by  
 13 MR. CHARLES E. HERVAS  
 14 333 Pierce Road, Suite 195  
 Itasca, Illinois 60143  
 (630) 773-4774  
 chervas@hcbattorneys.com  
 15 Appeared on behalf of City of Itasca;  
 16 ICE MILLER, LLP, by  
 17 MR. MICHAEL M. ROTH, and  
 18 MS. RYANNE BUSH DENT  
 2300 Cabot Drive, Suite 455  
 Lisle, Illinois 60532-3639  
 (630) 955-6594  
 19 michael.roth@icemiller.com  
 ryanne.dent@icemiller.com and  
 20  
 21 BOND, DICKSON & CONWAY, by  
 22 MS. MARY E. DICKSON  
 400 South Knoll Street, Unit C  
 Wheaton, Illinois 60187  
 (630) 681-1000  
 23 marydickson@bond-dickson.com  
 24 Appeared on behalf of Haymarket DuPage LLC.

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1 I N D E X  
 2 TESTIMONY OF DR. DANIEL LUSTIG: Pages 10 - 157  
 3 TESTIMONY OF MR. JAMES BALDWIN: Pages 10 - 157  
 4 EXHIBITS:  
 5 (No exhibits marked for identification.)  
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1 CHAIRMAN KISCHNER: Welcome, everybody.  
 2 Today is Wednesday, December 4th, 2019. The case  
 3 before us is PC 19-014 continued from last month.  
 4 The petitioner is Haymarket DuPage LLC. The owner  
 5 is Pearl Hospitality LLC. The location is 860 West  
 6 Irving Park Road. The request is for petition for a  
 7 planned development by special use with exceptions  
 8 and Class 1 site plan approval, all in order to  
 9 permit a mixed-use residential and health care  
 10 facility and other accessory uses in the B-2  
 11 community business district at 860 West Irving Park  
 12 Road.  
 13 Roll call, please.  
 14 THE RECORDING SECRETARY: Commissioner Daly.  
 15 COMMISSIONER DALY: Here.  
 16 THE RECORDING SECRETARY: Commissioner  
 17 Carello.  
 18 COMMISSIONER CARELLO: Here.  
 19 THE RECORDING SECRETARY: Commissioner Swets.  
 20 COMMISSIONER SWETS: Here.  
 21 THE RECORDING SECRETARY: Commissioner  
 22 Holmes.  
 23 COMMISSIONER HOLMES: Here.  
 24 THE RECORDING SECRETARY: Commissioner

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1 Drummond.  
 2 COMMISSIONER DRUMMOND: Here.  
 3 THE RECORDING SECRETARY: Commissioner Ray.  
 4 COMMISSIONER RAY: Here.  
 5 THE RECORDING SECRETARY: Chairman Kischner.  
 6 CHAIRMAN KISCHNER: Also here. Thank you.  
 7 I just want to make a quick  
 8 announcement. The next two dates that were  
 9 announced have been canceled at the petitioner's  
 10 request. The next Plan Commission hearing on this  
 11 topic will be January 22nd, just so everybody knows,  
 12 and we will continue it to that date when we get to  
 13 the end of today's hearing.  
 14 I would like to thank those in  
 15 attendance at the last hearing for listening  
 16 intently and not interrupting the proceedings. We  
 17 do our best to run a well-mannered and fair hearing;  
 18 and with your continued assistance, I trust we will  
 19 meet that goal again.  
 20 If this is the first public hearing  
 21 you have attended, the back of your handout includes  
 22 rules of decorum. These rules will be enforced.  
 23 Individuals who violate these rules may be removed  
 24 from the building without further warning. Please

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1 take time to read the rules of decorum.  
2 Tonight we begin at step 13 and  
3 questions from the public. Direct all questions to  
4 the Chair, which is myself. When asking questions  
5 of a witness, be advised that your questions may  
6 only be related to that witness's testimony or  
7 expertise. As an example, the Commission will not  
8 allow a question about treatment to a traffic  
9 expert. They will not be able to answer that  
10 question.  
11 If a question is not suitable, it  
12 will not be allowed. We will make every effort to  
13 explain why it is not allowed. Assisting us with  
14 this task is the Plan Commission attorney Chuck  
15 Hervas.  
16 Once a witness is excused, it is  
17 likely that a person will not be recalled for  
18 additional questions. As such, be timely if you do  
19 have questions for a particular witness.  
20 Tonight, Haymarket's president and  
21 CEO, Dr. Lustig, and their CFO, James Baldwin, will  
22 be answering questions of the public and likely some  
23 from the Plan Commission.  
24 Also tonight potentially will be

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1 Roger Romanelli and Dr. Sullivan, who we spoke of  
2 earlier, time permitting only. We will see where  
3 the meeting takes us tonight.  
4 On the back of your handout that  
5 was offered when you entered is an FAQ with  
6 additional information about the hearing. It  
7 answers many questions that often arise from members  
8 of the public. The hearing will end by 10:00 p.m.  
9 so the school can be ready for the gym -- the gym  
10 can be ready for school tomorrow.  
11 With that, I'd like to introduce  
12 Plan Commission lawyer Chuck Hervas, who I believe  
13 has additional comments.  
14 MR. HERVAS: Yes. Thank you, Mr. Chairman.  
15 Good evening, everybody. I'm going  
16 to give you some general comments that I've made at  
17 every meeting; so if you've heard them before,  
18 please bear with me. I'm going to condense these  
19 from meetings from before.  
20 **A couple of points to please**  
21 **remember. Number one, this is a legal proceeding**  
22 **with legal significance. There's a court reporter**  
23 **present taking things down. This is not a trial.**  
24 **It may seem that way because of the**

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1 **cross-examination aspect, but it is a public hearing**  
2 **with a cross-examination component. So it's not**  
3 **quite the courtroom drama that you're used to on**  
4 **television.**  
5 **The Plan Commission will be making**  
6 **findings and recommendations to the Village Board.**  
7 **The Plan Commission is a recommending body. It is**  
8 **the Village Board that will make the final decision**  
9 **in this matter.**  
10 **The second point that I want to**  
11 **make is that the cross-examination of witnesses that**  
12 **takes place that you're observing is a due process**  
13 **right that was determined by the Illinois Supreme**  
14 **Court. This does not -- we're not going to have**  
15 **members of the public engaging in cross-examination.**  
16 **And so it may seem like -- you're coming after the**  
17 **attorney, so you're going to feel like that's what**  
18 **you want to do, but that's not the purpose of the**  
19 **public questions. We're allowing questions from the**  
20 **public but not cross-examination by the general**  
21 **public, so please understand that distinction.**  
22 **And number three, let me talk a**  
23 **little bit about the public questions. This is not**  
24 **the time to give a speech or your opinion about the**

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1 **matter. That will come at a later point in time.**  
2 **Public comment is a step in the process where you**  
3 **will be able to express your opinions in this**  
4 **matter.**  
5 **This is now a time when you're**  
6 **allowed to ask questions, but you need to understand**  
7 **that those questions will be regulated for**  
8 **efficiency and relevancy. Please don't take it all**  
9 **personally. We're trying to make sure that this**  
10 **goes in a smooth manner.**  
11 **The questions have to be within the**  
12 **scope of the testimony that was offered. We don't**  
13 **want you to argue with the witness. Remember, your**  
14 **questions should be helpful to the Plan Commission**  
15 **in helping them make a determination. And please**  
16 **understand that the attorneys still have the right**  
17 **to object, and I'll have to handle those objections**  
18 **from the attorneys.**  
19 **Finally, please understand that**  
20 **this is a slow and deliberate process that is**  
21 **designed to create a record that is appropriate for**  
22 **a plan commission public hearing. I ask that you**  
23 **please respect the process even if you don't agree**  
24 **with it. This is by law how we have to go about**

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1 handling a zoning matter.  
2 So this is something that while in  
3 this context looks to be very unusual, this Plan  
4 Commission handles public hearings on petitions all  
5 the time. So this one's a little different because  
6 it's a little more formal, but this is something  
7 that is a normal process for the Plan Commission  
8 with the exception of the number of people that are  
9 attending here.  
10 With that, Mr. Chairman, I've  
11 concluded my comments, and we can continue with the  
12 hearing.  
13 CHAIRMAN KISCHNER: Thank you, Chuck.  
14 With that, I'd like to invite  
15 Dr. Lustig and Mr. Baldwin back to the seating area  
16 and remind you that you are still under oath.  
17 So right now we're at the portion  
18 of the hearing where the public can question the two  
19 witnesses.  
20 And, Deanne, if you could raise  
21 your hand. There you are. There she is. Sign up  
22 with Deanne, give her your name, address, and then  
23 come forward afterwards.  
24 Just for procedure, when everybody

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1 gets up here asking questions, you ask the question,  
2 again, to myself. If you could let us know who are,  
3 where you live, and --  
4 MR. WEST: I'm Bob West.  
5 CHAIRMAN KISCHNER: -- go from there.  
6 MR. WEST: I live in Itasca. And it's kind  
7 of fact-finding questions I have.  
8 I assume, if I'm correct, that the  
9 recovery homes are located on this property site; is  
10 that correct?  
11 CHAIRMAN KISCHNER: Okay.  
12 DR. LUSTIG: Yes.  
13 MR. WEST: Now, except for when the patients  
14 have to be there when they're in the recovery home,  
15 since I believe you said that three to five days'  
16 treatment and then they move to recovery homes. I  
17 also understood that when they're in treatment, they  
18 are kept on premises without freedom to come and go.  
19 But when they go to the recovery  
20 homes, except when they have to be for appointments  
21 for counselors, doctors, whatever, are they allowed  
22 to come and go at will?  
23 DR. LUSTIG: So I think going back to the  
24 first question, treatment is not three to five days.

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1 Treatment is a variable length of stay that can go  
2 from 14, 28 days up to 90 days. So it depends on  
3 the specific program and the specific condition that  
4 the patient is presenting with. And so once they  
5 are finished with residential treatment, they are  
6 allowed to step down into outpatient or intensive  
7 outpatient and then join the recovery home.  
8 The recovery home is a structured  
9 living environment; and so when individuals are  
10 allowed to leave, it is for medical or clinical  
11 reasons, so whether they have to attend support  
12 group meetings. There's a specific reason that  
13 those patients are leaving the recovery homes for.  
14 MR. WEST: That didn't answer my question.  
15 When they're not there for the  
16 structured things that they have to be there, are  
17 they allowed to come and go at will?  
18 CHAIRMAN KISCHNER: Okay.  
19 DR. LUSTIG: Clients are not allowed to come  
20 and go at will. Clients have to -- they can only  
21 leave for a specific reason. Those specific reasons  
22 deal with medical or clinical, or if they are also  
23 finding employment. So there's a team of case  
24 managers that helps clients find employment, so they

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1 can leave for that as well.  
2 MR. WEST: So then just to clarify this, the  
3 whole time that they are on property either for  
4 treatment or recovery, they are at no time allowed  
5 to come and go as they see fit?  
6 DR. LUSTIG: No. There has to be a specific  
7 reason for a patient to come and go.  
8 MR. WEST: All right. Thank you.  
9 CHAIRMAN KISCHNER: Thank you.  
10 MR. FISHER: Hi. I'm Steve Fisher. I live  
11 at 200 South Maple, Itasca, since 1987.  
12 I have a question. Since a lot of  
13 people, before they can go into treatment, have to  
14 hit rock bottom; and rock bottom consists of a lot  
15 of big problems. I'm curious as to how -- it was  
16 said in the presentation that none of these people  
17 have criminal records that will be in your facility  
18 and none of them are forced there.  
19 So my question is are they coming  
20 into the treatment in lieu of something else, a  
21 court order or a deal of some sort so they don't  
22 have to go through some litigation?  
23 CHAIRMAN KISCHNER: Okay.  
24 DR. LUSTIG: So all clients who have -- may

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1 or have had a criminal justice background in the  
2 past or have one now, we do not take violent  
3 offenders. That is first and foremost. They are  
4 excluded from our program. We also do not take  
5 individuals who have a sexual offense in their  
6 background.  
7       So if individuals are coming from a  
8 court system, they are -- it's still a volunteer  
9 program for them to come to Haymarket. They can  
10 come to Haymarket or any other entity and agency.  
11       So clients that are coming from the  
12 criminal justice system can't have a violent charge  
13 and they come voluntarily. They're not forced into  
14 treatment.  
15       MR. FISHER: But is the voluntary in lieu of  
16 something else? In other words, are they  
17 volunteering because the alternative is something  
18 they may not want to have?  
19       DR. LUSTIG: I can't speak to all cases, but  
20 there are alternative to sentencing in all court  
21 systems; and so clients may receive treatment, but  
22 they have to have certain stipulations to their  
23 charges or -- or whatever they're being charged  
24 with. So if it's in lieu of jail time, there are

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1 patients that can come here as long as they don't  
2 have a violent charge or conviction.  
3       MR. FISHER: Okay. Then one last question  
4 because there's a number of people that have other  
5 questions.  
6       I have to say in all honesty,  
7 you've made a strong point for why this is a great  
8 place for Haymarket and why it's probably good for  
9 DuPage County.  
10       Exactly why do you think it would  
11 be good for the town of Itasca?  
12       DR. LUSTIG: Again, even from the beginning,  
13 we weren't looking necessarily at the town itself  
14 but what the building offered as well as its  
15 location and proximity to the collar counties. So  
16 that was the first and -- the two main pieces.  
17       When we looked at Itasca, we  
18 clearly looked at the zoning rules, and the zoning  
19 rules specifically allow for programs like Haymarket  
20 within their zoning rules. So that's what became  
21 very attractive as far as the Itasca piece goes.  
22       MR. FISHER: My understanding is that in  
23 order for a zoning -- to change a zone, it has to be  
24 something that hopefully is more positive than what

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1 was there before.  
2       DR. LUSTIG: There's really nothing more  
3 positive than individuals getting treatment.  
4       MR. FISHER: Okay. Thank you.  
5       COMMISSIONER SWETS: Mr. Chairman, I've got a  
6 question for Dr. Lustig.  
7       You had stated in one of the  
8 questions that you don't allow violent offenders or  
9 sexual offenders. You had -- we had gotten numbers  
10 of how many people are hit by this epidemic.  
11       How would those numbers be refined  
12 if you pulled those individuals out of those  
13 numbers? Do you have any -- like, you know, if  
14 we're looking at 20,000 people need treatment and  
15 18,000 of those have violent backgrounds or sexual  
16 offend- -- you know, that sort of ratio or number in  
17 that?  
18       DR. LUSTIG: I don't have that specific -- I  
19 don't have a number like that.  
20       What I can tell you is this is a  
21 premise that why we're trying to improve access to  
22 care. Because if we -- if individuals don't get  
23 access to care when they need it, criminal justice  
24 is part of the long-term consequences of this

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1 disease, of this medical disorder. So that's why  
2 opening and improving access to care is better  
3 consequences. But I don't have exact numbers of  
4 those individuals that have violent convictions and  
5 are charged that way.  
6       COMMISSIONER SWETS: Thank you.  
7       CHAIRMAN KISCHNER: I also have a follow-up  
8 question.  
9       Do you treat at the downtown  
10 location, or your other locations, patients that are  
11 violent or sexual predators?  
12       DR. LUSTIG: No.  
13       CHAIRMAN KISCHNER: No. So that's nowhere.  
14       DR. LUSTIG: No. And primarily -- so to  
15 delve into that just a little bit deeper, so we have  
16 children under the age of 5 within our building.  
17 That alone would be a violation of a sexual  
18 offender's probation. So they have to be within --  
19 they have to be within -- away 200 to 500 feet away  
20 from a childcare facility. So they would -- by law,  
21 we're not allow to service them.  
22       As far as the criminal justice  
23 clients, no, and we've been for 45 years very  
24 successful in monitoring that.

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1 CHAIRMAN KISCHNER: Thank you.  
2 MS. CHANEY: Hi. Vickie Chaney, 774 Willow  
3 Court.  
4 I wanted to get a little  
5 clarification on a question that was asked at the  
6 last meeting by actually one of the board members.  
7 And the question pertained to, you know, if I showed  
8 up at midnight would someone be available, you know,  
9 to help me. And Dr. Lustig said yes, that staff are  
10 available 24 hours a day, and that would be  
11 including a psychiatrist and physician assistant,  
12 et cetera.  
13 Is that correct?  
14 DR. LUSTIG: That is correct.  
15 MS. CHANEY: Okay. That staff, are they  
16 on-site or on call?  
17 DR. LUSTIG: Which staff?  
18 MS. CHANEY: Psychiatrists --  
19 DR. LUSTIG: So --  
20 MS. CHANEY: -- physician assistant.  
21 DR. LUSTIG: -- our psychiatrist is on call  
22 24 hours, but by law there is a nursing -- a nursing  
23 staff as well as a physician assistant that's part  
24 of being on staff. And we have to staff all of

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1 those programs 24 hours a day, so each shift.  
2 MS. CHANEY: Okay. What staff are on-site  
3 for, let's say, a midnight shift?  
4 DR. LUSTIG: So all of our staff are either  
5 certified or licensed, and it's not necessarily  
6 anchored to a specific shift or a program. But they  
7 all must meet certification or licensure.  
8 MS. CHANEY: Okay. So there isn't a specific  
9 number of licensed or certified people that are on  
10 any particular shift?  
11 DR. LUSTIG: You have to be licensed or  
12 certified to be on a shift.  
13 MS. CHANEY: Okay. Do you know what that  
14 number is?  
15 DR. LUSTIG: It depends on the program. It's  
16 based on the program.  
17 MS. CHANEY: Okay. For the facility in  
18 Chicago, do you know what the number is on a  
19 midnight shift?  
20 DR. LUSTIG: Throughout the entire agency?  
21 MS. CHANEY: Uh-huh.  
22 DR. LUSTIG: I would be guessing, to be  
23 honest with you.  
24 MS. CHANEY: Okay. Is there a minimum number

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1 of visits per month that a psychiatrist has to visit  
2 the facility to see patients if they're on call?  
3 DR. LUSTIG: There isn't a specific number by  
4 law. It's really based on individualized cases.  
5 And in between the psychiatry time, there's also  
6 telepsychiatry that we also have.  
7 MS. CHANEY: Okay.  
8 CHAIRMAN KISCHNER: Ma'am, I just want to  
9 remind if you could direct your questions up this  
10 way.  
11 MS. CHANEY: I'm sorry.  
12 CHAIRMAN KISCHNER: Thank you.  
13 MS. CHANEY: The governing bodies for  
14 licensing and certification, like CARF, do they set  
15 minimum requirements for the number of staff -- and  
16 when I say "number of staff," I'm talking about  
17 licensed clinical staff -- for each shift?  
18 DR. LUSTIG: They set minimum standards for  
19 medical staff, and there is a staff-to-client ratio  
20 that we actually exceed the state requirements.  
21 MS. CHANEY: Can you tell me what that ratio  
22 is?  
23 DR. LUSTIG: So in our outpatient program,  
24 it's 1 to 8. In our residential programs, it's

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1 smaller than that.  
2 CHAIRMAN KISCHNER: In the residential  
3 program what?  
4 DR. LUSTIG: It's a smaller client ratio. So  
5 it depends on whether it's the dual-diagnosis  
6 program, whether it's -- it's program specific.  
7 MS. CHANEY: Okay. So 1 to 8 pertains to a  
8 licensed person to patient?  
9 DR. LUSTIG: Correct.  
10 MS. CHANEY: Okay. One moment.  
11 Now, Haymarket, they have a  
12 certification program; is that correct?  
13 DR. LUSTIG: Yes.  
14 MS. CHANEY: Okay. And the staff that can go  
15 through the certification program, there's a charge  
16 for that; is that correct?  
17 DR. LUSTIG: That is correct.  
18 MS. CHANEY: Okay. And then once they're  
19 certified, of course that's different than licensed.  
20 But being certified, once they complete the  
21 certification, are those hours billable when they're  
22 seeing patients the same as a licensed counselor?  
23 DR. LUSTIG: So you're talking about billable  
24 hours and the rates to that?

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1 MS. CHANEY: Yes.  
2 DR. LUSTIG: I'm -- right now, we don't -- we  
3 bill by day, so it's -- it's a rate by day. It's a  
4 bundled rate by day.  
5 MS. CHANEY: Okay. That's all the questions  
6 I have.  
7 CHAIRMAN KISCHNER: Thank you.  
8 MR. WOLFE: Hi. My name is Michael Wolfe,  
9 922 Clover Ridge Lane in Itasca. I have a number of  
10 hopefully clarifying questions.  
11 Does Dr. Lustig recall testifying  
12 that the facility would offer public space to the  
13 Itasca community?  
14 DR. LUSTIG: Yes.  
15 MR. WOLFE: Does the West Loop or any other  
16 facility have that kind of public meeting space for  
17 their communities as well?  
18 DR. LUSTIG: We did; but when we sold excess  
19 property, we lost that meeting space.  
20 MR. WOLFE: So does -- did or does Haymarket  
21 have any processes, procedures, policies for how  
22 that space is managed and used?  
23 DR. LUSTIG: We actually had an individual  
24 responsible for that, managing that space, yes.

Page 23

1 MR. WOLFE: Okay. So what -- so if I wanted  
2 to use this space, are the people entering and  
3 leaving to use the space subject to the same  
4 security as any other visitor to the facility?  
5 DR. LUSTIG: We are looking at -- right now  
6 the architects are looking at how we're going to  
7 have physical separation between the public areas  
8 and the treatment areas.  
9 MR. WOLFE: How about from a time  
10 perspective? Is there a -- can you remind us, is  
11 there visitor hours at the facility for the  
12 patients?  
13 DR. LUSTIG: There are visitor hours, and it  
14 is based by program. But they are -- they are  
15 during the day.  
16 MR. WOLFE: During the day. So --  
17 DR. LUSTIG: And they're on weekends.  
18 MR. WOLFE: So then would the -- so would the  
19 people who want to use the meeting space, would they  
20 be subject to the same restrictions on the public  
21 meeting space as the visitors would?  
22 DR. LUSTIG: No.  
23 MR. WOLFE: So those would have extended  
24 hours?

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1 DR. LUSTIG: They -- as long as it was within  
2 reason. I mean...  
3 MR. WOLFE: Okay. I believe Dr. Lustig has  
4 stressed on multiple occasions about Haymarket's  
5 evidence-based programs; is that correct?  
6 DR. LUSTIG: Correct.  
7 MR. WOLFE: And does Dr. Lustig recall  
8 indicating regards to those evidence-based programs  
9 that they go through a lot of rigorous research,  
10 quote/unquote?  
11 DR. LUSTIG: Yes.  
12 MR. WOLFE: Okay. So I would like to hear  
13 some more about that. Who makes the determination  
14 as to whether the studies are rigorous enough?  
15 DR. LUSTIG: We have both our clinical vice  
16 president as well as our director of operations who  
17 helps to write the grants, as well as myself who  
18 evaluates it. So there's a clinical team that looks  
19 at the interventions that we do to make sure that  
20 they are appropriate for the population we're  
21 serving.  
22 MR. WOLFE: I want make sure I understood the  
23 question to that. That's a Haymarket clinical team  
24 that makes the determination --

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1 DR. LUSTIG: Correct.  
2 MR. WOLFE: -- is that correct?  
3 DR. LUSTIG: Correct.  
4 MR. WOLFE: So are there -- I'm sorry.  
5 Are there criteria that would be  
6 either standardized or publicized as to what is  
7 considered acceptable or rigorous enough treatment  
8 or research that would establish that it's  
9 evidence-based?  
10 DR. LUSTIG: So we look at the outcomes of  
11 the intervention that we are proposing. We also  
12 look to make sure that it is standardized on the  
13 population, the gender, and the culture of  
14 individual that we are serving, are the basic  
15 standards that we look for, and its ease in  
16 replicating it.  
17 MR. WOLFE: So are these studies that support  
18 the evidence-based nature of the programs at  
19 Haymarket, are those published anywhere?  
20 DR. LUSTIG: All of our interventions are  
21 published research.  
22 MR. WOLFE: And so has Dr. Lustig provided  
23 any of those citations or indications of where  
24 that's been published?

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1 DR. LUSTIG: No.  
2 MR. WOLFE: Dr. Lustig does hold a Ph.D.;  
3 correct?  
4 DR. LUSTIG: A Psy.D.  
5 MR. WOLFE: Psy.D. sorry.  
6 And he's been -- testified that  
7 he's been the co-principal investigator on 20-plus  
8 federal projects?  
9 DR. LUSTIG: Correct.  
10 MR. WOLFE: And done a groundbreaking study  
11 for the CDC?  
12 DR. LUSTIG: Correct.  
13 MR. WOLFE: So given all of that experience  
14 and the Psy.D., would Dr. Lustig be able to give us  
15 a little bit more background on sort of the typical  
16 process by which one gets published and how that  
17 looks in terms of getting research reviewed and then  
18 published in a journal?  
19 MR. ROTH: Objection to the relevance. It's  
20 a zoning hearing.  
21 MR. HERVAS: Yeah, I heard that. There's an  
22 objection to relevance. And could you -- since this  
23 is a zoning hearing, you definitely are allowed to  
24 inquire into the idea of evidence-based programs;

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1 but you're starting to move into the more academic  
2 areas that are not really related to the zoning  
3 aspects here. And so I'm going to ask if you would  
4 keep it tied to the zoning part of this. So if you  
5 would move on, that would be appreciated.  
6 MR. WOLFE: Sure. Okay.  
7 Does Dr. Lustig recall testifying  
8 that he believes the residents -- that our resident  
9 concerns about the proximity of the Holiday Inn to  
10 the library and the pool are related to stigma?  
11 DR. LUSTIG: Yes.  
12 MR. WOLFE: And that as part of that response  
13 he cited a study from about 10 years ago about  
14 people's perception of drug addicts?  
15 DR. LUSTIG: Correct.  
16 MR. WOLFE: Has Dr. Lustig provided citations  
17 of the study that he was talking about?  
18 DR. LUSTIG: No, but we can.  
19 MR. WOLFE: Could Dr. Lustig provide any  
20 details about it in term -- maybe where it was  
21 published, who authored it, what year it was, that  
22 might guide others towards where it's published?  
23 DR. LUSTIG: It was a Harvard study, and I  
24 can get -- I could actually cite the article.

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1 MR. WOLFE: Without the study, how well does  
2 Dr. Lustig remember what was in the study and what  
3 its conclusions were?  
4 DR. LUSTIG: Yeah, so the conclusions were  
5 that a majority of the people that were contained in  
6 the study still held the same attitudes and beliefs  
7 about addicts as being homeless, as being criminals,  
8 as being individuals that deserve what they are  
9 getting as it relates to it not being a medical  
10 disorder.  
11 MR. HERVAS: Dr. Lustig, would you have an  
12 idea about what year that study was published?  
13 DR. LUSTIG: It was in the last a couple of  
14 years, but they were also citing data from between  
15 six and seven years ago. But the study was fairly  
16 recent.  
17 MR. HERVAS: Thank you.  
18 DR. LUSTIG: Uh-huh.  
19 MR. WOLFE: And as a continuation of that,  
20 does Dr. Lustig recall that he also testified that  
21 he -- in his travels, he has seen the same adage  
22 repeated that these people, referring to addicts,  
23 quote/unquote, deserve it?  
24 DR. LUSTIG: I'm sorry, can you repeat that?

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1 MR. WOLFE: Sure. Does Dr. Lustig recall  
2 testifying that in his travels around the country as  
3 he's met with various groups that he's seen the same  
4 adage repeated that these people deserve it?  
5 DR. LUSTIG: Yes.  
6 MR. WOLFE: And does he also recall saying  
7 that the group -- of the groups that he's seen,  
8 whether it's community, group of elected officials,  
9 that all of these groups shared that same  
10 perception?  
11 DR. LUSTIG: Yes.  
12 MR. WOLFE: Has Dr. Lustig published those  
13 observations?  
14 DR. LUSTIG: No.  
15 MR. WOLFE: Would Dr. Lustig describe those  
16 as therefore anecdotal in nature as opposed to  
17 peer-reviewed or published?  
18 DR. LUSTIG: They were not peer-reviewed.  
19 MR. WOLFE: So going back to the study that  
20 Dr. Lustig cited, does he recall if the -- I believe  
21 he said the conclusion was that the majority held  
22 the various beliefs that he stated.  
23 Was the conclusion that 100 percent  
24 of the people in the study stigmatized addiction in

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1 the ways that they looked at?  
2 DR. LUSTIG: I'm not going to recall that  
3 percentage, but it was statistically significant in  
4 the article.  
5 MR. WOLFE: And more than -- and more than  
6 50 percent?  
7 DR. LUSTIG: It would have to be in order to  
8 be statically significant.  
9 MR. WOLFE: Does Dr. Lustig recall about that  
10 study whether it looked at stigma as a single belief  
11 or if it broke down stigma into various views or  
12 dimensions or components of stigma?  
13 DR. LUSTIG: This belief was based on  
14 individual's view of whether they were criminals,  
15 whether they deserved it, were primarily what it was  
16 broken down into.  
17 MR. WOLFE: So it was broken down?  
18 DR. LUSTIG: Yes.  
19 MR. WOLFE: And does Dr. Lustig recall was  
20 it -- in terms of the majority that he talked about,  
21 50 percent or more holding these views, was that for  
22 each component, or was that overall about  
23 stigmatizing addiction?  
24 DR. LUSTIG: I don't recall that.

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1 MR. WOLFE: So if the conclusion of the study  
2 was somewhere between 50 and a hundred percent but  
3 less than a hundred percent stigmatized addiction,  
4 then would Dr. Lustig agree that it's therefore  
5 possible, and maybe even probable, that any  
6 particular individual does not stigmatize addiction  
7 at all?  
8 DR. LUSTIG: No. I believe most people still  
9 have fundamental negative beliefs as it relates to  
10 substance use disorders.  
11 MR. WOLFE: So it's not possible?  
12 So the study said that there were  
13 50 to a hundred -- somewhere between 50 and a  
14 hundred percent, a number you can't recall -- that  
15 he can't recall -- sorry -- and despite that, I just  
16 want to clarify that Dr. Lustig believes that it is  
17 not possible that any particular individual does not  
18 stigmatize addiction.  
19 DR. LUSTIG: I don't -- you're making this an  
20 absolute issue, and it's not an absolute issue. I'm  
21 sure there's a lot of individuals and family members  
22 that have been personally impacted by substance use  
23 disorders that have differing views.  
24 MR. WOLFE: So let me follow up on that, if I

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1 may.  
2 CHAIRMAN KISCHNER: One more follow-up. Then  
3 we'll move on to a different line.  
4 MR. WOLFE: That's fine.  
5 Were there -- sorry.  
6 Dr. Lustig just mentioned about  
7 particular -- a particular event that might impact  
8 someone's views on addiction. Is he aware of any  
9 studies, either before or after the study that he  
10 quoted, that looked into the different factors that  
11 may impact someone's views on addiction?  
12 DR. LUSTIG: No.  
13 MR. WOLFE: Moving on.  
14 Does Dr. Lustig recall testifying  
15 that the Holiday Inn is a desirable location because  
16 of its accessibility to public transport?  
17 DR. LUSTIG: Yes.  
18 MR. WOLFE: Can Dr. Lustig please clarify  
19 what he means by "accessible"?  
20 DR. LUSTIG: Meaning that individuals, that  
21 it is easily to be -- to drive there, it is easy to  
22 take a train there, as far as transportation goes  
23 and modes of transportation.  
24 MR. WOLFE: Sorry. I meant -- let me re-ask

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1 the question.  
2 Can the witness please clarify what  
3 it means to be -- for this facility to be accessible  
4 to public transportation?  
5 DR. LUSTIG: Again, that fact that there is a  
6 train system that goes near there, and primarily  
7 that there are family members that can be -- can  
8 drive patients.  
9 MR. WOLFE: So by "near," would Dr. Lustig  
10 mean, say, within a half mile's walk, where it's  
11 connected by sidewalks, crosswalks, and other things  
12 that are easy for a pedestrian to handle?  
13 DR. LUSTIG: I'm not going to necessarily  
14 talk about how far or how close it is.  
15 MR. WOLFE: Okay. And does Dr. Lustig also  
16 recall testifying that the location's desirable  
17 because it is isolated relative to area homes and  
18 childcare centers?  
19 DR. LUSTIG: Yes.  
20 MR. WOLFE: Can Dr. Lustig clarify what he  
21 means by "isolated" from?  
22 DR. LUSTIG: That there is a -- a separation  
23 of a highway from homes, that there is some  
24 separation between that facility and other areas of

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1 residences.  
2 MR. WOLFE: Separation by some distance or  
3 separation by ease of accessibility or some -- or  
4 some other definition, perhaps?  
5 DR. LUSTIG: I think primarily that there is  
6 a physical separation from a highway as well as a  
7 physical separation from distance.  
8 MR. WOLFE: So a highway with a crosswalk  
9 over it would still be isolating in the sense that  
10 it's a highway even though it may be easy or -- more  
11 easy or more difficult to cross?  
12 DR. LUSTIG: Correct.  
13 MR. WOLFE: Sorry.  
14 Is Dr. Lustig aware of a series of  
15 questions that were posed to Haymarket by the  
16 Village of Itasca dated back in July and delivered  
17 to their attorney?  
18 DR. LUSTIG: There were a lot of questions  
19 that were submitted from the Village.  
20 MR. WOLFE: And to Dr. Lustig's knowledge,  
21 have those questions been answered by Haymarket?  
22 DR. LUSTIG: To the best of our ability, yes.  
23 MR. WOLFE: And can Dr. Lustig remind us  
24 where those questions were answered?

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1 DR. LUSTIG: What do we mean by "where"?  
2 MR. WOLFE: On the web, via a letter, in  
3 testimony, or some combination of the above?  
4 DR. LUSTIG: A combination of everything.  
5 MR. WOLFE: Is Dr. Lustig aware that one of  
6 the questions asked about why the Itasca site was  
7 chosen?  
8 DR. LUSTIG: Yes.  
9 MR. WOLFE: And that part of the answer to  
10 that question was that the location is not adjacent  
11 to any residential neighborhoods and is immediately  
12 south of an industrially zoned area.  
13 DR. LUSTIG: I don't know if that's the exact  
14 wording, but yes.  
15 MR. WOLFE: Would it help to have the exact  
16 wording?  
17 MS. DICKSON: I'm objecting to this line.  
18 We're really crossing into a whole area of what  
19 appears to be a cross-examination, which I believe,  
20 Mr. Hervas, you said this was not to be.  
21 MR. HERVAS: It is -- it is moving in that  
22 direction, and we're trying to give you as much  
23 leeway as possible.  
24 MR. WOLFE: Understood.

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1 MR. HERVAS: And so, you know, confronting  
2 the witness with a prior statement or prior  
3 inconsistent statement is a classic technique of  
4 cross-examination, and that's not really what we're  
5 going to have right now. So if he remembers, he  
6 remembers. If he doesn't, he doesn't; so we have to  
7 move on.  
8 MR. WOLFE: Okay. So if he remembers, can we  
9 follow up on it, then, or no?  
10 MS. DICKSON: If the question and answer's in  
11 the record, I think it should just stay as the  
12 question and answer in the record. I don't know  
13 what we get by asking additional questions on it.  
14 MR. HERVAS: The last question you asked is  
15 would it help you if you saw that. Let's move on.  
16 MR. WOLFE: I can move on from that.  
17 So Dr. Lustig said that that  
18 sounded about right. So can he clarify what was  
19 meant by "immediately south of an industrially zoned  
20 area," which was part of the reason why the Holiday  
21 Inn was deemed to be an attractive location?  
22 DR. LUSTIG: We looked at all -- at  
23 properties that were as isolated as possible.  
24 MR. WOLFE: Let me ask again. What does it

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1 mean for the Holiday Inn to be immediately south of  
2 an industrially zoned area?  
3 MR. ROTH: Objection. It's been asked and  
4 answered.  
5 MR. WOLFE: Actually --  
6 MR. ROTH: It's cross-examination.  
7 MS. DICKSON: And I think "immediately  
8 south" --  
9 CHAIRMAN KISCHNER: Hold on. Hold on.  
10 MS. DICKSON: -- means immediately south.  
11 I'm not sure where the questioner wants to go with  
12 this question.  
13 MR. HERVAS: Are you asking Dr. Lustig to  
14 clarify what he means by "immediately south" --  
15 MR. WOLFE: Yeah, because --  
16 MR. HERVAS: -- or are you asking him what  
17 "immediately south" means?  
18 MR. WOLFE: I'm asking him what he meant by  
19 saying "immediately south." And if "immediately  
20 south" means the layman's definition, then we can  
21 move on.  
22 MR. HERVAS: Okay. I think that that's a  
23 fair question. If the doctor could answer what he  
24 meant by "immediately south," then --

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1 DR. LUSTIG: Immediately south.  
2 MR. HERVAS: Okay.  
3 MR. WOLFE: Meaning that there's -- wherever  
4 the Holiday Inn is zoned and wherever the next  
5 zoning area to the north is, there's nothing in  
6 between and the next area north is an industrially  
7 zoned area; correct?  
8 MR. HERVAS: The witness is basically saying  
9 that he's going to go with the common meaning of the  
10 language --  
11 MR. WOLFE: Layman definition. That's fine.  
12 MR. HERVAS: -- of "immediately south."  
13 MR. WOLFE: That's good.  
14 And can he clarify why it would be  
15 attractive for a proposed facility to be adjacent to  
16 an industrial area?  
17 DR. LUSTIG: Again, we were trying to look at  
18 a place that was as isolated as possible.  
19 MR. WOLFE: So Dr. Lustig also spoke about  
20 individuals not roaming the neighborhood  
21 referring -- I believe referring to Haymarket  
22 patients; is that correct? And that Haymarket would  
23 prefer to get those individuals back into care most  
24 importantly for the safety of the patient; is that

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1 correct?  
2 DR. LUSTIG: Can you repeat the first part of  
3 that?  
4 MR. WOLFE: That there will not be  
5 individuals, quote/unquote, roaming the  
6 neighborhood.  
7 DR. LUSTIG: That is --  
8 MS. DICKSON: I was just going to say if  
9 there's going to be questions raised on prior  
10 testimony, it would be helpful if he had the  
11 transcript and the pages because I don't even  
12 know --  
13 MR. WOLFE: That would be page 42 in yours,  
14 lines 17 through 22.  
15 MS. DICKSON: Okay. I appreciate you doing  
16 that. If you would just --  
17 MR. WOLFE: Sure.  
18 MS. DICKSON: -- give us the date of the  
19 transcript.  
20 I just think this is going beyond  
21 what a resident's questioning would be. If -- if  
22 you want to have it proceed as a cross-examination,  
23 you can. But this is absolutely cross-examination.  
24 MR. HERVAS: Well, what I -- what I -- I'm

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1 trying to avoid that particular problem. In this  
2 instance, the witness is asking as a predicate to a  
3 question to explain something.  
4 So he heard something in the  
5 testimony. He went and got the transcript, he's  
6 looking at the transcript, and he's asking for  
7 clarification from what was said. So he's trying to  
8 give a predicate to the question. So I don't think  
9 that that's the same thing as cross-examination.  
10 MS. DICKSON: But if he's going to rely on a  
11 transcript to set up a question, I think it's only  
12 fair to the witness to have the transcript because  
13 we're just assuming that what he's saying is true.  
14 MR. HERVAS: Well, the doctor has the right  
15 to say whether he recalls the testimony, and I think  
16 that that's the way he was framing it. So I'm going  
17 to -- and then -- and then you said that it would  
18 be -- if you had a transcript, it would help and  
19 then he -- and apparently he does, so --  
20 MS. DICKSON: Okay. If you give us the  
21 date --  
22 MR. HERVAS: So at this point, without having  
23 to read the transcript, you know, if the doctor  
24 feels that he needs to hear the specific answer that

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1 he may have given in order to assist him in  
2 recalling the testimony, the whole idea here is to  
3 just get clarification on something that he  
4 testified to.  
5 MS. DICKSON: Well, I would only ask, then,  
6 as long as the questioner is going to be asking  
7 questions predicated on the transcript, for my  
8 benefit, because I want to know if he's paraphrasing  
9 correctly, I would like to know where in the  
10 transcript it is and the line just so that I know.  
11 MR. HERVAS: Okay. I mean, the witness  
12 appear -- the questioner appears to be prepared to  
13 do that.  
14 MS. DICKSON: That's fine.  
15 MR. HERVAS: I'm hoping that maybe Dr. Lustig  
16 just recalls the testimony and is able to clarify  
17 it, and we can move through this quicker. But at  
18 this point, let's go back and try to make this work  
19 as best we can.  
20 So what's your -- what's the next  
21 question?  
22 MR. WOLFE: Well, so the question was does  
23 Dr. Lustig recall that he testified there won't be  
24 individuals roaming the neighborhood and that

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1 those -- that Haymarket would prefer to get those  
2 individuals back into care primarily for their  
3 safety? October 28th, page 42, somewhere in the  
4 neighborhood of line 20, 17 to 22.  
5 MR. HERVAS: Well, I'm sure the doctor  
6 probably recalls that.  
7 MR. WOLFE: Does he recall that?  
8 DR. LUSTIG: I don't know -- I do recall. I  
9 don't know the specific wording that -- I don't  
10 remember the specific wording.  
11 MR. HERVAS: What's your question about the  
12 nature of that testimony?  
13 MR. WOLFE: The question was could Dr. Lustig  
14 please clarify if the issue is for the safety of the  
15 patient, what those issues are. What is it about  
16 safety?  
17 MS. DICKSON: But it's also -- if you're  
18 going to use the transcript, then I think it's only  
19 fair to use the whole answer is: We are very  
20 encouraged to get that person back into care for a  
21 variety of reasons, but, most importantly, is the  
22 safety of the patient as well as the requirement for  
23 our accreditation is not to discharge people without  
24 a plan. So all of our clinical staff are designed

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1 to develop a plan for discharge.  
2 I mean, there is a much longer  
3 answer than just safety of the patient.  
4 MR. HERVAS: Does that assist you in  
5 recalling your answer, Dr. Lustig?  
6 DR. LUSTIG: Uh-huh.  
7 MR. HERVAS: Do you have anything more you  
8 want to add --  
9 DR. LUSTIG: No.  
10 MR. HERVAS: -- in response to Mr. Wolfe's  
11 question?  
12 DR. LUSTIG: No.  
13 MR. HERVAS: Okay.  
14 MR. WOLFE: Okay. There's no transcript from  
15 the 13th; is that correct? So if I wanted to point  
16 somebody to a quote, I can't ask about that one yet;  
17 is that correct? Not that was published. We'll  
18 skip it.  
19 Does Dr. Lustig recall testifying  
20 that outcomes are stronger when treatment is closer  
21 to home and closer to a patient's support system?  
22 So can Dr. Lustig clarify can a  
23 patient be refused treatment based on having a  
24 support system that's deemed to be too far away to

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1 be effective?  
2 DR. LUSTIG: No.  
3 MR. WOLFE: And can a patient be refused  
4 treatment based on a lack of a support system  
5 entirely, regardless of its location?  
6 DR. LUSTIG: No.  
7 MR. WOLFE: Can Dr. Lustig clarify meaning  
8 when he spoke of closer to home and closer to a  
9 patient's support system, is that something that  
10 gradually gets worse the further away it is; or is  
11 that a binary close enough versus not close enough?  
12 Is there some threshold, or is it just the further  
13 away that treatment gets -- the support system gets  
14 the less effective it becomes?  
15 DR. LUSTIG: So substance use disorders is a  
16 family disease. It just does not impact the patient  
17 itself. And so by getting family involved means it  
18 puts a lot of burden on family members if they have  
19 to travel long distances. So the more a family  
20 member is enacted or a part of the treatment plan,  
21 the better the support system is for patients.  
22 MR. WOLFE: So when Dr. Lustig testified  
23 about being closer to home and closer to a patient,  
24 that did not imply a particular distance or time

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1 away, just merely the closer they are the better?  
2 DR. LUSTIG: That is correct.  
3 MR. WOLFE: So in regards to the location of  
4 the facility, then, does Dr. Lustig recall being  
5 presented the number of 376 DuPage County residents  
6 who came to the West Loop in 2017 and 2018 of the  
7 2,000 that were served from the collar counties?  
8 DR. LUSTIG: That is in the report, yes.  
9 MR. WOLFE: Is Dr. Lustig aware of the total  
10 population of DuPage relative to the population of  
11 the other collar counties?  
12 DR. LUSTIG: No, I do not know.  
13 What I can tell you is that 54,000  
14 DuPage residents needed treatment last year and  
15 didn't get.  
16 MR. WOLFE: How many patients from the other  
17 collar counties needed treatment and didn't get it?  
18 DR. LUSTIG: I do not have that number, but  
19 that number can be reached on the State website.  
20 MR. WOLFE: Does Dr. Lustig happen to know if  
21 that number is around 54,000, significantly less  
22 than 54,000, or significantly greater?  
23 DR. LUSTIG: For DuPage?  
24 MR. WOLFE: No. The other counties compared

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1 to DuPage.  
2 DR. LUSTIG: No.  
3 MR. WOLFE: Does Dr. Lustig -- so does  
4 Dr. Lustig recall testifying that the mayor of  
5 Itasca and Representative Pappas wrote a letter or  
6 called the governor's office saying that the Village  
7 didn't want the money that had been supposedly  
8 secured at the time?  
9 DR. LUSTIG: Yes.  
10 MR. WOLFE: Could Dr. Lustig clarify who  
11 contacted the governor by what means?  
12 So he said both wrote a letter or  
13 called. So did the mayor write a letter and  
14 Rep Pappas called? Did they both call? Did they  
15 both write a letter? What was the -- what was the  
16 mode of how they reached out to the governor?  
17 DR. LUSTIG: I know one was -- I don't know  
18 who did what, but one was a letter and one was a  
19 phone call.  
20 MR. WOLFE: And how is Dr. Lustig aware of  
21 that letter?  
22 DR. LUSTIG: Because Representative Conroy  
23 informed me of this.  
24 MR. WOLFE: Of the letter to the governor?

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1 DR. LUSTIG: Yes.  
2 MR. WOLFE: So that letter has not been made  
3 public?  
4 DR. LUSTIG: I don't know.  
5 MR. WOLFE: To Mr. Baldwin.  
6 Does Mr. Baldwin recall testifying  
7 that there were violations not attributable to  
8 Haymarket in his analysis of the 911 calls that were  
9 removed from consideration?  
10 MR. BALDWIN: Yes. Mostly parking and  
11 traffic related.  
12 MR. WOLFE: So mostly parking -- mostly  
13 parking. Were there any other particular types of  
14 nonattributable calls that stood out?  
15 MR. BALDWIN: I don't know.  
16 MR. WOLFE: So if a -- if one of those  
17 parking violations was for someone visiting a  
18 patient at Haymarket, so they didn't feed a meter,  
19 they didn't -- they were parked in a no parking  
20 zone, would that be considered attributable to  
21 Haymarket?  
22 MR. BALDWIN: Not when it comes to our use of  
23 emergency services, calling.  
24 MR. WOLFE: If a Haymarket patient were to

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1 step out of the building, walk a block away, and  
2 have a psychiatric event that required an observer  
3 to call 911, would that be considered attributable  
4 to Haymarket?  
5 MR. BALDWIN: I'd be guessing. It would  
6 depend the data and what address it's attributable  
7 to.  
8 MR. WOLFE: So attributability is based  
9 solely on the address?  
10 MR. BALDWIN: In the data, it's coded by  
11 address.  
12 MR. WOLFE: By Mr. Baldwin's definition, is  
13 attributable based solely on the address of the  
14 facility as opposed to characteristics of the event?  
15 MR. ROTH: Objection to the cross-examination  
16 nature of these questions. This is not -- is not --  
17 go ahead.  
18 MR. HERVAS: I understand that this is close.  
19 Okay? But I do think that it's -- it's a fair  
20 question to ask for an explanation as to whether or  
21 not -- what his data included and what it didn't  
22 include. Although I will agree that he is now  
23 trying to make an argument about attributability, so  
24 I'm going to sustain the objection.

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1 MR. WOLFE: That's fine.  
2 MR. HERVAS: Okay.  
3 MR. WOLFE: Does Mr. Baldwin recall citing  
4 HIPAA concerns during his testimony when he was  
5 asked about providing sensitive patient record data  
6 that was used in his analysis?  
7 MR. BALDWIN: I believe so.  
8 MR. WOLFE: How knowledgeable is Mr. Baldwin  
9 or would Mr. Baldwin say he is about HIPAA and its  
10 privacy rules?  
11 MR. BALDWIN: Only a little.  
12 MR. WOLFE: How often has Mr. Baldwin needed  
13 to advise or been asked to advise Haymarket or its  
14 staff regarding the HIPAA privacy rule?  
15 MR. BALDWIN: Not often. We have a  
16 compliance department for that.  
17 MR. WOLFE: Did Mr. Baldwin consult with that  
18 compliance department regarding the privacy rules  
19 before stating his position about whether that data  
20 could be released under HIPAA or not?  
21 MR. BALDWIN: Yes.  
22 MR. WOLFE: Has Mr. Baldwin done any research  
23 into the privacy rules to determine if there is, in  
24 fact, a way to share that data?

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1 MR. BALDWIN: No.  
2 MR. WOLFE: I have one last line of  
3 questioning which I'm not sure how to proceed with  
4 because the testimony was actually provided by  
5 Mr. Roth during the cross-examination, and I believe  
6 that therefore makes him subject to cross if he  
7 actually made statements as testimony. Is that  
8 correct? And if so, can he be questioned?  
9 MR. HERVAS: No, that would not be correct  
10 because he's not actually testifying as a witness.  
11 He's testifying as counsel -- or he's not actually  
12 testifying. He's making statements on behalf of his  
13 client.  
14 MR. WOLFE: Understood. Thank you.  
15 CHAIRMAN KISCHNER: Thank you.  
16 MS. PULTORAK: Nancy Pultorak, 306 North  
17 Cherry Street, Itasca.  
18 My question for Dr. Lustig is what  
19 is the maximum number of outpatients per day that  
20 the proposed facility will be able to treat based on  
21 the CARF standards and the 1 to 8 staffing ratio?  
22 DR. LUSTIG: Can you repeat the question?  
23 How many outpatient slots are there?  
24 MS. PULTORAK: Approximately how many

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1 outpatients will you be treating per day based on  
2 the CARF standards and the 1 to 8 staffing ratio?  
3 DR. LUSTIG: So we are looking at  
4 approximately -- and this is a ramp-up program,  
5 approximately 192.  
6 MS. PULTORAK: Outpatients?  
7 DR. LUSTIG: Slots, uh-huh.  
8 MS. PULTORAK: And they would be coming  
9 daily?  
10 DR. LUSTIG: No. It depends on the program.  
11 So it will depend on whether they're an outpatient  
12 or intensive outpatient, and both of those have  
13 variable times and dates during the week.  
14 MS. PULTORAK: Okay. Thank you.  
15 MR. STEWART: Hello. Ian Stewart, 402 East  
16 North Street.  
17 My question is in regards to the  
18 ambulance services. Previously you had mentioned --  
19 or Dr. Lustig had mentioned that they would have a  
20 90 percent coverage using their own private  
21 ambulance company.  
22 So my question is is there anything  
23 that would hold them to use that in the future?  
24 Like, is it possible that two years down the line

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1 when you're making budget cuts that you could say,  
2 okay, we're no longer going to do this and now we're  
3 going to rely on Itasca ambulances?  
4 DR. LUSTIG: No, but there are opportunities  
5 that it can be made as part of the zoning issues to  
6 require us to have that.  
7 MR. STEWART: Okay. And that's what I was  
8 going to ask the Board is if that's something that  
9 could be included as, like, a zoning requirement.  
10 Is that -- is that something that,  
11 again, it's a requirement that they do have a  
12 private ambulance for them to operate here and  
13 maintain that 90 percent number that they've told  
14 us?  
15 CHAIRMAN KISCHNER: Well, that, I will turn  
16 to staff for advice. We've never made that kind of  
17 a requirement.  
18 MS. JARMUSZ: So there could be consideration  
19 of a condition like that as part of the request  
20 before you.  
21 MR. HERVAS: There are -- just to clarify,  
22 there are conditions that the -- that the  
23 recommending body can make, and then what happens is  
24 many times the petitioner will agree to those

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1 conditions so that it's not fought over. If they  
2 don't agree to those conditions, then the Village  
3 Board has to make a decision about what they're  
4 going to do with that.  
5 But in most instances, whatever  
6 conditions are worked out before the Plan  
7 Commission, they are usually agreed to.  
8 So we can't give you a precise  
9 answer, but they -- yes, they can be made a  
10 condition.  
11 MR. STEWART: Okay. All right. Thank you.  
12 COMMISSIONER CARELLO: If that condition was  
13 brought up and obviously the facility met it for  
14 year 1, year 2, year 3, and then year 4 did not meet  
15 it, does that mean Itasca could just say you're  
16 closing down your facility? How does that -- I  
17 don't -- honestly, I wouldn't think it would be that  
18 easy to just --  
19 MR. HERVAS: It's -- it's not. It's not that  
20 easy. And so the issue then becomes whether or not  
21 they have come out of compliance with the zoning  
22 code because of the conditions that were imposed by  
23 the ordinance, and then it could literally become a  
24 court matter as to whether or not they were then out

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1 of compliance, and then it could be argued -- argued  
2 in court. And there's -- so it's a complicated  
3 answer.  
4 COMMISSIONER CARELLO: Okay.  
5 MS. MUZZO: Hi. I'm Jennifer Muzzo,  
6 409 Catalpa.  
7 Is it possible to ask why the  
8 petitioner, after complaining about the time frame  
9 of the process, has decided to delay for over a  
10 month?  
11 MR. ROTH: Objection.  
12 MS. MUZZO: I just -- I don't know if I can  
13 ask, so I guess not.  
14 MR. HERVAS: Your question was relating to  
15 the delay?  
16 MS. MUZZO: Yes. I'm just curious what the  
17 reason -- I don't know if I can ask. But what would  
18 be the reason for that given the prior concern about  
19 the time frame of the process? Just because I know  
20 we all want to know.  
21 MR. HERVAS: Many times -- many times  
22 petitioners in the zoning process ask for delays.  
23 There's lots of reasons why that happens. And so I  
24 don't have the specific reasons why the request is

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1 made at this -- at this point in time to give you.  
2 MS. MUZZO: Okay.  
3 MR. HERVAS: But simply the fact of the  
4 matter is is that the Plan Commission is asked many  
5 times in other situations where the petitioner makes  
6 a request that the Plan Commission, pretty much  
7 without exception that I can think of, allows for  
8 the petitioner the time that they need on that. So  
9 I don't --  
10 MS. MUZZO: That's fine.  
11 MR. HERVAS: Other than it's just past  
12 practice, so.  
13 MS. MUZZO: Okay. I was wondering if can I  
14 have some clarification on the difference between  
15 McDermott Center doing business as Haymarket Center  
16 versus Haymarket DuPage LLC and if those two  
17 entities require separate accreditation and  
18 licensing; and if so, are those licenses and  
19 accreditations available already to operate in  
20 Itasca or DuPage generally?  
21 DR. LUSTIG: They don't need separate  
22 accreditations, but each program will go through the  
23 accreditation process upon renewal of the  
24 accreditation; so we will have to go through the

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1 same application period.  
2 As far as McDermott Center doing  
3 business as Haymarket Center, that was just our  
4 legal name that we've had for over 40 years, which  
5 focused on our founder, Father Ignatius McDermott.  
6 MS. MUZZO: So they're the sole owner of the  
7 LLC Haymarket DuPage?  
8 DR. LUSTIG: Correct.  
9 MS. MUZZO: And then they can operate  
10 assuming the licensing of McDermott Center?  
11 DR. LUSTIG: Well, we have to still apply for  
12 individual programatic licenses.  
13 MS. MUZZO: So do we have -- I mean, I'm  
14 guess- -- when you've mentioned -- when they've  
15 mentioned ramp-up programs, does that mean that  
16 we're going to start in Itasca with a small amount  
17 of things, we only have a license for, like, a  
18 16-bed? I'm just curious are we asking you to  
19 approve a facility that isn't actually allowed to  
20 operate yet?  
21 Can -- I mean, could you open  
22 Itasca right now with the licensing that's in place?  
23 DR. LUSTIG: No, you cannot. You have to  
24 actually not just have the property, but you have to

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1 build out the property on the inside to meet State  
2 standards and then have the State come out for a  
3 site visit for them to make sure that you are  
4 meeting the State standards before they will issue a  
5 license.  
6 MS. MUZZO: And I've got another question  
7 regarding the telemedicine. It's been my experience  
8 that if I have a prescription, I actually have to  
9 meet with my physician in person at least  
10 periodically.  
11 Do -- even the telepsychiatry  
12 program, does that offer at least periodic visits  
13 with the actual prescribing physician as well, or  
14 how do you handle that?  
15 DR. LUSTIG: We have an on-staff psychiatrist  
16 that will see those patients that need to have a  
17 more close contact. So they do -- he does work hand  
18 in hand with the telepsychiatrist.  
19 MS. MUZZO: Okay. Earlier the 54,000 number  
20 was mentioned about the number of people who did not  
21 receive treatment within DuPage but needed it.  
22 Where is this number coming from?  
23 DR. LUSTIG: It is coming from the State  
24 website, that substance use and prevention website.

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1 MS. MUZZO: So do we know the method of that  
2 study and how it determined that number? What --  
3 you know, is that really everybody who presented for  
4 treatment and was turned away, or is it possibly  
5 individuals who were deemed to have -- who should be  
6 receiving treatment but did not necessarily seek  
7 that out?  
8 DR. LUSTIG: I do not know the specific  
9 methodology to what the State used.  
10 MS. MUZZO: Is it possible to ask that that  
11 be presented, or I could just bring that to a public  
12 comment? What would be the process for that?  
13 MR. HERVAS: That would probably be more an  
14 issue of public comment in terms of your -- what you  
15 have to add as to how that number --  
16 MS. MUZZO: Okay.  
17 MR. HERVAS: -- how that number applies.  
18 MS. MUZZO: Okay. Thank you.  
19 I wanted to ask why when the --  
20 there was the map that the staff had presented of  
21 treatment facilities in the vicinity, and then  
22 Haymarket had a similar slide but had removed things  
23 that treated -- I think it was DUI related or even  
24 anything in Cook County.

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1 And I wondered -- I thought that  
2 Haymarket treated more than just opioid addiction,  
3 and so I wondered what the utility of not including  
4 all types of treatment options in the area would be  
5 in actually determining the local need?  
6 DR. LUSTIG: I'm not recalling that specific  
7 thing; but let me talk about what I think you're  
8 getting to, and that is we looked at what was  
9 available for all addictions and levels of care in  
10 the area and the populations that they served. So  
11 there were very limited residential 3.5 levels of  
12 care program in the vicinity and then followed up by  
13 even further limited bed available for Medicaid  
14 patients. And then that was further limited by the  
15 fact that some of those beds, those residential beds  
16 were only geared towards a specific type of  
17 individual.  
18 MS. MUZZO: So also in that same process, I  
19 believe that anything in Cook County was also  
20 removed as a local treatment option; and being how  
21 close we are to Cook County, I didn't really  
22 understand why. Or maybe it wasn't on that slide,  
23 but there were references to facilities in Kendall  
24 County, Kane County, but they didn't reference

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1 anything about the number of facilities in Cook  
2 County, which on the border of that county would be  
3 clearly part of that discussion, at least to me. So  
4 I was curious about the decision to remove that or  
5 not include that.  
6 MS. DICKSON: I'm going to object. The  
7 question assumes an incorrect fact. The diagrams  
8 you're referring to were diagrams that were included  
9 in the Village's staff report, and it was an  
10 analysis of those -- that diagram. We didn't remove  
11 anything.  
12 MS. MUZZO: I think that -- that may be the  
13 case, but there was somewhere else in the PowerPoint  
14 where it listed out local facilities, and they  
15 were -- it listed out specific counties but didn't  
16 include any local facility in Cook -- sorry, I don't  
17 know where I should talk to.  
18 It didn't include any facilities in  
19 Cook County; and being on the border of that county  
20 and also DuPage basically having two borders with  
21 that county as well, I wasn't sure why that was not  
22 included in the analysis of -- of that.  
23 MS. DICKSON: The focus was on DuPage County.  
24 MS. MUZZO: I wondered if you have any

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1 contracts in place with DuPage County for perhaps  
2 the alternative to incarceration or DUI treatment,  
3 or if that is a plan and that is -- sorry. That was  
4 all.  
5 DR. LUSTIG: We don't have any contracts with  
6 DuPage, and Haymarket will serve any client that is  
7 appropriate to be served that comes to our facility.  
8 MS. MUZZO: So will Haymarket actually treat  
9 more than just opioids? I know we are focusing on  
10 that a lot, but will they continue to provide other  
11 substance treatment as well?  
12 DR. LUSTIG: Absolutely.  
13 MS. MUZZO: I've also heard a lot of  
14 90 percent of the patients are typically on  
15 Medicaid.  
16 Was any analysis of the number of  
17 people in DuPage County on Medicaid versus -- oops,  
18 sorry -- versus Cook County or the collar counties  
19 sort of made in determining where the facility  
20 should be located?  
21 DR. LUSTIG: Yes. We did examine the number  
22 of individuals who are on Medicaid in DuPage, but  
23 not necessarily as it relates to the location.  
24 MS. MUZZO: So that was a significant reason

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1 for choosing Itasca was the number of individuals on  
2 Medicaid in Itasca or maybe more generally DuPage?  
3 DR. LUSTIG: It was a variable, not the  
4 variable.  
5 MS. MUZZO: And also in determining location,  
6 did anyone look at other statistics, such as arrests  
7 related to opioid usage, syringe arrests, Narcan  
8 deployments, deaths from overdose in determining the  
9 actual location within DuPage, sort of like  
10 municipality-level information?  
11 DR. LUSTIG: We actually looked at that data.  
12 **A lot of the data wasn't -- was incomplete and not**  
13 **necessarily coded correctly. And so we met with a**  
14 **lot of individuals, including the Health Department,**  
15 **to try to get a sense of those questions; and they**  
16 **had a very good data analysis of the need for the**  
17 **area. And not just they had represented the need,**  
18 **but also some of our doctors involved from the area**  
19 **represented a strong need for -- for the area.**  
20 MS. MUZZO: So the need, I guess, isn't  
21 necessarily in Itasca specifically; it's more DuPage  
22 generally or this region of DuPage? Do you have any  
23 idea about that?  
24 DR. LUSTIG: For DuPage and the collar

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1 counties, yes.  
2 MS. MUZZO: So I know there was discussion  
3 that Itasca's not an overflow facility for the West  
4 Loop facility, but reference to priority admission  
5 policies and State requirements for that made me  
6 wonder if though it might accidentally work that  
7 way.  
8 If an individual presents in Itasca  
9 who has a priority, you know, maybe they're a  
10 pregnant injecting drug user, of course you would  
11 place them. But if they're presenting in Chicago  
12 and you don't have a bed, do you have the obligation  
13 actually to send them out to Itasca and could it be  
14 then that an Itasca resident who is not a priority  
15 population would not actually receive treatment at  
16 Haymarket in Itasca?  
17 DR. LUSTIG: No. It's not -- I mean, to  
18 transport a client 32 miles away isn't an efficient  
19 use of resources specifically since we always have  
20 bed availability at the main center.  
21 MS. MUZZO: So two questions related to that.  
22 So if there's always bed availability, I guess I  
23 don't understand the necessity of expansion?  
24 DR. LUSTIG: Well, the need in coming out to

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1 the collar counties is to -- not many people want to  
2 come into the city to receive treatment. One of the  
3 things that we've heard from many families is they  
4 are very resistant to coming into an inner city  
5 program and would prefer to be out in the suburbs.  
6 And we've heard that time and time again, even from  
7 a lot of people in this room. They were scared to  
8 bring their individuals down to an inner city  
9 program.  
10 MS. MUZZO: So and then the other item I was  
11 mentioning about the priority population, so it  
12 isn't the case that if I'm a priority population and  
13 I don't -- you don't have a bed for me in Chicago,  
14 you don't actually have to find me another treatment  
15 option and I could just have to leave?  
16 DR. LUSTIG: Say that again.  
17 MS. MUZZO: I thought that it was actually a  
18 matter of law that if I -- if you were receiving  
19 funding from block grants or other state funding  
20 that required priority population access that if a  
21 priority population individual presented for  
22 treatment and that was not available that you  
23 actually had to try to find them treatment  
24 elsewhere. Is that -- did I misunderstand that?

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1 DR. LUSTIG: No. That is correct. But we  
2 have not run into that specific issue as of yet.  
3 MS. MUZZO: But it could happen, but you're  
4 saying it's not that common at this point, but I  
5 guess --  
6 DR. LUSTIG: No, I'm not saying that. I'm  
7 not saying that it could happen. I'm saying that we  
8 have an open access model in the West Loop facility,  
9 and that open access model means that there is a bed  
10 or an outpatient slot available for patients who  
11 present to care there.  
12 MS. MUZZO: I guess I don't understand. That  
13 sounded like it's not possible that you ever run out  
14 of space?  
15 MS. DICKSON: Objection. We can keep asking  
16 the same question but we're not getting anywhere.  
17 Just because she doesn't like the answer, the answer  
18 is what the answer is.  
19 MS. MUZZO: It wasn't really about liking. I  
20 just didn't understand, but that's okay.  
21 CHAIRMAN KISCHNER: Actually, I think I would  
22 like some clarification because I think I'm hearing  
23 the question you're answering and maybe you had  
24 misheard it. I think you were talking about --

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1 we'll call it the Itasca location, the western  
2 access, and you were speaking of, correct me if I'm  
3 wrong, the current treatment facility in Chicago and  
4 if that fills up.  
5 MS. MUZZO: Yes. That was my intention.  
6 If --  
7 CHAIRMAN KISCHNER: If it were to happen,  
8 what would occur is what you're asking basically.  
9 MS. MUZZO: Yes.  
10 DR. LUSTIG: So no, I think that was -- my  
11 answer still stands.  
12 So an open access model basically  
13 demonstrates that we can move patients throughout  
14 our system of care to be able to create a bed or  
15 make a bed available for someone who is needing  
16 care. So by having that bed -- so you can move  
17 someone who is doing very well in detox into  
18 residential treatment. If someone's meeting their  
19 treatment objectives and is doing well, that person  
20 can move from the residential beds to a recovery  
21 home bed; so you're able to free up a bed.  
22 As a matter of fact, I think part  
23 of my testimony last time was -- and this is a  
24 little bit pejorative -- is it's almost like a

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1 conveyor belt.  
2 CHAIRMAN KISCHNER: Okay. Thank you.  
3 DR. LUSTIG: So -- and feel free to Google  
4 what an open access model is. Both through the  
5 University of Wisconsin website and NIATx will tell  
6 you into a very in-depth description of what an open  
7 access model means.  
8 COMMISSIONER RAY: I have a question. I had  
9 asked the specific question in your original  
10 testimony, and you had stated -- and I don't have a  
11 transcript in front of me to state it. But you had  
12 stated that to your knowledge you've never been at  
13 capacity, but you said you did not fully understand  
14 that this might -- it might have been a previous  
15 situation where you had to turn people away.  
16 DR. LUSTIG: You mean prior us to going to an  
17 open access model?  
18 COMMISSIONER RAY: Yes.  
19 DR. LUSTIG: Yes. There were rare  
20 circumstances, whether it was poor weather or  
21 something. But even when we had poor weather and  
22 our beds were at capacity, we still didn't turn  
23 people away. We utilized chairs in our detox  
24 facility so that we did not turn people out in the

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1 cold until our case managers were able to find  
2 either shelter beds or other beds for those  
3 individuals.  
4 So turning -- they might not have  
5 received treatment as it relates to an intervention,  
6 but they received case management services.  
7 COMMISSIONER RAY: So when you're talking  
8 rare, how rare is that is my question?  
9 DR. LUSTIG: You mean prior us being an  
10 open --  
11 COMMISSIONER RAY: Uh-huh.  
12 DR. LUSTIG: I would say less than one  
13 percent of the time.  
14 COMMISSIONER RAY: Okay. Thank you.  
15 MS. MUZZO: And my other -- next question was  
16 relating to the information provided that about  
17 90 percent of the patients were homeless but no one  
18 was discharged to homelessness.  
19 Does that mean that Haymarket has a  
20 program to find housing for patients so that when  
21 they leave they have stable housing, or does that  
22 just mean that you don't open the door and say,  
23 "Good luck," and you take them to a shelter? I  
24 guess I wasn't sure if I understood what "not

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1 discharged to homelessness" meant.  
2 DR. LUSTIG: We took for stable housing for  
3 individuals. We have a case management department;  
4 and according to our State rules as well as our  
5 accreditation, discharge planning happens at day one  
6 of initiation of treatment. So we don't start  
7 looking for housing or treatment on their last day  
8 or last week, so all that work starts at the very  
9 beginning.  
10 MS. MUZZO: So is there a way to measure that  
11 success as far as providing statistics on how many  
12 people were found the stable housing or relatedly  
13 employment, if necessary?  
14 DR. LUSTIG: We do have to -- we can get data  
15 on that, yes.  
16 MS. MUZZO: Okay. I guess something else I  
17 wanted to ask was when we were talking about severe  
18 mental illness not being treated in Itasca, that was  
19 because you're just not seeking that specific  
20 licensure for that program here but that it is  
21 available in the West Loop?  
22 DR. LUSTIG: Correct.  
23 MS. MUZZO: So if I have a severe mental  
24 illness, I could come to the Haymarket facility in

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1 Itasca but then you wouldn't just tell me to leave,  
2 you would help me get to another facility that would  
3 be able to treat me?  
4 DR. LUSTIG: We would either get you to  
5 another facility that is more appropriate for you or  
6 transport you down to the West Loop.  
7 MS. MUZZO: Is there -- related to that,  
8 then, is there a risk that we're going to  
9 accidentally create a two-track treatment system  
10 where all severe co-occurring mental illnesses are  
11 going to end up going to the West Loop, and could  
12 that displace individuals who don't have a severe  
13 mental illness co-occurring with substance use  
14 disorder and make them have to come out to Itasca  
15 just to balance beds and treatment options, and then  
16 would that sort of destroy the notion of being close  
17 to home?  
18 MS. DICKSON: Objection. I think we're  
19 getting into a hypothetical realm. We're  
20 considering dual tracking, and there's been no  
21 testimony relative to dual tracking where this  
22 hypothetical possibility that may happen sometime.  
23 MR. HERVAS: I think -- I think that the -- I  
24 think it's a fair question because the doctor does

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1 talk about transportation in certain areas. And so  
2 if he's able to answer this, then he should; and if  
3 he's not because it's too hypothetical, that's fine,  
4 so.  
5 But I'm going to overrule that. I  
6 think it's a fair question.  
7 DR. LUSTIG: Under no circumstances are we  
8 looking to develop dual-tracking programs. Under no  
9 circumstances.  
10 MS. MUZZO: Maybe that has a technical  
11 meaning that I don't know. Is that the case? And I  
12 might have misstated something.  
13 Can you say if that has a technical  
14 medical meaning that I don't --  
15 DR. LUSTIG: No.  
16 MS. MUZZO: Okay. Okay. Because I didn't --  
17 I certainly didn't mean to use derogative. I didn't  
18 know it.  
19 DR. LUSTIG: And so what we're trying to do  
20 here at the end of the day is making sure people  
21 receive care and the best care possible.  
22 So when you look at severe mental  
23 illness, we look at a lot of factors about how we  
24 treat this individual. If they're stabilized but

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1 need medication, then they might be treated in the  
2 Itasca facility. If they're not stabilized and  
3 they're in need of more severe services, then we  
4 would try to get them to a location that's close by  
5 or our main location in the West Loop.  
6 Regardless, we don't want patients  
7 waiting to receive treatment. Because when patients  
8 wait to receive treatment, their follow-up and their  
9 treatment outcomes are quite poor.  
10 MS. MUZZO: I believe that it was stated  
11 that there's no treatment for adolescents, for  
12 individuals below 18; is that correct?  
13 DR. LUSTIG: That's correct.  
14 MS. MUZZO: Is that some -- is that something  
15 that's just not possible? Is there a specific  
16 license that could be obtained to do that? Is  
17 that an option.  
18 DR. LUSTIG: It is a specific license to  
19 treat adolescents. It's an adolescent license that  
20 you receive from the State.  
21 MS. MUZZO: And so Haymarket does not have  
22 that license?  
23 DR. LUSTIG: We have a prevention license for  
24 adolescents in the West Loop, but not to receive

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1 treatment.  
2 MS. MUZZO: What is a prevention?  
3 DR. LUSTIG: A prevention license is to  
4 provide services in schools, to do education with  
5 kids with age-appropriate information.  
6 MS. MUZZO: I'm not sure if I can ask this.  
7 No one testified to a facility in  
8 Schaumburg at 1990 Algonquin Road, but I did read  
9 about this and former state licensing for that  
10 location. And I wanted to know is it possible to  
11 ask why would you close that facility if now you  
12 were coming back to such a close area?  
13 DR. LUSTIG: That location was a DUI location  
14 only, and with all the recent changes back then --  
15 so it's been closed, gosh, six or seven years by  
16 now, if not longer.  
17 But with the recent changes in the  
18 DUI laws, we did not -- we're not able to sustain  
19 that outpatient program because it was just so  
20 individually program specific.  
21 MS. MUZZO: Okay. And I believe that you had  
22 referenced the Medicaid waiver. I think it's 1115.  
23 Is that -- so trying to understand that. Is that  
24 what allows you to have more than 16-bed groupings

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1 together in one concentrated area?  
2 DR. LUSTIG: Correct.  
3 MS. MUZZO: And does that also apply to the  
4 social detox program as a sort of testing of its  
5 efficacy before that it would be expanded, that it's  
6 almost -- it's temporarily licensed almost?  
7 DR. LUSTIG: No. The 1115 waiver was  
8 designed to address the 16-bed capacity limitations  
9 placed on Medicaid law. And so what that -- there  
10 were a lot of programs in the state of Illinois that  
11 might not necessarily be in compliance with Medicaid  
12 law. And so when Medicaid managed care came  
13 on-site, they applied for waivers so that those  
14 existing programs were at -- would be able to be  
15 waived into the Medicaid and managed care  
16 programs.  
17 MS. MUZZO: Okay. So I've probably  
18 misunderstood something I've read about social  
19 detox, but is that a relatively new program in  
20 Illinois --  
21 DR. LUSTIG: No.  
22 MS. MUZZO: -- that --  
23 DR. LUSTIG: Actually, social setting detox  
24 was one of Haymarket Center's groundbreaking

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1 programs. But that program that we had to actually  
2 close was because it wasn't Medicaid licensed; and  
3 in order to bill under Medicaid managed care, you  
4 had to be licensed. And we were not able to get a  
5 license for that.  
6 MS. MUZZO: But now you can operate that  
7 program in Itasca --  
8 DR. LUSTIG: Correct.  
9 MS. MUZZO: -- with the new way --  
10 DR. LUSTIG: Correct.  
11 MS. MUZZO: -- that that's designed?  
12 And I guess last couple items. I  
13 know we talked about in case of emergency.  
14 Do you actually have written  
15 protocols for dealing with an emergency on-site,  
16 like an emergency plan, and do you have written  
17 protocols already for security plans, or are those  
18 things that will happen later? Are they  
19 available -- they're probably not, but are they --  
20 do they exist?  
21 DR. LUSTIG: Yes, they do exist and was  
22 submitted as part of our application process.  
23 MS. DICKSON: To be -- I do want to add to  
24 that. There were certain parts of it, because it is

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1 a secure facility, that will be designed -- and if  
2 you read the application, it said that they'll be  
3 designed when the program comes out here; or if  
4 they're secure -- relative to providing security for  
5 the facility, they may not be made publicly known  
6 just because that makes sense --  
7 MS. MUZZO: Yeah. Okay.  
8 MS. DICKSON: -- to keep the  
9 facilities secure.  
10 MS. MUZZO: I understand, so -- but they  
11 exist and that's really all --  
12 MS. DICKSON: I just wanted to make it as  
13 clear as possible.  
14 MS. MUZZO: Thank you.  
15 That's it. Thank you.  
16 CHAIRMAN KISCHNER: Thank you.  
17 MS. BOEHNE: My name is Anne Boehne, and I  
18 live at 217 South Oak Street for 30 years. I have  
19 two questions.  
20 Going back to the first PowerPoint  
21 at the first or second meeting, there was some  
22 parameters on the search protocols that they would  
23 use for people coming in and out. And I'm asking if  
24 it is a search or a subject to search, which means,

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1 of course, that not everybody is searched all the  
2 time. That is my first question.  
3 DR. LUSTIG: It is a search.  
4 MS. BOEHNE: And could you define exactly how  
5 and how often you search?  
6 DR. LUSTIG: So any client that's returning  
7 to the building is searched. If they are inside the  
8 building, they are not searched. If they leave for  
9 any reason that they are searched, is -- is how that  
10 procedure goes.  
11 MS. BOEHNE: And does that go for employees  
12 and visitors also?  
13 DR. LUSTIG: Visitors can be searched. Not  
14 each and every one is searched. Like, vendors or a  
15 paramedic might not necessarily be searched. And  
16 staff are not searched.  
17 MS. BOEHNE: I guess I'm asking why? Because  
18 in a jail, which is a much, much more closed  
19 environment than any type of hospital or center like  
20 this, there are addictive substances coming in and  
21 out of those, and they have a much higher level of  
22 control.  
23 So how would you think that you  
24 would not need to do this to everybody who's in and

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1 out?  
2 DR. LUSTIG: As it relates to staff being  
3 searched, in 45 years, we've not had a single staff  
4 person bring in drugs to the facility. We do put  
5 everyone through ethics training as well as  
6 individualized training. We do a lot of screening  
7 prior to hire of staff. So we've not really had  
8 that as a specific problem.  
9 As far as our vendors go, they are  
10 monitored by staff when they are in the facility and  
11 working in the facility.  
12 But visitors for, like, family day  
13 are -- their belongings are searched and they go  
14 through the regular search process.  
15 MS. BOEHNE: Do you use dogs at all to sniff?  
16 DR. LUSTIG: We have. We do not do it on a  
17 consistent basis. We do it on a random basis. But  
18 we have had dogs come in. And that wasn't  
19 necessarily to find drugs, which they did not find.  
20 It was used more as a deterrent for anyone wanting  
21 to think about bringing drugs into the building.  
22 MS. BOEHNE: My second and last question.  
23 What was your percentage of repeat clients at the  
24 west Chicago campus?

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1 DR. LUSTIG: It would depend on the program.  
2 Each program has its success as well as its relapse  
3 rate.  
4 I think what's important to note,  
5 which is one of our fundamental beliefs, is that  
6 without a comprehensive approach to care, most  
7 substance use disorders do go through a relapse  
8 period specifically when they are not offered a  
9 comprehensive approach to care. So depending on the  
10 program that a person comes in to, has its own  
11 successes and outcomes.  
12 MS. BOEHNE: Could you give any appropriate  
13 or -- well, that's not the word -- approximate  
14 percentages for some of these programs?  
15 DR. LUSTIG: They can range as low as  
16 60 percent to as high as 90 percent.  
17 MS. BOEHNE: Now, that's at the west Chicago  
18 campus. Do you attempt that -- you anticipate that  
19 it's going to be the same here?  
20 MS. DICKSON: Just to clear up the record,  
21 it's not west Chicago. It's --  
22 MS. BOEHNE: I'm sorry. I meant West Loop.  
23 It's been a very long day.  
24 MS. DICKSON: I just --

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1 MS. BOEHNE: Thank you.  
2 MS. DICKSON: I knew you knew that.  
3 MS. BOEHNE: Yeah.  
4 DR. LUSTIG: I think the outcomes in DuPage  
5 will be a lot better. Why do I say that? I say  
6 that because we treat a very challenging patient in  
7 the West Loop. A lot of these individuals have not  
8 had proper medical care. A lot of these individuals  
9 are -- have not had any stable mental health  
10 treatment, let alone appropriate substance use  
11 disorder treatment. So the severity and acuity of  
12 those patients are a lot more severe than I think we  
13 would find in DuPage and the collar counties.  
14 MS. BOEHNE: Thank you.  
15 COMMISSIONER SWETS: Mr. Chairman, I have a  
16 question for Dr. Lustig.  
17 Talking about visitors, do you have  
18 a list of approved visitors, non-approved visitors?  
19 Is it family members only? How does -- how does  
20 that work? Basically what stops a buddy coming in  
21 who doesn't want treatment and their friend is in  
22 treatment and he's trying to coerce --  
23 DR. LUSTIG: That's a great question.  
24 COMMISSIONER SWETS: -- that individual out

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1 of treatment?  
2 DR. LUSTIG: Great question.  
3 The clinical therapist that's  
4 working with that patient does do a family kind of  
5 review on who's been active in the client's life,  
6 who's been supportive of the client's life. We  
7 actually have denied other family members from  
8 seeing patients based on the feedback that we get.  
9 So we do a very in-depth screening  
10 and working with those patients on an ongoing basis.  
11 And sometimes it might change.  
12 Sometimes -- and it's not necessarily drug-related,  
13 but sometimes the relationship itself to the patient  
14 is toxic, isn't very good; and we've limited that  
15 interaction as well.  
16 COMMISSIONER SWETS: So how -- how is that --  
17 I guess the question is right off the bat is anyone  
18 welcome and then it is, like, reviewed or is it --  
19 how does it start?  
20 DR. LUSTIG: No. It's -- we do a very  
21 in-depth clinical assessment.  
22 COMMISSIONER SWETS: At the beginning?  
23 DR. LUSTIG: At the very beginning.  
24 And that assessment pretty much

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1 takes a lot of bias out of the picture. And so from  
2 there, that therapist works with that patient to get  
3 a really clear understanding on who is the strength  
4 in that person's life and who has been the  
5 weaknesses.  
6       Sometimes what we perceived as  
7 family members who are strong, like a mother or  
8 father, wind up being quite toxic; and so we have  
9 limited exposure to those individuals until the  
10 patient feels stronger.  
11       Ironically, a lot of patients are  
12 quite honest as they've gotten into treatment to  
13 know who's been a real advocate for themselves in  
14 their life. So this starts from the very, very  
15 beginning.  
16       COMMISSIONER SWETS: And then is it  
17 designated visitor hours and times and days?  
18       DR. LUSTIG: Yes.  
19       COMMISSIONER SWETS: Is it something that,  
20 okay, if it's visiting hour is 2:00 p.m. on  
21 Thursday, can any random person come in and say, oh,  
22 I'd like to visit --  
23       DR. LUSTIG: No.  
24       COMMISSIONER SWETS: -- that person?

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1       DR. LUSTIG: No. And that's another great  
2 question.  
3       Our federal confidentiality laws  
4 that fall under 42 CFR are so severe, they're  
5 actually more restrictive than the terminology you  
6 guys have used in this room under HIPAA. So HIPAA  
7 was actually modeled on the restrictive guidelines  
8 of 42 -- of 42 CFR. So our -- our confidentiality  
9 is very restrictive. It is -- it doesn't get more  
10 restrictive than this. Even HIPAA is less  
11 restrictive than ours.  
12       So someone can't even -- if they're  
13 not on a consent form, we can't even acknowledge  
14 that that person is in this program. So that -- we  
15 would have to have a consent form signed by that  
16 patient that acknowledges that they would be in the  
17 program. So you couldn't just pop up and show up.  
18       Now, for those that are on consent  
19 forms, there are -- as you mentioned, there are  
20 designated times and dates.  
21       COMMISSIONER SWETS: Okay. So the visitor is  
22 essentially pre-approved by the --  
23       DR. LUSTIG: A hundred percent.  
24       COMMISSIONER SWETS: -- by the person and

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1 then by your staff?  
2       DR. LUSTIG: Correct.  
3       COMMISSIONER SWETS: Thank you.  
4       DR. LUSTIG: You're welcome.  
5       COMMISSIONER RAY: Commissioner, I have a  
6 question.  
7       You had mentioned just a minute ago  
8 that you never had an incident of an employee  
9 bringing drugs into the facility; correct?  
10       DR. LUSTIG: Correct.  
11       COMMISSIONER RAY: That's your knowledge;  
12 correct? So you can't make that bold statement.  
13       As far as you know, you've never  
14 had that incident; correct?  
15       DR. LUSTIG: It's not as far as I know. So  
16 even we -- every incident that takes place in the  
17 building, a report is done. And that report is sent  
18 up through administration, including myself, our  
19 executive vice president, our vice presidents all  
20 get the same incident reports. So we might not be  
21 intimately in the moment with a specific incident,  
22 but we get reports on an incident that has taken  
23 place.  
24       COMMISSIONER RAY: Now, as far as a patient

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1 bringing drugs into the facility, the occurrence  
2 rate of that happening at your West Loop location,  
3 how often does that happen?  
4       DR. LUSTIG: It is rare, but it does happen.  
5 As one of the women testified, you're getting drugs  
6 inside Cook County Jail, which is a highly  
7 restrictive environment.  
8       But our security team does an  
9 excellent job at what they've confiscated and what  
10 they take. Our randomized drops catch clients very,  
11 very quickly if they have relapsed out of the  
12 building.  
13       But yes, it is something that all  
14 treatment centers across the United States fight  
15 with is making sure that drugs stay out of the  
16 building.  
17       COMMISSIONER RAY: So what does that search  
18 look like randomly in the facility? You have random  
19 searches in the facility. What does that look like?  
20       DR. LUSTIG: So they'll actually go through  
21 the individual's belongings. They'll go through the  
22 individual's pockets. But we do not -- we do not  
23 strip search people.  
24       COMMISSIONER RAY: So when you say randomly,

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1 does it have to be someone -- like, someone told  
2 someone about it; or is it just a random thing that  
3 you just, you know, we're going to do it on Tuesday,  
4 you know. How does that work?  
5 DR. LUSTIG: It's a variety of issues. You  
6 know, when someone's not meeting their treatment  
7 objectives, when someone is making excuses to go to  
8 a medical appointment too often. There's a lot of  
9 things that take place that will flag that we need  
10 to play closer monitoring to individuals.  
11 As I've said to a lot of family  
12 members, relapse just doesn't happen. It looks that  
13 it does, but it doesn't. There's a lot of old  
14 behaviors and a lot of old thinking that takes place  
15 that puts people on that path of relapse; and so we  
16 monitor for that.  
17 And we have actually increased  
18 random searches and increased urinalysis depending  
19 on how a patient is performing. So all of those are  
20 factors in how we can catch things fairly early on.  
21 COMMISSIONER RAY: So when you say "rarely,"  
22 can you give me a percentage?  
23 DR. LUSTIG: A percentage of?  
24 COMMISSIONER RAY: How many times -- the

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1 occurrences of people being caught with drugs in the  
2 facility. You're saying "rarely." I just need --  
3 I'm a percentage kind of person.  
4 DR. LUSTIG: I -- I -- it wouldn't be fair  
5 for me to give a percentage. It is rare. I  
6 don't -- can't give you a percentage.  
7 COMMISSIONER RAY: Okay.  
8 CHAIRMAN KISCHNER: So what we're going to  
9 do, we will hear from your questions and then we're  
10 going to take a 10-minute break afterwards. Just so  
11 everybody knows.  
12 MS. ZABLOTNY: Kinga Zablony, 324 Arlington  
13 Road.  
14 Mr. Chairman, Mr. Lustig at the  
15 last meeting stated that he spoke with the president  
16 and CEO of the Alexian Brothers Medical Center --  
17 it's actually page 135 in the report that was just  
18 recently posted on Itasca website -- about the  
19 potential impact on the emergency room.  
20 I have an e-mail from the CEO; I  
21 work for AMITA. And this CEO, Mr. Dia Nichols  
22 stated --  
23 MR. ROTH: Objection. Is there a question?  
24 MS. ZABLOTNY: Yes, there is at the end, if

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1 you'll allow me --  
2 MR. ROTH: Right, but if she's going to be --  
3 MS. ZABLOTNY: -- to quote the e-mail.  
4 MR. ROTH: -- introducing evidence, this is  
5 not the time.  
6 MR. HERVAS: I just want to make sure that  
7 you understand that if you have information or a  
8 statement that you want to read, that would be  
9 presented at a different time. At this point, you  
10 can ask anything about --  
11 MS. ZABLOTNY: Okay.  
12 MR. HERVAS: -- what was already testified  
13 to.  
14 MS. ZABLOTNY: Mr. Lustig, you testified you  
15 spoke with the CEO. Did you?  
16 DR. LUSTIG: Yes.  
17 MS. ZABLOTNY: Okay. I -- okay. Then I'll  
18 present it later.  
19 You said during the last meeting  
20 when answering the Chairman's question about the 911  
21 and 911 answering calls and coming to Haymarket that  
22 the patients are medically stabilized; is that  
23 correct?  
24 DR. LUSTIG: Correct.

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1 MS. ZABLOTNY: Are you considering patients  
2 in medical detox medically stable?  
3 DR. LUSTIG: It depends on one's definition;  
4 but if they come in with a life-threatening  
5 condition, we would not serve that patient. So we  
6 take a look at their past medical history, we take a  
7 look at how difficult their withdrawal process has  
8 been. But for the most part, we deal with the  
9 withdrawal process.  
10 MS. ZABLOTNY: So they're not medically  
11 stable at the -- at this program?  
12 DR. LUSTIG: Again, it's going to depend on  
13 the definition.  
14 MS. ZABLOTNY: Is someone who at the facility  
15 just overdosed and needs 911 and critical immediate  
16 care, was he considered a half an hour earlier  
17 medically stable?  
18 Before the 911 was needed, was he  
19 in a different program --  
20 DR. LUSTIG: I can't speak to a specific  
21 issue. I mean, I mean...  
22 MS. ZABLOTNY: Okay.  
23 CHAIRMAN KISCHNER: Could you repeat your  
24 name again? I didn't quite get it.

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1 MS. ZABLOTNY: Zablotny. Kinga Zablotny.  
2 CHAIRMAN KISCHNER: Could you spell that?  
3 MS. ZABLOTNY: Yes. Z-A-B-L-O-T-N-Y.  
4 CHAIRMAN KISCHNER: Thank you.  
5 MS. ZABLOTNY: Thank you.  
6 CHAIRMAN KISCHNER: Okay. We will take a --  
7 come back at, call it -- where are we -- 20 minutes  
8 to according to the clock on the wall.  
9 (Recess taken.)  
10 MR. TOMASZEWSKI: Hi. Mike Tomaszewski. I  
11 live at 401 East Bryn Mawr in Itasca.  
12 My question is does Haymarket track  
13 performance metrics? And if so, are metrics tracked  
14 and compared to the organization's peer group?  
15 DR. LUSTIG: We do track metrics on several  
16 of our programs, yes.  
17 What was the last part?  
18 MR. TOMASZEWSKI: Are those metrics compared  
19 to the peer group for similar organizations?  
20 DR. LUSTIG: No. We do not compare the data  
21 against -- but the State actually compares several  
22 of our outcomes for every agency, including  
23 Haymarket Center, in the state. They have specific  
24 outcomes that do measure against other programs in

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1 the state. That, you can find actually on the State  
2 website.  
3 MR. TOMASZEWSKI: Okay. Is Haymarket rated  
4 by an independent rating agency?  
5 DR. LUSTIG: No.  
6 MR. TOMASZEWSKI: Okay. And do you have  
7 statistics on relapse rates for your programs and  
8 how does that compare to the national average for  
9 relapse in similar treatment programs?  
10 DR. LUSTIG: We do have relapse rates for our  
11 programs. We tend to be somewhat better because we  
12 treat patients simultaneously addressing the three  
13 conditions of primary care, mental health, and  
14 substance use disorders. And we found over the past  
15 45 years that when you treat those three conditions  
16 simultaneously, it creates a stronger recovery base  
17 for individuals.  
18 MR. TOMASZEWSKI: Okay. Thank you.  
19 CHAIRMAN KISCHNER: Thank you.  
20 COMMISSIONER DALY: Mr. Chairman, I have a  
21 follow-up question.  
22 Dr. Lustig, I have a follow-up  
23 question regarding federal scoring if it exists in  
24 your industry.

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1 I'm in the construction industry,  
2 and we -- you know, our company posts OSHA scores  
3 every year and it's -- we're compared against peers  
4 in the market, but it also dictates what our  
5 insurance rates could be and things of that nature  
6 and if we're acting in a safe manner.  
7 Does your industry also have a  
8 similar federally required reporting system for  
9 anything related to safety given that some of your  
10 funding is federal money? Is there any system like  
11 that for you?  
12 DR. LUSTIG: Not at the federal level, but  
13 our CARF accreditation has -- we have to look at  
14 safety as one of the variables in the agency and  
15 analyze any issues that might go on during the  
16 course of a year.  
17 COMMISSIONER DALY: And how does your score  
18 year-on-year trend relative to either industry  
19 standard -- how is it compared to the industry  
20 standard?  
21 DR. LUSTIG: Yeah, it's not -- it's not a  
22 comparison like what you would be used to --  
23 COMMISSIONER DALY: Okay.  
24 DR. LUSTIG: -- at the federal level. We

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1 don't -- there isn't a score necessarily.  
2 COMMISSIONER DALY: Okay. Thank you.  
3 DR. LUSTIG: You're welcome.  
4 COMMISSIONER HOLMES: Dr. Lustig, the first  
5 one is for you. And not that it makes any  
6 difference, but I'm curious what percentage of the  
7 patients that you treat are opioid-related, other  
8 drug-related, and alcohol-related?  
9 DR. LUSTIG: Great question.  
10 So over the course of this  
11 epidemic, the face of the epidemic has changed  
12 dramatically. We primarily -- if you looked at,  
13 like, drugs of choice, it was primarily alcohol and  
14 cocaine that were the main drugs of choice. But  
15 right now, we're over 70 percent of our patients  
16 have an opioid disorder. So it's changed the face  
17 of what we do dramatically.  
18 COMMISSIONER HOLMES: And you think that what  
19 you experience in the West Loop will be comparable  
20 to what you might experience in Itasca?  
21 DR. LUSTIG: Can you be a little bit more  
22 specific on what I think would be comparable? What  
23 do you mean by "comparable"?  
24 COMMISSIONER HOLMES: The percentages that

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1 you deal with and --  
2 DR. LUSTIG: Oh, yes. I'm sorry. As far  
3 as -- yes, I do think it will be comparable here in  
4 DuPage. I think what the main difference would be  
5 is I don't think it's a homogeneous group of  
6 individuals between the West Loop and here. I think  
7 they're very different that we would experience out  
8 here.  
9 COMMISSIONER HOLMES: The other question I  
10 have is financial. The petitioner is Haymarket  
11 DuPage LLC.  
12 Will McDermott Haymarket from the  
13 West Loop have any financial obligation to support  
14 the financial liabilities that DuPage Haymarket LLC  
15 might incur?  
16 DR. LUSTIG: Yes, but we also need the  
17 facility to sustain itself on its own. And so we  
18 would be applying for, like we do in the main  
19 headquarters, for grants in help to support  
20 treatment.  
21 You know, what's interesting about  
22 this field that you don't have in any other field is  
23 it's grant driven and, you know, going -- I remember  
24 being at a National Council conference several years

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1 ago when the president of that organization said she  
2 has never heard of such a thing that treatment,  
3 lifesaving treatment today is so heavily grant  
4 driven.  
5 And unfortunately, that's why I  
6 keep referring to it during my testimony is that we  
7 have to apply for grants because that's the nature  
8 of our business. That's what sustains us. And so  
9 we will be looking at grants for this location.  
10 COMMISSIONER HOLMES: Okay. Thank you.  
11 MR. HAERR: Hi. Eric Haerr, 710 North Elm.  
12 Two questions. I know everyone says that, but two  
13 questions.  
14 What will be the smoking policy be  
15 at the facility, both cigarettes and e-cigarettes?  
16 DR. LUSTIG: So there will be a smoking area  
17 for patients.  
18 We do discourage patients both in  
19 the West Loop and here not to smoke. We do have  
20 smoking cessation programs. We do offer medication  
21 to help with that. But it is a challenge when  
22 working with substance use disorders patient because  
23 you ask yourself how many drugs do you want them to  
24 quit at one time.

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1 So it's -- it's -- it's highly  
2 discouraged as far as smoking goes.  
3 MR. HAERR: My second question: Will clients  
4 be able to leave to purchase tobacco products, or  
5 will they be available at the facility?  
6 DR. LUSTIG: No to each question.  
7 COMMISSIONER SWETS: Mr. Chairman, I've got a  
8 follow-up question.  
9 Speaking about cigarettes and  
10 e-cigarettes, January 1st is going to be marijuana.  
11 Are you going to allow marijuana usage in your  
12 facility?  
13 DR. LUSTIG: No. No. Great question.  
14 MR. DENMAN: Hi. Timothy Denman, 427 North  
15 Rush Street.  
16 My question is actually for  
17 Mrs. Dickson. Her day job is Wood Dale attorney.  
18 My question is is she fighting for this facility to  
19 be put into Wood Dale as hard as she is for it to be  
20 put into Itasca if it's so beneficial to the  
21 community?  
22 MR. HERVAS: We're not going to have that  
23 question directed at her. You could ask her that  
24 privately if you want to.

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1 At this point, the audience is  
2 allowed to ask questions of the witnesses based on  
3 their testimony. It's not a time to ask questions  
4 of the -- of the lawyers about their personal  
5 activities. That's something that you would have to  
6 address with her privately.  
7 MR. DENMAN: It's not her personal. It's her  
8 full-time job for the attorney of Wood Dale.  
9 MR. HERVAS: It -- it's -- it's not --  
10 MR. DENMAN: I understand what you're saying.  
11 MR. HERVAS: Yeah.  
12 MR. DENMAN: So my second question, then, is  
13 I've made most of the meetings, if not all, but why  
14 Itasca? What is -- what is so appealing about  
15 Itasca that it -- it's -- it has to be here?  
16 I know I can't look at them, so I'm  
17 talking to you.  
18 DR. LUSTIG: I mean, I think the question has  
19 been answered. You know, it's -- it's -- there were  
20 two main things. One was that the zoning rules  
21 allow for this facility to be in Itasca; and two,  
22 the type of facility and building that was for sale.  
23 MR. DENMAN: Okay. And my last question is  
24 to Mrs. Dickson. Obviously she's not going to

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1 answer, but how do you think our city attorney's --  
2 MR. ROTH: Objection. If the witness knows  
3 it's an improper question, perhaps he shouldn't ask  
4 it.  
5 MR. HERVAS: He's gone. It's fine. It's  
6 over.  
7 MR. GREGOR: Howdy. I'm Joe Gregor,  
8 1125 Surrey Lane in Itasca.  
9 And I had a question for  
10 Mr. Baldwin. And he had a presentation and there  
11 was some information that was presented about EMS  
12 categories or emergency treatment categories. And  
13 then there was also a spreadsheet that had kind of a  
14 bridge from the expected number of calls at West  
15 Loop, and he kind of bridged that to what he would  
16 expect for Itasca. And I can't find a copy of those  
17 slides. I found all kind of other things that  
18 Dr. Lustig presented, but I can't find Mr. Baldwin's  
19 slides.  
20 Would he be okay, like -- maybe  
21 they're already in our records, but would he be okay  
22 with maybe making a PDF version of those slides so  
23 that we could see them?  
24 MR. HERVAS: Let me just address this to

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1 Counsel. Was all the material that Mr. Baldwin  
2 presented presented as an exhibit to the Commission?  
3 MR. ROTH: What Mr. Baldwin submitted --  
4 yeah. Documentation was submitted, to the best of  
5 my recollection. I can go through the exhibits. I  
6 do know that we had requested to submit additional  
7 slides, and that request was denied.  
8 MR. GREGOR: For the life of me, I just can't  
9 find it.  
10 MR. HERVAS: And so the Commission should  
11 have a copy of all the exhibits that were submitted;  
12 and if you would make a request to see copies of the  
13 exhibits that the Commission has received, we would  
14 certainly provide those to you.  
15 MR. GREGOR: Okay.  
16 MR. HERVAS: The Village staff, I believe,  
17 can provide those to you.  
18 MR. GREGOR: Great. And it might be there.  
19 These things are --  
20 MR. HERVAS: Right. There's a lot of paper.  
21 MR. GREGOR: Yeah. So if it is there, I  
22 apologize, but --  
23 MR. HERVAS: Yeah.  
24 MR. GREGOR: -- maybe somebody can help me

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1 find it or maybe somebody could --  
2 CHAIRMAN KISCHNER: Are you talking about the  
3 original slides or there was some -- I believe you  
4 brought some follow-up slides, Mr. Baldwin -- is  
5 that correct? -- at a subsequent meeting?  
6 MR. ROTH: Again, there were original slides,  
7 I think Exhibits 19 and 20 --  
8 CHAIRMAN KISCHNER: Right.  
9 MR. ROTH: -- that were submitted. We had --  
10 Mr. Baldwin had referenced additional slides. We  
11 asked to have them referred to and shown and  
12 submitted as part of the record, and that request  
13 was denied.  
14 MR. HERVAS: Let's make sure that we're clear  
15 about that. There was never a denial for the  
16 board -- for the Commission to receive any  
17 documentation. The problem had to do with the fact  
18 that he was -- he completed his examination, he was  
19 under cross-examination, and you were suggesting  
20 that he would then give a presentation during the  
21 cross-examination.  
22 If there is additional  
23 documentation that Mr. Baldwin has to submit to this  
24 Commission, we'll receive that. That's not --

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1 that's not the problem. So I want to make sure that  
2 the record's clear on that.  
3 And as far as, Mr. Gregor, any  
4 document that's been used in this Commission  
5 process, our staff has a copy of it, and they can  
6 provide you with copies of anything that was used in  
7 this hearing so far. So I'm sure that staff can  
8 assist you in that.  
9 MR. GREGOR: Okay. Yeah, I'm particularly  
10 interested -- there was, like, this description of  
11 these different tiers.  
12 COMMISSIONER CARELLO: Exhibit 19. That's  
13 where he breaks down the 860-and-some --  
14 MR. GREGOR: That's one of the ones I'm  
15 interested in.  
16 But there was also one that just  
17 showed, okay, if somebody has a heart attack, that's  
18 definitely 911, if somebody has this, has that.  
19 There were, like, these groupings. Does that make  
20 sense? Do you remember that slide? There were,  
21 like, these categories of tier treatment. So that's  
22 what I'm looking for, if you remember that. I don't  
23 think I just dreamt about it.  
24 CHAIRMAN KISCHNER: Well, could we just maybe

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1 ask for another copy of everything to make sure we  
2 have it all?  
3 MR. HERVAS: There might be a difference  
4 between what exhibits were offered versus what  
5 testimony was offered.  
6 MR. GREGOR: This was -- (Indicating.)  
7 MR. HERVAS: Okay.  
8 MR. GREGOR: Something I --  
9 MR. HERVAS: If it was offered -- if it was a  
10 document that was used here, the staff has a copy of  
11 it.  
12 MR. GREGOR: Okay.  
13 MR. HERVAS: And so we're not going to be  
14 able to find it right now.  
15 MR. GREGOR: I know, because I've looked and  
16 looked.  
17 MR. HERVAS: But we can get that for you. If  
18 you request it, we will get it for you.  
19 MR. GREGOR: Thank you very much.  
20 The next question -- God, and I  
21 hope I'm not opening, like, a whole long thing, but  
22 I was so confused. There was all this discussion  
23 about two doors and four doors, and I understand --  
24 okay. There were different numbers associated with

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1 those, and I understand this FOIA or whatever it is  
2 that's, like, address specific; so unless you put in  
3 the right address, of course the city doesn't run a  
4 report that corresponds to that.  
5 But I wanted to ask Mr. Baldwin  
6 because I heard his answers but the other attorney  
7 was, like, asking the questions and it was kind of  
8 back and forth. And could he just explain one more  
9 time, once they figured out that there were four  
10 addresses instead of two, why did Haymarket proceed  
11 with the smaller number -- and then he said  
12 something about, So I'd be consistent with Itasca.  
13 And I just didn't understand.  
14 And I'm not trying to be tricky  
15 or -- and if that's like a forbidden subject, so be  
16 it; but I did not honestly understand the answer.  
17 CHAIRMAN KISCHNER: I think that's fair.  
18 MR. GREGOR: Am I asking him to repeat it  
19 or -- is that okay?  
20 MR. HERVAS: You're asking for clarification.  
21 CHAIRMAN KISCHNER: Clarification.  
22 MR. GREGOR: I'm not going to look.  
23 MR. BALDWIN: Sure. We started with the  
24 Itasca's report that --

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1 MR. GREGOR: Can I look at him when he  
2 answers, or is that --  
3 MR. HERVAS: Let him finish the answer.  
4 MR. GREGOR: Okay.  
5 MR. BALDWIN: Really, the key difference on  
6 this original data set, the search parameters had --  
7 basically it said just searching Haymarket, and we  
8 saw all of our addresses on there.  
9 MR. GREGOR: The four.  
10 MR. BALDWIN: Right. Now, when we -- we got  
11 our own separate FOIA, we kind of compared the  
12 totals. They were right in line with each other.  
13 So we thought we had the whole data set.  
14 Now, when it came out later that if  
15 you FOIA'd it a different way, like those specific  
16 addresses, sure, there were more lines of data. We  
17 were more than happy to add them to our analysis,  
18 came up with the same conclusion.  
19 The 90 percent covered by a private  
20 ambulance really takes away any concern. It's still  
21 a very small number.  
22 MR. GREGOR: Can I -- that doesn't answer  
23 what I was looking for.  
24 CHAIRMAN KISCHNER: Is the question --

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1 MR. GREGOR: I just want to know -- I heard a  
2 description that said -- and I'm not trying to put  
3 words in anyone's mouth; but I thought I heard a  
4 description that said, Well, yeah, I kind of knew  
5 that was, like, half the number but I wanted to stay  
6 consistent with Itasca's defined approach. And I  
7 couldn't believe that was actually the answer. So  
8 that's why I'm -- is that really what happened?  
9 I don't care whether the ultimate  
10 result is small or not. What I care about is if  
11 there was, like, a serious flaw in the methodology  
12 that was discovered, isn't it kind of incumbent upon  
13 you to point that out? And I didn't hear -- I just  
14 didn't understand the answer.  
15 CHAIRMAN KISCHNER: Okay. Do you understand  
16 the question?  
17 MR. BALDWIN: Yes. We thought we had it. We  
18 compared it to that original report. For the total  
19 number of lines, it was right there. That original  
20 report had all the addresses as it first appeared  
21 because the search parameters were all Haymarket.  
22 Does that make sense?  
23 MR. GREGOR: I understand what went wrong.  
24 CHAIRMAN KISCHNER: All Haymarket addresses?

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1 MR. BALDWIN: Yes, on that --  
2 MR. GREGOR: I'm just going to withdraw it.  
3 He doesn't want to answer it and --  
4 MR. ROTH: Objection.  
5 MS. DICKSON: Objection.  
6 MR. ROTH: That's -- that's not true. He's  
7 trying to answer a very difficult --  
8 MR. GREGOR: I know.  
9 MR. ROTH: -- poorly worded question.  
10 DR. LUSTIG: Can I just jump in for a second?  
11 At this point, because there's a  
12 lot of questions around the ambulance data, I just  
13 want to lend this offer. Whatever this number's  
14 going to be, Haymarket plans to meet the demands of  
15 this. It is not something that we want to push back  
16 onto the Village, and I -- you're hearing this from  
17 me.  
18 So whatever this final number is or  
19 is not, Haymarket will meet the demands of this. So  
20 whether I have to hire one private ambulance service  
21 or two ambulance services, we will meet the demand  
22 of this facility.  
23 So I just want to just lay that out  
24 there that there's a lot of, you know, drumbeating

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1 to the data around the ambulance, and I just want to  
2 provide that clarity if that's helpful.  
3 CHAIRMAN KISCHNER: Do you have another  
4 question?  
5 MR. GREGOR: Yeah.  
6 Again, I guess I just don't know  
7 how to answer this question without -- because I've  
8 already asked two different times what's the size of  
9 this facility at 240 beds relative to industry  
10 standards or relative to the total population of --  
11 but I can't really -- I can't introduce new  
12 information; correct? I could -- and if I ask --  
13 CHAIRMAN KISCHNER: Correct.  
14 MR. GREGOR: -- the same question, I'm going  
15 to get the same answer, so I can't really pursue  
16 this; correct? Is that --  
17 MR. HERVAS: Sometimes you don't always get  
18 the answer you want, but you get the answer that  
19 they're willing to give.  
20 MR. GREGOR: Okay.  
21 MR. HERVAS: And so my suggestion is if you  
22 have a difference of opinion about that that you  
23 save that for the public comment section --  
24 MR. GREGOR: Okay.

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1 MR. HERVAS: -- and then express it at that  
2 time.  
3 MR. GREGOR: All right. I just felt like  
4 that springing it on people without giving them the  
5 chance --  
6 MR. ROTH: Objection.  
7 MR. GREGOR: Okay.  
8 MR. ROTH: I mean, the commentary is one  
9 thing, his argument is another thing, and now he's  
10 not asking a question.  
11 MR. GREGOR: All right. I just was trying  
12 to, like, not spring things on people.  
13 MR. ROTH: Well, ask a question, if you have  
14 a question.  
15 MR. GREGOR: I'd be introducing -- I know I'd  
16 be breaking --  
17 MR. HERVAS: No. We've already -- I've  
18 answered -- I've given you the solution.  
19 MR. GREGOR: You have. I understand.  
20 MR. HERVAS: So there's no sense in arguing  
21 about it, so.  
22 MR. GREGOR: Okay. Sorry about that.  
23 Thanks.  
24 CHAIRMAN KISCHNER: Thank you.

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1 MS. DODD: Hello. My name is Kimberly Dodd.  
2 I reside 415 Home Avenue. My questions are for  
3 Dr. Lustig.  
4 If someone breaks your rules  
5 repeatedly, what are your procedures?  
6 DR. LUSTIG: So the -- what we -- if  
7 someone's consistently breaking the rules, there's a  
8 clinical staffing that is done to determine is this  
9 the right program for this patient. And if it's  
10 deemed that it's not the right program, the clinical  
11 staff will find a program that -- that would be  
12 deemed appropriate for that patient. If it's  
13 egregious enough, we will find a person placement in  
14 another facility that day.  
15 MS. DODD: Okay. So you would be responsible  
16 for actually transporting them out of Itasca?  
17 DR. LUSTIG: Correct.  
18 MS. DODD: Okay. What is your  
19 patient-to-counselor ratio or any medical  
20 professional, such as an RN, that can call 911?  
21 What is your patient-to-counselor,  
22 such as a drug counselor, ratio?  
23 DR. LUSTIG: So it depends on the program,  
24 but it's a 1 to 4 ratio on some of our more

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1 intensive programs; and in outpatient, it's 1 to 8.  
2 MS. DODD: Okay. And what about your medical  
3 professional, such as RNs, to patient ratio?  
4 DR. LUSTIG: Right now, it's probably 1 to 4.  
5 MS. DODD: Okay. What is considered a  
6 successful program completion?  
7 DR. LUSTIG: Someone who has met all of their  
8 treatment goals.  
9 MS. DODD: Okay. This question would be for  
10 Mr. Baldwin.  
11 The original 911 data you  
12 presented, would you now agree that is flawed?  
13 MR. BALDWIN: We have certainly updated it.  
14 MS. DODD: You've mentioned the staffing in  
15 Chicago. Are you currently fully staffed there?  
16 DR. LUSTIG: We have approximately about 30  
17 open positions.  
18 MS. DODD: Okay. Would that affect how your  
19 911 calls are handled?  
20 DR. LUSTIG: No.  
21 MS. DODD: Why not, if you're short-staffed?  
22 DR. LUSTIG: That's agency-wide. So that's  
23 out of a complement of 385 staff, that's where the  
24 openings are agency-wide.

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1 MS. DODD: Now, you're aware Itasca has very  
2 limited EMS and -- resources now; correct?  
3 DR. LUSTIG: Correct.  
4 MS. DODD: So why are you so determined to  
5 still put this large facility in this town?  
6 DR. LUSTIG: Because primarily we're here to  
7 help -- we are going to address the burden of  
8 that -- that EMS services are having by hiring our  
9 own private one.  
10 MS. DODD: Well, this won't only affect EMS;  
11 it will also our police department as well.  
12 DR. LUSTIG: It should not impact the police  
13 department because -- to a severe degree because we  
14 don't impact the Chicago one to a large degree.  
15 MS. DODD: Correct me if I'm wrong, whenever  
16 911 is called, usually the fire department and  
17 police officers also accompany an EMS unit; correct?  
18 CHAIRMAN KISCHNER: That's something that --  
19 MS. DODD: If 911 is called, then usually,  
20 typically, any time, the fire department and a  
21 police officer accompanies the EMS unit; correct?  
22 MR. ROTH: Objection.  
23 CHAIRMAN KISCHNER: No, I understand the  
24 question. It's not -- I don't know the answer.

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1 MS. DODD: Oh, I'm sorry. Well, I mean, can  
2 someone in the Village answer that?  
3 CHAIRMAN KISCHNER: Somebody in the Village  
4 can answer that at some point, but they're not  
5 testifying right now.  
6 MS. DODD: Okay. Well -- okay. Sorry about  
7 that.  
8 All right. That's all I have.  
9 Thank you.  
10 CHAIRMAN KISCHNER: Thank you.  
11 COMMISSIONER SWETS: Mr. Chairman, I have a  
12 question.  
13 Mr. Baldwin, you stated that when  
14 you got the new numbers for -- or when you reviewed  
15 the new numbers for the 911 calls that you have  
16 updated it. Did the Commissioners receive that  
17 update number?  
18 MR. BALDWIN: Not yet.  
19 COMMISSIONER SWETS: Will you -- I guess when  
20 would we get that? Their testimony is over;  
21 correct? So is somebody else going to testify on  
22 those numbers?  
23 MR. HERVAS: Well, we -- we clearly would  
24 like to receive any additional information that you

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1 have on that matter; and so if there are documents  
2 that you want to submit, then you would do that. If  
3 you're going to offer Mr. Baldwin for additional  
4 testimony on that subject, then he will be subject  
5 to cross-examination on that.  
6 So it's up to you as to how you  
7 want to present that additional information.  
8 MR. ROTH: Okay. We understand.  
9 MR. HERVAS: Okay. So I assume at some point  
10 you'll get it, and it's just not at this particular  
11 time.  
12 COMMISSIONER SWETS: All right. I am  
13 requesting that additional documentation.  
14 MR. ROTH: I'm sorry. Could you repeat that,  
15 please? I couldn't hear you.  
16 COMMISSIONER SWETS: I am asking for that  
17 additional documentation so we can look at it and  
18 help our decision.  
19 MR. ROTH: Understood.  
20 CHAIRMAN KISCHNER: Okay.  
21 MR. MC KENNA: My name is Frank McKenna. I'm  
22 a resident since 1989. Me and my wife have been  
23 here that long.  
24 Haymarket's organization obviously

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1 helps addicts, but an ounce of prevention is a worth  
2 a pound of cure. How many Illinois politicians have  
3 they contacted and how often in opposition of the  
4 state's legal marijuana laws going into effect on  
5 January 1st?  
6 MR. ROTH: Objection. It's beyond the scope  
7 of their direct testimony.  
8 MR. HERVAS: That -- that really wasn't  
9 anything to do with the testimony. And I understand  
10 the reason that you want that question asked --  
11 MR. MC KENNA: Right.  
12 MR. HERVAS: -- but we're going to restrict  
13 to questions only relating to the testimony. And  
14 that has political overtones for what the state of  
15 Illinois has done. And so if you want to make that  
16 an issue in your public comment --  
17 MR. MC KENNA: Okay.  
18 MR. HERVAS: -- you can do so.  
19 MR. MC KENNA: I can do that then.  
20 Others have mentioned it, like the  
21 one lady from the Kennedy organization have  
22 testified there's a great need for treatment  
23 facilities and ideally, like a McDonald's, there  
24 would be one in every town.

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1 Haymarket execs have testified that  
2 their Chicago facility on average operates at  
3 80 percent capacity.  
4 Is Haymarket really the best  
5 organization to occupy the Holiday Inn facility?  
6 They're not operating at 100 percent. And should  
7 other organizations be considered to bid on the  
8 hotel, possibly independent living facilities,  
9 nursing homes, or simply another hotel chain?  
10 MR. ROTH: Objection. Either it's multiple  
11 questions or it's not a question. Which is it?  
12 MR. HERVAS: Is this intending to be a  
13 question or a statement?  
14 MR. MC KENNA: The question is are they the  
15 best facility that can be considered for this  
16 location?  
17 MR. HERVAS: Okay. Is that question directed  
18 at one of the witnesses?  
19 MR. MC KENNA: I'm asking you guys.  
20 MR. HERVAS: Okay. That is a question that  
21 this body will decide at the end of hearing all the  
22 evidence, and so --  
23 MR. MC KENNA: Okay.  
24 MR. HERVAS: -- at this time -- and I want to

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1 be as clear as I can. Your question should relate  
2 to anything that was testified to, and the questions  
3 would be directed at the witnesses. There will be a  
4 later time --  
5 MR. MC KENNA: Okay. For the public comment?  
6 MR. HERVAS: -- for you to make that comment.  
7 MR. MC KENNA: Okay. And then Dr. Lustig  
8 said tonight that Haymarket tracks patient sustained  
9 successful levels post treatment and stated a  
10 percentage of 60 to 90 percent. I wasn't sure if  
11 that was success or failure, if it was a relapse or  
12 success.  
13 DR. LUSTIG: Success.  
14 MR. MC KENNA: It's that high. Okay.  
15 And then examples have been given  
16 that if a hundred people sought help only 15 would  
17 get help or services. The people of Itasca are  
18 concerned that the 85 people that were turned away  
19 are now ticked off and in Itasca with no place to  
20 turn.  
21 Why can't existing hospitals  
22 currently located in the most -- most of these  
23 communities open their doors and have the Illinois  
24 government pay for the -- for them providing

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1 everyone treatment versus Haymarket and then no 911  
2 calls would be needed.  
3 MR. ROTH: Objection.  
4 CHAIRMAN KISCHNER: Who are you asking that  
5 question to?  
6 MR. MC KENNA: Pardon me?  
7 CHAIRMAN KISCHNER: Who are you asking the  
8 question to?  
9 MR. MC KENNA: I'm asking that to the  
10 Haymarket folks.  
11 MR. ROTH: Well, it's beyond the scope of his  
12 testimony.  
13 MR. HERVAS: Oh, I'm sorry.  
14 MR. ROTH: I did object, yeah.  
15 MR. HERVAS: There's an objection pending?  
16 MR. ROTH: There is.  
17 MR. HERVAS: You think it's outside the  
18 scope?  
19 MR. ROTH: Yes.  
20 MR. HERVAS: Well, I think that the question  
21 clearly goes to the value -- the opinion of the  
22 witness as to whether Haymarket is appropriate in  
23 Itasca or -- and so did I hear -- mishear the  
24 question?

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1 MR. MC KENNA: That was the other part of the  
2 question was are they the right facility. Should we  
3 have a nursing home be in that facility or not?  
4 But I'm saying when people go there  
5 for treatment, they're saying that there's not  
6 enough treatment facilities in the state, in the  
7 nation; and of a hundred people that want treatment  
8 only 15 get it, so the 85 are turned away.  
9 MR. HERVAS: Right. And so that -- do you  
10 understand the question, Dr. Lustig?  
11 DR. LUSTIG: I do understand the question;  
12 however, I think there's a witness that can better  
13 speak to what hospitals can and cannot do than what  
14 Haymarket necessarily is.  
15 So individuals that are not getting  
16 treatment are happening right now. It's happening  
17 across the state, so -- but there is a witness  
18 willing to talk about what hospitals can and cannot  
19 do.  
20 MR. HERVAS: Are you able to address any of  
21 the issues as to what Haymarket can do under the --  
22 in this current location compared to what a hospital  
23 can do? Is that something that you can address?  
24 DR. LUSTIG: Sure. One of the things that

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1 the State passed several years ago was the SMART  
2 Act. I don't think it was smart, but that's the  
3 name of it. And that is an act that says an  
4 individual is allowed to go to a hospital-based  
5 setting for detox once every 90 days.  
6 And so what happens is if someone  
7 keeps coming back to a hospital for detox within  
8 that time frame, one of two things has to happen.  
9 Either the hospital has to eat the cost or they have  
10 to transfer that patient to another hospital that --  
11 that they didn't go to. So it makes getting  
12 services problematic.  
13 What Haymarket Center can do is  
14 work very closely with area hospitals to really  
15 rebalance and give people immediate access to care  
16 so there's not this constant cycle of individuals  
17 going through emergency rooms to receive care or get  
18 care.  
19 So that's where I think, you know,  
20 we can work hand in hand with the Village,  
21 hospitals, and system partners to be able to provide  
22 immediate access to care. Because that's what's  
23 really key is not just increasing access to care but  
24 giving immediate access to care.

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1 CHAIRMAN KISCHNER: Thank you.  
2 And I think the witness you might  
3 be referring to, correct me if I'm wrong, would be  
4 Dr. Sullivan?  
5 DR. LUSTIG: Correct.  
6 CHAIRMAN KISCHNER: Okay. So Dr. Sullivan  
7 would be another resource to ask that question.  
8 Do you have any other questions?  
9 MR. MC KENNA: No. I'm all set.  
10 CHAIRMAN KISCHNER: Thank you.  
11 MR. MC KENNA: Thanks.  
12 COMMISSIONER HOLMES: Dr. Lustig, I thought  
13 when you spoke originally on the relapses of  
14 patients in the West Loop that the relapse rate was  
15 60 to 90 percent.  
16 DR. LUSTIG: No.  
17 COMMISSIONER HOLMES: That's mistaken.  
18 DR. LUSTIG: That's mistaken.  
19 COMMISSIONER HOLMES: You have a 60 to  
20 90 percent success rate.  
21 DR. LUSTIG: Correct.  
22 COMMISSIONER HOLMES: Okay. Thank you.  
23 DR. LUSTIG: You're welcome.  
24 COMMISSIONER DALY: Mr. Chairman, I have a

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1 follow-up.  
2 Dr. Lustig, this goes back to  
3 the -- I think it was two citizens ago, the comment  
4 you made about, you know, if we need an additional  
5 ambulance, you know, you would figure out a way to  
6 make that happen.  
7 My question really, I need  
8 clarification from a funding standpoint. You had  
9 mentioned earlier this evening that, you know,  
10 you're largely a grant-driven program.  
11 In your operating budget for DuPage  
12 LLC, as you mentioned earlier too, that it has to be  
13 self-sustainable, how -- is there enough grant money  
14 coupled with reimbursements through Medicare that  
15 you can set a budget to guarantee that if you need  
16 to add an additional ambulance service, there's  
17 enough in the budget to support that type of need?  
18 DR. LUSTIG: Absolutely, yes.  
19 COMMISSIONER DALY: Okay. All right. Thank  
20 you.  
21 MR. SWENSON: Hi. Tim Swenson, a resident of  
22 Itasca for over 20 years. And my question is for  
23 Mr. Baldwin.  
24 I'd like to better understand one

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1 of his financial projections from the October 28th  
2 meeting. In that meeting, the projected use of  
3 emergency responses where emergency response  
4 resources from the Village would be utilized was a  
5 projected estimate of 33; is that correct?  
6 MR. BALDWIN: That sounds correct.  
7 MR. SWENSON: Okay. What is -- what is the  
8 expected variability or standard deviation around  
9 that range, around that estimate?  
10 MR. BALDWIN: It's just an estimate.  
11 MR. SWENSON: Is or will there be any range  
12 of variability, minimum, maximum, around that  
13 estimate provided?  
14 MR. BALDWIN: What -- what we can give and  
15 submit is basically what -- what a pretty big range  
16 would be to where the ending number would still be a  
17 very small number. Because no matter what you do,  
18 standard deviation, whatever, the ability to have a  
19 private ambulance, one or two, to serve that need,  
20 it -- I mean, it kind of puts the standard deviation  
21 thing moot. It doesn't matter.  
22 MR. SWENSON: Will that be quantified -- will  
23 that be quantified, calculated, and communicated,  
24 disseminated, as you said?

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1 MR. BALDWIN: Right. It's -- we agreed to  
2 submit an updated report.  
3 MR. SWENSON: No further questions.  
4 CHAIRMAN KISCHNER: Thank you.  
5 MR. FINK: Good evening. My name is Mike  
6 Fink. I'm a resident of Itasca. I'm just looking  
7 for some clarifications regarding numbers of rooms  
8 in the West Loop and in Itasca.  
9 So in the entire West Loop  
10 facility, how many rooms are there? That's for  
11 Dr. Lustig, I believe.  
12 DR. LUSTIG: Yeah, I would have to get back  
13 on the total number of rooms.  
14 MR. FINK: Okay.  
15 DR. LUSTIG: I can tell you that the size of  
16 Haymarket Center in the West Loop is six -- is three  
17 buildings six stories each, so it's quite a number  
18 of rooms. It's not like it's a single-story  
19 building. Six floors, it's multiple buildings.  
20 CHAIRMAN KISCHNER: Let me interject. Are  
21 you asking for number of rooms or number of beds?  
22 MR. FINK: That's my next question.  
23 CHAIRMAN KISCHNER: Okay.  
24 MR. FINK: Thank you.

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1 So in some of the testimony that I  
2 recall, we also talked about beds; and there was  
3 something mentioned about double occupancy. And I  
4 wasn't clear if each room was double occupancy or it  
5 might be based upon the type of treatment someone  
6 was getting. So that's why I was looking for the  
7 number of rooms, and then how many of those rooms  
8 would be double occupancy, starting with the West  
9 Loop facility.  
10 And, again, if you need to come  
11 back with that, that's -- that's more than  
12 understandable.  
13 DR. LUSTIG: Yes, please.  
14 MR. FINK: Okay. Do you know if any of the  
15 rooms in the West Loop facility are double  
16 occupancy?  
17 DR. LUSTIG: Yes. There are double occupancy  
18 rooms in the West Loop, and then there are rooms  
19 that have up to four beds per room. So it depends  
20 obviously on the model that we are working on.  
21 MR. FINK: Makes sense. Thank you.  
22 DR. LUSTIG: Uh-huh.  
23 MR. FINK: As a percentage of -- and you may  
24 need to remind me. I don't know if it's beds or

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1 rooms. But as a percentage of the facility,  
2 utillage, I believe it was 80 percent that you  
3 mentioned that the facility was effectively  
4 utilized?  
5 DR. LUSTIG: Correct. Different programs  
6 have higher percentages. Typically our men's  
7 programs are high- -- are hovering around 90 to  
8 93 percent, and our women's programs are slightly  
9 less.  
10 MR. FINK: Excuse me a second while I make a  
11 note. Thank you for the distinction.  
12 In the Haymarket DuPage facility  
13 proposed for Itasca, just so I'm really clear,  
14 because I heard a number come out just before me  
15 that there was 240 rooms. Can we validate the  
16 number of rooms in the proposal for me, please, or  
17 revalidate it or confirm it?  
18 DR. LUSTIG: We're not talking about 240  
19 rooms. We're talking about 240 beds.  
20 MR. FINK: Okay. Thank you for that  
21 distinction. So it's not rooms, it's beds.  
22 So that would -- then my next  
23 question was about double occupancy, and of course  
24 that would void that question because of course you

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1 can't double occupancy a single bed, so.  
2           Okay. So I was looking -- one of  
3 the questions I was looking to get, I was going to  
4 try to calculate it out based on the percentage of  
5 usage and the number of beds, I was looking to see  
6 how many patients that were treated in all of the  
7 West Loop facilities in the last calendar year. Do  
8 you have a rough number on that?  
9           DR. LUSTIG: Approximately 12,000.  
10          MR. FINK: 12,000. Okay. So 8 times 12 is  
11 96. I can do math in my head like that. I don't  
12 know why.  
13           But that would mean  
14 approximately -- if we have 240 beds -- well, I  
15 can't calculate it, actually, because I don't know  
16 the number of beds or rooms; so I can't relate that  
17 percentage to 240. But okay.  
18           Once I get that information, I look  
19 forward to looking at it and asking another question  
20 if you're still available just to try to get an idea  
21 of how many people percentage-wise we have --  
22 assuming the same utilization for 240 beds, how many  
23 we would expect to see in Itasca.  
24           And that's my last question. Thank

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1 you.  
2           DR. LUSTIG: You're welcome.  
3           COMMISSIONER SWETS: Mr. Chairman, I have a  
4 question.  
5           CHAIRMAN KISCHNER: Certainly.  
6           COMMISSIONER SWETS: Dr. Lustig, we talk  
7 about beds. You have inpatient and outpatient  
8 program at this facility you're proposing. What  
9 would be -- and I don't know if it would be asked as  
10 the number of individuals that you're treating in  
11 the building at a given time. Like, I guess what  
12 I'm asking is maybe a maximum occupancy but not  
13 including staff, so of patients.  
14           So if you have 240 beds,  
15 potentially all 240 beds could be occupied. What  
16 about outpatient? How many people could you hold in  
17 that building for outpatient also?  
18          DR. LUSTIG: So outpatient will be a little  
19 bit more challenging, but we're still looking at  
20 about 190 slots for outpatient; but, again, they're  
21 not going to be 190 at one time. So it depends on  
22 whether they're an outpatient or intensive  
23 outpatient is based on the number of days that a  
24 client would be particularly in the building.

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1           COMMISSIONER SWETS: So there's no way to --  
2 you don't have a maximum number of people that you  
3 will treat at a given time in the building to where  
4 you'll say, okay, we're maxed out for this moment.  
5           I understand there's sessions.  
6 It's probably an hour-long session or  
7 three-hour-long session for outpatient, but is there  
8 a maximum number of people you're treating in the  
9 facility?  
10          DR. LUSTIG: In the whole facility or in  
11 outpatient?  
12          COMMISSIONER SWETS: The entire facility  
13 including the 240 beds if they were full.  
14          DR. LUSTIG: So the portion of recovery home  
15 beds, if they were full, they would be full. So how  
16 many of the recovery home beds do we have? About  
17 130?  
18          MR. BALDWIN: Yeah. 240 beds total.  
19          DR. LUSTIG: Right. But it's still part of  
20 240 beds total, so 130 beds are recovery homes. The  
21 rest make up different treatment programs. So your  
22 total capacity for residential would be 240.  
23          COMMISSIONER SWETS: And that includes  
24 outpatient, the person who comes in just for the day

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1 or just for a session?  
2          DR. LUSTIG: No. That would not include  
3 outpatient.  
4          COMMISSIONER SWETS: So what would that  
5 number be to include both the people who are staying  
6 there, if it's recovery, the inpatient, and  
7 outpatient, if you have that number available, or a  
8 guess.  
9          DR. LUSTIG: Yeah, it would be a guess. So  
10 if you have 240 beds, plus if you're at a hundred  
11 percent capacity for outpatient, it would be 193.  
12          COMMISSIONER SWETS: So it would be 193 plus  
13 the 240 --  
14          DR. LUSTIG: Right.  
15          COMMISSIONER SWETS: -- is what you're --  
16 Okay. And then staff.  
17           I mean, one of the questions is the  
18 building -- and I'm sure through permits and  
19 everything, you're going to have a maximum occupancy  
20 of the building, but --  
21          DR. LUSTIG: Uh-huh.  
22          COMMISSIONER SWETS: -- just to know that  
23 number helps. Thank you.  
24          MR. HERVAS: I didn't hear. What was the

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1 number of outpatient that you said?  
2 DR. LUSTIG: About 193, 196, depending on the  
3 program. Because outpatient makes up two programs,  
4 outpatient or intensive outpatient.  
5 COMMISSIONER CARELLO: I actually have a  
6 small follow-up to that.  
7 And depending on how things work  
8 and there's different zoning requirements, there's  
9 different occupancy requirements for buildings, a  
10 lot of times when you're calculating this  
11 information, depending on how the facility is  
12 actually classified, you would typically say you  
13 have 240 beds, 120 are men, 120 are women. Is that  
14 accurate?  
15 And the same thing with outpatient  
16 where a hundred -- I mean, I know you break it down  
17 further into, you know, intensive, extensive,  
18 different styles. But, like, when you separate your  
19 facility completely, even for plumbing counts and  
20 occupancy counts and toilet facilities, there are  
21 ways of doing that in the code where it states  
22 there's 240 beds. That means you have to divide it  
23 up equally. There's 120 men and 120 women. If it's  
24 not the case, it's specified by the occupancy of the

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1 building. You would say there's, no, no, 100 men  
2 and then there's 140 women.  
3 How does it work on your style?  
4 DR. LUSTIG: So it's not a 50/50 ratio --  
5 COMMISSIONER CARELLO: Okay.  
6 DR. LUSTIG: -- of men and women. It depends  
7 on the type of license that we are applying for each  
8 program. And then under that, there are specific  
9 state laws that we have to comply with with how many  
10 toilets and --  
11 COMMISSIONER CARELLO: Sure.  
12 DR. LUSTIG: -- showers and everything that  
13 are associated with it. And usually those rules are  
14 a little bit more stringent than typical zoning  
15 rules.  
16 COMMISSIONER CARELLO: I think you answered  
17 the question. Because basically you'll divide your  
18 building, your facility out of this is the women's  
19 program --  
20 DR. LUSTIG: Right.  
21 COMMISSIONER CARELLO: -- and it has X amount  
22 of beds for women --  
23 DR. LUSTIG: Exactly.  
24 COMMISSIONER CARELLO: -- and it has X amount

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1 of beds for men.  
2 DR. LUSTIG: Exactly.  
3 COMMISSIONER CARELLO: And you break it down  
4 into each one. So that --  
5 DR. LUSTIG: Exactly.  
6 COMMISSIONER CARELLO: -- that makes sense.  
7 Okay.  
8 MR. WEST: Bob West, Itasca, Illinois.  
9 Earlier, Dr. Lustig, in response to  
10 my question about comings and goings of their free  
11 will, you responded that everyone was controlled on  
12 their leaves and monitored and they could not just  
13 do as they please. Later on in the questioning, you  
14 commented that there was issues at times when people  
15 would relapse while they're out of the building.  
16 How can they relapse, have the  
17 opportunity to relapse when they're out of the  
18 building on a controlled leave?  
19 DR. LUSTIG: Sometimes patients are very  
20 creative and they -- and staff lose sight of them;  
21 and so they might deviate from their path, deviate  
22 from their medical appointment, and go out and use.  
23 MR. WEST: So then they are not leaving --  
24 MR. ROTH: Mr. Chairman.

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1 MR. WEST: -- under a control --  
2 MR. ROTH: Mr. Chairman.  
3 CHAIRMAN KISCHNER: Yes, sir.  
4 MR. ROTH: I believe this witness is up for  
5 at least a second time -- or this questioner.  
6 AUDIENCE MEMBER: So what?  
7 AUDIENCE MEMBER: So?  
8 MR. ROTH: Well, so what, I think the rules  
9 that were established, I believe, were that people  
10 would have one chance to cross-examine or pose their  
11 questions. There wasn't going to be multiple  
12 opportunities for everybody to come up. He was the  
13 first one.  
14 MR. HERVAS: It is true that --  
15 MR. ROTH: Is that not the rule?  
16 MR. HERVAS: -- that we want -- it's not an  
17 unlimited number of times, that we -- you have one  
18 chance to ask your questions and that's it. That's  
19 the -- there has to be some limit to that.  
20 And so if you've already had a  
21 chance to ask questions --  
22 MR. WEST: I completely understand that, but  
23 this is questions related to what was said tonight,  
24 not in past stuff.

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1 MR. HERVAS: Yeah, I know that, but -- and  
2 that's going to happen. Unfortunately as a  
3 consequence, questions come up as a result of the  
4 answers to other questions. But otherwise, it will  
5 be an unending process; and so there has to be some  
6 limitations on it, and one of the limitations that  
7 we've agreed on is that there would only be one  
8 opportunity for people to ask questions of each of  
9 the witnesses.  
10 And so their objection is  
11 well-taken. And I appreciate the fact that  
12 something new had come up, but we have to limit it  
13 to one chance to ask questions. And so I'm sorry  
14 about that, but --  
15 MR. WEST: Fair enough.  
16 MR. HERVAS: -- there has to be --  
17 MR. WEST: Fair enough.  
18 MR. HERVAS: -- some limits on it.  
19 So if you've already asked a  
20 question, please do not get in line to ask  
21 additional questions. It's only one opportunity.  
22 And I -- and I apologize if that  
23 may not have been made clear to everybody, but  
24 there -- otherwise it's just going to take too long.

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1 MR. ZAHN: Tom Zahn from Itasca.  
2 CHAIRMAN KISCHNER: One second.  
3 MR. HERVAS: So that there's no confusion,  
4 I'm talking about per witness; and that's why  
5 they're grouped together here. So that doesn't mean  
6 that when there's another witness that you can't ask  
7 questions. We certainly would invite you to ask  
8 whatever questions you feel appropriate of another  
9 witness, so.  
10 CHAIRMAN KISCHNER: If you can state your  
11 name again.  
12 MR. ZAHN: Tom Zahn. I'm a resident of  
13 Itasca.  
14 My question to Dr. Lustig: On  
15 January 1st, marijuana will be legalized here in the  
16 state of Illinois. I've seen no pushback from  
17 Haymarket about the passing of this law. Why is  
18 that?  
19 MS. DICKSON: Objection again --  
20 CHAIRMAN KISCHNER: Yeah.  
21 MS. DICKSON: -- for the same reasons.  
22 CHAIRMAN KISCHNER: This was not a question  
23 that was testified to. So do you have another  
24 question?

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1 So in other words, they didn't  
2 testify about the marijuana law; so it's an  
3 out-of-bounds question at this point.  
4 MR. HERVAS: Just so you understand, the  
5 questioning has to relate to what they testified to.  
6 If you want to make a point about  
7 Haymarket and the marijuana law, you should do that  
8 at the time of public comment. So you would have an  
9 opportunity to make your point, but this time is  
10 reserved for questions related to what they've  
11 testified to as it relates to the zoning petition.  
12 MR. ZAHN: Okay. I'll do it at that time.  
13 MR. HERVAS: Thank you.  
14 MR. ZAHN: Okay. You're welcome.  
15 CHAIRMAN KISCHNER: Do you have any other  
16 questions?  
17 MR. ZAHN: No.  
18 CHAIRMAN KISCHNER: Okay. Thank you.  
19 MS. KAMINSKI: Kathy Kaminski, Emmerson,  
20 Itasca.  
21 Dr. Lustig said that residence,  
22 because they're -- they're not dwellings because  
23 they have no kitchen. Does that include the rooms  
24 that are going to house mothers and babies?

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1 DR. LUSTIG: Say that again, I'm sorry.  
2 MS. KAMINSKI: The bedrooms, you said, don't  
3 have kitchens.  
4 DR. LUSTIG: Yeah.  
5 MS. KAMINSKI: Is that going to include the  
6 rooms where mothers and children are at?  
7 DR. LUSTIG: That is correct. There will be  
8 a central area for mothers and children, but it  
9 won't be in the bedrooms.  
10 MS. KAMINSKI: So there will be a place where  
11 they can make food and --  
12 DR. LUSTIG: Absolutely.  
13 MS. KAMINSKI: Okay. I just didn't know  
14 because you said no kitchens and no microwaves and  
15 that.  
16 In regards to the ambulance, there  
17 the ambulances that are going to be basic going to  
18 be basic or advanced and life-sustaining ambulances?  
19 DR. LUSTIG: Both.  
20 MS. KAMINSKI: Okay. That's it.  
21 COMMISSIONER SWETS: Mr. Chairman, I have a  
22 question for Dr. Lustig.  
23 CHAIRMAN KISCHNER: Okay.  
24 COMMISSIONER SWETS: I remember distinctly

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1 asking a question of kitchen facilities, and I  
2 believe you stated that there's only going to be one  
3 kitchen facility in the building, a commercial -- or  
4 the commercial facility.  
5 DR. LUSTIG: Correct.  
6 COMMISSIONER SWETS: Did I just hear that  
7 there's going to be one for the --  
8 DR. LUSTIG: For mom and children, they're  
9 going to need areas to warm up bottles and stuff  
10 like that; so there will be a central a little --  
11 it's not a kitchen, but a small area for bottles to  
12 be warmed up and so forth.  
13 COMMISSIONER SWETS: So what kind of  
14 apparatuses are going to be in there?  
15 DR. LUSTIG: Like a microwave.  
16 COMMISSIONER SWETS: Just a microwave?  
17 DR. LUSTIG: Yes.  
18 COMMISSIONER SWETS: Okay. Thank you.  
19 MR. HEARN: Hi. Vince Hearn, 334 Bonnie  
20 Brae, Itasca.  
21 Does Haymarket distribute naloxone  
22 or naloxone kits at any of their facilities?  
23 DR. LUSTIG: Yes.  
24 MR. HEARN: Do you plan to do that in Itasca?

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1 DR. LUSTIG: Yes.  
2 MR. HEARN: Why didn't Haymarket choose to  
3 contract with Superior Ambulance, a DuPage County  
4 business?  
5 DR. LUSTIG: They refused to enter into it.  
6 They didn't want to bid on the contract.  
7 MR. HEARN: When did Haymarket start treating  
8 severe mental illness?  
9 DR. LUSTIG: Primarily around 1996.  
10 MR. HEARN: Was that Father McDermott's  
11 original intention when he opened Haymarket  
12 facility?  
13 MS. DICKSON: Objection to the relevance of  
14 the question.  
15 MR. HEARN: The relevance of the question is  
16 I think brought up by Chairman Kischner that when  
17 we're making zoning and land use decisions, such as  
18 this one, we have to be conscious and aware of  
19 future use. The intended use of the Haymarket  
20 facility downtown may have changed over time, and I  
21 think we need to take that into consideration for  
22 what we're choosing to do here.  
23 MS. DICKSON: Well --  
24 (Applause.)

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1 MS. DICKSON: -- it's a treatment facility,  
2 so --  
3 MR. HERVAS: I'm sorry. Go ahead.  
4 MS. DICKSON: Well, so long as it's a  
5 treatment facility, I think it can provide a full  
6 range of treatment. And it's not -- I don't think  
7 it would be -- this zoning board I don't think could  
8 dictate the type of treatment that a health facility  
9 can offer. That's not within your zoning code.  
10 MR. HEARN: Yeah, but it was also brought up  
11 that a lot of the 911 and ambulance calls were based  
12 on the fact that downtown treats severe mental  
13 illness. And I understand that when we originally  
14 engage in this, all intentions are good and great;  
15 but this is business, needs change, to your point,  
16 treatment changes over time. So I think it's fair  
17 to project and to have a little foresight before we  
18 agree on what our zoning and land use is going to be  
19 for this area.  
20 MR. HERVAS: The specific question that you  
21 asked about the history is outside the scope;  
22 however, you may inquire of Dr. Lustig as to the  
23 possibility of a changed use. That's some- --  
24 that's within the purview of what you might -- you

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1 might ask as to what he's testified to. So you can  
2 ask him that directly.  
3 MR. HEARN: Okay. So it's fair to say that  
4 the use has changed since its original  
5 establishment --  
6 MR. ROTH: Objection.  
7 MR. HEARN: -- and now that it treats severe  
8 mental illness and it wasn't intentionally designed  
9 to do that?  
10 MR. ROTH: The witness is arguing -- or the  
11 questioner is arguing with the witness. If he  
12 has -- if he has a specific question to the point  
13 that you had raised, I mean, that's fair; but that's  
14 not what he's asking.  
15 CHAIRMAN KISCHNER: So if you could rephrase  
16 the question.  
17 MR. HERVAS: To this facility in terms of a  
18 changed use.  
19 MR. HEARN: So is there a possibility that  
20 this facility at some point in the future could  
21 treat severe mental illness?  
22 DR. LUSTIG: We are -- we offer a  
23 comprehensive approach, so.  
24 You know, what's kind of

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1 interesting to note is that patients haven't  
2 changed, and so they've become more -- they might  
3 have become more complex or they have changed. What  
4 Haymarket Center is offering is a comprehensive  
5 approach to treatment. So whether it's a substance  
6 use disorder, a mental health disorder, or a medical  
7 disorder, that is our approach. So we have evolved,  
8 not necessarily changed programming.  
9       The very first programming that we  
10 opened was a social setting detox program, but  
11 clients needed a more comprehensive approach. So  
12 today we don't offer new programs or new approaches.  
13 What we offer is evidence-based interventions that  
14 target behavior.  
15       So, you know, when you look at  
16 addiction and mental health, they do co-occur  
17 together; and we plan to address those two  
18 co-occurring conditions. So serious mental illness  
19 by itself, without a co-occurring mental health  
20 condition, no.  
21       MR. HEARN: Is it reasonable to state that in  
22 the future people participating in your treatment  
23 facility at Itasca might suffer from severe mental  
24 illness?

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1       DR. LUSTIG: Individuals that come to the  
2 Itasca as well as the West Loop locations have to  
3 have a co-occurring disorder, both a mental health  
4 disorder and a substance use disorder. So if a  
5 patient is a serious -- has serious mental illness  
6 alone, we will not service them.  
7       MR. HEARN: Do you service them in your West  
8 Loop location if they have a severe mental illness  
9 issue alone?  
10       DR. LUSTIG: No.  
11       MR. HEARN: Can you clarify the ambulatory or  
12 EMS needs of the individuals downtown suffering from  
13 mental illness?  
14       There was a statement made in your  
15 testimony that severe mental illness was one of the  
16 reasons your EMS calls at the West Loop location  
17 were high and that you weren't going to service that  
18 same type of patient in Itasca. And I'm trying to  
19 understand why the -- those patients wouldn't be  
20 welcomed at the facility in Itasca and why we  
21 shouldn't prepare or project EMS numbers based on  
22 severe mental illness if that's what we're going to  
23 treat.  
24       DR. LUSTIG: Haymarket Center does not treat

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1 severe mental illness alone. You have to have a  
2 co-occurring mental health and substance use  
3 disorder.  
4       MR. HEARN: So is it fair to say we would be  
5 treating the same patient at the West Loop location  
6 as the Itasca location as it relates to mental  
7 illness and their need for EMS?  
8       DR. LUSTIG: They have to have a co-occurring  
9 condition.  
10       MR. HEARN: With a co-occurring condition.  
11       CHAIRMAN KISCHNER: So I have a follow-up  
12 question, then.  
13       When I asked that question last  
14 week, it was basically will any severe mental  
15 illness be treated there. It wasn't only severe  
16 mental illness, so maybe I phrased it incorrectly.  
17       DR. LUSTIG: So for clarification, you have  
18 to have a co-occurring condition.  
19       CHAIRMAN KISCHNER: Okay.  
20       DR. LUSTIG: So we do treat individuals that  
21 are schizophrenic, but they also have a co-occurring  
22 substance use disorder.  
23       CHAIRMAN KISCHNER: Understood.  
24       So then how did Mr. Baldwin minus

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1 those numbers from the downtown campus if you're  
2 going to be treating the same patients here, talking  
3 about the ambulance calls.  
4       You took off X amount of calls  
5 because you stated, if I understood correctly, we  
6 will not be treating patients with severe mental  
7 illness here, but you said -- and you're saying you  
8 don't treat them at Chicago unless they have an  
9 addiction.  
10       DR. LUSTIG: Correct.  
11       CHAIRMAN KISCHNER: And you will also be  
12 treating them here. So how did we minus them off?  
13 What am I missing?  
14       MR. BALDWIN: Right. The programs in the  
15 West Loop are specialized for this co-occurring  
16 situation, with a severe mental illness and the  
17 substance use disorder. Those programs are not  
18 going to be in Itasca.  
19       DR. LUSTIG: So there are two programs in the  
20 West Loop that are specifically licensed for those  
21 individuals that have a severe mental illness and a  
22 co-occurring substance use disorder. Those programs  
23 will not be in the DuPage location.  
24       Now, in general, mental health

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1 conditions do co-occur with substance use disorders.  
2 So whether they're mood disorders, whether they are  
3 bipolar disorders, those disorders will be treated  
4 out here as long as they're stabilized and we can  
5 continue working with them.  
6 In the city, there are two specific  
7 programs, one for men and women, that are designed  
8 with a psychiatrist oversight of those individuals;  
9 and that is individuals that have a higher  
10 client-to-staff ratio that need a level of attention  
11 that we will not be having those programs out here.  
12 CHAIRMAN KISCHNER: Okay. Thank you.  
13 MR. HEARN: If I could circle back to my  
14 initial question, was it Father McDermott's  
15 intention that those programs would be part of  
16 Haymarket when he started the facility in the West  
17 Loop?  
18 DR. LUSTIG: Father McDermott believed  
19 that -- very strongly that our program should be  
20 comprehensive to meet the needs of patients; and so  
21 whether that was treatment services, job services,  
22 job training services. So Father McDermott had a  
23 very clear innovative vision of what he wanted for  
24 patients.

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1 MR. HEARN: And that mission statement, does  
2 that remain the same with your expansion to Itasca?  
3 DR. LUSTIG: Yes.  
4 MR. ROTH: Objection to the characterization  
5 of "expansion."  
6 MR. HEARN: It's not an overflow facility.  
7 It was an --  
8 MR. ROTH: Right.  
9 MR. HEARN: -- expansion of what Haymarket is  
10 doing.  
11 MR. HERVAS: Hold on. I actually didn't  
12 hear.  
13 MR. ROTH: It's a separate standalone  
14 facility.  
15 MS. DICKSON: It's not an expansion.  
16 MR. ROTH: It's not an expansion of the West  
17 Loop facility.  
18 MR. HEARN: Okay.  
19 MR. ROTH: We said that time and again.  
20 MR. HEARN: So to restate that, would that  
21 apply to your new standalone facility out here in  
22 Itasca?  
23 DR. LUSTIG: Yes.  
24 MR. HEARN: How many individuals will you

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1 plan to run through your medical detox or through  
2 your detox program?  
3 DR. LUSTIG: So on an annual basis, we're  
4 looking at around 1500 clients.  
5 MR. HEARN: And qualifications for entering  
6 detox would mean that the individuals are, one,  
7 either under the influence or, two, have recently  
8 used?  
9 DR. LUSTIG: Correct.  
10 MR. HEARN: How do these individuals arrive  
11 to the treatment facility?  
12 DR. LUSTIG: They come by a variety of ways.  
13 Sometimes family members come. Sometimes they walk  
14 into the facility. Sometimes the police drop them  
15 off. So there's a variety of ways that individuals  
16 come into the facility.  
17 MR. HEARN: Could it be possible that an  
18 individual would drive themselves to the facility?  
19 DR. LUSTIG: I would imagine it's possible.  
20 MR. HEARN: Do you have any idea of what  
21 substances you anticipate to detox individuals from  
22 and what percentage that would be?  
23 DR. LUSTIG: We detox individuals from all  
24 substances. As far as a breakdown of what those

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1 substances are, I can't comment off the top of my  
2 head. We will have, obviously, a large percentage  
3 of opioid addicts.  
4 MR. HEARN: Where do the residents  
5 participating in your residential treatment center  
6 detox?  
7 DR. LUSTIG: In the detox unit.  
8 MR. HEARN: All of the people living in the  
9 residential treatment facility will detox through  
10 your detox program?  
11 DR. LUSTIG: Unless they're -- they're going  
12 through such a serious withdrawal that they would  
13 have to be transferred to a hospital-based program.  
14 MR. HEARN: So to clarify, it would either be  
15 a hospital detox program or through your detox  
16 program is how they would enter residential  
17 treatment?  
18 DR. LUSTIG: Correct.  
19 MR. HEARN: Okay. Can you tell me how  
20 Haymarket has changed over the last 10 to 15 years?  
21 MS. DICKSON: Objection to the relevance of  
22 the question. Specifically relative to the Itasca  
23 facility, the history of -- of change in Chicago. I  
24 think we have to focus more on what we plan to do in

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1 Itasca.

2 MR. HEARN: Yeah. The only thing we've been

3 able to go off of is the facility in Chicago. As I

4 understand it, there's multiple addresses at the

5 city location.

6 You guys have a very tough job to

7 decide whether or not the zoning is approved; and

8 once it is, you know, is expansion something we

9 should consider here in Itasca and is it something

10 that the Village needs to be considerate of and

11 thoughtful when approving this.

12 MR. HERVAS: There was considerable testimony

13 about the Chicago facility and including the history

14 of the Chicago facility. So to the extent that

15 Dr. Lustig can talk about whatever changes occurred

16 would have some relevancy to what he testified to.

17 And so I understand what -- the

18 direction that you're going, and so I think that

19 it's a permissible question because it relates to

20 what was testified to by Dr. Lustig; but you have to

21 tie that eventually to this zoning hearing.

22 So I'm going to allow the question

23 as to whatever -- what changes have occurred at the

24 Haymarket facility that we've been discussing in the

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1 city of Chicago.

2 DR. LUSTIG: The infrastructure hasn't

3 changed. What has changed over time is the

4 introduction of evidence-based interventions and the

5 fine-tuning of programming. So what has changed

6 over time hasn't been much Haymarket driven as it's

7 been state driven as managed care has put limits on

8 lengths of stay, et cetera. But as far as changes

9 go, the actual programs, very little has changed.

10 The way we do treatment has changed.

11 MR. HEARN: You had referenced a model that

12 is gaining popularity within your industry, and I

13 believe you referred to it as a hub-and-spoke model.

14 Under this, would that make Itasca

15 a hub for treatment?

16 DR. LUSTIG: Yes.

17 MR. HEARN: Why is this called a residential

18 treatment facility?

19 DR. LUSTIG: It represents a level of ASAM --

20 a level of care the American Society of Addiction

21 Medicine corresponds to a level of care that names

22 it as residential treatment.

23 MR. HEARN: Is one of the goals of

24 residential treatment to have the individuals

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1 participate and gain status back into the community?

2 DR. LUSTIG: Yes.

3 MR. HEARN: Why would it then make sense to

4 isolate them to an industrial area?

5 DR. LUSTIG: There isn't an -- looking at an

6 industrial area. What we look at is levels of care

7 and levels of treatment for severity that's done

8 within the facility, not necessarily that they're

9 isolated to an industrial park.

10 MR. HEARN: In your search for a treatment

11 center in DuPage County, roughly how many sites did

12 your organization consider, bid on, and/or look at?

13 DR. LUSTIG: Off the top of my head, I would

14 imagine between six and eight facilities that we

15 looked at.

16 MR. HEARN: This facility has garnished a lot

17 of political support. When you attempted to open

18 the facility in Wheaton, it seemed as though that

19 was lacking. Why do you think that is?

20 MR. ROTH: Objection. Objection. It's not

21 relevant.

22 MR. HEARN: It is relevant. I'm a DuPage --

23 MR. ROTH: No, it's not relevant.

24 MR. HEARN: -- County resident.

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1 MS. DICKSON: And it actually --

2 MR. ROTH: And it's beyond the scope.

3 MS. DICKSON: -- misstates the record.

4 MR. HERVAS: Hold on. Hold on. Let's hear

5 the objection.

6 MR. ROTH: It's irrelevant, it's beyond the

7 scope of their direct testimony, and it's inaccurate

8 anyway.

9 MR. HERVAS: The discussion of whatever

10 happened in Wheaton is beyond the scope of the

11 testimony that was offered here, and so you need to

12 rephrase your question that goes directly to the

13 DuPage County issue in terms of facilities and

14 Itasca. So if you could rephrase that. We're not

15 going to specifically dig up whatever happened in

16 Wheaton.

17 MR. HEARN: Did the Itasca facility garnish

18 more or less support than previous facilities?

19 MR. HERVAS: In DuPage County?

20 MR. HEARN: In DuPage County?

21 DR. LUSTIG: You know, I think the epidemic

22 has put this onto everybody's radar screen, both

23 elected officials and not. One of the things that

24 this epidemic has given not just Illinois, but it

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1 has affected so many families; and I think that  
2 elected officials see the overall cost and impact  
3 that this has towards hospitals, towards the  
4 economy, towards wasted resources. And so I think  
5 elected officials are getting and wanting to be  
6 supportive because, you know, so many people are  
7 dying on a daily basis. And I can't tell you how  
8 many elected officials have contacted me personally  
9 because of family members that have been impacted or  
10 have died from this disorder. And so I think that's  
11 why there's probably more interest and more support.  
12 CHAIRMAN KISCHNER: Is it Mr. Ahearn or  
13 Hearn?  
14 MR. HEARN: I'm not angry. It's Mr. Hearn.  
15 CHAIRMAN KISCHNER: No, no. Hearn?  
16 MR. HEARN: Mr. Hearn, yes.  
17 CHAIRMAN KISCHNER: Hearn, sorry. I wasn't  
18 sure what your last name was.  
19 I just wanted to remind you --  
20 you're not looking at the clock; I am. We have  
21 until 10:00 o'clock. We're a few minutes before  
22 there. We can probably go a minute or two over.  
23 MR. HEARN: Okay.  
24 CHAIRMAN KISCHNER: So if you have a bunch of

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1 questions, then maybe we just wrap it up at 10:00  
2 and then you could be the first questioner at the  
3 next meeting.  
4 MR. HEARN: Sure.  
5 CHAIRMAN KISCHNER: So you've got a couple of  
6 minutes here.  
7 MR. HEARN: Okay. You have individuals on  
8 your board that are participants in DuPage County  
9 politics. Have they advised you on what might be an  
10 appropriate location in DuPage County?  
11 MR. ROTH: Objection; the relevance and  
12 beyond the scope.  
13 MR. HERVAS: I'm sorry. You just -- it's a  
14 general relevancy objection?  
15 MR. ROTH: Yeah. And it's also beyond the  
16 scope. What kind of political support.  
17 MR. HERVAS: I think he specifically asked  
18 about members of the board suggesting other  
19 locations. Is that --  
20 MR. ROTH: But how is that relevant to the  
21 zoning criteria that's before this Commission?  
22 MS. DICKSON: Exactly.  
23 MR. HERVAS: There has been some testimony  
24 and discussion about alternate locations and with

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1 respect to deciding why Itasca would be --  
2 MR. ROTH: But not as to political supporters  
3 and political opposition and particularly how does  
4 that possibly relate to the zoning criteria that  
5 you're here to consider.  
6 MR. HERVAS: Could you -- could you rephrase  
7 the question, please?  
8 MR. HEARN: The politicians have shown more  
9 interest in this project for -- for multiple reasons  
10 that Mr. Lustig suggested. They also have  
11 individuals on their board that are involved in  
12 DuPage County politics. It would seem to me that if  
13 you have those individuals on your board, you would  
14 use them in scouting a facility or looking for  
15 direction on where to put the facility in DuPage  
16 County.  
17 So my question is did you consult  
18 with the individuals on your board that are involved  
19 in DuPage County politics on where the facility was  
20 going to go in DuPage County?  
21 MR. ROTH: Same objections. It's irrelevant,  
22 it's beyond the scope of their testimony.  
23 MR. HEARN: I'm a DuPage County citizen.  
24 MR. ROTH: So am I.

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1 MR. HEARN: I have political representation  
2 from our politicians. I think I have a right to  
3 know.  
4 MR. HERVAS: Let me just suggest that when  
5 you add the word "politicians" and such, it makes it  
6 more difficult. And so if we rephrase it in a way  
7 that said that did you consult with members of your  
8 board about locations or support in DuPage County,  
9 then I'd be okay with it.  
10 MR. HEARN: Okay. Did you consult with  
11 members of your board on your location for DuPage  
12 County?  
13 DR. LUSTIG: So as far as we -- us want- --  
14 that our board was very interested in wanting us to  
15 be in DuPage. The specific location, no. None of  
16 the board members weighed in whatsoever to whether  
17 it was Itasca or another area. What they were  
18 mostly concerned with was that it would be a large  
19 enough space where all of our lines of business  
20 could come in and support patients.  
21 CHAIRMAN KISCHNER: Okay. So it is 10:00 at  
22 this point. Hopefully you are at the next meeting,  
23 and we will make sure you are the first one that  
24 gets to ask questions.

1 MR. HEARN: Great. Thank you.  
2 CHAIRMAN KISCHNER: Okay?  
3 At this point, I would like to get  
4 a motion -- let me get my glasses on, sorry -- to  
5 continue to January 22nd, 2020.  
6 Motion?  
7 COMMISSIONER SWETS: Motion.  
8 COMMISSIONER DALY: Second.  
9 CHAIRMAN KISCHNER: All in favor of  
10 continuing.  
11 (Chorus of ayes.)  
12 (Whereupon the proceedings were  
13 continued to January 22, 2020, at  
14 7:00 o'clock p.m.)  
15 \* \* \* \* \*  
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1 STATE OF ILLINOIS )  
 ) SS.  
2 COUNTY OF K A N E )  
3 I, Amy K. Bateman, CSR No. 84-003803, RPR,  
4 CRR, CRC, do hereby certify that I reported in  
5 shorthand the proceedings had at the public hearing  
6 of the above-entitled cause and that the foregoing  
7 Report of Proceedings, pages 1 through 158,  
8 inclusive, is a true, correct, and complete  
9 transcript of my shorthand notes taken at the time  
10 and place aforesaid.  
11 I further certify that I am not counsel for  
12 nor in any way related to any of the parties to this  
13 suit, nor am I in any way, directly or indirectly  
14 interested in the outcome thereof.  
15 This certification applies only to those  
16 transcripts, original and copies, produced under my  
17 direction and control; and I assume no  
18 responsibility for the accuracy of any copies which  
19 are not so produced.  
20 IN WITNESS WHEREOF I have hereunto set my  
21 hand this 27th day of December, 2019.  
22  
23   
24 Certified Shorthand Reporter

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