

**In the Matter Of:**

**IN THE MATTER OF: HAYMARKET DUPAGE, LLC**

---

**REPORT OF PROCEEDINGS**

*October 28, 2020*

---

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

***2100 Manchester Road, Suite 964***

***Wheaton, IL 60187***

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

***www.groveandassoc.com***





1 PRESENT:

2 MR. BRENDAN DALY, Chairman;

3 MR. FRANK CARELLO, Commissioner;

4 MS. LORI DRUMMOND, Commissioner;

5 MR. JEFFREY HOLMES, Commissioner;

6 MS. KRISTA RAY, Commissioner;

7 MR. ANTHONY RUSSO, Commissioner.

8  
9 ALSO PRESENT:

10 MS. CARIE ANNE ERGO;

11 MR. MO KHAN, Village Planner;

12 MS. SHANNON MALIK JARMUSZ, Director of  
Community Development;

13 MS. AMANDA MELONE, Recording Secretary;

14 MS. YORDANA WYSOCKI, Village Attorney;

15  
16 HERVAS, CONDON & BERSANI, P.C., by

17 MR. CHARLES E. HERVAS  
333 Pierce Road, Suite 195  
Itasca, Illinois 60143  
18 (630) 773-4774

chervas@hcbattorneys.com

19 Appeared on behalf of City of Itasca;

20 DASPIN & AUMENT, LLP, by

21 MS. BRIDGET M. O'KEEFE  
300 South Wacker Drive, Suite 2200  
Chicago, Illinois 60606  
22 (312) 258-3795

bokeefe@daspinaument.com and

1 ALSO PRESENT: (Cont'd.)

2 BOND, DICKSON & CONWAY, by  
3 MS. MARY E. DICKSON  
4 400 South Knoll Street, Unit C  
5 Wheaton, Illinois 60187  
6 (630) 681-1000  
7 marydickson@bond-dickson.com  
8 Appeared on behalf of Haymarket DuPage LLC;

9 FRANCZEK, P.C., by  
10 MS. JENNIFER SMITH  
11 300 South Wacker Drive, Suite 3400  
12 Chicago, Illinois 60606  
13 (312) 786-6589  
14 jas@franczek.com  
15 Appeared on behalf of Itasca School District;

16 JOHNSON & BELL, LTD., by  
17 STEPHEN P. ELLENBECKER  
18 33 West Monroe Street, Suite 2700  
19 Chicago, Illinois 60603  
20 (312) 984-0221  
21 ellenbeckers@jbltd.com  
22 Appeared on behalf of 865 West Irving Park  
23 Road, LLC;

24 OTTOSEN, DiNOLFO, HASENBLAG & CASTALDO, LTD., by  
MR. STEPHEN H. DiNOLFO  
1804 North Naper Boulevard, Suite 350  
Naperville, Illinois 60563  
(630) 682-0085  
sdinolfo@ottosenlaw.com  
Appeared on behalf of Itasca Fire Protection  
District.

- - -

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

I N D E X

TESTIMONY OF:

DR. DANIEL LUSTIG	Pages 26 - 75
DR. DANIEL SULLIVAN	Pages 76 - 131
MS. EVELYN SANGUINETTI	Pages 133 - 150

EXHIBITS:

ID ADMITTED

Petitioner's Exhibit No. 23	146	
Petitioner's Exhibits Nos. 21 through 41	150	
Petitioner's Exhibit No. 42	153	
Petitioner's Exhibits Nos. 21 and 23 through 42		154

1           CHAIRMAN DALY: Good evening, everyone.  
2 Today is Wednesday, October 28th, 2020. The case  
3 before the Plan Commission is PC 19-014 continued  
4 from last December.

5           The petitioner and owner is  
6 Haymarket DuPage LLC. The location is 860 West  
7 Irving Park Road. The request is for petition for a  
8 planned development by special use with exceptions  
9 and Class I site plan approval all in order to  
10 permit a mixed-use residential and healthcare  
11 facility and other accessory uses in the B-2  
12 community business district at 860 West Irving Park  
13 Road.

14           The procedures for tonight and  
15 meetings moving forward are as follows.

16           The Plan Commission will rule on  
17 interested party applications. We will then  
18 continue with Q and A of Dr. Lustig and former CFO  
19 Baldwin to finish where we left off. The  
20 questioning will be limited to those who have not  
21 asked questions previously. Additionally, we will  
22 not be taking questions that have already been  
23 asked.

24           This will end step 2 on our

1 procedures for the meetings.

2 After completion of the  
3 questioning, the Petitioner will be calling forward  
4 the following witnesses: Dr. Daniel Sullivan,  
5 Ms. Evelyn Sanguinetti, and Mr. Ken Polach. This is  
6 step 3 in the process.

7 The Plan Commission has adopted new  
8 rules of this procedure which will go into effect  
9 after the Q and A of Dr. Lustig and Mr. Baldwin.  
10 This form is available on the Village website.

11 We are proceeding remotely with 25  
12 people in the room due to COVID-19, and the public  
13 may watch the proceedings through the Village's  
14 YouTube channel. Anyone wishing to make public  
15 comment will be able to do so after the presentation  
16 of cases. They need to sign up on the Village's  
17 website.

18 Anyone wishing to ask questions of  
19 the Petitioner, Village staff, or other parties will  
20 be able to do so after the presentation of cases.  
21 The signup form is on the Village's website.

22 Remote Village staff is monitoring  
23 the video streaming. If the video streaming does  
24 not work during the proceedings, we will stop and

1 wait until the video streaming is fixed or  
2 reschedule for another date.

3 I will ask the Village attorney,  
4 Mr. Chuck Hervas, to make following comments.

5 MR. HERVAS: Thank you, Mr. Chairman.

6 As the Chairman indicated, my name  
7 is Chuck Hervas. I'm one of the Village attorneys,  
8 and I'll be assisting the Plan Commission with this  
9 proceeding. I have some brief comments to make  
10 regarding the proceeding.

11 This is a reminder for those that  
12 are watching on the live stream that this is a legal  
13 proceeding with legal significance. A court  
14 reporter is recording the testimony and will be  
15 swearing in witnesses. This is not a trial, but we  
16 are developing a record of proceedings before the  
17 Plan Commission. This is a legal public hearing on  
18 a zoning petition.

19 My job is to protect the rights of  
20 the Petitioner, any objectors, and the public. The  
21 Plan Commission will make findings and a  
22 recommendation to the Village Board.

23 Please understand that the Plan  
24 Commission is a recommending body. The Village

1 Board will be making the final decision on the  
2 Haymarket zoning petition.

3           Number two. Witnesses will be  
4 presented by the Petitioner and possibly by other  
5 interested parties. Cross-examination will be  
6 allowed only by the attorneys or anyone who has been  
7 legally recognized as an interested party. However,  
8 the process also allows for public questions and  
9 public comments.

10           Number three. This is a slow and  
11 deliberate process that creates a record that is  
12 appropriate for a plan commission hearing. I ask  
13 that those of you watching please respect our  
14 process even if you do not agree with it.

15           Please know there is a lot of  
16 information on the Village's website under a  
17 dedicated section involving the Haymarket zoning  
18 petition. The Village has anticipated lots of  
19 procedural questions and has provided information on  
20 the website to answer those questions.

21           And finally, this admonition is  
22 directed to all those in the room. I ask that all  
23 participants in this hearing be mindful of  
24 microphone use. You must speak directly into the

1 microphone at all times. Since this hearing is live  
2 streamed, the public is participating by watching  
3 this electronically. And, you know, I'm just saying  
4 the obvious here. If you do not speak into the  
5 microphone, your statements cannot be heard by those  
6 who are listening electronically.

7 And I also tell you that I'm  
8 hearing impaired, and I do the best I can. And if I  
9 can't hear you, that's not a good thing either.

10 So we need everybody to be very  
11 conscious of speaking directly into the microphone.  
12 It's very easy to get away from that; and if I see  
13 that, I'm going to have to stop and correct you and  
14 ask you to please speak into the microphone.

15 Those would conclude my comments,  
16 Mr. Chairman.

17 CHAIRMAN DALY: Thank you, Mr. Hervas.

18 I now call this meeting to order.

19 Will the Secretary please call the  
20 roll.

21 RECORDING SECRETARY MELONE: Chairman Daly.

22 CHAIRMAN DALY: Present.

23 RECORDING SECRETARY MELONE: Commissioner  
24 Carello.

1 COMMISSIONER CARELLO: Here.

2 RECORDING SECRETARY MELONE: Commissioner  
3 Drummond.

4 COMMISSIONER DRUMMOND: Here.

5 RECORDING SECRETARY MELONE: Commissioner  
6 Holmes.

7 COMMISSIONER HOLMES: Here.

8 RECORDING SECRETARY MELONE: Commissioner  
9 Ray.

10 COMMISSIONER RAY: Here.

11 RECORDING SECRETARY MELONE: Commissioner  
12 Russo.

13 COMMISSIONER RUSSO: Here.

14 RECORDING SECRETARY MELONE: Commissioner  
15 Swets.

16 CHAIRMAN DALY: I declare a quorum present.

17 I will now entertain a motion to  
18 open the public hearing for Case Number PC 19-014,  
19 petition for a planned development by special use  
20 with exceptions and Class I site plan approval all  
21 in order to permit a mixed-use residential and  
22 healthcare facility and other accessory uses in the  
23 B-2 community business district at 860 West Irving  
24 Park Road.

1 May I have --

2 COMMISSIONER HOLMES: So moved.

3 CHAIRMAN DALY: Thank you, Chairman Holmes.

4 COMMISSIONER CARELLO: Second.

5 CHAIRMAN DALY: Chairman Carello, second.

6 Thank you.

7 There being a motion and a second,  
8 will the Secretary please call the roll.

9 RECORDING SECRETARY MELONE: Commissioner  
10 Carello.

11 COMMISSIONER CARELLO: Here.

12 RECORDING SECRETARY MELONE: Commissioner  
13 Drummond.

14 COMMISSIONER DRUMMOND: Here.

15 RECORDING SECRETARY MELONE: Commissioner  
16 Holmes.

17 COMMISSIONER HOLMES: Here.

18 RECORDING SECRETARY MELONE: Commissioner  
19 Ray.

20 COMMISSIONER RAY: Here.

21 RECORDING SECRETARY MELONE: Commissioner  
22 Russo.

23 COMMISSIONER RUSSO: Here.

24 RECORDING SECRETARY MELONE: Commissioner

1 Swets. Absent.

2 CHAIRMAN DALY: Okay. For step 1, I'd like  
3 to recognize our community development director  
4 Ms. Shannon Jarmusz for discussion on the  
5 introduction of interested parties.

6 Shannon.

7 MS. MALIK JARMUSZ: Thank you.

8 Since we last convened, we've had  
9 one additional interested party identify themselves.  
10 I'd recommend to the Plan Commission this evening  
11 that you accept this interested party. The name is  
12 960 Maplewood LLC, and the address is the same,  
13 960 Maplewood Drive.

14 MR. HERVAS: Ms. Jarmusz, the interested  
15 party is within 250 feet of the property; is that  
16 correct?

17 MS. MALIK JARMUSZ: They are.

18 MR. HERVAS: Okay. And that's what qualifies  
19 them to be --

20 MS. MALIK JARMUSZ: Correct.

21 MR. HERVAS: Okay. Thank you.

22 CHAIRMAN DALY: Do we have any discussion?

23 Hearing none, can I get a motion to  
24 approve this party as an interested party?

1 COMMISSIONER HOLMES: So moved.

2 CHAIRMAN DALY: Chairman Holmes.

3 COMMISSIONER CARELLO: Second.

4 CHAIRMAN DALY: Chairman Carello, second.

5 Madam Secretary, would you please  
6 call a roll call vote.

7 RECORDING SECRETARY MELONE: Commissioner  
8 Carello.

9 COMMISSIONER CARELLO: Here.

10 RECORDING SECRETARY MELONE: Commissioner  
11 Drummond.

12 COMMISSIONER DRUMMOND: For.

13 RECORDING SECRETARY MELONE: Commissioner  
14 Holmes.

15 COMMISSIONER HOLMES: For.

16 RECORDING SECRETARY MELONE: Commissioner  
17 Ray.

18 COMMISSIONER RAY: For.

19 RECORDING SECRETARY MELONE: Commissioner  
20 Russo.

21 COMMISSIONER RUSSO: For.

22 RECORDING SECRETARY MELONE: Commissioner  
23 Swets. Absent.

24 CHAIRMAN DALY: Okay. That vote being in the

1 affirmative, we will now begin tonight's public  
2 hearing with questions regarding the testimonies of  
3 Dr. Lustig and Mr. Baldwin.

4 Shannon, would you please --

5 MS. O'KEEFE: Mr. Chairman, would it be  
6 possible for us to make a brief opening statement?

7 CHAIRMAN DALY: Yes, please. I'm sorry.

8 MS. O'KEEFE: No, that's okay. Thank you.

9 Good evening. My name is a Bridget  
10 O'Keefe. I'm a partner with Daspin & Aument.

11 MR. HERVAS: It's hard to hear you.

12 MS. O'KEEFE: I'm going to take it out like  
13 this. How's that.

14 Hello. My name is Bridget O'Keefe.  
15 I'm a partner with Daspin & Aument.

16 MS. MALIK JARMUSZ: I'm sorry, Bridget. Can  
17 you bring that closer to your mouth?

18 MS. O'KEEFE: How's that?

19 MS. MALIK JARMUSZ: That's better. Thank  
20 you.

21 MS. O'KEEFE: Okay. Thank you.

22 I'm here along with my co-counsel  
23 Mary Dickson with Bond, Dickson & Conway on behalf  
24 of Haymarket DuPage. I appreciate the opportunity

1 to appear before you this evening as these hearings  
2 recommence after such a long hiatus.

3 This is a new world; and honestly,  
4 this is the first time I've done a hybrid hearing in  
5 a mask, so I'm really appreciative that you're  
6 giving me the direction because I want to make sure  
7 that you can hear me and that I'm -- and all the  
8 witnesses and all of our team is enunciating  
9 clearly; so please let us know if we aren't.

10 We have tried to listen to what we  
11 heard over the past few months from you, the Plan  
12 Commissioners, the residents of Itasca, and the  
13 members of the taxing bodies.

14 During the initial hearings, a  
15 number of concerns were raised about how the  
16 proposed treatment and recovery healthcare center  
17 would impact the Village.

18 And during the COVID shutdown of  
19 the hearings, we went back to the drawing board and  
20 worked with a team of experts to better study the  
21 issues so that we could respond to these concerns.

22 To be fair, we know there are  
23 people in Itasca that aren't thrilled with the idea  
24 of us being here. Again, we reiterate and reassure

1 that if Haymarket secures the zoning approvals it  
2 seeks, it will do all in its power to be a good  
3 neighbor and be a contributing partner to the  
4 village.

5 So let me bring you up-to-date on  
6 where we are today and where we hope to go at these  
7 next few hearings.

8 As you know, in the summer of 2019,  
9 Haymarket applied to secure zoning approval to open  
10 and operate a healthcare facility at the Holiday Inn  
11 property just down the road at 860 West Irving Park.

12 Since the time of submitting our  
13 application, Haymarket has purchased the Holiday  
14 Inn, which was the primary reason we had to submit  
15 an amended application. Haymarket's plan for the  
16 use of the property hasn't changed. It will still  
17 provide a treatment and recovery healthcare center  
18 containing 240 beds plus outpatient services to  
19 serve the community.

20 You heard extensive testimony about  
21 the need for the facility given the opioid crisis  
22 and the increasing number of individuals in need of  
23 Haymarket services, and this need has only grown  
24 during this time of COVID.

1 Dr. Lustig, the president and CEO  
2 of Haymarket, testified about the 45-year history of  
3 Haymarket in the West Loop. He provided an overview  
4 of Haymarket DuPage, their vision, the type of  
5 licensed services that will be provided and overview  
6 of the programming, staffing, security, operations,  
7 rules the patients will follow, and the benefits  
8 that we believe Haymarket DuPage would bring to  
9 DuPage County and to Itasca.

10 Tonight and in future nights of the  
11 hearings Haymarket is going to further address the  
12 questions that have been raised about the possible  
13 impact operation of the facility will have on Itasca  
14 and on DuPage County. We will discuss the impact on  
15 traffic, property values, additional testimony on  
16 the emergency services issue, and tax -- the impact  
17 on the taxing bodies and on the development  
18 potential of Itasca.

19 You have raised valid questions,  
20 and we will answer them.

21 The burden is on us to prove that  
22 we meet the standards for a planned development with  
23 exceptions and a Class I site plan review, and we  
24 will stay here until we've answered all the

1 questions that you have.

2 I can guarantee you that we've  
3 spent the past few months working very hard with a  
4 dedicated team to ensure these questions will be  
5 answered, and the burden of proof will be met; and  
6 we ask that the Plan Commission ensure that the  
7 hearing process is fair and allow us to make our  
8 case.

9 I joined Haymarket at the  
10 beginning -- I joined the Haymarket team in January.  
11 I join with previous Haymarket representatives in  
12 asking that you keep an open mind to our application  
13 and to always remember the overwhelming need for  
14 treatment because the day this facility opens is the  
15 day a life will be saved.

16 Since Haymarket purchased the  
17 property in April, they have become an invested  
18 member of the community. They joined the Chamber of  
19 Commerce. They've opened the -- their facility, the  
20 parking lot to faith groups who wanted to hold local  
21 services in their parking lot. Haymarket is  
22 beginning to lay down roots in Itasca; and this is  
23 what we do, that Haymarket becomes part of the  
24 community, as can be seen by the support it's

1 received from its West Loop neighbors.

2 We further studied the development  
3 plan to respond to concerns previously expressed and  
4 made a few changes.

5 First, Haymarket revised its  
6 landscaping plan to provide additional landscaping  
7 to enhance a section of Itasca.

8 Next, Haymarket added a fenced-in  
9 patio for its patients to use when they want to  
10 enjoy the outdoors.

11 Next, Haymarket re-examined the  
12 concerns of School District Number 10; and although  
13 Haymarket would prefer to offer a full range of  
14 services to its patients in Itasca, we heard the  
15 school district and have agreed to eliminate the  
16 program serving mothers with young children from  
17 this location. Mothers and children under the age  
18 of 5 who require treatment will be served at the  
19 Chicago location.

20 We are introducing supplemental  
21 evidence tonight about Haymarket's operational  
22 capacity, its experience running a large facility,  
23 and the respective role it has in Chicago among its  
24 peers and among the authorities that have

1 accreditation, licensing, and policing authority  
2 over it. This is because Haymarket has a long track  
3 record of successfully providing services to those  
4 suffering from addiction while concurrently  
5 recognizing the very important role it has in the  
6 community.

7 Haymarket comes to Itasca with a  
8 full understanding of the challenges ahead. It's  
9 demonstrated its commitment by buying the property  
10 and continuing the approval process. It has  
11 expended considerable resources and amounts of time  
12 preparing for these hearings because Haymarket knows  
13 the site will increase access to care for those  
14 suffering from substance use disorder and behavioral  
15 health issues that both Itasca and the region need.  
16 The unmet need is here.

17 So tonight, we are going to present  
18 a few witnesses. We'll begin by finishing the  
19 public questioning of Dr. Lustig and Mr. Baldwin.

20 Since that time, Mr. Baldwin has  
21 left Haymarket. He has gotten a promotion and is  
22 now chief financial officer of Metropolitan Family  
23 Services, which is one of the largest service  
24 providers of social services in the Chicago region.

1 It has -- it serves over 93,000 families and has  
2 close to a thousand employees.

3 Mr. Baldwin has kindly agreed to  
4 return tonight to complete the questioning from the  
5 public because he believes in Haymarket's mission  
6 and providing access to care.

7 After Dr. Lustig and Mr. Baldwin  
8 complete their testimony, we'll hear from Dr. Daniel  
9 Sullivan. He is the vice president and chief  
10 medical officer at Elmhurst Hospital. He'll talk  
11 about the important service that Haymarket can  
12 provide to local hospitals as they deal with  
13 treatment need created by the opioid crisis.

14 Next, we'll hear from Evelyn  
15 Sanguinetti. She's the executive director of HOPE  
16 Fair Housing Center which has a unique knowledge of  
17 the crisis of addiction due to her prior role as  
18 head of the Illinois Opioid Task Force when she  
19 served as Lieutenant Governor.

20 We will then dive into the issues  
21 of concern. We'll present Ken Polach who is an MAI  
22 appraiser and president of the Polach Appraisal  
23 Group who will discuss the impact of the project on  
24 property values.

1                   Working with the Village, we will  
2 continue to present our case over the next several  
3 hearings; and during that time, we will present  
4 witnesses on the EMS issues, fiscal and economic  
5 impact, and planning issues.

6                   We recognize the impact that COVID  
7 pandemic has had on this hearing, and we're hoping  
8 to finish in early December.

9                   We thank you as always for the  
10 attention you have paid and continue to pay  
11 throughout these proceedings. Thank you.

12                   So we now present Dr. Lustig and  
13 Mr. Baldwin.

14                   CHAIRMAN DALY: Ms. O'Keefe, thank you for  
15 your opening statements.

16                   Before we do that, do any other  
17 attorneys in the audience have any desire to make  
18 some brief opening statements before we continue?

19                   MR. DI NOLFO: I do not on behalf of the  
20 Itasca Fire District.

21                   MS. SMITH: I do not for the school district.

22                   MR. ELLENBECKER: Nor do I on behalf of  
23 865 Irving Park Road LLC.

24                   CHAIRMAN DALY: Okay. Thank you very much.

1 MS. O'KEEFE: Mr. Chairman, I forgot to do  
2 this.

3 CHAIRMAN DALY: Oh, sure.

4 MS. O'KEEFE: Can I submit this for the  
5 record? It's the notice package which contains the  
6 notice letter, the affidavit of posting, and the  
7 green cards that we have received to date.

8 CHAIRMAN DALY: Yes, please.

9 MS. O'KEEFE: Thank you.

10 CHAIRMAN DALY: Thank you.

11 We will now begin the question and  
12 answer session.

13 MS. MALIK JARMUSZ: Thank you.

14 So we have callers that are going  
15 to be patched through. We are hard at work in the  
16 back lining those calls up. If they're ready, if  
17 you want to send one forward, we're ready to take  
18 the first caller.

19 And thank you for everyone's  
20 patience as we work through these new technologies.

21 COMMISSIONER CARELLO: Shannon and  
22 Commissioner, I have a question.

23 Once this part ends as a carryover  
24 from last time, is -- can we get an update from them

1 on what has changed? Because there are a lot of  
2 changes in this application. Is that something that  
3 they can provide to us?

4 MS. MALIK JARMUSZ: Caller, can you please  
5 hold.

6 MS. ERGO: Yes.

7 COMMISSIONER CARELLO: I'm sorry, Shannon.

8 MS. MALIK JARMUSZ: Chuck, can you take  
9 Frank's question?

10 MR. HERVAS: Yes.

11 The Petitioner has given you just a  
12 brief overview right now of some of the changes, but  
13 I would recommend that you review carefully the  
14 amended materials. And I know that they're very  
15 voluminous; I understand that. And if you -- if you  
16 want to contact our office, we can answer questions  
17 for you in particular or we can get you answers from  
18 Haymarket if -- for background purposes.

19 But otherwise, what you're going to  
20 hear are what Haymarket is going to -- is going to  
21 present as evidence is going to back up what it is  
22 that they've changed, meaning -- so you will -- you  
23 will hear this live.

24 And if you want to prepare, you

1 know, for this in advance when you know that a  
2 particular witness is going to be testifying, you  
3 could read their report if it's available, that sort  
4 of a thing.

5 COMMISSIONER CARELLO: Understood.

6 MR. HERVAS: I don't know if you want to add  
7 anything, Ms. O'Keefe.

8 MS. O'KEEFE: Thank you.

9 There actually haven't been that  
10 many changes to the application. As I said, the  
11 primary change is the new ownership. We added  
12 additional landscaping, an outdoor patio, and made a  
13 change to the program with regards to the services  
14 to be provided for women and children. But other  
15 than that, the application is the same that you  
16 previously saw.

17 COMMISSIONER CARELLO: Okay.

18 MS. MALIK JARMUSZ: Thank you.

19 Okay. We have --

20 MS. ERGO: Wait a second. So I want to make  
21 sure that I transfer them in. One moment.

22 MS. MALIK JARMUSZ: Who is on the line?

23 MS. ERGO: Mr. Hearn, do I have you on the  
24 line?

1 MR. HEARN: Yes, you do.

2 MS. ERGO: Have I successfully reached the  
3 boardroom?

4 MS. MALIK JARMUSZ: You sure have.

5 So I understand we have Vince Hearn  
6 on the line.

7 MR. HEARN: Yes. Hello?

8 MS. MALIK JARMUSZ: Hi, Mr. Hearn.

9 MR. HEARN: Can everyone hear me okay?

10 MS. MALIK JARMUSZ: Yes, we sure can.

11 I'm going to have you go ahead and  
12 address your question to the Petitioner.

13 MR. HEARN: Okay. I did have a few  
14 questions. I don't know if there's a limit on that  
15 tonight. I did let the Village know that I had a  
16 number of questions I would like to finish up from  
17 last time, so hopefully that's okay. So I guess  
18 I'll begin and move forward from there.

19 The first question I had was for  
20 Mr. Lustig.

21 You guys pursued a 16-bed facility  
22 in DuPage before, in Wheaton, and you thought that  
23 size would be beneficial to the town and the  
24 surrounding area there. You are pursuing a 240-bed

1 facility in a much smaller town here in Itasca.

2 Is there a size of a facility that  
3 you would agree is just too big for this town to  
4 support?

5 DR. LUSTIG: First -- can you hear me? Is it  
6 on?

7 MS. MALIK JARMUSZ: You might want to hold it  
8 close to your mouth.

9 DR. LUSTIG: Can you hear me? Can you hear  
10 me now?

11 MS. MALIK JARMUSZ: Yes.

12 DR. LUSTIG: In reference to the Wheaton  
13 location, the 16-bed program was a very specific  
14 type of program. It was not going to operate all of  
15 our lines of business that we know help people move  
16 into recovery. That really was the key thing when  
17 we saw the building in Itasca was that it would  
18 allow us to bring in all of our comprehensive  
19 services that individuals need to have in order to  
20 recover.

21 So when -- it's not necessarily  
22 that, you know, I would weigh in on a specific size  
23 or not; but I do believe in this, and that is in any  
24 program, you want to be able to offer a level of

1 comprehensive services for a patient and that they  
2 don't need to continue to go to different locations  
3 to get different resources. And I think that's  
4 really, really important. One thing that we've  
5 learned over time is that as many services that you  
6 can provide simultaneously moves people into  
7 recovery quicker with a firmer foundation.

8                   So that is why the location in  
9 Itasca was so -- was so critical for us because we  
10 knew we could move all of our lines of business into  
11 it.

12               MR. HEARN: Okay. So I guess I have a  
13 question on that, then.

14                   There was a hub-and-spoke model you  
15 proposed, and Itasca would serve as the hub; and  
16 then there would be other spoke locations, as you  
17 defined them. And that was kind of the model you  
18 guys were going to follow here.

19                   Wouldn't a hub-and-spoke model  
20 entail patients moving from, you know, spoke  
21 locations to the hub location for different sorts of  
22 treatment and moving between the facilities?

23               DR. LUSTIG: Yes. One thing that we learned  
24 in the spoke -- hub-and-spoke model is outpatient

1 programs on -- would move individuals who need a  
2 much comprehensive level of service into the hub  
3 itself.

4 MS. MALIK JARMUSZ: Do we still have -- do we  
5 still have you, Mr. Hearn?

6 MR. HEARN: Yeah. I'm sorry. I think  
7 there's a little bit of a delay because I'm watching  
8 Mr. Lustig speak, and he's done on my phone and not  
9 done on the screen. So I apologize. I appreciate  
10 everyone bearing with me as we go through this.

11 The next question I had was,  
12 Mr. Lustig, you're quoted as saying there have been  
13 extreme state and federal funding crises that  
14 Haymarket has had to deal with in the past.

15 And because your facility depends  
16 so much on government funding, what will happen if  
17 Haymarket experiences financial distress?

18 DR. LUSTIG: So the first thing is it's not  
19 just governmental funding that we rely on. We also  
20 rely on numerous grants that come out to help  
21 support our programming as well as donations. So  
22 there are multiple revenue sources that come into  
23 the organization that are not just specific state  
24 funds, but it's a culmination of many, many

1 different avenues.

2 MR. HEARN: Okay. So if the state and  
3 federal funding were at crisis level, what would  
4 that mean for your organization?

5 DR. LUSTIG: What that would mean for us is  
6 that we would have to take a look at specific  
7 programming. But it's also an interesting question  
8 because even in the darkest period of time when it  
9 comes to funding, there's always been, you know,  
10 enough funding, maybe not adequate, but there's been  
11 enough funding for our type of services.

12 But more importantly, what we have  
13 begun to see, even during COVID, is more and more  
14 funding is coming into this field. Just recently  
15 the State has moved to increase the rates and  
16 increase funding beginning September 1 for substance  
17 use providers in the state.

18 So there's always been  
19 opportunities, whether funding in one area gets cut  
20 back, there's always been increases in other areas  
21 that Haymarket Center has tapped into.

22 MR. HEARN: Okay. Next I was going to ask  
23 how do you expect your revenue, expenses, and net  
24 asset to change with the addition of the DuPage

1 center?

2 DR. LUSTIG: I didn't hear the question.

3 MS. O'KEEFE: Could you repeat --

4 DR. LUSTIG: Could you repeat that question?

5 I'm sorry.

6 MS. MALIK JARMUSZ: Mr. Hearn, can you repeat  
7 that, please?

8 MR. HEARN: Yes, I can.

9 How do you expect your revenue,  
10 expenses, and net asset to change with the addition  
11 of DuPage center?

12 DR. LUSTIG: Again, what our goal has always  
13 been is to look for additional fundings, not  
14 necessarily to rely on State funding. So we would  
15 look for this program to continue to support itself  
16 through donations and through grants and through  
17 other means and opportunities. So that is what we  
18 are projecting to see.

19 What's important is that this  
20 program, this site would phase in programs. As I  
21 testified before, we would not be turning the door  
22 and saying all of our programs are opening up at one  
23 time. They would be phased in and revenue would  
24 grow with those opportunities.

1 MR. HEARN: So did the Affordable Care Act  
2 make it easier for your patients to access  
3 insurance?

4 DR. LUSTIG: That's a great question. Yes,  
5 it did. The Affordable Care Act gave individuals  
6 access to managed care, even though it's Medicaid  
7 managed care. And Haymarket actually enrolls  
8 individuals who don't have insurance into that type  
9 of care, and it's been -- it's a huge opportunity  
10 for individuals who need this type of lifesaving  
11 treatment to also get insurance.

12 And so what I mean by that is even  
13 beyond Haymarket Center's programming, by us  
14 enrolling individuals into this system, they're able  
15 to get additional comprehensive funding, whether  
16 it's through medical, hospitals, primary care  
17 physicians. We actually help individuals maintain  
18 this opportunity for insurance coverage.

19 MR. HEARN: And is it fair to say that once  
20 individuals have that insurance, you could bill for  
21 the different services and all the services that  
22 Haymarket offers? So, for example, if you offer  
23 inpatient treatment, counseling services, medication  
24 services, all of those are ways that you would bill

1 insurance separately or differently depending on  
2 what service that individual needed or what kind of  
3 care they needed?

4 DR. LUSTIG: Yes, that would be correct.

5 MR. HEARN: Okay. So the more services you  
6 offer, potentially the more opportunities to -- to  
7 bill insurance and make revenue?

8 DR. LUSTIG: Correct.

9 MR. HEARN: Okay. On average, what is  
10 insurance billed per day for someone being treated  
11 at your facility?

12 DR. LUSTIG: What's interesting in the  
13 substance use disorders field is it really depends  
14 on the type of program and when it was opened up.  
15 So there are different funding streams and different  
16 rates per program. So there are -- our rates for  
17 residential treatment are from -- anywhere from \$120  
18 a day up to \$350 a day depending on the program a  
19 patient's going into.

20 MS. O'KEEFE: Mr. Hearn, this is Bridget  
21 O'Keefe. I was just wondering about the relevance  
22 of these questions as pertains to the zoning  
23 criteria that are being considered this evening?

24 MR. HEARN: Yeah, I guess my concern,

1 Counselor, is that if we're welcoming a population  
2 that's in need, in such desperate need that we need  
3 to zone for a facility like this that they're going  
4 to get proper insurance and that they're going to be  
5 able to utilize all the services that the facility  
6 is providing.

7 MS. O'KEEFE: I just think that, you know, I  
8 think we provided sufficient information about the  
9 funding stream. I think that Dr. Lustig has  
10 testified that the funding stream is stable and  
11 we'll be able to provide the level of services that  
12 Haymarket DuPage is committed to, which are all as  
13 needed in this area.

14 DR. LUSTIG: I would just briefly add that is  
15 the purpose of why we're bringing in our --

16 CHAIRMAN DALY: Can't hear.

17 DR. LUSTIG: That is the purpose of why we're  
18 bringing in all of our lines of intervention into  
19 this facility is to make sure that individuals  
20 receive comprehensive services; but also if they  
21 need to go to a hospital, they're already enrolled.  
22 So we're already taking on a role to make sure that  
23 it's not just Haymarket Center services that they  
24 will receive, but if a hospital can start billing

1 for them as well through this program. So numerous  
2 different sources an individual enrolls in can  
3 benefit from -- just from what Haymarket Center is  
4 doing.

5 MR. HEARN: Yeah, I guess there you stated  
6 the importance of it, so thank you for clarifying.  
7 I think we all agree that funding is important, so I  
8 appreciate you answering the question.

9 DR. LUSTIG: No problem.

10 MR. HEARN: Dr. Lustig, can you provide us  
11 with a list of all the agencies, organizations, and  
12 associations that Haymarket West Loop is accredited,  
13 approved, or licensed by? Can you provide that same  
14 list for the Itasca facility?

15 MS. O'KEEFE: Mr. Hearn, this is Bridget  
16 O'Keefe again.

17 We have provided as part of the  
18 supplemental exhibits the accreditation by CARF; and  
19 Dr. Lustig has previously testified as to his  
20 licensing, which is by the State of Illinois.

21 DR. LUSTIG: Right. And you cannot -- you  
22 cannot apply for licensure in front of this. You  
23 have to, you know, get -- you know, apply for it  
24 first before you open the program. So there

1 wouldn't be a list, but it would be through the  
2 Department of Substance Use Prevention & Recovery.

3 MR. HEARN: Okay. Thank you.

4 Has Haymarket sought out any grant  
5 money through HOPE Taskforce in DuPage, or do you  
6 have plans to once the facility is established?

7 DR. LUSTIG: No, we have not looked for grant  
8 opportunities; but once the location is opened, we  
9 will be looking for grant opportunities, as we've  
10 done even in our West Loop location.

11 MR. HEARN: And you would seek them from the  
12 County at a county level?

13 DR. LUSTIG: We will be open to wherever  
14 there will be resources available.

15 MR. HEARN: Okay. Are you aware that Winning  
16 Systems, a business that your organization has  
17 relied on, is owned by Laura Anderson who is also  
18 wife of Chris Kachiroubas --

19 MS. O'KEEFE: Mr. Chairman --

20 MR. HEARN: -- DuPage County Clerk?

21 MS. O'KEEFE: -- I would question the  
22 relevance of this and object.

23 MR. HEARN: I think the -- the Village is in  
24 the county in which the facility --

1 MS. O'KEEFE: Mr. Chairman --

2 MR. HEARN: -- is seeking funding.

3 MS. O'KEEFE: -- I would question the  
4 relevance.

5 MR. HEARN: And I think it's important to  
6 know and just have clear disclosure as to who and  
7 how is getting paid -- or how people are getting  
8 paid and who is getting paid with regards to the  
9 expense side and how they're related to county  
10 officials.

11 MR. HERVAS: Mr. Hearn, this is Chuck Hervas,  
12 the attorney.

13 That does not go to the zoning  
14 petition itself. Those are issues that will not be  
15 addressed in the formality of this particular  
16 hearing. So that's out of the bounds of the  
17 testimony, and it's not an appropriate question at  
18 this time. So please move on.

19 MR. HEARN: Okay. Thank you.

20 In your first application, you  
21 planned to allow children under 5. I heard  
22 Counselor O'Keefe say that the program to allow  
23 mothers with children under the age of 5 has since  
24 been taken off of the plan for the Itasca facility.

1                   What would the plan be for mothers  
2 with children over the age of 5?

3                   MS. O'KEEFE: Mr. Hearn, as you know, the  
4 purpose of providing Dr. Lustig and Mr. Baldwin for  
5 questions tonight was to address the testimony that  
6 was previously provided; and any questions regarding  
7 the amended application will be considered by the  
8 new process, as Mr. Hervas previously discussed.  
9 And so there will be another time to discuss those  
10 questions at the end of the hearing.

11                  MR. HERVAS: Let me interject as well,  
12 Mr. Hearn, so that you understand that -- that there  
13 is a limit to what we're doing right now; but that  
14 does not mean that you are unable to express your  
15 opinion at a later time under public comment, which  
16 goes to the last question you asked beforehand, nor  
17 does it prevent you from asking further questions on  
18 the amended application, which is the change on no  
19 children, and that will be discussed and you'll  
20 still have an opportunity to ask that.

21                               We're trying to move through the  
22 older process now and are limiting the questions.  
23 So I hope you understand that --

24                  MR. HEARN: I do. I know that came up

1 before, Counselor Hervas; so I appreciate that this  
2 changes the proceedings moving forward or the  
3 hearings moving forward by them submitting that  
4 information. I understand. So if that's what  
5 you're telling me now that they submitted a  
6 refreshed plan and that kind of resets that topic, I  
7 understand that. I'll just rely on, you know, you  
8 as the legal professional to keep me on the rails  
9 here to make sure I'm not going off -- off topic, I  
10 guess.

11 CHAIRMAN DALY: Mr. Hearn, do you have any  
12 further questions?

13 MR. HEARN: Yeah. I do.

14 Next question I had, you know, both  
15 parties running for Illinois Representative 45th  
16 District, which Itasca is a small voting base of,  
17 have come out against this Itasca proposal.

18 MS. O'KEEFE: Mr. Chairman, I must to object  
19 to the question --

20 MR. HEARN: Has Haymarket reached out to --

21 MS. O'KEEFE: -- the relevance of this.

22 MR. HEARN: -- Diane Pappas or Seth Lewis to  
23 consider how they might obtain funding from the  
24 State for this if both individuals running for

1 representation are against the plan?

2 MR. HERVAS: Mr. Hearn, there's been an  
3 objection interposed to your question. I think it  
4 had to do with making a notation about the political  
5 nature of the candidates.

6 Is there a specific question that  
7 you have outside of candidates in an election coming  
8 up?

9 MR. HEARN: Yeah. I guess both -- it appears  
10 that the individuals responsible for funding or, you  
11 know, pursuing funding for a project like this in  
12 their district have come out against the project,  
13 so --

14 MS. O'KEEFE: Objection; it's beyond the  
15 scope of direct.

16 MR. HEARN: -- that there may not be funding  
17 from the State or that, you know, Haymarket would  
18 have issues getting funding from the State.

19 MR. HERVAS: Okay. The question is  
20 speculative based on the positions of the  
21 candidates, and we don't know what's going to happen  
22 with that.

23 That is an appropriate comment for  
24 you to make at the public comment section of your

1 opinion of issues relating to that; but otherwise,  
2 it becomes a speculative matter and is not  
3 appropriate for the zoning petition at this point in  
4 terms of what candidates might or might not have a  
5 position on. And so we're going to move past that,  
6 please.

7 MR. HEARN: Okay. Understood.

8 MR. ELLENBECKER: Mr. Hervas.

9 MR. HERVAS: Yeah, Mr. Ellenbecker, you want  
10 to be recognized?

11 MR. ELLENBECKER: Yeah, if I may.

12 I think going forward for the sake  
13 of the transcript, I think we have to let the  
14 questions get out in their entirety before the  
15 objection is lodged because we're going to lose  
16 something.

17 MR. HERVAS: Yeah.

18 MR. ELLENBECKER: So I would just ask Counsel  
19 to refrain from objecting until the question is out.  
20 Or you could ask --

21 MS. O'KEEFE: The only challenge I would --  
22 the only question I would raise is that the  
23 questions themselves aren't really a question.  
24 They're a comment that's not relevant to the subject

1 at hand. It's not relevant to the zoning criteria  
2 that are being considered. And so by allowing the  
3 question to be asked in full, it's making a comment  
4 that would be better made when he has the legitimate  
5 right to do so at the end as agreed to. This is not  
6 the extent of questions that we agreed to for this  
7 section of the hearing.

8 MR. HERVAS: Yeah. Mr. Hearn, sometimes the  
9 preface of your question becomes a comment, and so  
10 I'm going to ask you to please be very careful and  
11 just limit your question to a specific question.

12 MR. HEARN: Okay. I appreciate that. I'm  
13 just trying to give some context to why it might be  
14 important. So I will try to limit that. Thank you.

15 Dr. Lustig, are you aware that in  
16 the last two years Itasca residents have had to take  
17 on larger taxes to fund our fire department and now  
18 we're being asked to do the same for our schools?  
19 On top of that, you know your own expert has  
20 indicated that a Haymarket facility in Itasca would  
21 impose some additional costs on each Itasca  
22 household.

23 You know, against this backdrop, do  
24 you intend to refile for tax exempt status and

1 further financially impose Itasca taxpayers?

2 DR. LUSTIG: So Haymarket is a nonprofit, a  
3 501(c)(3), so we will be looking to file as such.

4 Can you repeat the second portion  
5 of -- or the first portion of your question?

6 MS. DICKSON: It wasn't a question. It was a  
7 statement.

8 MR. HERVAS: I think the pending question is  
9 are you going to file for tax exempt status.

10 DR. LUSTIG: Yes.

11 MR. HERVAS: Okay.

12 MR. HEARN: Okay. I think I only have one  
13 more, so thanks for -- no, two more questions  
14 actually.

15 Another question I have is does  
16 Haymarket participate in any needle exchange  
17 programs?

18 DR. LUSTIG: No, we do not.

19 MR. HEARN: Okay. And my last question is  
20 would it be reasonable to expect that Haymarket  
21 DuPage will expand the size of its services to meet  
22 demands of addiction and mental health treatment in  
23 the future?

24 DR. LUSTIG: No. We would not expect that

1 primarily because you have square footage  
2 limitations that is required by state statute and  
3 the Department of Substance Use Prevention &  
4 Recovery, so you have to have a certain square  
5 footage between beds. So it doesn't allow us to  
6 expand beyond that.

7 MR. HEARN: Great. I think those were all  
8 the questions I had tonight.

9 CHAIRMAN DALY: Thank you, Mr. Hearn, for  
10 your questions of our witnesses.

11 And I would ask Shannon now to get  
12 to our next caller.

13 MS. MALIK JARMUSZ: Yeah, thank you,  
14 Mr. Hearn. We're going to disconnect now and let  
15 our next caller in.

16 If you could just give us a moment  
17 to queue up the second caller.

18 Hello.

19 MS. ERGO: Hi. I have Mr. Rudy Presta on the  
20 line. I'm going to transfer now.

21 MS. MALIK JARMUSZ: Thank you.

22 MS. ERGO: Mr. Presta, are you on the line?

23 MR. PRESTA: Yes.

24 MS. ERGO: Do I have the Plan Commission

1 live?

2 MS. MALIK JARMUSZ: You do.

3 MS. ERGO: Great. Thank you.

4 MS. MALIK JARMUSZ: Thank you.

5 CHAIRMAN DALY: Mr. Presta, would you please  
6 ask your questions of the witnesses.

7 MR. PRESTA: Sure. My name is Rudy Presta.  
8 I'm one of the partners of Franklin Properties, Inc.  
9 (Inaudible.)

10 THE REPORTER: Is it possible to turn him up?  
11 I can't hear.

12 MS. MALIK JARMUSZ: Rudy, can you speak up a  
13 little bit louder?

14 MR. PRESTA: Yeah, I'm trying.

15 MS. MALIK JARMUSZ: We're having trouble  
16 hearing you.

17 MR. PRESTA: I'm talking as loud as I can. I  
18 mean, this is -- I'm trying here. I'm not a full  
19 fan of the way this whole thing's going down, so I'm  
20 doing my best.

21 So what did you not hear? Do I  
22 have to start from the beginning?

23 MS. MALIK JARMUSZ: Yes, please start at the  
24 beginning.

1 MR. PRESTA: My name is Rudy Presta. I'm one  
2 of the partners of Franklin Properties, Inc.,  
3 currently owning and operating approximately 84  
4 rental units in downtown Itasca. Franklin  
5 Properties also has -- (Inaudible.)

6 THE REPORTER: I'm sorry, I can't hear him.

7 CHAIRMAN DALY: Mr. Presta, please hold for a  
8 second.

9 MR. PRESTA: Okay.

10 CHAIRMAN DALY: How do we fix this?

11 THE REPORTER: I can get every third word.

12 MS. MALIK JARMUSZ: We're unable to turn it  
13 up.

14 CHAIRMAN DALY: We can't turn up the volume  
15 on this. The speakers in this room will not  
16 accommodate a louder volume for his call signal.

17 So, Mr. Presta, is there any other  
18 way to speak into your phone to be more loud and  
19 clear?

20 MR. PRESTA: Let me -- let me -- hello?

21 MS. MALIK JARMUSZ: That was a little bit  
22 louder a moment ago.

23 MR. PRESTA: Is it louder now or I can hold  
24 it up -- how about now?

1 MS. MALIK JARMUSZ: Is the court reporter  
2 able to hear now?

3 THE REPORTER: I can hear -- I can't hear  
4 clearly all of it. I can hear bits and pieces.

5 CHAIRMAN DALY: Can this be transcribed from  
6 the YouTube video?

7 MR. HERVAS: It -- no.

8 CHAIRMAN DALY: Okay.

9 MR. HERVAS: No. If the court reporter  
10 cannot hear, then it's not going to work.

11 So we're going to try one more  
12 time, Mr. Presta. I know this is difficult. I  
13 really apologize for it.

14 MR. PRESTA: Yeah, I have a lot of questions  
15 so I want to be heard.

16 MR. HERVAS: And it's --

17 MR. PRESTA: I have the right to be heard.  
18 So my technical problems are -- you know, it's  
19 ridiculous that we're doing it this way. I just  
20 want that to be noted.

21 CHAIRMAN DALY: Sir, is there a way for you  
22 to call -- are you on a cellular phone right now?

23 MR. PRESTA: Yeah.

24 CHAIRMAN DALY: Is there a way that you could

1 possibly call back on a landline to the same number?

2 MR. PRESTA: I don't know how many households  
3 in this -- in this decade have landlines anymore, so  
4 I do not have a landline.

5 CHAIRMAN DALY: Okay. Then I would ask that  
6 you proceed more slowly so that the court reporter  
7 can clearly listen to what you have to ask of our  
8 witnesses and louder if possible.

9 MR. PRESTA: Okay.

10 CHAIRMAN DALY: Please proceed.

11 MR. PRESTA: I just have a -- I have a small  
12 child sleeping; so I don't want to be screaming into  
13 my phone, but I'll do my best. I hope I don't wake  
14 him up.

15 Okay. My name is Rudy Presta. I  
16 am one of the partners of Franklin Properties, Inc.  
17 Franklin Properties currently manages and owns 84  
18 rental units in downtown Itasca. Franklin  
19 Properties has also built over 50 -- 40 to 50 new  
20 construction single-family homes in the village in  
21 the last 25 years. Franklin Properties --

22 CHAIRMAN DALY: Sir, do you have a question  
23 for the witnesses?

24 MR. PRESTA: Yes. I'm -- can I -- can I

1 speak, or am I going to keep getting interrupted?

2 CHAIRMAN DALY: You may as long as you have a  
3 question that's germane to the topic.

4 MR. PRESTA: I have many questions; so can I  
5 just finish my introduction because I just want to  
6 make sure he --

7 CHAIRMAN DALY: Sir, sir, this is not the  
8 time for you to introduce yourself. This is the  
9 time to ask questions of the witnesses.

10 So please proceed with your  
11 question specifically to Dr. Lustig or Mr. Baldwin.

12 MR. PRESTA: Rosecrance is a treatment center  
13 located in Rockford. For the treatment center,  
14 Rockford has 10 acres of space with only a hundred  
15 beds. This seven acre -- this site has seven acres  
16 and you are proposing 272 beds.

17 How can this much density on a  
18 small site be good for patients you are treating?  
19 That's question number one.

20 CHAIRMAN DALY: Dr. Lustig, did you fully  
21 hear the question?

22 DR. LUSTIG: I -- I think so. I will try to  
23 answer.

24 The location is a 240-bed facility,

1 not 270. I think that's what he said. And so when  
2 you look at the square footage of the hotel, it  
3 very -- it easily can accommodate the programming  
4 that we are proposing to put into it. So I don't --  
5 that would be the answer. I think I heard all of  
6 what he said.

7 MR. PRESTA: How could this site be good for  
8 your patients you are treating there at that size  
9 facility?

10 DR. LUSTIG: We work very similar in our  
11 location in the West Loop. That, you know, works  
12 very, very well. Keep in mind that a portion of  
13 these beds are residential in nature so they're  
14 self-contained into a specific program, as state law  
15 requires. So the square footage was more than  
16 acceptable to render the services needed.

17 MR. PRESTA: Okay. Question two. The  
18 Haymarket 2017 comprehensive annual report provides  
19 that they are looking to expand over the next three  
20 to five years to create a comprehensive treatment  
21 center in a campus-like setting. How is --  
22 (Inaudible.)

23 THE REPORTER: I'm sorry, can he start over  
24 again after campus --

1           CHAIRMAN DALY: Mr. Presta, excuse me, would  
2 you please -- we did really well on the first  
3 question.

4                        Could you please restate question  
5 number two for the court reporter. Thank you.

6           MR. PRESTA: Sure.

7                        The Haymarket 2017 comprehensive  
8 annual report provides that they are looking to  
9 expand over the next three, dash, five years to  
10 create a comprehensive treatment center in a  
11 campus-like setting.

12                      How is the Itasca site going to be  
13 a campus-like setting when your plans only show a  
14 hotel and a parking lot?

15           DR. LUSTIG: So back in 2017, we were looking  
16 at many, many different locations and -- and  
17 property; and at that time, in 2017, that is what we  
18 were looking for. When we came across this site and  
19 this building, one of the things that we were able  
20 to see was that we were able to offer comprehensive  
21 services within the square footage of this building;  
22 and so that was -- that was our goal.

23           MR. PRESTA: Okay. And the reason why -- the  
24 next question had to do with introducing that I'm a

1 builder and developer because we've come in to the  
2 commissions of this village and other villages, and  
3 one of the biggest things is always density. So --  
4 and obviously when people come in, as same with  
5 this, they're looking for the most density they can  
6 possibly put into the property, whether it's units  
7 per acre or number of beds.

8 So what would be the minimum amount  
9 of beds you can approve and have this site still  
10 work for you as a -- as a viable treatment site?

11 DR. LUSTIG: So when we did that, we looked  
12 at the financial pro forma; and this is what allows  
13 us to make it financially feasible was the amount of  
14 beds that we are proposing today.

15 MR. PRESTA: Okay. But you got a \$5 million  
16 donation that you were not expecting to do this, so  
17 now you should -- that donation wasn't expected so  
18 now the numbers have to change. This was money that  
19 was a surprise, according to the article that I  
20 read.

21 Can you explain how this is still  
22 viable at the full 240 beds?

23 DR. LUSTIG: So keep in mind that the  
24 donation is a portion of the overall costs of

1 retrofitting the facility to meet the compliance and  
2 licensure requirements; so it's a much larger price  
3 tag for Haymarket Center than just what the donation  
4 was. So the donation was just a very small piece of  
5 it.

6 MR. PRESTA: Are you -- (Inaudible.) --  
7 reduce the density to 75 beds -- (Inaudible.)

8 THE REPORTER: Can he start over, please?

9 CHAIRMAN DALY: Please repeat the question,  
10 Mr. Presta.

11 MR. PRESTA: Are you willing to reduce the  
12 density to 75 beds to make the center like a  
13 campus-like setting?

14 DR. LUSTIG: So the goal of our proposal is  
15 really trying to meet the overall need of the  
16 western suburbs.

17 When you think about less than 10  
18 percent of the individuals who needed substance use  
19 disorder treatment in Illinois not being able to  
20 access it, we are trying to meet the demands of the  
21 western suburbs; and so we would not be looking to  
22 reduce the bed capacity at this point.

23 MR. PRESTA: But by that being said, then why  
24 would one large location and not many smaller

1 locations throughout the county, which would make it  
2 even more accessible to people, why would that not  
3 work but in this situation this large facility will  
4 support the whole county plus collar counties.

5 DR. LUSTIG: So, again, the goal of the  
6 facility was to bring in all of our comprehensive  
7 lines of service into the facility.

8 We know that over our 45-year  
9 history that being able to offer comprehensive  
10 services into this facility is what saves lives.  
11 And so by reducing the capacity isn't necessarily  
12 going to meet the demand of the western suburbs, nor  
13 will it meet demands in general. So, again, we did  
14 look at bed space, bed availability, bed structure;  
15 and, again, when you look at us in comparison to the  
16 hotel, we are already at double occupancy in each of  
17 the rooms, and so we would --

18 MR. PRESTA: You're not operating it as a  
19 hotel, so I can't make that analogy. It's not a  
20 hotel anymore.

21 DR. LUSTIG: Correct. I'm just talking about  
22 in size. It more than adequate meets the  
23 expectations of being able to --

24 MR. PRESTA: That permit was -- (Inaudible.)

1 THE REPORTER: Can he start over? I couldn't  
2 hear him.

3 CHAIRMAN DALY: Sir, Mr. Presta. This is --  
4 sir, we cannot -- we cannot record your testimony --  
5 or your questions of the witnesses in a -- in the  
6 manner in which you're responding to Dr. Lustig's  
7 response to your question. So if you could please  
8 ask a direct question of the witness and let him  
9 finish his answer.

10 MR. PRESTA: This whole process is  
11 absolutely -- you know, it just -- it doesn't make  
12 sense to me we're doing it this way.

13 Okay. I'm ready to put in my next  
14 question. Can I ask my next question?

15 CHAIRMAN DALY: Please do.

16 MR. PRESTA: Dr. Lustig, on patients that  
17 are -- have a disease and are addicted to opioids or  
18 drugs, how many of those also have alcohol problems  
19 combining drugs and alcohol? What percentage would  
20 you say with that base?

21 DR. LUSTIG: Probably over 90 percent.

22 MR. PRESTA: So 90 percent have alcohol and  
23 drug issues?

24 DR. LUSTIG: Correct.

1 MR. PRESTA: Okay. Here's my next question,  
2 and it's going to be a little bit -- I'll talk slow.

3 You explained that -- it was  
4 brought up to you that there's a liquor store right  
5 down the street. There's a few establishments that  
6 serve liquor, and there's a couple gambling  
7 facilities down the street. So if 90 percent of  
8 your patients -- or I'm sorry, people that are  
9 addicted and have a disease are also alcohol -- they  
10 struggle with that also.

11 When you were asked about, well,  
12 how are they going to deal with the liquor store  
13 being right there, you said you give them a tool  
14 bag. It has tools so they can cope with their  
15 triggers.

16 But on February 6 of 2020, in the  
17 Chicago Tribune when they wanted to put a dispensary  
18 in the West Loop, you were 100 percent against that  
19 because you said that that will trigger people to go  
20 into a relapse.

21 So what I'm trying to understand  
22 here, if you take a gentleman that looks older than  
23 21, gray hair, obviously he's in his 60s, whatever,  
24 he can walk into a liquor store with \$10, purchase a

1 bottle of vodka and tie one on. That same person  
2 without a government-issued ID and without cash  
3 cannot go into a dispensary with \$10 and purchase  
4 anything.

5 My question is why does the tool  
6 bag have triggers for the liquor store but not  
7 triggers for the recreational marijuana  
8 dispensaries?

9 DR. LUSTIG: So the goal of any treatment  
10 program is to reduce individual triggers. It cannot  
11 necessarily eliminate them because you don't  
12 necessarily know to the environment that a person's  
13 returning to. So the goal really is to reduce  
14 triggers.

15 In reference -- in reference to  
16 what you're talking to in the West Loop, the  
17 proposal was to open up a marijuana dispensary next  
18 door to Haymarket Center. This was within 20 feet  
19 of the center. And so it -- that is presenting a  
20 challenge to individuals, having such close  
21 proximity and close -- I mean, it was -- the only  
22 thing that separated the two doorways was an alley.  
23 And so I did feel at that point in time that having  
24 something so close to it would be challenging. I

1 don't think we see that here in Itasca as far as the  
2 close proximity of 20, 30 feet.

3 MR. PRESTA: But when you live in an urban  
4 setting, one block is whole nother -- you know, you  
5 can go one block and it's almost another  
6 neighborhood. So 20 feet, one block, I don't see  
7 what the difference is. If the person knows and  
8 they want it, they're going to go travel if they can  
9 walk --

10 CHAIRMAN DALY: Sir, I would ask that you  
11 continue to the next question, please, because we're  
12 taking a little bit of a deviation from the ask and  
13 answer.

14 MR. PRESTA: I'm trying to answer my  
15 question, and now I've been interrupted again.  
16 Okay. I'll go on to my next question.

17 I just have a question. Now I've  
18 heard that when you guys have petitioned you've  
19 changed now that you will not take mothers with a  
20 child under 5 years old?

21 DR. LUSTIG: Correct.

22 MR. PRESTA: Correct. So what happens if the  
23 mother comes and knocks on the door, has a  
24 one-year-old, it's February, it's 9:00 o'clock at

1 night, do you turn them away?

2 MS. O'KEEFE: Objection.

3 MR. HERVAS: Mr. Presta, the questioning has  
4 to relate to what the testimony was regarding  
5 Dr. Lustig and the children. And so the fact that  
6 there's been a change is now going to be presented,  
7 and that is an appropriate question but only after  
8 they have presented their case. So you would be  
9 invited to ask that same question at a later time.

10 We're reserving this time to only  
11 the substance of what was already testified to; and  
12 since the change has occurred, it can't possibly  
13 relate. So you need to move on with your next  
14 question, please.

15 MR. PRESTA: Yeah. I just get confused with  
16 all these changes on this whole process.

17 I'm done. I thank you, I  
18 appreciate it. Everybody stay safe. Thank you very  
19 much.

20 CHAIRMAN DALY: Thank you for your questions,  
21 Mr. Presta.

22 MR. PRESTA: Thank you. Have a wonderful  
23 night.

24 MS. MALIK JARMUSZ: Bye-bye.

1           CHAIRMAN DALY: Okay. We have no more phone  
2 calls at this time?

3           MS. MALIK JARMUSZ: That is correct.

4           CHAIRMAN DALY: Okay. So now we're going to  
5 move on to the written questions that were submitted  
6 to the Village.

7           MS. MALIK JARMUSZ: Thank you.

8                         We've had a handful of questions  
9 submitted online through our public comment form,  
10 and I'm going to read those into the record as  
11 they're written.

12                        The first is from Donald Sapienza.  
13 I apologize if I'm not pronouncing that correctly.

14                        When testifying as to how many  
15 calls for emergency services the proposed Itasca  
16 location would make, Haymarket reduced the number of  
17 calls from its West Loop location by about  
18 30 percent, testifying this was because the proposed  
19 Itasca location is about 30 percent smaller.  
20 Haymarket has also testified that Itasca should  
21 expect Haymarket to have about 4700 clients each  
22 year at the Itasca proposed location. I don't  
23 understand the difference in analysis.

24                        Haymarket has testified that it

1 currently treats about 12,000 clients a year.  
2 Haymarket has testified that a small number of those  
3 clients are in programs the Itasca location will not  
4 provide, but that would still indicate that the  
5 proposed Itasca location, 70 percent the size, would  
6 treat closer to 8,000 patients.

7 Further, Haymarket has testified  
8 that the 12,000 clients at its West Loop location is  
9 about 80 percent capacity, implying the West Loop  
10 location has a capacity of 15,000 clients. However,  
11 Dr. Lustig stated in 2009 that Haymarket was  
12 treating 18,000 clients.

13 Number one. Dr. Lustig made that  
14 statement when Governor Quinn was slashing health  
15 and human services budgets, which Haymarket now says  
16 that Governor Pritzker is going to start raising  
17 funding for again.

18 So my question is if Haymarket is  
19 treating 12,000 clients at its West Loop location  
20 now, why wouldn't the Itasca location likely have  
21 8,000 to 9,000 clients? And we know the West Loop  
22 location can at least 18,000 clients a year,  
23 particularly when Haymarket has testified that its  
24 clients come from all over the state and just in the

1 neighboring counties there are over 57,000  
2 individuals in need of its services, would we expect  
3 over 12,000 clients a year at the proposed Itasca  
4 location?

5 There's a website address link from  
6 streetnewsservice.org. Looks like the article name  
7 is "Illinois Budget Cuts Overwhelming."

8 Number two, Haymarket has testified  
9 that --

10 CHAIRMAN DALY: Excuse me, Shannon.

11 MS. MALIK JARMUSZ: Oh, sure.

12 CHAIRMAN DALY: Should the witness respond to  
13 the first question before you --

14 MS. MALIK JARMUSZ: I leave that up to your  
15 discretion if you'd like to stop and have a  
16 response.

17 CHAIRMAN DALY: Should we read the entire  
18 thing into the record?

19 MR. HERVAS: Let's see if they have a  
20 response to each question.

21 CHAIRMAN DALY: Okay, Dr. Lustig and  
22 Mr. Baldwin, do you understand what the first  
23 question is asking of you?

24 DR. LUSTIG: Yes.

1 CHAIRMAN DALY: Would you care to respond?

2 DR. LUSTIG: Yep.

3 So in the first question, we are  
4 not looking to actually serve more clients because  
5 yet again, as I stated previously, there is a  
6 regulatory limit to size and bed capacity. So  
7 you're not necessarily going to see an increase.

8 Second of all, keep in mind that  
9 with recovery home beds as opposed to treatment,  
10 people get admitted and discharged at different  
11 frequencies. So individuals that are in recovery  
12 homes tend to stay a little bit longer than those  
13 that are in treatment. So that's why you're --  
14 there's differences between the West Loop location  
15 and here.

16 CHAIRMAN DALY: Thank you.

17 MS. MALIK JARMUSZ: Number two. Haymarket  
18 has testified that it has a number of satellite  
19 facilities which are primarily recovery homes of a  
20 dozen or two beds. Haymarket has also testified  
21 that the proposed Itasca location will not be a  
22 satellite location; no overflow will come from  
23 Haymarket's locations; it will stand alone.

24 While Haymarket has been around for

1 45 years, is this the first time that Haymarket has  
2 ever tried to open a 240-plus-bed standalone  
3 facility?

4 DR. LUSTIG: So I don't recall -- I don't  
5 think I testified that our satellite facilities are  
6 primarily recovery homes. So that's -- our  
7 satellite locations are primarily outpatient  
8 services. So I want to make a correction to that.

9 The second piece, if you look at  
10 Haymarket Center in the West Loop, it is a larger  
11 facility; so this would not, obviously, be our first  
12 time because we're operating a larger facility now  
13 offering a tremendous amount of comprehensive  
14 services.

15 MS. MALIK JARMUSZ: Number three. Haymarket  
16 has testified, and lists on their website, that its  
17 West Loop location treats primarily the homeless,  
18 indigent, and ex-offenders. Haymarket has testified  
19 that it does not believe that it will be the makeup  
20 of its clients at the proposed Itasca location; but  
21 we certainly have homeless, indigent, and  
22 ex-offenders in the collar counties just like they  
23 do in the West Loop.

24 Has Haymarket done an analysis to

1 support their testimony?

2 DR. LUSTIG: So what you will hear tonight is  
3 from experts that Haymarket Center has really dug in  
4 to try to answer this question, and I will leave  
5 that to the experts.

6 MS. MALIK JARMUSZ: Number four. Haymarket  
7 has testified as to the number of emergency service  
8 calls it expects the proposed Itasca location will  
9 make and has made some anecdotal references to  
10 property values around the West Loop facility.

11 Dr. Lustig has also testified that  
12 he has not met with the owners of the neighboring  
13 businesses, nor traveled the route from the proposed  
14 Itasca facility to the Itasca Metra station where  
15 it's expected many of its clients will travel to get  
16 treatment.

17 Has Haymarket does any analysis of  
18 the impact on property values, crime, and retail  
19 businesses in the locations where a similar sized  
20 facility, i.e., 240 bed rehabilitation services for  
21 over 12,000 primarily homeless, indigent, and  
22 ex-offenders, has moved into a similar sized  
23 suburban neighborhood of 9,000 residents?

24 DR. LUSTIG: So as I mentioned previously to

1 this, you know, we -- during this period of time,  
2 this down period of time, we spent a great deal of  
3 time working with experts to answer these questions  
4 comprehensively. I think it's important to note  
5 that the experts we hired are third-party  
6 individuals that are not necessarily working for  
7 Haymarket Center.

8 So what I would really ask is give  
9 the opportunity for those experts to answer these  
10 specific questions because they did a tremendous  
11 amount of work. I can't -- I mean, countless hours  
12 and days went into the hard work that these experts  
13 did trying to answer these questions.

14 MS. O'KEEFE: And Mr. Polach, who is one of  
15 the witnesses tonight, will be specifically  
16 addressing the property value issue that they're  
17 asking about.

18 MS. MALIK JARMUSZ: That concludes this set  
19 of questions.

20 And then moving forward, our next  
21 questions are from Julie Elliot.

22 And her question for Dr. Lustig is  
23 does Dr. Lustig think that Alexian Brothers'  
24 emergency room will be able to handle all of the

1 Haymarket emergencies in addition to their  
2 residents' emergencies, especially with the uptick  
3 in COVID cases in DuPage County?

4 I'm concerned because I have three  
5 compromised family members that live in Itasca,  
6 including my husband who had a heart attack one and  
7 a half years ago.

8 DR. LUSTIG: So first of all, Alexian  
9 Brothers and surrounding area hospitals are already  
10 handling this population. The problem that we have  
11 is that they're being discharged to the streets and  
12 not into services. So what Haymarket Center is  
13 proposing is bringing forward is an opportunity for  
14 these hospital systems to be able to discharge a  
15 patient into treatment, into care.

16 As you recall in our previous  
17 testimony, many first responders spoke about the  
18 constant going out to different homes because a  
19 person's relapsed and overdosed several times.  
20 That's because there's very limited resources in  
21 area hospitals.

22 So this obviously gives a hospital  
23 a resource, an added value to the community to  
24 actually discharge this patient into care. And

1 that's -- that's, I think, a critical important  
2 piece to this and understanding is when a person  
3 goes to a hospital setting, that's not the right  
4 system of care because they're going to keep going  
5 back over and over again. How you correct that is  
6 discharge that patient into treatment.

7 And Haymarket Center has extensive  
8 experience working with hospitals in their emergency  
9 rooms transporting patients from the emergency room  
10 into care. And that's the service we'll be offering  
11 to area hospitals in order to support them with this  
12 population that's already existing.

13 MS. MALIK JARMUSZ: The next question is from  
14 Jatin Majmudar, and it's: On October 28th, 2019,  
15 testimony, Dr. Lustig referred to a study about  
16 stigma associated with drug addicts, page 36,  
17 line 10 of the transcript from October 28th, 2019.

18 My question is what Haymarket is  
19 planning to do to remove such stigma from rest of  
20 Illinois population so that such stigma would not  
21 affect future property value of Itasca businesses  
22 and Itasca residents?

23 And then there's an attachment with  
24 that page of the transcript.

1 DR. LUSTIG: So I really do appreciate this  
2 question because I think, you know, when you talk  
3 about stigma, it's really one of the leading causes  
4 of death with this disorder.

5 Haymarket Center over the course of  
6 its history has stood to educate individuals; so  
7 specifically answering this question, the very  
8 nature that we're trying to expand access to care is  
9 a way where you can reduce stigma. The more we talk  
10 about substance use disorders as a chronic health  
11 condition is a way that you educate and people begin  
12 talking about it and removing stigma relative to  
13 that.

14 Specifically my team, myself have  
15 participated on many boards throughout the state on  
16 criminal justice reform, understanding that there  
17 are more doorways to prisons than there are to  
18 treatment centers. And so we have worked  
19 extensively with elected officials educating them on  
20 the importance of providing treatment. Just that  
21 education alone is really, really critical to, you  
22 know, changing the way individuals are treated.

23 Many times individuals also go into  
24 hospitals and stigma -- you know, they might not

1 want to treat somebody or give an addict medication  
2 because of the nature of their disorder. And so by  
3 us working with area hospitals, being inside area  
4 hospitals, we have provided a resource for hospitals  
5 to understand how to treat individuals with  
6 addiction.

7 So we have for decades gone out to  
8 try to educate on the importance of treatment, the  
9 importance of comprehensive services, and I really  
10 think that's one way of bending the needle.

11 It's not just in the state that we  
12 focus on trying to change the view of substance use  
13 disorder individuals, but we also work heavily in  
14 Washington to make sure that there's continued  
15 adequate funding necessary for this population on an  
16 ongoing basis.

17 So we spend a great deal of time  
18 trying to educate individuals on the importance of  
19 real true cost savings to healthcare and reducing  
20 stigma.

21 MS. MALIK JARMUSZ: The next question is from  
22 Jessica Shannon, and she states: On April 14th,  
23 2020, the Chicago Sun-Times put out the attached  
24 article. The article title is Haymarket Center

1 Battles Coronavirus Outbreak, former employee says  
2 they acted too late. At least 45 people have tested  
3 positive for COVID-19 at Haymarket Center at  
4 932 West Washington Boulevard, 14 employees and 31  
5 patients according to a facility spokesperson. And  
6 then as of that date, 45 people, patients and  
7 employees, have tested positive for COVID-19. As  
8 stated in the article, two Haymarket employees also  
9 died of COVID-19-related illnesses after reporting  
10 to work at Haymarket in Chicago.

11 How is it responsible to open one  
12 of the largest drug treatment facilities in the  
13 country during a pandemic when we know facilities  
14 like these are breeding grounds for the virus?  
15 Wouldn't it be much more responsible to open smaller  
16 regional drug treatment facilities so patients could  
17 get their treatment they need and deserve in a  
18 smaller, much safer environment?

19 DR. LUSTIG: So first of all, it was a  
20 tremendous loss when we had two staff individuals  
21 pass away. However, the first individual that  
22 passed away from COVID was tested because his wife  
23 was positive from her job, and so the doctors felt  
24 it necessary to test him. The second individual

1 that passed away, we don't know if it was from  
2 COVID. We suspected so, but it was still a huge  
3 loss. So I want to first echo the loss that we have  
4 all felt from those individuals.

5 Specifically relative to COVID, as  
6 we all know, we are dealing with this pandemic  
7 everywhere you go. Unfortunately we're just like  
8 any other hospital where I can't just shut down, and  
9 we still have to provide lifesaving care to  
10 individuals who are having almost an equal epidemic  
11 and loss of individual life.

12 But since that period of time,  
13 Haymarket has instituted over 30 mitigation  
14 strategies that are done on both staff and patients  
15 on a daily basis. As a matter of fact, we worked in  
16 collaboration with the Illinois Department of Public  
17 Health, the Chicago Department of Public Health, and  
18 their liaison from the CDC to develop these  
19 mitigation standards. And so whether you have a  
20 program facility of three beds or what we are  
21 proposing, COVID is a real threat. It is a threat  
22 to every single person that we know of.

23 And Haymarket Center continues to  
24 strive and improve this. We have reduced group

1 size, we have reduced how individuals congregate  
2 with each other; so we've done a lot of mitigation  
3 standards.

4 An interesting fact, though, in the  
5 very early part of the epidemic, we were one of --  
6 one, if not the few organizations that began  
7 testing. So we were testing both staff and patients  
8 very early on in this epidemic so that we can create  
9 a safe environment for all of us to provide  
10 treatment in. And we continue testing to this very  
11 day. We test every patient that comes in at point  
12 of admission. So we do rapid tests on all of those  
13 individuals.

14 So we have done a lot of  
15 collaborative work with Rush Hospital, who's been  
16 our team member throughout this period of time.  
17 There's even been a white paper developed on the --  
18 and a study done to help congregate living  
19 situations, like Haymarket Center, that could be  
20 shared across this country on best practices.

21 So overall, we've done a real  
22 comprehensive approach to try to keep our  
23 environment safe.

24 But as many of you guys know, and I

1 don't think that there's one person in this room  
2 that has not had a relative or a friend or someone  
3 that they know be impacted by COVID. But, when you  
4 look at the fact that individuals come to us because  
5 it -- their lives are in jeopardy, it is no  
6 different than when individuals try to access a  
7 hospital for medical services as well.

8 MS. MALIK JARMUSZ: Those were the only  
9 written questions. There were a few written  
10 comments. When would be the appropriate time to  
11 enter those into the record, Chuck?

12 MR. HERVAS: Are you saying that you would  
13 read them at this time?

14 MS. MALIK JARMUSZ: No. I would just  
15 indicate who provided them. They have been posted  
16 on the village website and also provided to the Plan  
17 Commission as well.

18 MR. HERVAS: Okay.

19 MS. MALIK JARMUSZ: Go for it?

20 So the public comments that have  
21 been received since the last hearing that were not  
22 direct questions were from John Kilcullen, Eric  
23 Guenther, the Hope for Healing organization, and  
24 Nikita Dulin.

1 CHAIRMAN DALY: Thank you, Shannon.

2 Thank you, Dr. Lustig and  
3 Mr. Baldwin, for your testimony this evening or your  
4 response to the questions and answers.

5 We would ask now -- we're moving on  
6 to step 3 in the Petitioner's case.

7 We would ask Ms. O'Keefe to please  
8 call your first witness so that we could swear them  
9 in for their testimony.

10 MS. O'KEEFE: So if we could just take one  
11 second. Mr. Baldwin is going to leave, and we're  
12 going to just kind of rearrange for just a second,  
13 and we have to ask Dr. Sullivan to come up because  
14 he's in the lobby. So give us one moment, please.

15 (Brief pause.)

16 MR. KHAN: Dr. Sullivan.

17 DR. SULLIVAN: Yeah.

18 MR. KHAN: If you want to point the clicker  
19 here, because this is the laptop that controls it.

20 DR. SULLIVAN: Okay.

21 MR. KHAN: So if you want to point it towards  
22 here.

23 DR. SULLIVAN: Okay. Thank you.

24 This is the microphone here?

1 MS. O'KEEFE: Yeah, and you'll have to keep  
2 it there close to your face; otherwise, no one can  
3 hear you.

4 DR. SULLIVAN: Okay. Thank you.

5 Are we ready?

6 CHAIRMAN DALY: Dr. Sullivan, before you  
7 begin, could we please have you sworn in for --

8 DR. SULLIVAN: Sure.

9 CHAIRMAN DALY: -- testimony.

10 Madam Secretary, would you please  
11 swear in the witness. Or is that the court  
12 reporter?

13 MR. KHAN: Court reporter.

14 CHAIRMAN DALY: Court Reporter, excuse me,  
15 would you please swear in the witness.

16 THE REPORTER: Will you raise your right  
17 hand.

18 (Witness sworn.)

19 CHAIRMAN DALY: Thank you. Please proceed.

20 DR. SULLIVAN: Sure. Can you hear me? Talk  
21 louder? Loud?

22 MS. MALIK JARMUSZ: Yeah.

23 DR. SULLIVAN: Hi, I'm Dr. Daniel Sullivan.  
24 I'm the chief medical officer from Elmhurst Memorial

1 Hospital. We're part of a three-system hospital.  
2 I'll go into that in just a second here.

3 In 2016 when this opioid epidemic  
4 became more knowledgeable, Edward-Elmhurst put  
5 together a task force to tackle this problem; and I  
6 was asked to take on oversight of this task force  
7 and continue to do so through today.

8 What I will talk to today is the --  
9 what I believe is the state of the opioid epidemic,  
10 where Edward-Elmhurst and what I believe some of the  
11 other health organizations in this area, what their  
12 role is, the gaps, the barriers to success for  
13 combating this illness, and the value that Haymarket  
14 will play in this plan.

15 Several years ago when we started  
16 our journey on the --

17 CHAIRMAN DALY: Excuse me, Dr. Sullivan. I'm  
18 sorry, we're having sound issues.

19 MS. ERGO: He has to start all over.

20 MS. DICKSON: Excuse us. Technology.

21 MS. ERGO: He has to start from the  
22 beginning.

23 DR. SULLIVAN: Sure.

24 MS. ERGO: Nobody could hear anything in the

1 public.

2 DR. SULLIVAN: All right. Can you hear me --  
3 I think I hear myself now.

4 MS. MALIK JARMUSZ: Just make sure you're  
5 keeping it right in front of your mouth.

6 DR. SULLIVAN: Yeah.

7 MS. MALIK JARMUSZ: Yeah.

8 DR. SULLIVAN: Is that better now?

9 MS. MALIK JARMUSZ: Yes.

10 MS. DICKSON: And you have to start over.

11 DR. SULLIVAN: All right. That was a trial  
12 run.

13 So my name is Dr. Daniel Sullivan;  
14 and I am the chief medical officer at Elmhurst  
15 Memorial Hospital, part of a three-hospital system  
16 in the DuPage County area.

17 In 2016 we went on a journey  
18 against the opioid epidemic when it became  
19 knowledgeable that that was something that was  
20 affecting America, Illinois, DuPage County, and our  
21 area.

22 At that time, when we went on that  
23 journey, I was asked to take on oversight of the  
24 opioid epidemic at Edward-Elmhurst Hospital; and

1 I've done that from that time till the present.

2 What I want to testify to tonight  
3 is I want to talk about what the opioid epidemic  
4 means to us, what the role of Edward-Elmhurst is,  
5 and I can comment generally on what the role of some  
6 of the other health organizations in DuPage County  
7 are.

8 I want to talk about what we found  
9 is some of the gaps, the barriers to being  
10 successful in that journey or that fight against the  
11 opioid epidemic, and I want to talk about what the  
12 value of Haymarket in Itasca would be in  
13 relationship to that -- to that battle.

14 When we started on our journey at  
15 Edward-Elmhurst, we started -- and I'll talk about  
16 some of the things that we saw in Illinois. But  
17 when we started on that journey, we realized that  
18 treatment recovery was going to be difficult. And  
19 we learned that through the first a couple of years  
20 to try and get that off the ground, that's not  
21 something we could do on our own. We needed  
22 partners, we needed collaborators to help us with  
23 that, particularly with reference to things that go  
24 on outside of our hospital; and we started looking

1 for partners that could help us with that.

2 We came across Haymarket, which at  
3 that time we evaluated and recognized that it was a  
4 quality organization, it was reliable, available,  
5 comprehensive, and could potentially fill those  
6 gaps; and that's when we started a partnership with  
7 Haymarket.

8 Edward-Elmhurst Health is a  
9 three-hospital system. We have two acute care  
10 hospitals in DuPage County, Elmhurst Memorial that's  
11 in Elmhurst and Edward that's in Naperville. And we  
12 have --

13 MS. DICKSON: (Inaudible.)

14 DR. SULLIVAN: Oh. Well, that's not so good.

15 MS. DICKSON: Yeah, I'll do that for you,  
16 though.

17 DR. SULLIVAN: All right. We have one  
18 behavioral health hospital, which is Linden Oaks.  
19 That's also Naperville. And then we have a number  
20 of behavior health clinics, chemical dependency  
21 programs, and we have one medication-assisted  
22 treatment program that's associated with it.

23 Next slide.

24 We are -- Elmhurst is a 258-bed

1 hospital; Edward is a 369-bed hospital. We serve  
2 about 120,000 patients in our emergency rooms a  
3 year, about 60,000 at each of the hospitals. We  
4 admit 40,000 people each year, and the vast majority  
5 of our patients are from DuPage County. Elmhurst  
6 specific is between 55 and 60 percent of our  
7 patients who are admitted are from DuPage.

8           The next thing I wanted to talk  
9 about is the realness of the opioid epidemic, and I  
10 think you all know this. I'm not telling anything  
11 that you don't know. But just some amazing facts:  
12 2018, 67,000 Americans lost their lives of which --  
13 to overdose of which 40,000 were related to opioids.

14           It is not just a young person  
15 disease. Between 2013 and 2019, there was a  
16 200 percent increase in the ages of 55 to 64. In  
17 2019, in Illinois alone, there were 2,219 deaths.

18           Probably some of you know some of  
19 these statistics. I'm not telling you things you  
20 don't know.

21           What that -- in DuPage County in  
22 2018, there were about 3,000 opioid-related  
23 occurrences; and in 2019, there were about 2100.  
24 That averages about six to eight emergency room

1 visits to one of our hospitals every day. Just  
2 imagine every day we have six to eight people who  
3 come in with a serious opioid event to our  
4 hospitals.

5 Next slide.

6 So I bring this slide up here to  
7 talk about there's a stigma that people with opioid  
8 use disorder are people who were problems all their  
9 life, they just picked up a new problem, there is no  
10 recovery; and that's a horrible stigma that's put on  
11 to people with opioid use disorder.

12 The reason I point this slide out,  
13 it's really a shocking statement, is that over half,  
14 over 50 percent of the people who eventually become  
15 opioid use disorder patients started on prescription  
16 drugs.

17 This slide shows if you look at the  
18 square line, the solid line, a five-day course of  
19 opioids -- you go into the emergency room, you  
20 fractured an ankle, you sprained an ankle, you get  
21 opioids. A five-day course imparts a 10 percent  
22 risk on somebody who is opioid naive, meaning you  
23 don't use opioids, you don't use anything else,  
24 10 percent risk that a year later you're going to

1 still be on opioids. A 10-day course imparts  
2 between a 15 and 20 percent risk.

3 This is the origin of many of our  
4 opioid events. It's not what we're talking about  
5 with that stigma of patients who don't care for  
6 them. This is us. This is us not -- taking opioids  
7 for a legitimate purpose in a legitimate dosing,  
8 that just tells you how powerful this is. And it  
9 happens to all of us.

10 Next slide.

11 In 2016, that's when we first  
12 started -- when it first became very apparent that  
13 opioids were a problem, and that's when Governor  
14 Rauner put together a task force to tackle this.

15 Now, you can see on this slide the  
16 first wave -- or the first trajectory here, it  
17 started back in 2012. Between 2012 and 2016, it was  
18 already heading up; and when they did a trajectory  
19 to 2020, which is this year, the anticipated number  
20 of patients who were going to be -- we were going to  
21 have as overdose deaths in Illinois was going to be  
22 2700. They put together a plan and a goal to reduce  
23 that by 33 percent so that their hope was that 2020  
24 it would be 1700 deaths and continuing downward.

1                   They did this through really three  
2 pillars. One was prevention; and what I mean by  
3 prevention is you reduce the inappropriate  
4 prescription or utilization of the opioid drug.

5                   Two, you re-evaluate your methods  
6 to treat pain. You don't treat everybody with  
7 opioids because you saw in the previous slide that's  
8 not a smart thing to do.

9                   Three, you reduce the availability  
10 of prescription drugs for unintended uses. So you  
11 don't put them in your medicine cabinet so that  
12 somebody else takes them and uses them for an  
13 intention that's not there.

14                   The second pillar was treatment and  
15 recovery. What they determined was we need to train  
16 people to identify and treat people, we need to  
17 increase the capacity of our programs that can treat  
18 people, and we need to improve access to those  
19 programs. Those were the three major initiatives  
20 around treatment and recovery.

21                   And then there was the response.  
22 If somebody does overdose, how do you get them so  
23 that they don't die; and that's where Narcan came  
24 into play.

1                   So I take you to the next side  
2 where this is actually what happened in Illinois.  
3 You can see in 2016 and then it -- where it starts  
4 to flatten out; 2017 the increase is not as much as  
5 expected; and in 2018, for the first time we see a  
6 decrease. So some of these measures have worked.  
7 We've -- we've actually found to be able to flatten  
8 the curve.

9                   Now, it's not as good as we would  
10 have expected, and we've run into barriers. And one  
11 of the major barriers I would say is getting  
12 treatment and recovery under control. We've done  
13 well with Narcan, as I'll show you. We've done well  
14 with prevention. We have not done as well with  
15 treatment and recovery.

16                   In the next slide, you'll -- this  
17 is a busy slide; but I'm just going to try and bring  
18 your attention to, there's a green column on the  
19 left with lots of dots in it. For each year there's  
20 a green column on the left and then there's a number  
21 of columns on the right that have different colors.  
22 The different colors are just the type of death that  
23 the patient experienced from the different type of  
24 opioid, whether it was synthetic, heroin, or one of

1 those types of things.

2 What I want you to notice that in  
3 the green dots on the left are the number of saves  
4 as a result of Narcan. When somebody overdoses, you  
5 give them Narcan, you can get them so that they  
6 recover and they don't experience death.

7 Back in 2015, when this was first  
8 started or when we first started giving impetus to  
9 it, we had 62 saves and we had 51 deaths.

10 In 2016, when things were starting  
11 to become more recognized, you can see that the  
12 deaths shot up to 95 but the saves went up to 145.

13 And subsequent to that time, we've  
14 had a flattening. We've had 95, 98, and 96, which,  
15 to me, this tells us if we intervene  
16 appropriately -- this is just one of those pillars,  
17 but that one pillar in DuPage County has been  
18 successful in preventing a number of the deaths that  
19 would have occurred.

20 The next slide shows the success  
21 we've had with prevention. And as you can see, in  
22 Illinois, opioid prescriptions hit their peak at  
23 2016 at 107,000; and as of 2018, we're down to  
24 67,000, and you can see the downward curve. I don't

1 think it's a coincidence that we see a decline in  
2 prescriptions, we see an upward in Narcan  
3 utilization and response, and we see a flattening  
4 and now a down slope to the curve. It's not a  
5 coincidence, but it's not as much as we wanted. And  
6 I'm going to get back to the fact that I believe we  
7 still have a way to go in treatment and recovery.

8 Now, this is real nice except the  
9 COVID pandemic decided to interfere with the opioid  
10 epidemic and everything in medicine, at our  
11 hospitals, was diverted towards opioid -- towards  
12 the pandemic with COVID. And what happened when the  
13 opioids were forgotten, we got into trouble again.

14 Illinois, first three -- first four  
15 months of 2020, a 33 percent increase in nonfatal  
16 overdoses. DuPage County, the first six months, 70  
17 overdose deaths compared to 46 deaths at a similar  
18 period last year, 52 percent increase. Cook County,  
19 924 deaths first five months versus 461 similar  
20 period the year before, a hundred percent increase.  
21 COVID has made this opioid epidemic significantly  
22 worse, and the need for treatment has just  
23 intensified.

24 Next slide.

1                   So this is -- oh, this is -- I wish  
2 I had this bigger. This is our data from  
3 Edward-Elmhurst. I apologize for the smallness of  
4 that slide. I thought it was bigger. When I was  
5 looking at it here, it looked okay. But sorry.

6                   But what I can tell you is that at  
7 Edward-Elmhurst, we have experienced over the last  
8 three years somewhere between 1100 and what we're  
9 going to project out at this year as a thousand  
10 opioid episodes in our emergency room. So between  
11 Edward and Elmhurst, that's about three a day.  
12 That's about a third of what happens in DuPage  
13 County. We do about a third of it in our emergency  
14 rooms.

15                   Our deaths, as you can see, in  
16 2018, we had 12; 2019, 15; and in the first five  
17 months of 2020, we had nine which projects out to  
18 about 22. So we're seeing an increase just like  
19 everybody else. COVID has hit us just like  
20 everybody else.

21                   So what efforts have we done to try  
22 and prevent this and try and mitigate this over the  
23 last several years. Well, not necessarily at the  
24 beginning did we follow the pillars of Illinois; but

1 everybody, not only at Edward-Elmhurst, the other  
2 hospitals in DuPage County, Cook County, many of the  
3 hospitals -- and I've talked with many of the CMOs.  
4 We collaborate together to try and do the same  
5 thing. Our desire is one thing: Knock this opioid  
6 epidemic down. It has no -- it's agonistic. We  
7 need to look at this and do it together.

8                   So what we did at Edward and  
9 Elmhurst -- and, again, some of these were  
10 collaborating with other organizations -- we  
11 developed treating guidelines for our physicians to  
12 treat them -- to help them understand how do you  
13 treat appropriately, do not get opioids out in that  
14 community that are going to initiate the eventual  
15 opioid use disorder.

16                   We educated them. We changed the  
17 way we treat pain, in our pain management centers,  
18 we don't rely on opioids anymore. In our emergency  
19 room, we joined an ALTO program, which is -- which  
20 is alternate treatment for pain. So somebody comes  
21 into our emergency room, we try and stay away from  
22 opioids. That doesn't mean you can't use them.  
23 They have a use; but when they're used, they need to  
24 be used cautiously.

1                   We have a takeback program and  
2                   denaturing program where when people get appropriate  
3                   prescriptions for drugs after surgery and they have  
4                   leftover, don't leave them in your medicine cabinet,  
5                   get them back to the hospital, denature them, don't  
6                   leave them available for yourself at a later time or  
7                   for somebody else who may want to use those.

8                   With respect to response, we've  
9                   gotten Narcan into our emergency rooms so that when  
10                  people come in with overdoses, we give that to them.  
11                  We've helped the governmental agencies, the police  
12                  to get that Narcan into their hands so it's utilized  
13                  appropriately. And we've actually went to the point  
14                  when physicians are now prescribing narcotics, if  
15                  it's a higher dose, they are mandated to prescribe  
16                  Narcan with that and to inform the patient of the  
17                  seriousness of that.

18                  And then we went on for treatment  
19                  and recovery, and we've incorporated chemical --  
20                  we've had chemical dependency programs for a long  
21                  time. We've done it in part with detoxification on  
22                  our inpatient side and outpatient treatment centers.

23                  We've added the emergency room  
24                  program. We start treatment in our emergency room

1 now. People come in with these opioid use disorder,  
2 we get them started on treatment right away. And  
3 we've collaborated with other organizations -- and  
4 in particular, in this situation, it's been  
5 Haymarket -- to try and be that go-to when we need  
6 them to follow up on these patients. Because if we  
7 initiate -- if we identify them, we initiate it, and  
8 we don't follow up, it doesn't work. They're back  
9 on and they're going to repeat the cycle again and  
10 again. We've got to interrupt it.

11 But the good news is if we do this  
12 right, we will interrupt it. And what I've seen  
13 with people who get that cycle interrupted, they're  
14 every bit as valuable in society as anybody,  
15 including myself. But we've got to do it right.

16 Next slide.

17 So this is another program that we  
18 started with part of our treatment recovery, and  
19 this is not unique to Edward-Elmhurst. This is  
20 other organizations in addition where we start  
21 methadone or buprenorphine, which are drugs that  
22 substitute for the narcotic. They don't give you  
23 the euphoria, but they take away the withdrawal.  
24 And if you look at studies, people don't go to try

1 and get more narcotics to get euphoric; they try and  
2 get narcotics to not feel the withdrawal. And this  
3 prevents it.

4 It has been so beneficial that if  
5 you look at the studies, there's a reduction in  
6 mortality at 12 months by 38 to 59 percent or 40 to  
7 60 percent. Any other therapy that we have that has  
8 that type of a benefit is heralded as highly, highly  
9 successful.

10 If we initiate it in the emergency  
11 room, which we are now starting to do, and we can  
12 link it to follow-up care, the success rate goes  
13 from 12 percent engagement in a recovery program to  
14 72 percent at six months; and that persists from six  
15 months to a year.

16 The problem is our optimal success  
17 rates require that this be done appropriately.  
18 You've got to get it done quickly. You've got to  
19 get it done timely. But if you do it right, it  
20 works.

21 The other problem that we run into  
22 with our MAT program -- and I'll talk a little more  
23 about that -- is it's not available to everybody.  
24 Unfortunately it depends on insurance, it depends on

1 situations like that which we try and not to  
2 identify or work with.

3           So successful elements of our -- of  
4 any opioid program, and I think if you asked any  
5 physician who deals with opioids at any hospital,  
6 it's not Edward-Elmhurst, you need to identify the  
7 patients, you need to train people to do that,  
8 whether that's in the emergency room, the hospital,  
9 the clinics. You have to start them on treatment.  
10 You have a window to be successful. You've got to  
11 start them on treatment, and then you've got to get  
12 them into recovery. You do those three things, your  
13 success rate goes to what I just talked about,  
14 12 percent to 72 percent engagement, 40 to  
15 60 percent mortality at a year. Very big, very  
16 huge.

17           Next slide.

18           So I think I've already went --  
19 it's the next slide after this.

20           MS. DICKSON: Oh, excuse me.

21           DR. SULLIVAN: So what did we identify as  
22 some of the gaps of the opioid program, again not  
23 just us -- and I'll talk about this because we've  
24 done this as a regional group in DuPage County. But

1 initially what we identified was that providers  
2 weren't trained to do it, we didn't have people to  
3 get people into the program, and we didn't have  
4 programs to accept these patients. So it's pretty  
5 difficult to be successful when you don't have all  
6 those elements.

7 Subsequently at Edward-Elmhurst, we  
8 have trained our physicians, we have X waiver, which  
9 means they can prescribe the drugs now. A physician  
10 cannot prescribe these drugs unless they're trained  
11 and unless they have certification, and this is  
12 their certification.

13 We've developed navigators in our  
14 emergency room, both internal and we have some from  
15 Haymarket who will come, and they will work with  
16 these patients when they come in, because that's the  
17 optimal time, that's the window right there.  
18 They'll talk to them, they'll counsel them, they'll  
19 say, you know what, this is the -- this is the  
20 solution, and then they can get them into the  
21 program.

22 What we've had a hard time on is  
23 getting the programs to accept our patients. It is  
24 not easy. I've talked to our social workers, our

1 case managers in the emergency room, I've asked them  
2 what happened with this patient, Well, we called  
3 this place, we called this place, we called this  
4 place, unfortunately they're Medicaid so they said  
5 no beds, no beds, no beds. Oh, they'll have a bed  
6 in three weeks. Well, three weeks isn't going to do  
7 it.

8 What do we wind up eventually  
9 doing? We discharge them from the emergency room  
10 after they're -- if they were an overdose, we  
11 discharge them after they're detoxed in the  
12 emergency room, unless they need to be admitted, of  
13 course, and they're back out on the street again.

14 We can't hold them. They can say,  
15 I want to leave. And if you don't offer them a good  
16 option, they will leave. And if they leave, the  
17 cycle just repeats itself over and over again.

18 Go to the next slide.

19 So the other thing I was talking  
20 about is in DuPage County, we -- because we've  
21 recognized this, we -- the DuPage Health Coalition  
22 formed a subgroup which included all the hospitals  
23 in DuPage County, it included all six hospitals,  
24 several medical groups, two healthcare

1 organizations, and obviously DuPage County Health.  
2 We came together and we said what are we to do about  
3 these opioids. We came to the same conclusion. And  
4 this was last year. We said not enough people  
5 trained, not enough access.

6 DuPage -- DuPage Health went out  
7 and got a grant and was able to support training of  
8 physicians; and subsequent to that, we've had a  
9 number of physicians trained throughout DuPage  
10 County. Not just Edward-Elmhurst. There's a number  
11 of them who are now trained and can administrate.

12 What we did not have good success  
13 is trying to navigate and get access for patients,  
14 particularly those who don't have insurance, who are  
15 underinsured, or who have Medicaid. Unfortunately  
16 people -- there's not enough places in DuPage County  
17 to take care of those types of patients.

18 If you look at what this  
19 organization, the -- what this organization has  
20 stated in their letter of support is that 57,000  
21 people in DuPage County should be in treatment but  
22 are not in treatment. And the statistic is probably  
23 about 10 percent of people who should be in  
24 treatment are actually -- 10 percent who should be

1 are actually in treatment. That's where that 57,000  
2 number comes from.

3 If we were able to get those people  
4 into treatment, we can't even supply enough  
5 resources for the 10 percent. And I'm telling you  
6 this, on a daily basis at Edward-Elmhurst, I'm at  
7 Elmhurst, we struggle all the time trying to find  
8 somebody to take these patients. And that's the 10  
9 percent.

10 What if we'd start doing our job  
11 better and our trained people start recognizing  
12 these people more and we get the people who need to  
13 be in treatment into treatment. That deficit is  
14 just going to be worse.

15 So that's where I bring into the  
16 Haymarket solution.

17 When we looked at Haymarket, we  
18 understood that they're well known -- they have a  
19 well-known success in treating opioid use disorder.  
20 They have -- the specific ability -- they have an  
21 ability that differentiates them in that they're  
22 willing to take all comers. They don't say, Well,  
23 we're not going to take the uninsured, we're not  
24 going to the Medicare. They take all comers.

1                   They pay particular attention to  
2 providers and patients. They make it easy for  
3 providers. So if I'm a doctor in the office or I'm  
4 a doctor in the emergency room and I say, I need  
5 somebody put in, Haymarket will come 24/7. They  
6 won't ask you to call 15 different numbers. They  
7 won't say, Call us in five days. They make it easy  
8 for providers and they make it easy for patients to  
9 get into their program.

10                   One of the other barriers we have  
11 at Elmhurst is when we still -- we do work with  
12 Haymarket and we send some patients down to Chicago;  
13 but I'm telling you, people who live in DuPage  
14 County, they -- you catch them on the line and  
15 they're -- they're ready to go and then you say,  
16 Well, it's in Chicago, they go, Well, you know what,  
17 I'm going to take a pass, I don't want to go to  
18 Chicago.

19                   And then what do we do? We try  
20 some other facilities; we get no, no, no. We give  
21 them their papers; we say, This is what you need to  
22 do. We emphasis it to them. They say, I know but I  
23 have the right to leave, I'm going. They go. The  
24 cycle reoccurs.

1                   This is a way to break that cycle.  
2                   This is why I'm passionate about Haymarket, anybody  
3                   who can help us to treat these patients in a way  
4                   that we could be successful. And the studies tell  
5                   us we can be successful.

6                   So there's no question in my mind  
7                   we can make an impact. It's the people in DuPage,  
8                   the people in Kane, Will, Cook, everybody can use  
9                   this.

10                  So in summary, what I'm going to  
11                  say is that I hope what I've shown you today is that  
12                  the opioid substance abuse is an epidemic in the  
13                  U.S.A., in Illinois, in DuPage County, at Elmhurst.  
14                  It affects all groups of society. It's deadly.  
15                  However, there is a treatment plan that works.  
16                  Unfortunately we have gaps where we -- our major gap  
17                  right now is access to care. And Haymarket can and  
18                  will bridge that gap, particularly for those most in  
19                  need.

20                  I hope that helps.

21                  CHAIRMAN DALY: Thank you, Dr. Sullivan, for  
22                  your testimony this evening.

23                  Before we cross-examine the  
24                  witness, may we take a five-minute break. And

1 remember that our microphones are on. Thank you.

2 (Recess taken.)

3 CHAIRMAN DALY: Okay. We're ready to resume.

4 Would Mr. Ellenbecker like to come  
5 forward and begin his cross-examination.

6 MR. ELLENBECKER: I would. Thank you.

7 EXAMINATION

8 BY MR. ELLENBECKER:

9 Q. I think I'm loud enough. I can hear  
10 myself. Can you hear me, Doctor?

11 A. I hear you.

12 Q. All right. A little strange for you;  
13 you're going to have to turn this way, I think.

14 A. I got it.

15 Q. Doctor, as a cardiologist, how often in  
16 the course of your practice are you referring  
17 patients directly yourself to Haymarket?

18 A. I don't really practice cardiology  
19 anymore. I've been in the CMO position now for  
20 seven years, and the amount of cardiology practice I  
21 have is minimal.

22 Q. As chief medical officer, are you  
23 referring patients directly, or do you have patients  
24 that you refer to Haymarket?

1           A.    I do not have patients who I refer  
2 because I don't have that many patients anymore.

3           Q.    Were you on the inaugural Leadership  
4 Council of Haymarket?

5           A.    No.  Oh, inaugural leadership.  
6 Leadership, yeah.  Was that the one that was started  
7 just two years ago?  Yes.

8           Q.    And does Elmhurst or Edwards-Elmhurst  
9 Hospital have any inpatient substance abuse  
10 treatment beds?

11          A.    We do.  At -- well, at Linden Oaks.

12          Q.    Yeah, and I'll get to Linden Oaks.

13                    But does Edwards-Elmhurst on its  
14 campus, the 50-acre campus, have any inpatient  
15 substance abuse treatment beds?

16          A.    We don't.

17          Q.    And does Edwards Hospital in Naperville  
18 have any inpatient substance abuse treatment beds?

19          A.    I think they refer them over to Linden  
20 Oaks.

21          Q.    And Linden Oaks, correct me if I'm  
22 wrong, has 12 inpatient treatment beds?

23          A.    I think it's 12.  We have 10 percent of  
24 our behavioral health is -- that's what's usually

1 occupied, 10 percent.

2 Q. And I think you said that -- that's not  
3 the right slide, but across the whole  
4 Edwards-Elmhurst healthcare system, Edwards has 12  
5 inpatient substance abuse treatment beds; is that  
6 right?

7 A. At Linden Oaks, correct. But I don't  
8 know that that's specific to 12. It could be 10, it  
9 could be depending what the population is; but my  
10 understanding is that about 10 percent of the  
11 patients at Linden Oaks are substance abuse.

12 Q. Has any part of the opioid action plan  
13 that you discussed in-depth earlier, has any part of  
14 that action plan explored Edward-Elmhurst adding  
15 more inpatient substance abuse treatment beds to  
16 fill the recovery treatment void you just described?

17 A. We've talked about it. We do have some.  
18 But just like anything else, you try and do what is  
19 in your wheelhouse, what you are focused on, what is  
20 best for you.

21 The best reference I could give you  
22 to is certain skilled nursing facilities at  
23 Elmhurst. I mean, why wouldn't you take care of  
24 patients who you take care of acutely and you send

1 out for treatment in these skilled nursing  
2 facilities. And we did that about 15 years ago at  
3 Elmhurst, and it was a disaster. We stopped it  
4 because that's not our focus; that's not our  
5 wheelhouse.

6 When you have other providers who  
7 can do that, you try and partner with those  
8 providers. We do some of it; but we don't have the  
9 capability, nor would it be in our interest or  
10 anybody else's interest to have us develop that.

11 Q. Is Linden Oaks good and are they  
12 considered experts in their field of treating  
13 inpatients in the area of substance abuse?

14 A. I would say yes.

15 Q. You indicated that in 2016 as part of  
16 the opioid task force, you and the task force  
17 started looking for partners; correct?

18 A. After we -- not in 2016. As we moved  
19 along, we -- we developed our teams, our pillars, we  
20 started moving along, tried to identify where  
21 problems occurred, what we needed to do. And  
22 somewhere, and I can't give you a specific date, we  
23 recognized that there were a number of deficits, of  
24 which one of them was access for -- for the

1 patients; and we realized we needed to have some  
2 partners to help us here.

3 Q. As part of the pursuit of partners, did  
4 you or your task force at all engage villages or  
5 towns in DuPage County to explore whether they would  
6 be partners?

7 A. That, I'm not certain about what -- what  
8 specific reaching out that they did. We have  
9 constant interactions with towns, individuals,  
10 treatment centers when we try and get patients to  
11 those sites. So there's a constant interaction of  
12 who is willing to take them, who wants to take them,  
13 who is willing to do these things.

14 Q. Do you know if anybody in your task  
15 force at any point in an effort to solve the --  
16 we'll call it the treatment recovery gap in DuPage  
17 County ever reached out to explore the possibility  
18 of Itasca as a town hosting a facility?

19 A. Not that I'm aware of. No.

20 Q. Okay.

21 A. I would be aware of that, so no. Nobody  
22 reached out.

23 Q. Have you discussed ever the idea of  
24 Haymarket or any other partner coming in and leasing

1 facilities at Elmhurst -- Edwards-Elmhurst?

2 A. No, we have not. We don't have the  
3 geography to do that.

4 Q. On your 50-acre campus you don't have --

5 A. Correct.

6 Q. -- the geography?

7 A. Correct. We are -- we are strapped.

8 Now we have other initiatives that we would like to  
9 get going that are in our expertise, in our  
10 wheelhouse. And we are limited because we don't  
11 have the geography to do that.

12 Q. Do you recall -- and this is going back  
13 a few years. Do you recall in 2011 when Elmhurst  
14 was moving to its new campus and it had issues or  
15 was trying to decide what to do with the old campus,  
16 one of the ideas was to expand behavioral services,  
17 mental health, and substance use treatment options?

18 A. You know, I was not part of the  
19 administration at that time, so I don't know what  
20 the -- what happened at that time.

21 Q. Were you a physician in the Elmhurst  
22 Hospital system in 2011?

23 A. I was.

24 Q. Do you recall there being a discussion

1 about using the old campus to expand your substance  
2 abuse treatment options?

3 A. I don't recall that.

4 Q. Do you recall what Edwards -- it wasn't  
5 Elmhurst -- or Edwards at the time.

6 Do you recall what Elmhurst  
7 Hospital did with its old campus?

8 A. Well, I know that they -- it was sold  
9 and then -- to developers and then they developed  
10 it.

11 Q. Do you agree with Dr. Lustig that detox  
12 treatment facilities are best situated in close  
13 proximity to a hospital that may treat those  
14 patients should the need arise?

15 A. Detox facilities are in -- are --

16 Q. I'll rephrase it.

17 Dr. Lustig has said in the past  
18 that it's best to have a treatment -- a drug  
19 treatment facility in close proximity to a hospital.  
20 Do you agree with that?

21 A. I would agree that if you're going to  
22 have success in getting people from detox into the  
23 next phase, there has to be some geographic  
24 closeness.

1 Q. And do you know what the closest DuPage  
2 area hospital is to the proposed Itasca Haymarket  
3 Center?

4 A. I don't.

5 Q. When you say -- and I'm looking at  
6 page 2 of your PowerPoint.

7 MS. DICKSON: This one?

8 MR. ELLENBECKER: It's page 2.

9 Yeah, that's the one.

10 MS. DICKSON: Okay. Thank you.

11 BY MR. ELLENBECKER:

12 Q. In the last bullet point, it says  
13 "Itasca location would benefit local collaboration  
14 for providing treatment."

15 What do you mean by that?

16 A. I think that a site in DuPage County  
17 close to the hospitals would have a better  
18 likelihood of success in getting patients to follow  
19 up with treatment than what we currently have.

20 Q. And with that explanation in mind, would  
21 you agree that we could fill the Itasca blank with  
22 almost any town in DuPage County?

23 A. I don't -- I would -- I was not part,  
24 nor am I part, of where this is located within

1 DuPage County. I think a resident -- a facility in  
2 DuPage County would be beneficial, right.

3 Q. And if -- one part of your explanation  
4 was proximity to hospitals. You'd agree with regard  
5 to acute care centers in DuPage County, proximity to  
6 hospitals would occur or could occur in Elmhurst;  
7 correct?

8 A. It could.

9 Q. And it could occur in Hinsdale; correct?

10 A. It could.

11 Q. And it could occur in Naperville;  
12 correct?

13 A. It could.

14 Q. All right. There's no hospital in  
15 Itasca; correct?

16 A. There is no --

17 Q. Is there a DuPage County hospital within  
18 eight miles of Itasca?

19 A. I don't know the exact mileage.

20 Q. I was looking at -- and I don't know  
21 when the last time you looked at your substance  
22 abuse website for Edwards Hospital; but I was  
23 looking at the website trying to find some  
24 indication that Edwards-Elmhurst was collaborating

1 with Haymarket, and I couldn't find any mention of  
2 Haymarket on your hospital's website.

3 Do you know why that would be?

4 A. We haven't advertised. We use it, but  
5 we haven't advertised it.

6 Q. Do you know -- I asked you about  
7 hospitals.

8 Do you know where the nearest  
9 emergency room is to the proposed Itasca Haymarket  
10 facility?

11 A. My understanding is Alexian Brothers.

12 Q. And that's a Cook County Hospital;  
13 correct?

14 A. It is.

15 Q. Do you think as chief medical officer of  
16 a hospital, Edwards-Elmhurst, do you think it's  
17 appropriate for what's being viewed as a solution  
18 for DuPage to rely on a Cook County hospital to  
19 service its needs?

20 A. That would be up to their -- their -- to  
21 the CMO in the organization over there to make that  
22 determination. That's not -- that's not a  
23 determination I would make.

24 Q. As a CMO of your own hospital --

1 A. Yeah.

2 Q. -- would you agree that it would be a  
3 prudent measure for Haymarket to have contacted  
4 someone at Alexian Brothers to discuss whether they  
5 have capacity to handle the potential influx of  
6 emergent patients?

7 A. I think that -- I don't know if they did  
8 contact them or not. I mean, that's a question, a  
9 hypothetical I don't know.

10 Q. Right. But I didn't ask you if they  
11 did. I asked you would you agree as a CMO that  
12 that's something you would like to know, if a  
13 facility was --

14 A. Yes.

15 Q. -- coming in that was --

16 A. Yes.

17 Q. -- going to add patients to your  
18 hospital?

19 A. Yes.

20 Q. You indicated on the seventh slide --  
21 thanks, Mary.

22 MS. DICKSON: Could you just give me the  
23 title to it?

24 MR. ELLENBECKER: Oh, sure.

1 DR. SULLIVAN: State of Illinois Action Plan.

2 MR. ELLENBECKER: State of Illinois Opioid  
3 Action Plan.

4 BY MR. ELLENBECKER:

5 Q. Have you seen anywhere, Dr. Sullivan, an  
6 action plan that concludes that the Village of  
7 Itasca is an essential location for a substance  
8 abuse treatment center for DuPage County?

9 A. No.

10 Q. And if I can find the slide here,  
11 Doctor. On the Haymarket Solution page, Slide 19,  
12 the second to the last bullet point says "Itasca  
13 facility geographically more acceptable to  
14 patients."

15 And I guess I'm wondering what did  
16 you mean -- more acceptable than what?

17 A. More acceptable than what we have  
18 currently. We do work with Haymarket right now, and  
19 we do in our emergency room have Haymarket come out  
20 and work with some of our patients. But those  
21 patients don't want to go to Chicago, and we lose  
22 those patients. We lose those patients to recovery  
23 because they don't want to go to Chicago.

24 Q. Is there public transportation between

1 Elmhurst and Chicago?

2 A. Haymarket will come out and take them.  
3 That's -- that's -- they're willing to come out and  
4 take them. It's not the transportation. It's the  
5 fact that they don't want to leave DuPage. They  
6 want to stay in DuPage. They don't want to go to  
7 Chicago.

8 Q. And one of the reasons I was asking  
9 about public transportation is because earlier in  
10 the proceedings, I guess we're a year ago now, it  
11 was represented by Haymarket that Itasca was a  
12 select geographic location because of our proximity  
13 to public transportation.

14 A. Okay.

15 Q. Did you know that?

16 A. I do recall that being said. I have no  
17 comment on the proximity of public transportation  
18 and its success.

19 Q. As part of your work -- and I'm almost  
20 done here, Doctor. As part of your work -- and I do  
21 appreciate your work.

22 Has there -- with regard to  
23 numbers, substance -- people in need of substance  
24 abuse treatment, have you seen any indication in the

1 materials or statistics that have been presented to  
2 you indicating that residents of Itasca,  
3 specifically, who have substance abuse problems  
4 warrant a 240-bed facility in the town of Itasca?

5 A. Well, I have no knowledge of the  
6 statistics specific to Itasca.

7 MR. ELLENBECKER: All right. That's all I  
8 have. Thank you, Doctor.

9 CHAIRMAN DALY: Thank you, Mr. Ellenbecker.

10 We would like to now recognize  
11 Mr. DiNolfo and his cross-examination.

12 MR. DI NOLFO: Thank you.

13 EXAMINATION

14 BY MR. DI NOLFO:

15 Q. Dr. Sullivan, I'm going to try to cut to  
16 the chase. Mr. Ellenbecker took care of a lot of  
17 what I had to ask, but I want to get a clarification  
18 on your position here today.

19 Is it your -- I think I got it is  
20 that you're saying that the 240-bed treatment  
21 facility is needed in DuPage County?

22 A. It is.

23 Q. All right. So when we look at Slide 19,  
24 I think, which is up there right now, would it be

1 more accurate to say that the facility patients  
2 would prefer to have -- I think it's 19, yeah.  
3 "Itasca facility is geographically more acceptable  
4 to patients." Would it be more accurate to say a  
5 DuPage facility would be more acceptable to  
6 patients?

7 A. You could say Itasca, you could say  
8 DuPage. But I will tell you one thing, I don't  
9 think this is the last that we should do. There  
10 should be more facilities in this -- in the DuPage  
11 area.

12 Q. And we'll touch on that.

13 But you could say Naperville, you  
14 could say Winfield, you could say just about any  
15 community here in DuPage --

16 A. You could.

17 Q. -- County? Okay.

18 So putting aside Haymarket Chicago  
19 or West Loop, are you aware of any facility this  
20 size that's being proposed here in Itasca anywhere  
21 else in the country?

22 A. I'm not aware of that.

23 Q. Okay. I mean, would you agree with me  
24 that it's an extremely large drug facility that's

1 being proposed here?

2 A. It's a large drug facility. But I will  
3 tell you, I don't have enough knowledge of what drug  
4 facilities, 12 beds, 240 beds, how many there are in  
5 the state. I don't know that. I don't know that.

6 Q. Well, I mean, I think you said Linden  
7 Oaks has 10 to 15 beds at times?

8 A. Correct.

9 Q. You would agree with me this is  
10 exponentially bigger than Linden Oaks?

11 A. Well, we're not -- Linden Oaks is not a  
12 big chemical dependency program.

13 Q. Understood. Well let's -- maybe I can  
14 put it a different way.

15 What's being proposed here, the 240  
16 beds, is only 18 less beds than those contained on  
17 your 50-acre Elmhurst Hospital campus; correct?

18 A. That would be correct.

19 Q. Okay. And if you know, Doctor, fine, if  
20 you don't -- I think you do from your time being a  
21 doctor that a facility this size is going to have  
22 some impact on public services, EMS, fire, police?

23 A. That would be a total guess. I would  
24 guess so, but I don't know.

1 Q. Well, I don't want you to guess, but  
2 maybe I can hearken back to your experience.

3 I mean, are you aware of the fact  
4 that sometimes there's patients in facilities, like  
5 Linden Oaks, where the ambulance has to be called to  
6 deal with a medical emergency and perhaps transport  
7 them to the hospital?

8 A. We do.

9 Q. Okay. And if I were to tell you that in  
10 the three- or four-year period it was hundreds of  
11 times that the -- in the 10- to 15-bed facility that  
12 the Naperville Fire Department was called, would  
13 that be something you're aware of?

14 A. No.

15 Q. Okay. But we can at least agree that  
16 there could be medical emergencies at a facility  
17 like this where the ambulance is going to have to be  
18 called?

19 A. Correct.

20 Q. And using logic, the larger the  
21 facility, the odds are the more calls it's going to  
22 generate?

23 A. If that's what the statistics state,  
24 then that --

1           Q.    I'm just asking logically.  I'm not  
2           statistics.  I'm just asking logically.

3                        The more beds you have, the more  
4           likely you are to have calls for emergencies; fair?

5           A.    I guess it all depends on what the --  
6           what's going on inside the facility and everything.  
7           There's too many -- too many factors here for me to  
8           make a comment.

9           Q.    And let me ask you this.  Are you aware  
10          that Itasca is one of the smallest municipalities in  
11          DuPage?

12          A.    I was not aware of that.

13          Q.    Okay.  Are you aware that the fire  
14          protection district only has one ambulance?

15          A.    I was not aware of that.

16          Q.    Okay.  Now, it appears what you're  
17          suggesting that this model, this 240-bed facility,  
18          seems to differ a little bit from the model that  
19          Edward-Elmhurst employs.  And by that I mean you  
20          don't have one hospital with 600 beds, you have two  
21          hospitals with a certain number in Elmhurst, a  
22          certain number in Edward -- or Edwards; correct?

23          A.    Correct.

24          Q.    And even going a little farther, in

1 order to better serve your folks and to provide  
2 better access to care, you have seven immediate care  
3 facilities and 11 walk-in clinics; true?

4 A. That could be the number. It changes.

5 Q. You trust your website?

6 A. I trust my website.

7 Q. Your website says that?

8 A. But it changes.

9 Q. All right. And that's actually spread  
10 out over four counties, isn't it, DuPage, Will,  
11 Kendall, Cook?

12 A. Yep.

13 Q. Okay. And if we narrow it down even a  
14 little further, we just talked about Linden Oaks,  
15 you actually have the 10 to 15 beds, but then you  
16 have somewhere between 20 and 25 ancillary  
17 facilities to deal with those individuals; correct?

18 A. We do.

19 Q. All right. And it appears that at least  
20 from what I'm hearing from you is that the better  
21 way to provide access to care to individuals needing  
22 it is to have multiple facilities that can be spread  
23 out amongst a community so that somebody is closer  
24 to that facility so they don't have to drive a long

1 way to get help?

2 A. Well, I don't know that's why we chose  
3 the number of facilities we have and things like  
4 that. That's not the only factor that plays into  
5 being proximal, right on the doorstep of a patient.

6 Q. But you would agree you would want to  
7 have facilities closer to those people who are  
8 seeking access to care?

9 A. Close enough that they'll use it. And  
10 that's what you have -- you have to determine, how  
11 far are people willing to go.

12 Q. Right. And the distance from Elmhurst  
13 to the city of Chicago, do you know how far that is?

14 A. Well, there's two elements in there.  
15 And we haven't studied it, we haven't factored it  
16 out, but it's not just the distance. It's the --  
17 they don't want to go to Chicago.

18 Q. Okay. They would just rather be  
19 somewhere in DuPage County?

20 A. Yes.

21 Q. Okay.

22 A. They will not go to Chicago.

23 Q. All right. So I understand that you  
24 said that, I guess, your 50-acre campus doesn't have

1 the space for a facility --

2 A. We do not.

3 Q. -- like Haymarket, even to build one  
4 from scratch?

5 A. And even if we did, even if we did,  
6 that's not our wheelhouse. That's not what we do  
7 good.

8 Q. And I'm not saying you would run it; but  
9 would it make more sense to have a facility like  
10 Haymarket, run by Haymarket, closer to your hospital  
11 on your campus so that the access to care that you  
12 talked about, I think on Slide 15 and 17 you talked  
13 about barriers to care and that it's better to have  
14 closer relationships.

15 If it's on your campus, wouldn't  
16 that provide the best level of possible outcomes?

17 A. How would you possibly make that  
18 decision based on location alone. There's size,  
19 there's -- there's effect on other programs that you  
20 have. There's -- there's so many elements into that  
21 type of a strategy, you can't just say location's  
22 going to solve the problem.

23 Q. Well, your slide that's up there on the  
24 screen seems to say that, Itasca is geographically

1 more acceptable. That seems to be saying that,  
2 doesn't it?

3 A. So if it's more acceptable, then we  
4 should just do away with everything else we do at  
5 the hospital and put that in. That's what you're  
6 saying.

7 Q. I don't think that's what I said at all.  
8 I just asked would it --

9 A. It is.

10 Q. -- make it more access to care to have  
11 it closer to the hospital versus --

12 A. There's more care that we -- that is in  
13 our wheelhouse. We take care of orthopedic  
14 problems, we take care of cardiac problems, we take  
15 care of GI problems. All of those things need to be  
16 considered. You're making it sound like it's a  
17 simple solution. It is not.

18 Q. I'm not making it sound like that at  
19 all, but I think what you're misinterpreting is I'm  
20 not saying that Elmhurst Hospital is going to run  
21 it. I am saying that Elmhurst Hospital provides the  
22 land for which somebody to run it, like Haymarket,  
23 to provide those services. Would that --

24 A. We have other things --

1 Q. Let me finish my question, sir.

2 A. -- that need to be on our land.

3 Q. Let me just finish my question.

4 Would that not be a more beneficial  
5 program to have a close relationship with a hospital  
6 on the same grounds? That's my only question.

7 A. It totally depends on everything else  
8 that's going on within the organization.

9 Q. Okay. And lastly, Doctor, you indicated  
10 there was a need for multiple facilities. Would it  
11 not make more sense to have multiple smaller  
12 facilities than one large facility in one of the  
13 smallest municipalities here in DuPage County?

14 A. What I'll say on that is that I would  
15 like to see multiple facilities with large, small,  
16 medium capacities. I simply want the patients in  
17 DuPage County to be able to go to somewhere and get  
18 treated to break the cycle of opioid use disorder,  
19 period. I'm not going to comment on 20 small  
20 facilities, two big facilities and 15 small. That's  
21 not my expertise. I'm not going to comment on that.

22 MR. DI NOLFO: Fair enough. Appreciate your  
23 time.

24 DR. SULLIVAN: Thank you.

1 CHAIRMAN DALY: Thank you, Mr. DiNolfo.

2 We would now like to welcome and  
3 recognize Ms. Smith for her cross-examination,  
4 please.

5 EXAMINATION

6 BY MS. SMITH:

7 Q. Just a few questions.

8 Same -- same topic of the bullet on  
9 the current slide saying "Itasca facility  
10 geographically more acceptable to patients," you  
11 mentioned before patients say "Just not Chicago."  
12 You were asked could you substitute Itasca with  
13 DuPage County.

14 Could you substitute it with other  
15 suburban areas outside of DuPage?

16 A. I don't know that. That, I don't know.

17 Q. Okay. So when you say patients say  
18 "Just not Chicago," if it was in Lake County, for  
19 example, do you know if there would be the same  
20 resistance?

21 A. My -- my guess, and this is totally a  
22 guess, is that it's related to location and  
23 distance; and that's when they're going to make  
24 their decision on where they go.

1 Q. So someone located within DuPage might  
2 prefer a within DuPage or if they were on the border  
3 closer to another county, within another county; but  
4 you've heard of resistance to Chicago?

5 A. I've heard resistance to Chicago.

6 MS. SMITH: Okay. No other questions. Thank  
7 you.

8 CHAIRMAN DALY: Okay. Would anyone on the  
9 Plan Commission like to ask Dr. Sullivan any  
10 questions at this point?

11 COMMISSIONER DRUMMOND: I actually was  
12 wondering -- I am Commissioner Drummond.

13 Why are people resisting Chicago?

14 DR. SULLIVAN: I could only -- I could only  
15 guess at that. They -- people out in DuPage County  
16 don't like to go into Chicago.

17 CHAIRMAN DALY: Dr. Sullivan, I do have a  
18 question.

19 My question is the patients that  
20 you see in your ERs with overdose conditions, are  
21 they -- are they fairly local to your hospital?

22 DR. SULLIVAN: The statistics that we -- we  
23 gather, about 55 to 60 percent of our patients are  
24 from DuPage. I can't tell you -- I don't know how

1 many are from Elmhurst per se or Itasca or other  
2 towns within DuPage. I can't tell you that number.  
3 I don't have that on my head.

4 CHAIRMAN DALY: Okay. So I guess as a  
5 follow-up, then, is there anything special about  
6 Elmhurst-Edwards, either of your hospitals, that if  
7 there was an emergency that an ambulance would  
8 choose to go to your hospital versus maybe a closer  
9 hospital?

10 Because where I'm going with this  
11 is we're hearing your perspective based on your  
12 hospitals and what your hospital does; but if we're  
13 focused on DuPage County, then overdoses could be  
14 happening anywhere else and they could be going to  
15 different hospitals.

16 So do you have any sense that those  
17 other hospitals are also partnering with Haymarket?  
18 Or maybe that's a more appropriate question for  
19 Dr. Lustig.

20 DR. SULLIVAN: I think that might be because  
21 I don't know what's going on with the other  
22 hospitals.

23 We've certainly talked about our  
24 relationship with Haymarket to some of the other

1 facilities in the DuPage area. I think when I've  
2 talked with the CMOs from the other organizations,  
3 the overwhelming desire is to get somewhere in  
4 DuPage where we can send our patients, particularly  
5 those can't afford it. Those are the Medicaid and  
6 the uninsured or the underinsured.

7 We all feel that there's the same  
8 problem -- most of us feel that. I don't want to  
9 speak for other people. I don't want to be  
10 paraphrasing for other people. I can tell you what  
11 I -- I can tell you my feeling is that there's a  
12 desire from all the organizations that we need to  
13 have this for DuPage County.

14 CHAIRMAN DALY: Okay. Thank you.

15 COMMISSIONER HOLMES: I have a question.

16 Would you bring up Slide Number 9?

17 MS. DICKSON: Can you just give the title?  
18 It might be easier for me.

19 MR. KHAN: DuPage Narcan Program Opioid  
20 Reversal Statistics.

21 COMMISSIONER HOLMES: That's it.

22 It's remarkable improvement over  
23 five years, both in terms of the saves and the  
24 reduction of fatalities.

1                   And I guess here's my question. If  
2 you take the pandemic out of the equation, is it  
3 likely that we're going to continue to see drops in  
4 opioid addictions and deaths and ultimately are we  
5 eliminating the need for Haymarket Center?

6                   DR. SULLIVAN: And I think -- that's a great  
7 question. I mean, if we were to utilize Narcan to  
8 its fullest, get all the saves in, if we were to  
9 reduce the prescriptions that stimulate this  
10 epidemic, we would knock the numbers down.

11                   Now, could that -- could we ever  
12 knock it down to zero? Probably not, because as you  
13 saw in that one slide, it only takes a five-day  
14 course to get somebody potentially in a bad spot, a  
15 10-day course is even more. And we need to use  
16 opioids.

17                   But having said that, I think  
18 without the -- I think we're now in a flattening  
19 phase. If you looked at the slide, I could -- bring  
20 it back to the Illinois slide.

21                   Yeah -- or no. The one that you  
22 just had. Maybe it's -- one more.

23                   If you look at this slide, if you  
24 add 2019 in there, it's pretty much flat. It's 2200

1 or whatever. It's really not different between --  
2 and you could claim in 2018 we dropped. But 2017,  
3 2018, 2019 probably within statistical -- not in  
4 statistical significance, so we flattened out.

5 We've done a good job at reducing  
6 the opioid overdose; but until we take care of the  
7 people who are afflicted with it, we're going to  
8 continue having it, unfortunately.

9 We really want to turn the spigot  
10 off. The spigot is the water coming out, the  
11 opioid's hitting these people, the addiction is  
12 occurring. We want to turn that off to make the  
13 likelihood that the opioid use disorder becomes  
14 significantly less.

15 COMMISSIONER HOLMES: Is there a possibility  
16 in the foreseeable future that this no longer is a  
17 problem?

18 DR. SULLIVAN: I don't know that that's going  
19 to be likelihood. And the only reason -- and I am  
20 not an addictionologist, so I'd have to say that  
21 this is not based on fact; but we have alcoholism  
22 and alcoholics, and as long as alcohol's out there,  
23 it's going to continue on. So as long as there's  
24 opioids out there, I don't know that we're going to

1 be able to cut it off entirely.

2 COMMISSIONER HOLMES: Okay. Thank you.

3 COMMISSIONER RAY: I don't have any  
4 questions.

5 COMMISSIONER CARELLO: I actually have a  
6 question, Doctor.

7 DR. SULLIVAN: Sure.

8 COMMISSIONER CARELLO: I know you've  
9 mentioned this a couple of times, but I guess I'm  
10 trying to figure it out because one thing I've  
11 noticed -- or I feel I notice with addiction is you  
12 have certain people who go to a point and they're --  
13 and then they say, I need help, and they go for  
14 help. And there's other ones that just don't and  
15 you try your hardest, but -- and then the comment of  
16 Chicago to me is, like, if I go to the doctor, I  
17 mean, Elmhurst Clinic, hey, Doc, I come in today, I  
18 hurt my ankle. Hey, Doc, what's the best ankle  
19 person I could go to, I'm going to go to it. I  
20 don't understand how if you say, Hey, guys, this is  
21 the best place to go in Chicago, this is where you  
22 need to go, and they look right at you and they say,  
23 no, I don't want to do that?

24 DR. SULLIVAN: Yeah, we were hope -- that's a

1 good comment. We were hoping that that would be the  
2 comment when we started sending them to Chicago that  
3 they would just say we're going to go where we need  
4 to get the help, but -- and, again, I guess I would  
5 have to refer to an addictionologist, Dr. Lustig or  
6 somebody like that. It's an unusual disorder. It's  
7 really -- and based on the studies that I've seen,  
8 you have -- it's strange that you have a very short  
9 time frame to get somebody to grab onto help, which  
10 is unusual. If you're walking around with a  
11 sprained ankle, you're going to get help whenever  
12 you can get help, whether you're walking up the  
13 stairs, whether you're at home, whether you're at  
14 work.

15 With somebody who has an addiction,  
16 there's a defined period where you can get them in.  
17 Some of the defined periods are you come to the  
18 emergency room with an overdose, you come to the  
19 emergency room with withdrawal, you go to the  
20 doctor's office with one of those problems. That's  
21 the time when you can make the impact. And if you  
22 don't do it quick and you don't do it efficiently,  
23 you're probably not going to be successful.

24 COMMISSIONER CARELLO: So you feel that early

1 intervention solves it better than reoccurring over,  
2 over, over, over, over again; once they get to that  
3 point, they're starting to get lost.

4 DR. SULLIVAN: We have seen people who are  
5 repeat offenders numerous times; and when they get  
6 presented with an option at the right time, they  
7 jump onto it.

8 The problem is when you see the  
9 repeat offenders, at one of those times, they're  
10 probably not going to make it. They're not going to  
11 have the Narcan, they're not going to get to the  
12 emergency room quick enough, they're not going to  
13 have somebody with them who can administer the  
14 Narcan; and then next step is death.

15 CHAIRMAN DALY: Any other questions from the  
16 Plan Commission?

17 Hearing none, I'd ask Ms. O'Keefe  
18 to please call your next witness.

19 DR. SULLIVAN: I really appreciate everybody.  
20 Thank you for allowing me to speak here.

21 CHAIRMAN DALY: Thank you, Dr. Sullivan.

22 MS. O'KEEFE: Can I ask a quick question?

23 We have Ms. Sanguinetti here who is  
24 in back, ready to testify. She's going to make a

1 written statement. You may have some questions.

2 We have to introduce a number of  
3 supplemental exhibits into the record.

4 Mr. Polach is here, but I'm not  
5 sure we're going to get -- we won't get through with  
6 him by 10:00 o'clock.

7 Would it be better to let him go  
8 and he can come back next time so we don't keep him  
9 waiting?

10 CHAIRMAN DALY: Yes, please.

11 MS. O'KEEFE: Okay. That would be great.  
12 Thank you.

13 MS. DICKSON: I'll go tell him.

14 MS. O'KEEFE: Yes.

15 So we would next present Evelyn  
16 Sanguinetti to make a statement. She is with HOPE  
17 Fair Housing.

18 CHAIRMAN DALY: Good evening,  
19 Ms. Sanguinetti. Before you start your testimony,  
20 would you please raise your right hand and swear to  
21 the court reporter.

22 THE REPORTER: Will you raise your right  
23 hand.

24 (Witness sworn.)

1 MR. KHAN: Do I go to the next PowerPoint  
2 now?

3 MS. O'KEEFE: We don't have -- that's for  
4 Mr. Polach.

5 MR. KHAN: Oh, okay.

6 CHAIRMAN DALY: Ms. Sanguinetti, before you  
7 start, we've been having issues with the  
8 microphones. Would you please speak very loudly and  
9 make sure that --

10 MS. SANGUINETTI: I'm sorry, I'm looking  
11 everywhere.

12 COMMISSIONER RAY: The mic's not on.

13 MS. SANGUINETTI: Did you hear me now?

14 CHAIRMAN DALY: Yes. Thank you.

15 MS. SANGUINETTI: Wonderful. And if I keep  
16 turning around -- because we're wearing masks, I  
17 don't know who is speaking, so if you could raise --  
18 yeah.

19 CHAIRMAN DALY: Yeah, I apologize.

20 MS. SANGUINETTI: No, it's okay.

21 Well, thank you all so much for  
22 allowing me the opportunity to come before you  
23 tonight in support of Haymarket Center DuPage. I  
24 appear for you tonight in two capacities. I am now

1 the executive director of the HOPE Fair Housing  
2 Center, the oldest fair housing center in the state  
3 of Illinois.

4 HOPE has spent more than 52 years  
5 fighting against housing discrimination and for  
6 social justice. During these 52 years, HOPE has  
7 worked to eliminate housing discrimination and  
8 segregation because of race, color, religion,  
9 national origin, sex, disability, familial status,  
10 or any other characteristic protected under state  
11 and local laws.

12 Haymarket Center Chicago seeks to  
13 open a healthcare facility in Itasca to provide  
14 treatment for those suffering from substance use and  
15 mental health disorders.

16 Individuals who will be able to  
17 secure inpatient treatment at Haymarket are among  
18 those who are protected against housing  
19 discrimination under the federal Fair Housing Act as  
20 well as the Americans with Disabilities Act.

21 Pursuant to its mission to advance  
22 fair housing for individuals regardless of their  
23 different abilities, HOPE engages in educational  
24 efforts, in-depth investigations, and informal as

1 well as formal pursuit of complaints involving  
2 individual and systemic housing discrimination based  
3 upon disability.

4 HOPE's advocacy and education  
5 addressing housing discrimination based on  
6 disability includes HOPE's monitoring of several  
7 corrective action plans and consent decrees under  
8 the Fair Housing Act involving an array of housing  
9 providers and governmental entities.

10 HOPE's efforts, resources, and  
11 missions are diverted and frustrated by actions and  
12 policies that interfere with or cut off access to  
13 housing for persons with disabilities or who are  
14 regarded as disabled. Because of our mission, HOPE  
15 supports Haymarket's efforts to provide treatment at  
16 its planned facility in Itasca.

17 I also appear before this body as  
18 your former co-chairman of the State's opioid  
19 overdose prevention and intervention task force. As  
20 your former lieutenant governor, I traveled the  
21 state of Illinois and heard firsthand from  
22 individuals suffering from the effects of opioid  
23 addiction.

24 I can unequivocally say to you

1 today that opioid addiction is an equal opportunity  
2 aggressor. It discriminates against none. It  
3 affects all people across economic, gender, and  
4 ethnic lines. The task force heard sobering  
5 statistics, and those statistics are still valid  
6 today.

7                   The use of opioids has led to a  
8 significant number of deaths and enormous impacts on  
9 those using opioids and on their families, friends,  
10 and communities. As a matter of fact, there was one  
11 grieving mother that testified, make no mistake  
12 about it, this is not a one-person disease, a  
13 case-by-case situation. It's a family disease, and  
14 all families suffer.

15                   Illinois and DuPage County have not  
16 escaped the result of this epidemic, which continues  
17 to rage throughout the nation.

18                   Countless reports have stated that  
19 availability of treatment is essential as a means of  
20 helping individuals stop or reduce use of harmful  
21 substances, improve their health and social  
22 function, and manage the risk of relapse. I heard  
23 the same report from numerous individuals and both  
24 public and private agencies.

1                   With the onset of the coronavirus  
2 pandemic, the need for treatment has only grown as  
3 those suffering from drug dependency battle coping  
4 alone as Illinois practices social distancing and  
5 quarantine. As one who has spent many hours talking  
6 to and visiting with individuals afflicted by drug  
7 disorders, I can personally tell you about the  
8 difference treatment can make in their lives.

9                   I will tell you firsthand that I  
10 had an issue with looking at folks that have  
11 substance use disorder. Before I started as  
12 co-chair of this task force for the state, I was a  
13 nonbeliever. I always felt that you choose to be an  
14 addict. And it wasn't until I met with our coroner  
15 a few years ago that he had those daunting  
16 statistics for me; and he was the one that  
17 illuminated me, Rich Jorgensen, and he told me, No,  
18 Evelyn, it's actually a disease.

19                   So I started investigating, and  
20 that's how I came to know Dr. Lustig from Haymarket  
21 over in the city of Chicago. I toured his facility.  
22 I saw the sort of work they did. I saw the  
23 continuum of care. And I saw people thrive.

24                   I was a denier, but he allowed me

1 through his meetings with elected officials -- I  
2 think he testified about that earlier. He allowed  
3 me to also fight against the stigma; and with that  
4 help, we toured the state of Illinois. And we took  
5 a lot of testimony and we did a lot of roundtables.  
6 And because of places like Haymarket and like  
7 facilities, we now have a 1-800 number. We have  
8 833-2FINDHELP so that people could call 24 hours a  
9 day, seven days a week to obtain that help.

10 And it is facilities like Haymarket  
11 that also allowed for that prescription monitoring  
12 program that we were able to offer to prevent doctor  
13 shopping. There was a huge need for that.

14 And it was facilities like  
15 Haymarket and people like Dr. Lustig that also  
16 testified and helped us to provide Narcan. No  
17 longer do we need a prescription in Illinois. We  
18 could now all become first responders, get Narcan  
19 trained, and get that Narcan so that we could help,  
20 help our neighbors through this.

21 So as an advocate for treatment and  
22 for fair housing, I urge you to uphold the civil  
23 rights of individuals handicapped by alcohol and  
24 drug addictions and to approve Haymarket's plan to

1 provide a treatment facility in our county.

2 The decision before you is hard. I  
3 get it. As I recognize that some of your residents  
4 are opposed to Haymarket, I hope you can forge a  
5 partnership with Haymarket which will allow the  
6 facility to open. I am familiar with Haymarket  
7 Center's work in the city of Chicago and believe it  
8 to be a trusted, valued member of the community.  
9 The same could happen here.

10 Thank you for the opportunity to  
11 speak this evening.

12 CHAIRMAN DALY: Thank you, Ms. Sanguinetti.

13 Mr. Ellenbecker, would you like to  
14 cross?

15 MR. ELLENBECKER: I would. Thank you.

16 EXAMINATION

17 BY MR. ELLENBECKER:

18 Q. Ms. Sanguinetti, I guess it's going on a  
19 year and a half, almost two years ago, were you  
20 publicly supportive of Haymarket's effort to get a  
21 treatment facility in Wheaton, Illinois?

22 A. Correct.

23 Q. And you subsequently learned that  
24 Haymarket did not get a facility in Wheaton;

1 correct?

2 A. I did.

3 Q. Did you work with the Wheaton area  
4 residents who were offering to find an alternative  
5 Wheaton facility or location for a Haymarket  
6 facility in DuPage County?

7 MS. DICKSON: I would object to the line of  
8 questioning only because it's centric to the Wheaton  
9 facility and we're talking about an Itasca facility.

10 MR. ELLENBECKER: My response would be it's  
11 being suggested that Itasca is the location for a  
12 DuPage area facility, and I'm pursuing  
13 Ms. Sanguinetti's support for alternative locations  
14 in the past.

15 MS. DICKSON: The reason Itasca facility is  
16 being supported is that's the location that's at  
17 issue right now, this year, in 2019. Haymarket has  
18 selected Itasca to open a facility in. It has not  
19 selected any other facility or any other location.

20 So the question of why not  
21 somewhere else really shouldn't be at issue. It's  
22 Itasca that we're talking about, and it's the  
23 facility we want to open in Itasca. It's not a  
24 question of go somewhere else. And that is what I

1 think the question is designed to elicit.

2 MR. ELLENBECKER: Well, it's not. They need  
3 to show that this is a facility, this particular  
4 facility needs to be put here because there is a  
5 particular need.

6 MR. HERVAS: I've heard enough.

7 The question relates to the  
8 witness's testimony relating to her opinion about  
9 the appropriateness of the site in Itasca, and  
10 that's been an issue that's ongoing; so I think it's  
11 a fair question and it will be allowed.

12 BY MR. ELLENBECKER:

13 Q. Do you need me to repeat it?

14 A. Please.

15 Q. Okay. Did you at all work with Wheaton  
16 residents who offered to assist in finding an  
17 alternative Wheaton location for a Haymarket  
18 facility in Wheaton?

19 A. At the time, I was lieutenant governor  
20 and I was traveling the whole state meeting with  
21 various facilities. I provided a letter to the City  
22 of Wheaton indicating that I supported Haymarket in  
23 Wheaton. I still support Haymarket in Wheaton. Why  
24 not Wheaton. Why not Itasca. Why not St. Charles.

1 There's a need, and that need needs to be met.

2 These are not throwaway people.

3 Q. As lieutenant governor -- to go back to  
4 my question, as lieutenant governor, did you work  
5 with Wheaton residents to find an alternative  
6 Wheaton location?

7 A. That is the same question, and I have  
8 respectfully answered it.

9 Q. Is the answer no?

10 A. That is the same question, and I  
11 respectfully answered it. Thank you.

12 Q. I take that as a no.

13 Are you an addiction specialist?

14 A. I am not.

15 Q. Are you a rehabilitation specialist?

16 A. I am not.

17 Q. Do you recall a short time ago writing a  
18 letter to the Itasca Plan Commission in support of  
19 Haymarket DuPage?

20 A. Yes.

21 Q. Okay. And that letter, I think you were  
22 reading parts of it or an expanded version, that was  
23 dated October 21st, 2020; correct?

24 A. It was recently.

1           Q.    Had you at any time before October 21st,  
2   2020, made any contact with any public official in  
3   the town of Itasca regarding working to collaborate  
4   for a Haymarket Center in Itasca?

5           A.    No.  I actually spoke about the center  
6   with the mayor at a function where I ran into him;  
7   and I had actually said, I hear that Haymarket is  
8   coming your way and I'm really excited, and -- and  
9   I'm really sad that it didn't come to Wheaton.  So  
10  that's the only discussion.

11          Q.    Do you know if anyone from Haymarket,  
12  I'll say Haymarket's camp -- and I don't mean that  
13  in a bad way, but not limited to Dr. Lustig is  
14  basically what I'm saying -- has reached out to  
15  Itasca public officials in the year since the last  
16  hearings about collaborating or problem-solving  
17  regarding a facility in Itasca?

18          A.    I would have no knowledge of that.

19          Q.    And the reason I ask is because in your  
20  letter you indicate that you encourage the Plan  
21  Commission to work with Haymarket DuPage; correct?

22          A.    Correct.

23          Q.    Have you encouraged Haymarket DuPage to  
24  work with Itasca?

1 A. Of course.

2 Q. And do you know if any efforts -- do you  
3 know if they heeded your instruction or  
4 encouragement for Itasca -- or Haymarket to work  
5 with Itasca in the last year?

6 A. Well, I don't know; but I would think if  
7 they want a facility here, yes, that they worked  
8 with Itasca, and Itasca likewise has -- or should  
9 work with Haymarket.

10 Q. Is that an assumption on your part, or  
11 do you know if Haymarket has worked with Itasca  
12 village officials in the last year?

13 A. Well, I know Haymarket has tried to open  
14 a facility here for a while.

15 Q. In your letter, you indicated you  
16 believe a thoughtful response can be made that will  
17 address the concerns voiced by residents.

18 Can you provide some substance to  
19 what that thoughtful response is?

20 A. Well, an interaction.

21 Q. You further write that countless reports  
22 have stated that availability of treatment is  
23 essential as a means of helping individuals.

24 Do you recall writing that?

1           A.     Correct.

2           Q.     Have you seen any report that states  
3     that a facility in Itasca, specifically, is  
4     essential as a means of helping individuals?

5           A.     Well, treatment is essential as a means  
6     of helping individuals, and that's what Haymarket  
7     offers.

8           Q.     Right. And I'm asking specifically  
9     about this location.

10                         So have you seen any report of the  
11     countless reports that indicates that Itasca is an  
12     essential location to serve the needs of DuPage  
13     County residents?

14           A.     I would submit that why not Itasca, why  
15     not Wheaton, why not St. Charles. The need is  
16     there. People are dying.

17           Q.     Mentioning St. Charles, have you pursued  
18     a Kane County location to provide the needs of  
19     DuPage County residents in need of substance abuse  
20     treatment?

21           A.     Well, at issue before this body today is  
22     whether the facility will be in Itasca.

23           Q.     Have you pursued or investigated the  
24     possibility of a Kane County location, as you

1 indicated in St. Charles, to satisfy the needs of  
2 DuPage and the collar counties?

3 A. I have not in my capacity as your former  
4 lieutenant governor and as the executive director of  
5 HOPE, I have not pursued other potential locations.  
6 At issue before this body is whether Itasca is the  
7 location.

8 (Petitioner's Exhibit No. 23  
9 identified.)

10 BY MR. ELLENBECKER:

11 Q. Have you seen anything in the countless  
12 reports you referred to in your letter, which was  
13 marked as Haymarket's Exhibit 23, have you seen  
14 anything that indicates that Itasca specifically and  
15 its residents, and specifically those who may have  
16 substance abuse problems and treatment needs, need a  
17 240-bed facility in town to service those residents?

18 A. Have I seen anything specifically that  
19 says that Itasca needs a 240-bed facility?

20 Q. That's what I'm asking.

21 A. No.

22 Q. Are you aware of a 2018 survey of DuPage  
23 County residents that revealed drug abuse programs  
24 in Wheaton, Illinois, needed to expand?

1           A.     I may have been in my capacity as the  
2 co-chair of the opioid overdose prevention and  
3 intervention task force. We -- we looked at a lot  
4 of reports, and we also met with a lot of recovery  
5 centers throughout the state of Illinois.

6           Q.     And Dr. -- I don't know how much of  
7 Dr. Sullivan's testimony you saw, but one of the  
8 things Dr. Sullivan relayed to us and the Plan  
9 Commission is that there is a reluctance or an  
10 unwillingness of, I'll call them, suburban patients  
11 in need of treatment to go down to the City.

12                             Did you hear the testimony?

13           A.     I heard the testimony.

14           Q.     And on the same note of the DuPage  
15 County survey, do you know if there's been any  
16 survey in the 2018 survey of DuPage residents or  
17 otherwise that indicated that DuPage County  
18 residents believe and feel that substance abuse  
19 treatment programs need to be expanded in Itasca,  
20 Illinois?

21           A.     I am not aware of such a report.

22           MR. ELLENBECKER: That's all I have. Thank  
23 you.

24           THE WITNESS: Thank you.

1 CHAIRMAN DALY: Thank you, Mr. Ellenbecker.

2 I would like to now recognize  
3 Mr. DiNolfo for your cross-examination.

4 MR. DI NOLFO: I have no questions. Thank  
5 you.

6 CHAIRMAN DALY: Thank you.

7 Ms. Smith.

8 MS. SMITH: I have no questions.

9 CHAIRMAN DALY: Thank you.

10 At this time, Ms. O'Keefe, we have  
11 about 12 minutes to go before the end of the  
12 hearing. How would you like to proceed, with  
13 witnesses or submissions of any --

14 COMMISSIONER RAY: I have a question.

15 CHAIRMAN DALY: I'm sorry. Does the Plan  
16 Commission have questions?

17 COMMISSIONER RAY: I have a question.

18 I have a question.

19 MS. SANGUINETTI: Absolutely.

20 COMMISSIONER RAY: Is there a point that you  
21 feel that it's no -- you know, you're talking about  
22 all these facilities that you really are trying  
23 to get these facilities open.

24 Is there a point where it's not

1 feasible to come into a community?

2                   You know, I believe in care and I  
3 believe -- you know, I'm a proponent of these  
4 facilities open; but is there a point where it's  
5 no -- not feasible to go into a certain community,  
6 an under-resourced community?

7                   And that's my -- that's my question  
8 for you as, you know, in your capacity as lieutenant  
9 governor -- as ex-lieutenant governor, as, you know,  
10 someone that has sat on this opioid board, is  
11 there -- is it feasible -- is there a point that  
12 it's no longer feasible to go into a community?

13                  MS. SANGUINETTI: Well, at issue before this  
14 body is whether Itasca should have its facility, its  
15 Haymarket; and I believe it should, and I believe  
16 there is a need.

17                  COMMISSIONER RAY: At what expense, though, I  
18 guess my question is to you. At what expense do you  
19 jeopardize the residents of the community, the  
20 current residents of the under-resourced community  
21 to bring in a service like that that's going to  
22 drain our resources of our community. That's my  
23 question to you.

24                  MS. SANGUINETTI: I don't see it as a

1 jeopardy. I see it as a benefit. You're saving  
2 lives. These are people that are our brothers, our  
3 sisters, our grandparents, our fellow parishioners.  
4 So I don't think it's a jeopardy. I think it's a  
5 benefit.

6 COMMISSIONER RAY: Okay.

7 CHAIRMAN DALY: Are there any other questions  
8 from the Commission?

9 Hearing none, thank you

10 Ms. Sanguinetti. We have no further questions.

11 MS. SANGUINETTI: Thank you for your time.  
12 Buenos noches.

13 (Petitioner's Exhibits Nos. 21  
14 through 41 identified.)

15 MS. O'KEEFE: So, Mr. Chairman, for the last  
16 step of the evening, as part of the new procedure  
17 that we're following, we were asked to submit all  
18 supplemental exhibits five days prior to the  
19 hearing. So on Friday, we submitted for  
20 consideration exhibits -- potential Exhibits 21 to  
21 41 and ask that they be accepted into the record as  
22 part of the record of these proceedings.

23 These documentations consist of the  
24 PowerPoint for Dr. Sullivan. I would suggest that

1 we should not accept Exhibit 22 at this point  
2 because it was the PowerPoint for Mr. Polach, who  
3 did not testify, and we will hold that till our next  
4 hearing. The remaining exhibits, they document the  
5 issue of -- on the issue of need and testimony  
6 provided at prior hearings.

7 I'd be happy to address any  
8 questions people have regarding -- I'd be happy to  
9 address any --

10 MS. ERGO: We can't hear.

11 CHAIRMAN DALY: They can't hear.

12 MS. O'KEEFE: Should I say that again?

13 MS. ERGO: Yeah.

14 MS. O'KEEFE: I'm sorry. I got out of the  
15 habit. Getting late in the evening. I apologize.  
16 Let me start over.

17 So on Friday I submitted  
18 supplemental Exhibits 21 to 41 that -- in compliance  
19 with the new procedure, and I submit those for  
20 acceptance into the record tonight.

21 I would suggest that we not -- I'm  
22 not asking for approval of Exhibit 22 because that  
23 was a PowerPoint for Mr. Polach, who did not testify  
24 this evening.

1                   The other exhibits consist of the  
2     PowerPoint for Dr. Sullivan, the letter of support  
3     from Ms. Sanguinetti, and other documentation  
4     related to the need issue and other testimony  
5     previously provided in the earlier hearings.

6                   I'd be happy to address -- because  
7     there are a number of exhibits, I'd be happy to  
8     address any questions anyone has regarding the  
9     particular exhibits; but they are common in the type  
10    of exhibits you typically would provide to  
11    supplement the kind of testimony before this board  
12    tonight.

13                  MR. HERVAS: The record will show that the  
14    Exhibits 21 through 40, excluding Number 22, are  
15    received by the Plan Commission. I'm going to give  
16    the other attorneys an opportunity if they have any  
17    comment or objection, but they certainly are  
18    received by the Commission.

19                  Is there anything -- I'm sorry,  
20    Yordana?

21                  MS. WYSOCKI: I just want to -- a point of  
22    clarification, Ms. O'Keefe. I think you said that  
23    it's Exhibits 21 through 41?

24                  MS. O'KEEFE: Through 41. 41 is the actual

1 application, the amended application --

2 MS. WYSOCKI: Okay.

3 MS. O'KEEFE: -- that was -- it was filed  
4 actually back in August, and all the -- and all the  
5 reports that were attached thereto, all the  
6 supplemental materials that were attached as part of  
7 the application. I can give you those if you need  
8 it.

9 MS. WYSOCKI: I got it. I just -- it wasn't  
10 on the index, so that's why I was asking.

11 But the other pieces, you presented  
12 earlier the notice documents. Do you want to mark  
13 those as an exhibit for the record as for the --

14 (Petitioner's Exhibit No. 42  
15 identified.)

16 MS. O'KEEFE: 42? Yes.

17 MS. WYSOCKI: Okay. So then maybe we can  
18 handle it all together.

19 MS. O'KEEFE: All right. We'll mark that as  
20 42.

21 MS. WYSOCKI: Just housekeeping. Thanks.

22 MR. HERVAS: Do any of the lawyers have any  
23 comments or want to make anything on the record on  
24 any of those exhibits?

1 MR. DI NOLFO: No.

2 MS. SMITH: No.

3 MR. ELLENBECKER: No.

4 (Petitioner's Exhibits Nos. 21 and  
5 23 through 42 admitted.)

6 MR. HERVAS: So the record will then show  
7 that Exhibits 21 through 42 are received by the  
8 Commission except that we're holding 22 until  
9 Mr. Polach testifies.

10 MS. O'KEEFE: So at our next hearing, which I  
11 believe is scheduled for November 4th, we will be  
12 providing Mr. Polach, who will testify on the  
13 appraisal issue and the property value issue, and  
14 Mr. Aaron Gruen, who will testify on the fiscal and  
15 economic impact issue. We may potentially get to  
16 the EMS issue. It depends how much time we have.

17 CHAIRMAN DALY: Thank you.

18 Yes, Mr. Ellenbecker.

19 MR. ELLENBECKER: Yes. I mean, my comment is  
20 directed more toward conversations Counsel and I, as  
21 well as Mr. Hervas, had regarding the order of  
22 events for next week proceeding. I have a child  
23 that starts in Peoria County on Monday. So I was  
24 not going to be present for the November 4th

1 meeting.

2 I was going to object, but instead  
3 I found someone in my office who could handle that;  
4 but that was with the understanding that Mr. Polach  
5 was going to be taken care of today. And I do not  
6 want -- when I agreed to the alternative, I guess,  
7 coverage for next week, it was not with Mr. Polach  
8 in mind. And I think -- I want to put that on the  
9 record because we were under the understanding that  
10 Mr. Gruen and Mr. Dominik were going to testify.

11 I understand we extended a little  
12 late. It's nothing about Ms. O'Keefe; but I think  
13 we need to discuss that because I intended to  
14 cross-examine Mr. Polach, and I'm otherwise engaged  
15 in Peoria County.

16 CHAIRMAN DALY: Can we please then take a  
17 brief recess to confer and then we will let the  
18 record state what the order will be for next week,  
19 and then we will close the meeting.

20 (Recess taken.)

21 CHAIRMAN DALY: Okay. To conclude the  
22 meeting, Ms. O'Keefe, would you please lay out for  
23 the Commission the intended sequence of witnesses  
24 for next week's meeting on November 4th.

1 MS. O'KEEFE: Sure.

2 First of all, I'd like to thank all  
3 the different counsel who have been involved in this  
4 discussion. Everyone's been very flexible and  
5 willing to work around the uncertainties that are  
6 present during this time and because of the  
7 pandemic.

8 We will be proceeding next week  
9 definitely with Aaron Gruen, assuming there's no --  
10 nothing comes up that we're not aware of. He's the  
11 gentleman who is going to testify on the fiscal and  
12 economic impact.

13 We would like to present, if  
14 possible, Mr. Dominik from Polaris on the EMS  
15 issues; but we're going to have to, you know, check  
16 and see if that will be possible. But that would be  
17 our hope.

18 But definitely we will be  
19 presenting Mr. Gruen. That's a definite.

20 CHAIRMAN DALY: Thank you very much.

21 I would now accept a motion from  
22 the Commission to continue the hearing for Case  
23 Number PC 19-014 to November 4th, 2020.

24 COMMISSIONER HOLMES: So moved.

1 COMMISSIONER RAY: I second.

2 CHAIRMAN DALY: Commissioner Holmes.

3 Commissioner Ray, second.

4 Would the Secretary please call a  
5 roll call vote.

6 RECORDING SECRETARY MELONE: Commissioner  
7 Carello.

8 COMMISSIONER CARELLO: For.

9 RECORDING SECRETARY MELONE: Commissioner  
10 Drummond.

11 COMMISSIONER DRUMMOND: For.

12 RECORDING SECRETARY MELONE: Commissioner  
13 Holmes.

14 COMMISSIONER HOLMES: For.

15 RECORDING SECRETARY MELONE: Commissioner  
16 Ray.

17 COMMISSIONER RAY: For.

18 RECORDING SECRETARY MELONE: Commissioner  
19 Russo.

20 COMMISSIONER RUSSO: For.

21 RECORDING SECRETARY MELONE: Commissioner  
22 Swets. Absent.

23 CHAIRMAN DALY: Motion carries.

24 May I please get a motion to

1 adjourn?

2 COMMISSIONER HOLMES: So moved.

3 COMMISSIONER RAY: Second.

4 CHAIRMAN DALY: Mr. Holmes.

5 COMMISSIONER RAY: Second.

6 CHAIRMAN DALY: Commissioner Ray.

7 Voice vote. All in favor.

8 (Ayes heard.)

9 CHAIRMAN DALY: Opposed?

10 (No response.)

11 CHAIRMAN DALY: Good night, everyone.

12 (Whereupon the proceedings in the  
13 above-entitled cause were  
14 adjourned until 7:00 p.m.,  
15 Wednesday, November 4, 2020.)

16 \* \* \* \* \*

17

18

19

20

21

22

23

24

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 hearing of the  
6 above-entitled cause and that the foregoing Report  
7 of Proceedings, pages 1 through 159, inclusive, is a  
8 true, correct, and complete transcript of my  
9 shorthand notes taken at the time and place  
10 aforesaid.

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

15 This certification applies only to those  
16 transcripts, original and copies, produced under my  
17 direction and control; and I assume no  
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 12th day of November, 2020.

22   
23

24 

---

Certified Shorthand Reporter

<hr/>	<b>18,000</b> 61:12,22	<b>240</b> 16:18 52:22 65:20 115:4,15	<b>4th</b> 154:11,24 155:24 156:23
<b>\$</b>	<b>19</b> 111:11 113:23 114:2	<b>240-bed</b> 26:24 49:24 113:4,20 117:17 146:17, 19	<hr/>
<b>\$10</b> 56:24 57:3	<b>19-014</b> 5:3 10:18 156:23	<b>240-plus-bed</b> 64:2	<b>5</b>
<b>\$120</b> 33:17	<hr/>	<b>25</b> 6:11 48:21 118:16	<b>5</b> 19:18 37:21,23 38:2 58:20
<b>\$350</b> 33:18	<b>2</b>	<b>250</b> 12:15	<b>50</b> 48:19 82:14
<b>\$5</b> 52:15	<b>2</b> 5:24 107:6,8	<b>258-bed</b> 80:24	<b>50-acre</b> 101:14 105:4 115:17 119:24
<hr/>	<b>2,219</b> 81:17	<b>270</b> 50:1	<b>501(c)(3)</b> 43:3
<b>1</b>	<b>20</b> 57:18 58:2,6 83:2 118:16 122:19	<b>2700</b> 83:22	<b>51</b> 86:9
<b>1</b> 12:2 30:16	<b>200</b> 81:16	<b>272</b> 49:16	<b>52</b> 87:18 134:4,6
<b>1-800</b> 138:7	<b>2009</b> 61:11	<b>28th</b> 5:2 68:14,17	<b>55</b> 81:6,16 124:23
<b>10</b> 19:12 49:14 53:17 68:17 82:21,24 96:23,24 97:5,8 101:23 102:1,8,10 115:7 118:15	<b>2011</b> 105:13,22	<hr/>	<b>57,000</b> 62:1 96:20 97:1
<b>10-</b> 116:11	<b>2012</b> 83:17	<b>3</b>	<b>59</b> 92:6
<b>10-day</b> 83:1 127:15	<b>2013</b> 81:15	<b>3</b> 6:6 75:6	<hr/>
<b>100</b> 56:18	<b>2015</b> 86:7	<b>3,000</b> 81:22	<b>6</b>
<b>107,000</b> 86:23	<b>2016</b> 77:3 78:17 83:11, 17 85:3 86:10,23 103:15, 18	<b>30</b> 58:2 60:18,19 72:13	<b>6</b> 56:16
<b>10:00</b> 132:6	<b>2017</b> 50:18 51:7,15,17 85:4 128:2	<b>31</b> 71:4	<b>60</b> 81:6 92:7 93:15 124:23
<b>11</b> 118:3	<b>2018</b> 81:12,22 85:5 86:23 88:16 128:2,3 146:22 147:16	<b>33</b> 83:23 87:15	<b>60,000</b> 81:3
<b>1100</b> 88:8	<b>2019</b> 16:8 68:14,17 81:15,17,23 88:16 127:24 128:3 140:17	<b>36</b> 68:16	<b>600</b> 117:20
<b>12</b> 88:16 92:6,13 93:14 101:22,23 102:4,8 115:4 148:11	<b>2020</b> 5:2 56:16 70:23 83:19,23 87:15 88:17 142:23 143:2 156:23 158:15	<b>369-bed</b> 81:1	<b>60s</b> 56:23
<b>12,000</b> 61:1,8,19 62:3 65:21	<b>2021</b> 56:23 150:13,20 151:18 152:14,23 154:4, 7	<b>38</b> 92:6	<b>62</b> 86:9
<b>120,000</b> 81:2	<b>2100</b> 81:23	<hr/>	<b>64</b> 81:16
<b>14</b> 71:4	<b>21st</b> 142:23 143:1	<b>4</b> 158:15	<b>67,000</b> 81:12 86:24
<b>145</b> 86:12	<b>22</b> 88:18 151:1,22 152:14 154:8	<b>40</b> 48:19 92:6 93:14 152:14	<hr/>
<b>14th</b> 70:22	<b>2200</b> 127:24	<b>40,000</b> 81:4,13	<b>7</b>
<b>15</b> 83:2 88:16 98:6 103:2 115:7 118:15 120:12 122:20	<b>23</b> 146:8,13 154:5	<b>41</b> 150:14,21 151:18 152:23,24	<b>70</b> 61:5 87:16
<b>15,000</b> 61:10	<b>24</b> 138:8	<b>42</b> 153:14,16,20 154:5,7	<b>72</b> 92:14 93:14
<b>15-bed</b> 116:11	<b>24/7</b> 98:5	<b>45</b> 64:1 71:2,6	<b>75</b> 53:7,12
<b>16-bed</b> 26:21 27:13		<b>45-year</b> 17:2 54:8	<b>7:00</b> 158:14
<b>17</b> 120:12		<b>45th</b> 39:15	<hr/>
<b>1700</b> 83:24		<b>46</b> 87:17	<b>8</b>
<b>18</b> 115:16		<b>461</b> 87:19	<b>8,000</b> 61:6,21
		<b>4700</b> 60:21	<b>80</b> 61:9
			<b>833-2FINDHELP</b> 138:8

<b>84</b> 46:3 48:17	<b>above-entitled</b> 158:13	43:14 63:4 67:24 85:2,7	<b>admitted</b> 63:10 81:7
<b>860</b> 5:6,12 10:23 16:11	<b>Absent</b> 12:1 13:23	90:13 96:24 97:1 118:9,	95:12 154:5
<b>865</b> 22:23	157:22	15 124:11 129:5 137:18	<b>admonition</b> 8:21
	<b>absolutely</b> 55:11	143:5,7 153:4	<b>adopted</b> 6:7
<hr/> <b>9</b> <hr/>	148:19	<b>acute</b> 80:9 108:5	<b>advance</b> 25:1 134:21
<b>9</b> 126:16	<b>abuse</b> 99:12 101:9,15,18	<b>acutely</b> 102:24	<b>advertised</b> 109:4,5
<b>9,000</b> 61:21 65:23	102:5,11,15 103:13	<b>add</b> 25:6 34:14 110:17	<b>advocacy</b> 135:4
<b>90</b> 55:21,22 56:7	106:2 108:22 111:8	127:24	<b>advocate</b> 138:21
<b>924</b> 87:19	112:24 113:3 145:19	<b>added</b> 19:8 25:11 67:23	<b>affect</b> 68:21
<b>93,000</b> 21:1	146:16,23 147:18	90:23	<b>affecting</b> 78:20
<b>932</b> 71:4	<b>accept</b> 12:11 94:4,23	<b>addict</b> 70:1 137:14	<b>affects</b> 99:14 136:3
<b>95</b> 86:12,14	151:1 156:21	<b>addicted</b> 55:17 56:9	<b>affidavit</b> 23:6
<b>96</b> 86:14	<b>acceptable</b> 50:16	<b>addiction</b> 20:4 21:17	<b>affirmative</b> 14:1
<b>960</b> 12:12,13	111:13,16,17 114:3,5	43:22 70:6 128:11	<b>afflicted</b> 128:7 137:6
<b>98</b> 86:14	121:1,3 123:10	129:11 130:15 135:23	<b>afford</b> 126:5
<b>9:00</b> 58:24	<b>acceptance</b> 151:20	136:1 142:13	<b>Affordable</b> 32:1,5
	<b>accepted</b> 150:21	<b>addictionologist</b>	<b>after</b> 6:2,9,15,20 15:2
<hr/> <b>A</b> <hr/>	<b>access</b> 20:13 21:6 32:2,	128:20 130:5	21:7 50:24 59:7 71:9
<b>Aaron</b> 154:14 156:9	6 53:20 69:8 74:6 84:18	<b>addictions</b> 127:4	90:3 93:19 95:10,11
<b>abilities</b> 134:23	96:5,13 99:17 103:24	138:24	103:18
<b>ability</b> 97:20,21	118:2,21 119:8 120:11	<b>addicts</b> 68:16	<b>again</b> 15:24 31:12 35:16
<b>able</b> 6:15,20 27:24 32:14	121:10 135:12	<b>adding</b> 102:14	50:24 54:5,13,15 58:15
34:5,11 47:2 51:19,20	<b>accessible</b> 54:2	<b>addition</b> 30:24 31:10	61:17 63:5 68:5 87:13
53:19 54:9,23 66:24	<b>accessory</b> 5:11 10:22	67:1 91:20	89:9 91:9,10 93:22
67:14 85:7 96:7 97:3	<b>accommodate</b> 46:16	<b>additional</b> 12:9 17:15	95:13,17 130:4 131:2
122:17 129:1 134:16	50:3	19:6 25:12 31:13 32:15	151:12
138:12	<b>according</b> 52:19 71:5	42:21	<b>against</b> 39:17 40:1,12
<b>about</b> 15:15 16:20 17:2,	<b>accreditation</b> 20:1	<b>Additionally</b> 5:21	42:23 56:18 78:18 79:10
12 19:21 21:11 33:21	35:18	<b>address</b> 12:12 17:11	134:5,18 136:2 138:3
34:8 40:4 46:24 53:17	<b>accredited</b> 35:12	26:12 38:5 62:5 144:17	<b>age</b> 19:17 37:23 38:2
54:21 56:11 60:17,19,21	<b>accurate</b> 114:1,4	151:7,9 152:6,8	<b>agencies</b> 35:11 90:11
61:1,9 66:17 67:17 68:15	<b>acre</b> 49:15 52:7	<b>addressed</b> 37:15	136:24
69:3,10,12 79:3,8,11,15	<b>acres</b> 49:14,15	<b>addressing</b> 66:16 135:5	<b>ages</b> 81:16
81:2,3,9,22,23,24 82:7	<b>across</b> 51:18 73:20 80:2	<b>adequate</b> 30:10 54:22	<b>aggressor</b> 136:2
83:4 88:11,12,13,18	102:3 136:3	70:15	<b>ago</b> 46:22 67:7 77:15
92:23 93:13,23 95:20	<b>Act</b> 32:1,5 134:19,20	<b>adjourn</b> 158:1	101:7 103:2 112:10
96:2,23 99:2 102:10,17	135:8	<b>adjourned</b> 158:14	137:15 139:19 142:17
103:2 104:7 106:1 109:6	<b>acted</b> 71:2	<b>administer</b> 131:13	<b>agonistic</b> 89:6
112:9 114:14 118:14	<b>action</b> 102:12,14 111:1,	<b>administrate</b> 96:11	<b>agree</b> 8:14 27:3 35:7
120:12,13 124:23 125:5,	3,6 135:7	<b>administration</b> 105:19	106:11,20,21 107:21
23 136:12 137:7 138:2	<b>actions</b> 135:11	<b>admission</b> 73:12	108:4 110:2,11 114:23
140:9,22 141:8 143:5,16	<b>actual</b> 152:24	<b>admit</b> 81:4	115:9 116:15 119:6
145:9 148:11,21 155:12	<b>actually</b> 25:9 32:7,17		

<b>agreed</b> 19:15 21:3 42:5, 6 155:6	<b>amounts</b> 20:11	<b>approvals</b> 16:1	<b>average</b> 33:9
<b>ahead</b> 20:8 26:11	<b>analogy</b> 54:19	<b>approve</b> 12:24 52:9 138:24	<b>averages</b> 81:24
<b>alcohol</b> 55:18,19,22 56:9 138:23	<b>analysis</b> 60:23 64:24 65:17	<b>approved</b> 35:13	<b>aware</b> 36:15 42:15 104:19,21 114:19,22 116:3,13 117:9,12,13,15 146:22 147:21 156:10
<b>alcohol's</b> 128:22	<b>ancillary</b> 118:16	<b>approximately</b> 46:3	<b>away</b> 9:12 59:1 71:21,22 72:1 89:21 91:2,23 121:4
<b>alcoholics</b> 128:22	<b>Anderson</b> 36:17	<b>April</b> 18:17 70:22	<b>ayes</b> 158:8
<b>alcoholism</b> 128:21	<b>anecdotal</b> 65:9	<b>area</b> 26:24 30:19 34:13 67:9,21 68:11 70:3 77:11 78:16,21 103:13 107:2 114:11 126:1 140:3,12	
<b>Alexian</b> 66:23 67:8 109:11 110:4	<b>ankle</b> 82:20 129:18 130:11	<b>areas</b> 30:20 123:15	<b>B</b>
<b>alley</b> 57:22	<b>annual</b> 50:18 51:8	<b>arise</b> 106:14	<b>B-2</b> 5:11 10:23
<b>allow</b> 18:7 27:18 37:21, 22 44:5 139:5	<b>another</b> 7:2 38:9 43:15 58:5 91:17 124:3	<b>array</b> 135:8	<b>back</b> 15:19 23:16 24:21 30:20 48:1 51:15 68:5 83:17 86:7 87:6 90:5 91:8 95:13 105:12 116:2 127:20 131:24 132:8 142:3 153:4
<b>allowed</b> 8:6 137:24 138:2,11 141:11	<b>answering</b> 35:8 69:7	<b>article</b> 52:19 62:6 70:24 71:8	<b>backdrop</b> 42:23
<b>allowing</b> 42:2 131:20 133:22	<b>answers</b> 24:17 75:4	<b>asset</b> 30:24 31:10	<b>background</b> 24:18
<b>allows</b> 8:8 52:12	<b>anticipated</b> 8:18 83:19	<b>assist</b> 141:16	<b>bad</b> 127:14 143:13
<b>almost</b> 58:5 72:10 107:22 112:19 139:19	<b>anymore</b> 48:3 54:20 89:18 100:19 101:2	<b>assisting</b> 7:8	<b>bag</b> 56:14 57:6
<b>alone</b> 63:23 69:21 81:17 120:18 137:4	<b>apologize</b> 29:9 47:13 60:13 88:3 133:19 151:15	<b>associated</b> 68:16 80:22	<b>Baldwin</b> 5:19 6:9 14:3 20:19,20 21:3,7 22:13 38:4 49:11 62:22 75:3,11
<b>along</b> 14:22 103:19,20	<b>apparent</b> 83:12	<b>associations</b> 35:12	<b>barriers</b> 77:12 79:9 85:10,11 98:10 120:13
<b>already</b> 5:22 34:21,22 54:16 59:11 67:9 68:12 83:18 93:18	<b>appears</b> 40:9 117:16 118:19	<b>assuming</b> 156:9	<b>base</b> 39:16 55:20
<b>alternate</b> 89:20	<b>application</b> 16:13,15 18:12 24:2 25:10,15 37:20 38:7,18 153:1,7	<b>assumption</b> 144:10	<b>based</b> 40:20 120:18 125:11 128:21 130:7 135:2,5
<b>alternative</b> 140:4,13 141:17 142:5 155:6	<b>applications</b> 5:17	<b>attached</b> 70:23 153:5,6	<b>basically</b> 143:14
<b>ALTO</b> 89:19	<b>applied</b> 16:9	<b>attachment</b> 68:23	<b>basis</b> 70:16 72:15 97:6
<b>amazing</b> 81:11	<b>apply</b> 35:22,23	<b>attack</b> 67:6	<b>battle</b> 79:13 137:3
<b>ambulance</b> 116:5,17 117:14 125:7	<b>appraisal</b> 21:22 154:13	<b>attention</b> 22:10 85:18 98:1	<b>Battles</b> 71:1
<b>amended</b> 16:15 24:14 38:7,18 153:1	<b>appraiser</b> 21:22	<b>attorney</b> 7:3 37:12	<b>bearing</b> 29:10
<b>America</b> 78:20	<b>appreciative</b> 15:5	<b>attorneys</b> 7:7 8:6 22:17 152:16	<b>bed</b> 53:22 54:14 63:6 65:20 95:5
<b>Americans</b> 81:12 134:20	<b>approach</b> 73:22	<b>audience</b> 22:17	<b>beds</b> 16:18 44:5 49:15, 16 50:13 52:7,9,14,22 53:7,12 63:9,20 72:20 95:5 101:10,15,18,22 102:5,15 115:4,7,16 117:3,20 118:15
<b>among</b> 19:23,24 134:17	<b>appropriate</b> 8:12 37:17 40:23 41:3 59:7 74:10 90:2 109:17 125:18	<b>August</b> 153:4	
<b>amongst</b> 118:23	<b>appropriately</b> 86:16 89:13 90:13 92:17	<b>Aument</b> 14:10,15	
<b>amount</b> 52:8,13 64:13 66:11 100:20	<b>appropriateness</b> 141:9	<b>authorities</b> 19:24	
	<b>approval</b> 5:9 10:20 16:9 20:10 151:22	<b>authority</b> 20:1	
		<b>availability</b> 54:14 84:9 136:19 144:22	
		<b>available</b> 6:10 25:3 36:14 80:4 90:6 92:23	
		<b>avenues</b> 30:1	

<b>before</b> 5:3 7:16 15:1 22:16,18 26:22 31:21 35:24 39:1 41:14 62:13 76:6 87:20 99:23 123:11 132:19 133:6,22 135:17 137:11 139:2 143:1 145:21 146:6 148:11 149:13 152:11	<b>boards</b> 69:15	<b>buying</b> 20:9	<b>careful</b> 42:10
<b>began</b> 73:6	<b>bodies</b> 15:13 17:17	<b>Bye-bye</b> 59:24	<b>carefully</b> 24:13
<b>begin</b> 14:1 20:18 23:11 26:18 69:11 76:7 100:5	<b>body</b> 7:24 135:17 145:21 146:6 149:14	<hr/> <b>C</b> <hr/>	<b>Carello</b> 9:24 10:1 11:4,5, 10,11 13:3,4,8,9 23:21 24:7 25:5,17 129:5,8 130:24 157:7,8
<b>beginning</b> 18:10,22 30:16 45:22,24 77:22 88:24	<b>Bond</b> 14:23	<b>cabinet</b> 84:11 90:4	<b>CARF</b> 35:18
<b>begun</b> 30:13	<b>border</b> 124:2	<b>call</b> 9:18,19 11:8 13:6 46:16 47:22 48:1 75:8 98:6,7 104:16 131:18 138:8 147:10 157:4,5	<b>carries</b> 157:23
<b>behalf</b> 14:23 22:19,22	<b>bottle</b> 57:1	<b>called</b> 95:2,3 116:5,12, 18	<b>carryover</b> 23:23
<b>behavior</b> 80:20	<b>Boulevard</b> 71:4	<b>caller</b> 23:18 24:4 44:12, 15,17	<b>case</b> 5:2 10:18 18:8 22:2 59:8 75:6 95:1 156:22
<b>behavioral</b> 20:14 80:18 101:24 105:16	<b>bounds</b> 37:16	<b>callers</b> 23:14	<b>case-by-case</b> 136:13
<b>believes</b> 21:5	<b>break</b> 99:1,24 122:18	<b>calling</b> 6:3	<b>cases</b> 6:16,20 67:3
<b>bending</b> 70:10	<b>breeding</b> 71:14	<b>calls</b> 23:16 60:2,15,17 65:8 116:21 117:4	<b>cash</b> 57:2
<b>beneficial</b> 26:23 92:4 108:2 122:4	<b>bridge</b> 99:18	<b>camp</b> 143:12	<b>catch</b> 98:14
<b>benefit</b> 35:3 92:8 107:13 150:1,5	<b>Bridget</b> 14:9,14,16 33:20 35:15	<b>campus</b> 50:24 101:14 105:4,14,15 106:1,7 115:17 119:24 120:11,15	<b>cautiously</b> 89:24
<b>benefits</b> 17:7	<b>briefly</b> 34:14	<b>campus-like</b> 50:21 51:11,13 53:13	<b>CDC</b> 72:18
<b>big</b> 27:3 93:15 115:12 122:20	<b>bring</b> 14:17 16:5 17:8 27:18 54:6 82:6 85:17 97:15 126:16 127:19 149:21	<b>candidates</b> 40:5,7,21 41:4	<b>cellular</b> 47:22
<b>bigger</b> 88:2,4 115:10	<b>bringing</b> 34:15,18 67:13	<b>capability</b> 103:9	<b>center</b> 15:16 16:17 21:16 30:21 31:1,11 34:23 35:3 49:12,13 50:21 51:10 53:3,12 57:18,19 64:10 65:3 66:7 67:12 68:7 69:5 70:24 71:3 72:23 73:19 107:3 111:8 127:5 133:23 134:2,12 143:4,5
<b>biggest</b> 52:3	<b>brothers</b> 67:9 109:11 110:4 150:2	<b>capacity</b> 122:16 133:24	<b>Center's</b> 32:13 139:7
<b>bill</b> 32:20,24 33:7	<b>Brothers'</b> 66:23	<b>capacities</b> 122:16 133:24	<b>centers</b> 69:18 89:17 90:22 104:10 108:5 147:5
<b>billed</b> 33:10	<b>brought</b> 56:4	<b>capacity</b> 19:22 53:22 54:11 61:9,10 63:6 84:17 110:5 146:3 147:1 149:8	<b>centric</b> 140:8
<b>billing</b> 34:24	<b>Budget</b> 62:7	<b>cardiac</b> 121:14	<b>CEO</b> 17:1
<b>bit</b> 29:7 45:13 46:21 56:2 58:12 63:12 91:14 117:18	<b>budgets</b> 61:15	<b>cardiologist</b> 100:15	<b>certain</b> 44:4 102:22 104:7 117:21,22 129:12 149:5
<b>bits</b> 47:4	<b>Buenos</b> 150:12	<b>cardiology</b> 100:18,20	<b>certainly</b> 64:21 125:23 152:17
<b>blank</b> 107:21	<b>build</b> 120:3	<b>cards</b> 23:7	<b>certification</b> 94:11,12
<b>block</b> 58:4,5,6	<b>builder</b> 52:1	<b>care</b> 20:13 21:6 32:1,5,6, 7,9,16 33:3 63:1 67:15, 24 68:4,10 69:8 72:9 80:9 83:5 92:12 96:17 99:17 102:23,24 108:5 113:16 118:2,21 119:8 120:11,13 121:10,12,13, 14,15 128:6 137:23 149:2 155:5	<b>CFO</b> 5:18
<b>board</b> 7:22 8:1 15:19 149:10 152:11	<b>building</b> 27:17 51:19,21		<b>Chairman</b> 5:1 7:5,6 9:16,17,21,22 10:16 11:3,5 12:2,22 13:2,4,24 14:5,7 22:14,24 23:1,3,8,
<b>boardroom</b> 26:3	<b>built</b> 48:19		
	<b>bullet</b> 107:12 111:12 123:8		
	<b>buprenorphine</b> 91:21		
	<b>burden</b> 17:21 18:5		
	<b>business</b> 5:12 10:23 27:15 28:10 36:16		
	<b>businesses</b> 65:13,19 68:21		
	<b>busy</b> 85:17		

10 34:16 36:19 37:1 39:11,18 44:9 45:5 46:7, 10,14 47:5,8,21,24 48:5, 10,22 49:2,7,20 51:1 53:9 55:3,15 58:10 59:20 60:1,4 62:10,12,17,21 63:1,16 75:1 76:6,9,14, 19 77:17 99:21 100:3 113:9 123:1 124:8,17 125:4 126:14 131:15,21 132:10,18 133:6,14,19 139:12 148:1,6,9,15 150:7,15 151:11 154:17 155:16,21 156:20 157:2, 23 158:4,6,9,11	<b>choose</b> 125:8 137:13 <b>chose</b> 119:2 <b>Chris</b> 36:18 <b>chronic</b> 69:10 <b>Chuck</b> 7:4,7 24:8 37:11 74:11 <b>city</b> 119:13 137:21 139:7 141:21 147:11 <b>civil</b> 138:22 <b>claim</b> 128:2 <b>clarification</b> 113:17 152:22 <b>clarifying</b> 35:6 <b>Class</b> 5:9 10:20 17:23 <b>clear</b> 37:6 46:19 <b>clearly</b> 15:9 47:4 48:7 <b>Clerk</b> 36:20 <b>clicker</b> 75:18 <b>clients</b> 60:21 61:1,3,8, 10,12,19,21,22,24 62:3 63:4 64:20 65:15 <b>Clinic</b> 129:17 <b>clinics</b> 80:20 93:9 118:3 <b>close</b> 21:2 27:8 57:20, 21,24 58:2 76:2 106:12, 19 107:17 119:9 122:5 155:19 <b>closeness</b> 106:24 <b>closer</b> 14:17 61:6 118:23 119:7 120:10,14 121:11 124:3 125:8 <b>closest</b> 107:1 <b>CMO</b> 100:19 109:21,24 110:11 <b>CMOS</b> 89:3 126:2 <b>co-chair</b> 137:12 147:2 <b>co-chairman</b> 135:18 <b>co-counsel</b> 14:22 <b>Coalition</b> 95:21 <b>coincidence</b> 87:1,5	<b>collaborate</b> 89:4 143:3 <b>collaborated</b> 91:3 <b>collaborating</b> 89:10 108:24 143:16 <b>collaboration</b> 72:16 107:13 <b>collaborative</b> 73:15 <b>collaborators</b> 79:22 <b>collar</b> 54:4 64:22 146:2 <b>color</b> 134:8 <b>colors</b> 85:21,22 <b>column</b> 85:18,20 <b>columns</b> 85:21 <b>combating</b> 77:13 <b>combining</b> 55:19 <b>comers</b> 97:22,24 <b>comment</b> 6:15 38:15 40:23,24 41:24 42:3,9 60:9 79:5 112:17 117:8 122:19,21 129:15 130:1, 2 152:17 154:19 <b>comments</b> 7:4,9 8:9 9:15 74:10,20 153:23 <b>Commerce</b> 18:19 <b>commission</b> 5:3,16 6:7 7:8,17,21,24 8:12 12:10 18:6 44:24 74:17 124:9 131:16 142:18 143:21 147:9 148:16 150:8 152:15,18 154:8 155:23 156:22 <b>Commissioner</b> 9:23 10:1,2,4,5,7,8,10,11,13, 14 11:2,4,9,11,12,14,15, 17,18,20,21,23,24 13:1, 3,7,9,10,12,13,15,16,18, 19,21,22 23:21,22 24:7 25:5,17 124:11,12 126:15,21 128:15 129:2, 3,5,8 130:24 133:12 148:14,17,20 149:17 150:6 156:24 157:1,2,3, 6,8,9,11,12,14,15,17,18, 20,21 158:2,3,5,6 <b>Commissioners</b> 15:12	<b>commissions</b> 52:2 <b>commitment</b> 20:9 <b>committed</b> 34:12 <b>common</b> 152:9 <b>communities</b> 136:10 <b>community</b> 5:12 10:23 12:3 16:19 18:18,24 20:6 67:23 89:14 114:15 118:23 139:8 149:1,5,6, 12,19,20,22 <b>compared</b> 87:17 <b>comparison</b> 54:15 <b>complaints</b> 135:1 <b>complete</b> 21:4,8 <b>completion</b> 6:2 <b>compliance</b> 53:1 151:18 <b>comprehensive</b> 27:18 28:1 29:2 32:15 34:20 50:18,20 51:7,10,20 54:6,9 64:13 70:9 73:22 80:5 <b>comprehensively</b> 66:4 <b>compromised</b> 67:5 <b>concern</b> 21:21 33:24 <b>concerned</b> 67:4 <b>concerns</b> 15:15,21 19:3,12 144:17 <b>conclude</b> 9:15 155:21 <b>concludes</b> 66:18 111:6 <b>conclusion</b> 96:3 <b>concurrently</b> 20:4 <b>condition</b> 69:11 <b>conditions</b> 124:20 <b>confer</b> 155:17 <b>confused</b> 59:15 <b>congregate</b> 73:1,18 <b>conscious</b> 9:11 <b>consent</b> 135:7 <b>considerable</b> 20:11
---	---	--	---

<b>consideration</b> 150:20	<b>corrective</b> 135:7	<b>criminal</b> 69:16	<b>Daspin</b> 14:10,15
<b>considered</b> 33:23 38:7 42:2 103:12 121:16	<b>correctly</b> 60:13	<b>crises</b> 29:13	<b>data</b> 88:2
<b>consist</b> 150:23 152:1	<b>cost</b> 70:19	<b>crisis</b> 16:21 21:13,17 30:3	<b>date</b> 7:2 23:7 71:6 103:22
<b>constant</b> 67:18 104:9,11	<b>costs</b> 42:21 52:24	<b>criteria</b> 33:23 42:1	<b>dated</b> 142:23
<b>construction</b> 48:20	<b>Council</b> 101:4	<b>critical</b> 28:9 68:1 69:21	<b>daunting</b> 137:15
<b>contact</b> 24:16 110:8 143:2	<b>counsel</b> 41:18 94:18 154:20 156:3	<b>cross</b> 139:14	<b>day</b> 18:14,15 33:10,18 73:11 82:1,2 88:11 138:9
<b>contacted</b> 110:3	<b>counseling</b> 32:23	<b>cross-examination</b> 8:5 100:5 113:11 123:3 148:3	<b>days</b> 66:12 98:7 138:9 150:18
<b>contained</b> 115:16	<b>Counselor</b> 34:1 37:22 39:1	<b>cross-examine</b> 99:23 155:14	<b>deadly</b> 99:14
<b>context</b> 42:13	<b>counties</b> 54:4 62:1 64:22 118:10 146:2	<b>culmination</b> 29:24	<b>deal</b> 21:12 29:14 56:12 66:2 70:17 116:6 118:17
<b>continue</b> 5:18 22:2,10, 18 28:2 31:15 58:11 73:10 77:7 127:3 128:8, 23 156:22	<b>countless</b> 66:11 136:18 144:21 145:11 146:11	<b>current</b> 123:9 149:20	<b>dealing</b> 72:6
<b>continued</b> 5:3 70:14	<b>country</b> 71:13 73:20 114:21	<b>curve</b> 85:8 86:24 87:4	<b>deals</b> 93:5
<b>continues</b> 72:23 136:16	<b>county</b> 17:9,14 36:12, 20,24 37:9 54:1,4 67:3 78:16,20 79:6 80:10 81:5,21 86:17 87:16,18 88:13 89:2 93:24 95:20, 23 96:1,10,16,21 98:14 99:13 104:5,17 107:16, 22 108:1,2,5,17 109:12, 18 111:8 113:21 114:17 119:19 122:13,17 123:13,18 124:3,15 125:13 126:13 136:15 139:1 140:6 145:13,18, 19,24 146:23 147:15,17 154:23 155:15	<b>cut</b> 30:19 113:15 129:1 135:12	<b>death</b> 69:4 85:22 86:6 131:14
<b>continuing</b> 20:10 83:24		<b>Cuts</b> 62:7	<b>deaths</b> 81:17 83:21,24 86:9,12,18 87:17,19 88:15 127:4 136:8
<b>continuum</b> 137:23		<b>cycle</b> 91:9,13 95:17 98:24 99:1 122:18	<b>decade</b> 48:3
<b>contributing</b> 16:3			<b>decades</b> 70:7
<b>control</b> 85:12		<b>D</b>	<b>December</b> 5:4 22:8
<b>controls</b> 75:19		<b>daily</b> 72:15 97:6	<b>decide</b> 105:15
<b>convened</b> 12:8		<b>Daly</b> 5:1 9:17,21,22 10:16 11:3,5 12:2,22 13:2,4,24 14:7 22:14,24 23:3,8,10 34:16 39:11 44:9 45:5 46:7,10,14 47:5,8,21,24 48:5,10,22 49:2,7,20 51:1 53:9 55:3, 15 58:10 59:20 60:1,4 62:10,12,17,21 63:1,16 75:1 76:6,9,14,19 77:17 99:21 100:3 113:9 123:1 124:8,17 125:4 126:14 131:15,21 132:10,18 133:6,14,19 139:12 148:1,6,9,15 150:7 151:11 154:17 155:16,21 156:20 157:2,23 158:4,6, 9,11	<b>decided</b> 87:9
<b>conversations</b> 154:20	<b>couple</b> 56:6 79:19 129:9		<b>decision</b> 8:1 120:18 123:24 139:2
<b>Conway</b> 14:23	<b>court</b> 7:13 47:1,9 48:6 51:5 76:11,13,14 132:21		<b>declare</b> 10:16
<b>Cook</b> 87:18 89:2 99:8 109:12,18 118:11	<b>coverage</b> 32:18 155:7		<b>decline</b> 87:1
<b>cope</b> 56:14	<b>COVID</b> 15:18 16:24 22:6 30:13 67:3 71:22 72:2,5, 21 74:3 87:9,12,21 88:19		<b>decrease</b> 85:6
<b>coping</b> 137:3	<b>COVID-19</b> 6:12 71:3,7		<b>decrees</b> 135:7
<b>coronavirus</b> 71:1 137:1	<b>COVID-19-RELATED</b> 71:9		<b>dedicated</b> 8:17 18:4
<b>coroner</b> 137:14	<b>create</b> 50:20 51:10 73:8		<b>deficit</b> 97:13
<b>correct</b> 9:13 12:16,20 33:4,8 54:21 55:24 58:21,22 60:3 68:5 101:21 102:7 103:17 105:5,7 108:7,9,12,15 109:13 115:8,17,18 116:19 117:22,23 118:17 139:22 140:1 142:23 143:21,22 145:1	<b>created</b> 21:13	<b>Daniel</b> 6:4 21:8 76:23 78:13	<b>deficits</b> 103:23
<b>correction</b> 64:8	<b>creates</b> 8:11	<b>darkest</b> 30:8	<b>defined</b> 28:17 130:16,17
	<b>crime</b> 65:18	<b>dash</b> 51:9	<b>definite</b> 156:19
			<b>definitely</b> 156:9,18
			<b>delay</b> 29:7
			<b>deliberate</b> 8:11

<b>demand</b> 54:12	<b>Diane</b> 39:22	102:13 104:23	<b>doorways</b> 57:22 69:17
<b>demands</b> 43:22 53:20 54:13	<b>Dickson</b> 14:23 43:6 77:20 78:10 80:13,15 93:20 107:7,10 110:22 126:17 132:13 140:7,15	<b>discussion</b> 12:4,22 105:24 143:10 156:4	<b>dose</b> 90:15
<b>demonstrated</b> 20:9	<b>die</b> 84:23	<b>disease</b> 55:17 56:9 81:15 136:12,13 137:18	<b>dosing</b> 83:7
<b>denature</b> 90:5	<b>died</b> 71:9	<b>disorder</b> 20:14 53:19 69:4 70:2,13 82:8,11,15 89:15 91:1 97:19 122:18 128:13 130:6 137:11	<b>dots</b> 85:19 86:3
<b>denaturing</b> 90:2	<b>differ</b> 117:18	<b>disorders</b> 33:13 69:10 134:15 137:7	<b>double</b> 54:16
<b>denier</b> 137:24	<b>difference</b> 58:7 60:23 137:8	<b>dispensaries</b> 57:8	<b>down</b> 16:11 18:22 45:19 56:5,7 66:2 72:8 86:23 87:4 89:6 98:12 118:13 127:10,12 147:11
<b>density</b> 49:17 52:3,5 53:7,12	<b>differences</b> 63:14	<b>dispensary</b> 56:17 57:3, 17	<b>downtown</b> 46:4 48:18
<b>department</b> 36:2 42:17 44:3 72:16,17 116:12	<b>differentiates</b> 97:21	<b>distance</b> 119:12,16 123:23	<b>downward</b> 83:24 86:24
<b>dependency</b> 80:20 90:20 115:12 137:3	<b>differently</b> 33:1	<b>distancing</b> 137:4	<b>dozen</b> 63:20
<b>depending</b> 33:1,18 102:9	<b>difficult</b> 47:12 79:18 94:5	<b>distress</b> 29:17	<b>drain</b> 149:22
<b>depends</b> 29:15 33:13 92:24 117:5 122:7 154:16	<b>Dinolfo</b> 113:11 123:1 148:3	<b>district</b> 5:12 10:23 19:12,15 22:20,21 39:16 40:12 117:14	<b>drawing</b> 15:19
<b>deserve</b> 71:17	<b>direct</b> 40:15 55:8 74:22	<b>dive</b> 21:20	<b>drive</b> 12:13 118:24
<b>designed</b> 141:1	<b>directed</b> 8:22 154:20	<b>diverted</b> 87:11 135:11	<b>dropped</b> 128:2
<b>desire</b> 22:17 89:5 126:3, 12	<b>direction</b> 15:6	<b>Doc</b> 129:17,18	<b>drops</b> 127:3
<b>desperate</b> 34:2	<b>directly</b> 8:24 9:11 100:17,23	<b>doctor</b> 98:3,4 100:10,15 111:11 112:20 113:8 115:19,21 122:9 129:6, 16 138:12	<b>drug</b> 55:23 68:16 71:12, 16 84:4 106:18 114:24 115:2,3 137:3,6 138:24 146:23
<b>determination</b> 109:22, 23	<b>director</b> 12:3 21:15 134:1 146:4	<b>doctors</b> 71:23	<b>drugs</b> 55:18,19 82:16 84:10 90:3 91:21 94:9,10
<b>determine</b> 119:10	<b>disabilities</b> 134:20 135:13	<b>document</b> 151:4	<b>Drummond</b> 10:3,4 11:13,14 13:11,12 124:11,12 157:10,11
<b>determined</b> 84:15	<b>disability</b> 134:9 135:3,6	<b>documentation</b> 152:3	<b>due</b> 6:12 21:17
<b>detox</b> 106:11,15,22	<b>disabled</b> 135:14	<b>documentations</b> 150:23	<b>dug</b> 65:3
<b>detoxed</b> 95:11	<b>disaster</b> 103:3	<b>documents</b> 153:12	<b>Dulin</b> 74:24
<b>detoxification</b> 90:21	<b>discharge</b> 67:14,24 68:6 95:9,11	<b>Dominik</b> 155:10 156:14	<b>Dupage</b> 5:6 14:24 17:4, 8,9,14 26:22 30:24 31:11 34:12 36:5,20 43:21 67:3 78:16,20 79:6 80:10 81:5,7,21 86:17 87:16 88:12 89:2 93:24 95:20, 21,23 96:1,6,9,16,21 98:13 99:7,13 104:5,16 107:1,16,22 108:1,2,5,17 109:18 111:8 112:5,6 113:21 114:5,8,10,15 117:11 118:10 119:19 122:13,17 123:13,15 124:1,2,15,24 125:2,13 126:1,4,13,19 133:23 136:15 140:6,12 142:19 143:21,23 145:12,19
<b>develop</b> 72:18 103:10	<b>discharged</b> 63:10 67:11	<b>Donald</b> 60:12	
<b>developed</b> 73:17 89:11 94:13 103:19 106:9	<b>disclosure</b> 37:6	<b>donation</b> 52:16,17,24 53:3,4	
<b>developer</b> 52:1	<b>disconnect</b> 44:14	<b>donations</b> 29:21 31:16	
<b>developers</b> 106:9	<b>discretion</b> 62:15	<b>door</b> 31:21 57:18 58:23	
<b>developing</b> 7:16	<b>discriminates</b> 136:2	<b>doorstep</b> 119:5	
<b>development</b> 5:8 10:19 12:3 17:17,22 19:2	<b>discrimination</b> 134:5,7, 19 135:2,5		
<b>deviation</b> 58:12	<b>discuss</b> 17:14 21:23 38:9 110:4 155:13		
<b>DI</b> 22:19 113:12,14 122:22 148:4 154:1	<b>discussed</b> 38:8,19		

146:2,22 147:14,16,17	<b>elicit</b> 141:1	<b>ends</b> 23:23	<b>especially</b> 67:2
<b>dying</b> 145:16	<b>eliminate</b> 19:15 57:11 134:7	<b>engage</b> 104:4	<b>essential</b> 111:7 136:19 144:23 145:4,5,12
<b>E</b>	<b>eliminating</b> 127:5	<b>engaged</b> 155:14	<b>established</b> 36:6
<b>earlier</b> 102:13 112:9 138:2 152:5 153:12	<b>Ellenbecker</b> 22:22 41:8, 9,11,18 100:4,6,8 107:8, 11 110:24 111:2,4 113:7, 9,16 139:13,15,17 140:10 141:2,12 146:10 147:22 148:1 154:3,18, 19	<b>engagement</b> 92:13 93:14	<b>establishments</b> 56:5
<b>early</b> 22:8 73:5,8 130:24	<b>Elliot</b> 66:21	<b>engages</b> 134:23	<b>ethnic</b> 136:4
<b>easier</b> 32:2 126:18	<b>Elmhurst</b> 21:10 76:24 78:14 80:10,11,24 81:5 88:11 89:9 97:7 98:11 99:13 101:8 102:23 103:3 105:1,13,21 106:5, 6 108:6 112:1 115:17 117:21 119:12 121:20,21 125:1 129:17	<b>enhance</b> 19:7	<b>euphoria</b> 91:23
<b>easily</b> 50:3	<b>Elmhurst-edwards</b> 125:6	<b>enjoy</b> 19:10	<b>euphoric</b> 92:1
<b>easy</b> 9:12 94:24 98:2,7,8	<b>else's</b> 103:10	<b>enormous</b> 136:8	<b>evaluated</b> 80:3
<b>echo</b> 72:3	<b>emergencies</b> 67:1,2 116:16 117:4	<b>enough</b> 30:10,11 96:4,5, 16 97:4 100:9 115:3 119:9 122:22 131:12 141:6	<b>Evelyn</b> 6:5 21:14 132:15 137:18
<b>economic</b> 22:4 136:3 154:15 156:12	<b>emergency</b> 17:16 60:15 65:7 66:24 68:8,9 81:2, 24 82:19 88:10,13 89:18, 21 90:9,23,24 92:10 93:8 94:14 95:1,9,12 98:4 109:9 111:19 116:6 125:7 130:18,19 131:12	<b>enrolled</b> 34:21	<b>evening</b> 5:1 12:10 14:9 15:1 33:23 75:3 99:22 132:18 139:11 150:16 151:15,24
<b>educate</b> 69:6,11 70:8,18	<b>emphas</b> 110:6	<b>enrolling</b> 32:14	<b>event</b> 82:3
<b>educated</b> 89:16	<b>emphasis</b> 98:22	<b>enrolls</b> 32:7 35:2	<b>events</b> 83:4 154:22
<b>educating</b> 69:19	<b>employee</b> 71:1	<b>ensure</b> 18:4,6	<b>eventual</b> 89:14
<b>education</b> 69:21 135:4	<b>employees</b> 21:2 71:4,7, 8	<b>entail</b> 28:20	<b>eventually</b> 82:14 95:8
<b>educational</b> 134:23	<b>employs</b> 117:19	<b>enter</b> 74:11	<b>everyone's</b> 23:19 156:4
<b>Edward</b> 80:11 81:1 88:11 89:8 117:22	<b>EMS</b> 22:4 115:22 154:16 156:14	<b>entertain</b> 10:17	<b>everywhere</b> 72:7 133:11
<b>Edward-elmhurst</b> 77:4, 10 78:24 79:4,15 80:8 88:3,7 89:1 91:19 93:6 94:7 96:10 97:6 102:14 117:19	<b>encourage</b> 143:20	<b>entire</b> 62:17	<b>evidence</b> 19:21 24:21
<b>Edwards</b> 101:17 102:4 106:4,5 108:22 117:22	<b>encouraged</b> 143:23	<b>entirely</b> 129:1	<b>ex-lieutenant</b> 149:9
<b>Edwards-elmhurst</b> 101:8,13 102:4 105:1 108:24 109:16	<b>encouragement</b> 144:4	<b>entirety</b> 41:14	<b>ex-offenders</b> 64:18,22 65:22
<b>effect</b> 6:8 120:19	<b>end</b> 5:24 38:10 42:5 148:11	<b>entities</b> 135:9	<b>exact</b> 108:19
<b>effects</b> 135:22	<b>end</b> 5:24 38:10 42:5 148:11	<b>enunciating</b> 15:8	<b>EXAMINATION</b> 100:7 113:13 123:5 139:16
<b>efficiently</b> 130:22	<b>EMS</b> 22:4 115:22 154:16 156:14	<b>environment</b> 57:12 71:18 73:9,23	<b>example</b> 32:22 123:19
<b>effort</b> 104:15 139:20	<b>encourage</b> 143:20	<b>epidemic</b> 72:10 73:5,8 77:3,9 78:18,24 79:3,11 81:9 87:10,21 89:6 99:12 127:10 136:16	<b>except</b> 87:8 154:8
<b>efforts</b> 88:21 134:24 135:10,15 144:2	<b>encouraged</b> 143:23	<b>episodes</b> 88:10	<b>exceptions</b> 5:8 10:20 17:23
<b>elected</b> 69:19 138:1	<b>encouragement</b> 144:4	<b>equal</b> 72:10 136:1	<b>exchange</b> 43:16
<b>election</b> 40:7	<b>end</b> 5:24 38:10 42:5 148:11	<b>equation</b> 127:2	<b>excited</b> 143:8
<b>electronically</b> 9:3,6	<b>EMS</b> 22:4 115:22 154:16 156:14	<b>ERGO</b> 24:6 25:20,23 26:2 44:19,22,24 45:3 77:19,21,24 151:10,13	<b>excluding</b> 152:14
<b>elements</b> 93:3 94:6 119:14 120:20	<b>encourage</b> 143:20	<b>Eric</b> 74:22	<b>excuse</b> 51:1 62:10 76:14 77:17,20 93:20
	<b>encouraged</b> 143:23	<b>ERS</b> 124:20	<b>executive</b> 21:15 134:1 146:4
	<b>encouragement</b> 144:4	<b>escaped</b> 136:16	

<b>exempt</b> 42:24 43:9	<b>extensive</b> 16:20 68:7	<b>faith</b> 18:20	<b>finish</b> 5:19 22:8 26:16 49:5 55:9 122:1,3	
<b>exhibit</b> 146:8,13 151:1, 22 153:13,14	<b>extensively</b> 69:19	<b>familial</b> 134:9	<b>finishing</b> 20:18	
<b>exhibits</b> 35:18 132:3 150:13,18,20 151:4,18 152:1,7,9,10,14,23 153:24 154:4,7	<b>extent</b> 42:6	<b>familiar</b> 139:6	<b>fire</b> 22:20 42:17 115:22 116:12 117:13	
<b>existing</b> 68:12	<b>extreme</b> 29:13	<b>families</b> 21:1 136:9,14	<b>firmer</b> 28:7	
<b>expand</b> 43:21 44:6 50:19 51:9 69:8 105:16 106:1 146:24	<b>extremely</b> 114:24	<b>family</b> 20:22 67:5 136:13	<b>firsthand</b> 135:21 137:9	
<b>expanded</b> 142:22 147:19	<hr/> <b>F</b> <hr/>			<b>fiscal</b> 22:4 154:14 156:11
<b>expect</b> 30:23 31:9 43:20, 24 60:21 62:2	<b>face</b> 76:2	<b>fan</b> 45:19	<b>five-day</b> 82:18,21 127:13	
<b>expectations</b> 54:23	<b>facilities</b> 28:22 56:7 63:19 64:5 71:12,13,16 98:20 102:22 103:2 105:1 106:12,15 114:10 115:4 116:4 118:3,17,22 119:3,7 122:10,12,15,20 126:1 138:7,10,14 141:21 148:22,23 149:4	<b>farther</b> 117:24	<b>five-minute</b> 99:24	
<b>expected</b> 52:17 65:15 85:5,10	<b>facility</b> 5:11 10:22 16:10, 21 17:13 18:14,19 19:22 26:21 27:1,2 29:15 33:11 34:3,5,19 35:14 36:6,24 37:24 42:20 49:24 50:9 53:1 54:3,6,7,10 64:3,11, 12 65:10,14,20 71:5 72:20 104:18 106:19 108:1 109:10 110:13 111:13 113:4,21 114:1,3, 5,19,24 115:2,21 116:11, 16,21 117:6,17 118:24 120:1,9 122:12 123:9 134:13 135:16 137:21 139:1,6,21,24 140:5,6,9, 12,15,18,19,23 141:3,4, 18 143:17 144:7,14 145:3,22 146:17,19 149:14	<b>fatalities</b> 126:24	<b>fix</b> 46:10	
<b>expecting</b> 52:16	<b>fact</b> 59:5 72:15 73:4 74:4 87:6 112:5 116:3 128:21 136:10	<b>favor</b> 158:7	<b>fixed</b> 7:1	
<b>expects</b> 65:8	<b>factor</b> 119:4	<b>feasible</b> 52:13 149:1,5, 11,12	<b>flat</b> 127:24	
<b>expended</b> 20:11	<b>factored</b> 119:15	<b>February</b> 56:16 58:24	<b>flatten</b> 85:4,7	
<b>expense</b> 37:9 149:17,18	<b>factors</b> 117:7	<b>federal</b> 29:13 30:3 134:19	<b>flattened</b> 128:4	
<b>expenses</b> 30:23 31:10	<b>facts</b> 81:11	<b>feel</b> 57:23 92:2 126:7,8 129:11 130:24 147:18 148:21	<b>flattening</b> 86:14 87:3 127:18	
<b>experience</b> 19:22 68:8 86:6 116:2	<b>fair</b> 15:22 18:7 21:16 32:19 117:4 122:22 132:17 134:1,2,19,22 135:8 138:22 141:11	<b>feeling</b> 126:11	<b>flexible</b> 156:4	
<b>experienced</b> 85:23 88:7	<b>fairly</b> 124:21	<b>feet</b> 12:15 57:18 58:2,6	<b>focus</b> 70:12 103:4	
<b>experiences</b> 29:17		<b>fellow</b> 150:3	<b>focused</b> 102:19 125:13	
<b>expert</b> 42:19		<b>felt</b> 71:23 72:4 137:13	<b>folks</b> 118:1 137:10	
<b>expertise</b> 105:9 122:21		<b>fenced-in</b> 19:8	<b>follow</b> 17:7 28:18 88:24 91:6,8 107:18	
<b>experts</b> 15:20 65:3,5 66:3,5,9,12 103:12		<b>field</b> 30:14 33:13 103:12	<b>follow-up</b> 92:12 125:5	
<b>explain</b> 52:21		<b>fight</b> 79:10 138:3	<b>following</b> 6:4 7:4 150:17	
<b>explained</b> 56:3		<b>fighting</b> 134:5	<b>follows</b> 5:15	
<b>explanation</b> 107:20 108:3		<b>figure</b> 129:10	<b>footage</b> 44:1,5 50:2,15 51:21	
<b>explore</b> 104:5,17		<b>file</b> 43:3,9	<b>force</b> 21:18 77:5,6 83:14 103:16 104:4,15 135:19 136:4 137:12 147:3	
<b>explored</b> 102:14		<b>filed</b> 153:3	<b>foreseeable</b> 128:16	
<b>exponentially</b> 115:10		<b>fill</b> 80:5 102:16 107:21	<b>forge</b> 139:4	
<b>express</b> 38:14		<b>final</b> 8:1	<b>forgot</b> 23:1	
<b>expressed</b> 19:3		<b>finally</b> 8:21	<b>forgotten</b> 87:13	
<b>extended</b> 155:11		<b>financial</b> 20:22 29:17 52:12	<b>form</b> 6:10,21 60:9	
		<b>financially</b> 43:1 52:13	<b>forma</b> 52:12	
		<b>find</b> 97:7 108:23 109:1 111:10 140:4 142:5	<b>formal</b> 135:1	
		<b>finding</b> 141:16		
		<b>findings</b> 7:21		
		<b>fine</b> 115:19		



<b>health</b> 20:15 43:22 61:14 69:10 72:17 77:11 79:6 80:8,18,20 95:21 96:1,6 101:24 105:17 134:15 136:21	<b>Hervas</b> 7:4,5,7 9:17 12:14,18,21 14:11 24:10 25:6 37:11 38:8,11 39:1 40:2,19 41:8,9,17 42:8 43:8,11 47:7,9,16 59:3 62:19 74:12,18 141:6 152:13 153:22 154:6,21	13,19 107:2 108:14,17, 22 109:12,16,18,24 110:18 115:17 116:7 117:20 120:10 121:5,11, 20,21 122:5 124:21 125:8,9,12	<b>ideas</b> 105:16
<b>healthcare</b> 5:10 10:22 15:16 16:10,17 70:19 95:24 102:4 134:13	<b>hey</b> 129:17,18,20	<b>hospital's</b> 109:2	<b>identified</b> 94:1 146:9 150:14 153:15
<b>hear</b> 9:9 14:11 15:7 21:8, 14 24:20,23 26:9 27:5,9 31:2 34:16 45:11,21 46:6 47:2,3,4,10 49:21 55:2 65:2 76:3,20 77:24 78:2, 3 100:9,10,11 133:13 143:7 147:12 151:10,11	<b>hiatus</b> 15:2	<b>hospitals</b> 21:12 32:16 67:9,21 68:8,11 69:24 70:3,4 80:10 81:3 82:1,4 87:11 89:2,3 95:22,23 107:17 108:4,6 109:7 117:21 125:6,12,15,17, 22	<b>identify</b> 12:9 84:16 91:7 93:2,6,21 103:20
<b>heard</b> 9:5 15:11 16:20 19:14 37:21 47:15,17 50:5 58:18 124:4,5 135:21 136:4,22 141:6 147:13 158:8	<b>history</b> 17:2 54:9 69:6	<b>hosting</b> 104:18	<b>Illinois</b> 21:18 35:20 39:15 53:19 62:7 68:20 72:16 78:20 79:16 81:17 83:21 85:2 86:22 87:14 88:24 99:13 111:1,2 127:20 134:3 135:21 136:15 137:4 138:4,17 139:21 146:24 147:5,20
<b>hearing</b> 7:17 8:12,23 9:1,8 10:18 12:23 14:2 15:4 18:7 22:7 37:16 38:10 42:7 45:16 74:21 118:20 125:11 131:17 148:12 150:9,19 151:4 154:10 156:22	<b>hit</b> 86:22 88:19	<b>hotel</b> 50:2 51:14 54:16, 19,20	<b>illness</b> 77:13
<b>hearings</b> 15:1,14,19 16:7 17:11 20:12 22:3 39:3 143:16 151:6 152:5	<b>hitting</b> 128:11	<b>hours</b> 66:11 137:5 138:8	<b>illnesses</b> 71:9
<b>hearken</b> 116:2	<b>hold</b> 18:20 24:5 27:7 46:7,23 95:14 151:3	<b>household</b> 42:22	<b>illuminated</b> 137:17
<b>Hearn</b> 25:23 26:1,5,7,8, 9,13 28:12 29:5,6 30:2, 22 31:6,8 32:1,19 33:5,9, 20,24 35:5,10,15 36:3, 11,15,20,23 37:2,5,11,19 38:3,12,24 39:11,13,20, 22 40:2,9,16 41:7 42:8, 12 43:12,19 44:7,9,14	<b>holding</b> 154:8	<b>households</b> 48:2	<b>imagine</b> 82:2
<b>heart</b> 67:6	<b>Holiday</b> 16:10,13	<b>housekeeping</b> 153:21	<b>immediate</b> 118:2
<b>heavily</b> 70:13	<b>Holmes</b> 10:6,7 11:2,3, 16,17 13:1,2,14,15 126:15,21 128:15 129:2 156:24 157:2,13,14 158:2,4	<b>housing</b> 21:16 132:17 134:1,2,5,7,18,19,22 135:2,5,8,13 138:22	<b>impact</b> 15:17 17:13,14, 16 21:23 22:5,6 65:18 99:7 115:22 130:21 154:15 156:12
<b>heeded</b> 144:3	<b>home</b> 63:9 130:13	<b>How's</b> 14:13,18	<b>impacted</b> 74:3
<b>helped</b> 90:11 138:16	<b>homeless</b> 64:17,21 65:21	<b>hub</b> 28:15,21 29:2	<b>impacts</b> 136:8
<b>helping</b> 136:20 144:23 145:4,6	<b>homes</b> 48:20 63:12,19 64:6 67:18	<b>hub-and-spoke</b> 28:14, 19,24	<b>impaired</b> 9:8
<b>helps</b> 99:20	<b>honestly</b> 15:3	<b>huge</b> 32:9 72:2 93:16 138:13	<b>imparts</b> 82:21 83:1
<b>heralded</b> 92:8	<b>hope</b> 16:6 21:15 36:5 38:23 48:13 74:23 83:23 99:11,20 129:24 132:16 134:1,4,6,23 135:14 139:4 146:5 156:17	<b>human</b> 61:15	<b>impetus</b> 86:8
<b>heroin</b> 85:24	<b>HOPE's</b> 135:4,6,10	<b>hundred</b> 49:14 87:20	<b>implying</b> 61:9
	<b>hoping</b> 22:7 130:1	<b>hundreds</b> 116:10	<b>importance</b> 35:6 69:20 70:8,9,18
	<b>horrible</b> 82:10	<b>hurt</b> 129:18	<b>important</b> 20:5 21:11 28:4 31:19 35:7 37:5 42:14 66:4 68:1
	<b>hospital</b> 21:10 34:21,24 67:14,22 68:3 72:8 73:15 74:7 77:1 78:15,24 79:24 80:18 81:1 90:5 93:5,8 101:9,17 105:22 106:7,	<b>husband</b> 67:6	<b>importantly</b> 30:12
		<b>hybrid</b> 15:4	<b>impose</b> 42:21 43:1
		<b>hypothetical</b> 110:9	<b>improve</b> 72:24 84:18 136:21
			<b>improvement</b> 126:22
		<b>I</b>	<b>in-depth</b> 102:13 134:24
		<b>i.e.</b> 65:20	<b>inappropriate</b> 84:3
		<b>ID</b> 57:2	<b>Inaudible</b> 45:9 46:5 50:22 53:6,7 54:24 80:13
		<b>idea</b> 15:23 104:23	

<b>inaugural</b> 101:3,5	<b>inside</b> 70:3 117:6	<b>Irving</b> 5:7,12 10:23 16:11 22:23	<b>join</b> 18:11
<b>included</b> 95:22,23	<b>instituted</b> 72:13	<b>issue</b> 17:16 66:16 137:10 140:17,21 141:10 145:21 146:6 149:13 151:5 152:4 154:13,15, 16	<b>joined</b> 18:9,10,18 89:19
<b>includes</b> 135:6	<b>instruction</b> 144:3	<b>issues</b> 15:21 20:15 21:20 22:4,5 37:14 40:18 41:1 55:23 77:18 105:14 133:7 156:15	<b>Jorgensen</b> 137:17
<b>including</b> 67:6 91:15	<b>insurance</b> 32:3,8,11,18, 20 33:1,7,10 34:4 92:24 96:14	<b>Itasca</b> 15:12,23 17:9,13, 18 18:22 19:7,14 20:7,15 22:20 27:1,17 28:9,15 35:14 37:24 39:16,17 42:16,20,21 43:1 46:4 48:18 51:12 58:1 60:15, 19,20,22 61:3,5,20 62:3 63:21 64:20 65:8,14 67:5 68:21,22 79:12 104:18 107:2,13,21 108:15,18 109:9 111:7,12 112:11 113:2,4,6 114:3,7,20 117:10 120:24 123:9,12 125:1 134:13 135:16 140:9,11,15,18,22,23 141:9,24 142:18 143:3,4, 15,17,24 144:4,5,8,11 145:3,11,14,22 146:6,14, 19 147:19 149:14	<b>journey</b> 77:16 78:17,23 79:10,14,17
<b>incorporated</b> 90:19	<b>intend</b> 42:24		<b>Julie</b> 66:21
<b>increase</b> 20:13 30:15,16 63:7 81:16 84:17 85:4 87:15,18,20 88:18	<b>intended</b> 155:13,23		<b>jump</b> 131:7
<b>increases</b> 30:20	<b>intensified</b> 87:23		<b>justice</b> 69:16 134:6
<b>increasing</b> 16:22	<b>intention</b> 84:13		
<b>index</b> 153:10	<b>interaction</b> 104:11 144:20		<b>K</b>
<b>indicating</b> 113:2 141:22	<b>interactions</b> 104:9		<b>Kachiroubas</b> 36:18
<b>indication</b> 108:24 112:24	<b>interest</b> 103:9,10		<b>Kane</b> 99:8 145:18,24
<b>indigent</b> 64:18,21 65:21	<b>interested</b> 5:17 8:5,7 12:5,9,11,14,24		<b>keeping</b> 78:5
<b>individual</b> 33:2 35:2 57:10 71:21,24 72:11 135:2	<b>interesting</b> 30:7 33:12 73:4		<b>Ken</b> 6:5 21:21
<b>individuals</b> 16:22 27:19 29:1 32:5,8,10,14,17,20 34:19 39:24 40:10 53:18 57:20 62:2 63:11 66:6 69:6,22,23 70:5,13,18 71:20 72:4,10 73:1,13 74:4,6 104:9 118:17,21 134:16,22 135:22 136:20,23 137:6 138:23 144:23 145:4,6	<b>interfere</b> 87:9 135:12		<b>Kendall</b> 118:11
<b>influx</b> 110:5	<b>interject</b> 38:11		<b>key</b> 27:16
<b>inform</b> 90:16	<b>internal</b> 94:14		<b>KHAN</b> 75:16,18,21 76:13 126:19 133:1,5
<b>informal</b> 134:24	<b>interposed</b> 40:3		<b>Kilcullen</b> 74:22
<b>information</b> 8:16,19 34:8 39:4	<b>interrupt</b> 91:10,12		<b>kind</b> 28:17 33:2 39:6 75:12 152:11
<b>initial</b> 15:14	<b>interrupted</b> 49:1 58:15 91:13		<b>kindly</b> 21:3
<b>initially</b> 94:1	<b>intervene</b> 86:15		<b>knew</b> 28:10
<b>initiate</b> 89:14 91:7 92:10	<b>intervention</b> 34:18 131:1 135:19 147:3		<b>knock</b> 89:5 127:10,12
<b>initiatives</b> 84:19 105:8	<b>introduce</b> 49:8 132:2		<b>knocks</b> 58:23
<b>Inn</b> 16:10,14	<b>introducing</b> 19:20		<b>knowledge</b> 21:16 113:5 115:3 143:18
<b>inpatient</b> 32:23 90:22 101:9,14,18,22 102:5,15 134:17	<b>introducing</b> 51:24		<b>knowledgeable</b> 77:4 78:19
<b>inpatients</b> 103:13	<b>introduction</b> 12:5 49:5		
	<b>invested</b> 18:17		<b>L</b>
	<b>investigated</b> 145:23	<b>January</b> 18:10	<b>Lake</b> 123:18
	<b>investigating</b> 137:19	<b>Jarmusz</b> 12:4,7,14,17, 20 14:16,19 23:13 24:4,8 25:18,22 26:4,8,10 27:7, 11 29:4 31:6 44:13,21 45:2,4,12,15,23 46:12,21 47:1 59:24 60:3,7 62:11, 14 63:17 64:15 65:6 66:18 68:13 70:21 74:8, 14,19 76:22 78:4,7,9	<b>land</b> 121:22 122:2
	<b>investigations</b> 134:24	<b>Jatin</b> 68:14	<b>landline</b> 48:1,4
	<b>invited</b> 59:9	<b>jeopardize</b> 149:19	<b>landlines</b> 48:3
	<b>involved</b> 156:3	<b>jeopardy</b> 74:5 150:1,4	<b>landscaping</b> 19:6 25:12
	<b>involving</b> 8:17 135:1,8	<b>Jessica</b> 70:22	<b>laptop</b> 75:19
		<b>job</b> 7:19 71:23 97:10 128:5	<b>large</b> 19:22 53:24 54:3 114:24 115:2 122:12,15
		<b>John</b> 74:22	

<b>larger</b> 42:17 53:2 64:10, 12 116:20	<b>likelihood</b> 107:18 128:13,19	<b>location's</b> 120:21 143:13	<b>Lustig's</b> 55:6
<b>largest</b> 20:23 71:12	<b>likewise</b> 144:8	<b>locations</b> 28:2,16,21 51:16 54:1 63:23 64:7 65:19 140:13 146:5	
<b>lastly</b> 122:9	<b>limit</b> 26:14 38:13 42:11, 14 63:6	<b>lodged</b> 41:15	<b>M</b>
<b>late</b> 71:2 151:15 155:12	<b>limitations</b> 44:2	<b>logic</b> 116:20	<b>Madam</b> 13:5 76:10
<b>Laura</b> 36:17	<b>limited</b> 5:20 67:20 105:10 143:13	<b>logically</b> 117:1,2	<b>made</b> 19:4 25:12 42:4 61:13 65:9 87:21 143:2 144:16
<b>law</b> 50:14	<b>limiting</b> 38:22	<b>long</b> 15:2 20:2 49:2 90:20 118:24 128:22,23	<b>MAI</b> 21:21
<b>laws</b> 134:11	<b>Linden</b> 80:18 101:11,12, 19,21 102:7,11 103:11 115:6,10,11 116:5 118:14	<b>longer</b> 63:12 128:16 138:17 149:12	<b>maintain</b> 32:17
<b>lawyers</b> 153:22	<b>lines</b> 27:15 28:10 34:18 54:7 136:4	<b>looked</b> 36:7 52:11 88:5 97:17 108:21 127:19 147:3	<b>Majmudar</b> 68:14
<b>lay</b> 18:22 155:22	<b>lining</b> 23:16	<b>Loop</b> 17:3 19:1 35:12 36:10 50:11 56:18 57:16 60:17 61:8,9,19,21 63:14 64:10,17,23 65:10 114:19	<b>major</b> 84:19 85:11 99:16
<b>leadership</b> 101:3,5,6	<b>link</b> 62:5 92:12	<b>lose</b> 41:15 111:21,22	<b>majority</b> 81:4
<b>leading</b> 69:3	<b>liquor</b> 56:4,6,12,24 57:6	<b>loss</b> 71:20 72:3,11	<b>make</b> 6:14 7:4,9,21 14:6 15:6 18:7 22:17 25:20 32:2 33:7 34:19,22 39:9 40:24 49:6 52:13 53:12 54:1,19 55:11 60:16 64:8 65:9 70:14 78:4 98:2,7,8 99:7 109:21,23 117:8 120:9,17 121:10 122:11 123:23 128:12 130:21 131:10,24 132:16 133:9 136:11 137:8 153:23
<b>learned</b> 28:5,23 79:19 139:23	<b>list</b> 35:11,14 36:1	<b>lost</b> 81:12 131:3	<b>makeup</b> 64:19
<b>leasing</b> 104:24	<b>listen</b> 15:10 48:7	<b>lot</b> 8:15 18:20,21 24:1 47:14 51:14 73:2,14 113:16 138:5 147:3,4	<b>making</b> 8:1 40:4 42:3 121:16,18
<b>leave</b> 62:14 65:4 75:11 90:4,6 95:15,16 98:23 112:5	<b>listening</b> 9:6	<b>lots</b> 8:18 85:19	<b>making</b> 8:1 40:4 42:3 121:16,18
<b>led</b> 136:7	<b>lists</b> 64:16	<b>loud</b> 45:17 46:18 76:21 100:9	<b>MALIK</b> 12:7,17,20 14:16, 19 23:13 24:4,8 25:18,22 26:4,8,10 27:7,11 29:4 31:6 44:13,21 45:2,4,12, 15,23 46:12,21 47:1 59:24 60:3,7 62:11,14 63:17 64:15 65:6 66:18 68:13 70:21 74:8,14,19 76:22 78:4,7,9
<b>left</b> 5:19 20:21 85:19,20 86:3	<b>live</b> 7:12 9:1 24:23 45:1 58:3 67:5 98:13	<b>louder</b> 45:13 46:16,22, 23 48:8 76:21	<b>manage</b> 136:22
<b>leftover</b> 90:4	<b>lives</b> 54:10 74:5 81:12 137:8 150:2	<b>loudly</b> 133:8	<b>managed</b> 32:6,7
<b>legal</b> 7:12,13,17 39:8	<b>living</b> 73:18	<b>Lustig</b> 5:18 6:9 14:3 17:1 20:19 21:7 22:12 26:20 27:5,9,12 28:23 29:8,12,18 30:5 31:2,4, 12 32:4 33:4,8,12 34:9, 14,17 35:9,10,19,21 36:7,13 38:4 42:15 43:2, 10,18,24 49:11,20,22 50:10 51:15 52:11,23 53:14 54:5,21 55:16,21, 24 57:9 58:21 59:5 61:11,13 62:21,24 63:2 64:4 65:2,11,24 66:22,23 67:8 68:15 69:1 71:19 75:2 106:11,17 125:19 130:5 137:20 138:15	<b>management</b> 89:17
<b>legally</b> 8:7	<b>LLC</b> 5:6 12:12 22:23		<b>managers</b> 95:1
<b>legitimate</b> 42:4 83:7	<b>lobby</b> 75:14		<b>manages</b> 48:17
<b>letter</b> 23:6 96:20 141:21 142:18,21 143:20 144:15 146:12 152:2	<b>local</b> 18:20 21:12 107:13 124:21 134:11		<b>mandated</b> 90:15
<b>level</b> 27:24 29:2 30:3 34:11 36:12 120:16	<b>located</b> 49:13 107:24 124:1		<b>manner</b> 55:6
<b>Lewis</b> 39:22	<b>location</b> 5:6 19:17,19 27:13 28:8,21 36:8,10 49:24 50:11 53:24 60:16, 17,19,22 61:3,5,8,10,19, 20,22 62:4 63:14,21,22 64:17,20 65:8 107:13 111:7 112:12 120:18 123:22 140:5,11,16,19 141:17 142:6 145:9,12, 18,24 146:7		<b>Maplewood</b> 12:12,13
<b>liaison</b> 72:18			
<b>licensed</b> 17:5 35:13			
<b>licensing</b> 20:1 35:20			
<b>licensure</b> 35:22 53:2			
<b>lieutenant</b> 21:19 135:20 141:19 142:3,4 146:4 149:8			
<b>life</b> 18:15 72:11 82:9			
<b>lifesaving</b> 32:10 72:9			

<b>marijuana</b> 57:7,17	<b>members</b> 15:13 67:5	<b>moment</b> 25:21 44:16 46:22 75:14	<b>nation</b> 136:17
<b>mark</b> 153:12,19	<b>Memorial</b> 76:24 78:15 80:10	<b>Monday</b> 154:23	<b>national</b> 134:9
<b>marked</b> 146:13	<b>mental</b> 43:22 105:17 134:15	<b>money</b> 36:5 52:18	<b>nature</b> 40:5 50:13 69:8 70:2
<b>Mary</b> 14:23 110:21	<b>mention</b> 109:1	<b>monitoring</b> 6:22 135:6 138:11	<b>navigate</b> 96:13
<b>mask</b> 15:5	<b>mentioned</b> 65:24 123:11 129:9	<b>months</b> 15:11 18:3 87:15,16,19 88:17 92:6, 14,15	<b>navigators</b> 94:13
<b>masks</b> 133:16	<b>Mentioning</b> 145:17	<b>mortality</b> 92:6 93:15	<b>nearest</b> 109:8
<b>MAT</b> 92:22	<b>met</b> 18:5 65:12 137:14 142:1 147:4	<b>mother</b> 58:23 136:11	<b>necessarily</b> 27:21 31:14 54:11 57:11,12 63:7 66:6 88:23
<b>materials</b> 24:14 113:1 153:6	<b>methadone</b> 91:21	<b>mothers</b> 19:16,17 37:23 38:1 58:19	<b>necessary</b> 70:15 71:24
<b>matter</b> 41:2 72:15 136:10	<b>methods</b> 84:5	<b>motion</b> 10:17 11:7 12:23 156:21 157:23,24	<b>needed</b> 33:2,3 34:13 50:16 53:18 79:21,22 103:21 104:1 113:21 146:24
<b>mayor</b> 143:6	<b>Metra</b> 65:14	<b>mouth</b> 14:17 27:8 78:5	<b>needing</b> 118:21
<b>meaning</b> 24:22 82:22	<b>Metropolitan</b> 20:22	<b>move</b> 26:18 27:15 28:10 29:1 37:18 38:21 41:5 59:13 60:5	<b>needle</b> 43:16 70:10
<b>means</b> 31:17 79:4 94:9 136:19 144:23 145:4,5	<b>mic's</b> 133:12	<b>moved</b> 11:2 13:1 30:15 65:22 103:18 156:24 158:2	<b>neighbor</b> 16:3
<b>measure</b> 110:3	<b>microphone</b> 8:24 9:1,5, 11,14 75:24	<b>moves</b> 28:6	<b>neighborhood</b> 58:6 65:23
<b>measures</b> 85:6	<b>microphones</b> 100:1 133:8	<b>moving</b> 5:15 28:20,22 39:2,3 66:20 75:5 103:20 105:14	<b>neighboring</b> 62:1 65:12
<b>Medicaid</b> 32:6 95:4 96:15 126:5	<b>mileage</b> 108:19	<b>multiple</b> 29:22 118:22 122:10,11,15	<b>neighbors</b> 19:1 138:20
<b>medical</b> 21:10 32:16 74:7 76:24 78:14 95:24 100:22 109:15 116:6,16	<b>miles</b> 108:18	<b>municipalities</b> 117:10 122:13	<b>net</b> 30:23 31:10
<b>Medicare</b> 97:24	<b>million</b> 52:15	<b>naive</b> 82:22	<b>news</b> 91:11
<b>medication</b> 32:23 70:1	<b>mind</b> 18:12 50:12 52:23 63:8 99:6 107:20 155:8	<b>Naperville</b> 80:11,19 101:17 108:11 114:13 116:12	<b>nice</b> 87:8
<b>medication-assisted</b> 80:21	<b>mindful</b> 8:23	<b>Narcan</b> 84:23 85:13 86:4,5 87:2 90:9,12,16 126:19 127:7 131:11,14 138:16,18,19	<b>night</b> 59:1,23 158:11
<b>medicine</b> 84:11 87:10 90:4	<b>minimal</b> 100:21	<b>narcotic</b> 91:22	<b>nights</b> 17:10
<b>medium</b> 122:16	<b>minimum</b> 52:8	<b>narcotics</b> 90:14 92:1,2	<b>Nikita</b> 74:24
<b>meet</b> 17:22 43:21 53:1, 15,20 54:12,13	<b>minutes</b> 148:11	<b>narrow</b> 118:13	<b>noches</b> 150:12
<b>meeting</b> 9:18 141:20 155:1,19,22,24	<b>misinterpreting</b> 121:19		<b>NOLFO</b> 22:19 113:12,14 122:22 148:4 154:1
<b>meetings</b> 5:15 6:1 138:1	<b>mission</b> 21:5 134:21 135:14		<b>nonbeliever</b> 137:13
<b>meets</b> 54:22	<b>missions</b> 135:11		<b>nonfatal</b> 87:15
<b>MELONE</b> 9:21,23 10:2, 5,8,11,14 11:9,12,15,18, 21,24 13:7,10,13,16,19, 22 157:6,9,12,15,18,21	<b>mistake</b> 136:11		<b>nonprofit</b> 43:2
<b>member</b> 18:18 73:16 139:8	<b>mitigate</b> 88:22		<b>Nos</b> 150:13 154:4
	<b>mitigation</b> 72:13,19 73:2		<b>notation</b> 40:4
	<b>mixed-use</b> 5:10 10:21		<b>note</b> 66:4 147:14
	<b>model</b> 28:14,17,19,24 117:17,18		<b>noted</b> 47:20
			<b>nother</b> 58:4

<b>notice</b> 23:5,6 86:2 129:11 153:12	<b>occupancy</b> 54:16	<b>opens</b> 18:14	<b>origin</b> 83:3 134:9
<b>noticed</b> 129:11	<b>occupied</b> 102:1	<b>operate</b> 16:10 27:14	<b>orthopedic</b> 121:13
<b>November</b> 154:11,24 155:24 156:23 158:15	<b>occur</b> 108:6,9,11	<b>operating</b> 46:3 54:18 64:12	<b>Outbreak</b> 71:1
<b>number</b> 8:3,10 10:18 15:15 16:22 19:12 26:16 48:1 49:19 51:5 52:7 60:16 61:2,13 62:8 63:17,18 64:15 65:6,7 80:19 83:19 85:20 86:3, 18 96:9,10 97:2 103:23 117:21,22 118:4 119:3 125:2 126:16 132:2 136:8 138:7 152:7,14 156:23	<b>occurred</b> 59:12 86:19 103:21	<b>operation</b> 17:13	<b>outcomes</b> 120:16
<b>numbers</b> 52:18 98:6 112:23 127:10	<b>occurrences</b> 81:23	<b>operational</b> 19:21	<b>outdoor</b> 25:12
<b>numerous</b> 29:20 35:1 131:5 136:23	<b>occurring</b> 128:12	<b>operations</b> 17:6	<b>outdoors</b> 19:10
<b>nursing</b> 102:22 103:1	<b>October</b> 5:2 68:14,17 142:23 143:1	<b>opinion</b> 38:15 41:1 141:8	<b>outpatient</b> 16:18 28:24 64:7 90:22
<hr/> <b>O</b> <hr/>	<b>odds</b> 116:21	<b>opioid</b> 16:21 21:13,18 77:3,9 78:18,24 79:3,11 81:9 82:3,7,11,15,22 83:4 84:4 85:24 86:22 87:9,11,21 88:10 89:5,15 91:1 93:4,22 97:19 99:12 102:12 103:16 111:2 122:18 126:19 127:4 128:6,13 135:18,22 136:1 147:2 149:10	<b>overdose</b> 81:13 83:21 84:22 87:17 95:10 124:20 128:6 130:18 135:19 147:2
<b>O'KEEFE</b> 14:5,8,10,12, 14,18,21 22:14 23:1,4,9 25:7,8 31:3 33:20,21 34:7 35:15,16 36:19,21 37:1,3,22 38:3 39:18,21 40:14 41:21 59:2 66:14 75:7,10 76:1 131:17,22 132:11,14 133:3 148:10 150:15 151:12,14 152:22,24 153:3,16,19 154:10 155:12,22 156:1	<b>offenders</b> 131:5,9	<b>opioid's</b> 128:11	<b>overdosed</b> 67:19
<b>Oaks</b> 80:18 101:11,12, 20,21 102:7,11 103:11 115:7,10,11 116:5 118:14	<b>offer</b> 19:13 27:24 32:22 33:6 51:20 54:9 95:15 138:12	<b>opioid-related</b> 81:22	<b>overdoses</b> 86:4 87:16 90:10 125:13
<b>object</b> 36:22 39:18 140:7 155:2	<b>offered</b> 141:16	<b>opioids</b> 55:17 81:13 82:19,21,23 83:1,6,13 84:7 87:13 89:13,18,22 93:5 96:3 127:16 128:24 136:7,9	<b>overflow</b> 63:22
<b>objecting</b> 41:19	<b>offering</b> 64:13 68:10 140:4	<b>opportunities</b> 30:19 31:17,24 33:6 36:8,9	<b>oversight</b> 77:6 78:23
<b>objection</b> 40:3,14 41:15 59:2 152:17	<b>official</b> 143:2	<b>opportunity</b> 14:24 32:9, 18 38:20 66:9 67:13 133:22 136:1 139:10 152:16	<b>overview</b> 17:3,5 24:12
<b>objectors</b> 7:20	<b>officials</b> 37:10 69:19 138:1 143:15 144:12	<b>opposed</b> 63:9 139:4 158:9	<b>overwhelming</b> 18:13 62:7 126:3
<b>obtain</b> 39:23 138:9	<b>older</b> 38:22 56:22	<b>optimal</b> 92:16 94:17	<b>owned</b> 36:17
<b>obvious</b> 9:4	<b>oldest</b> 134:2	<b>option</b> 95:16 131:6	<b>owner</b> 5:5
	<b>one-person</b> 136:12	<b>options</b> 105:17 106:2	<b>owners</b> 65:12
	<b>one-year-old</b> 58:24	<b>order</b> 5:9 9:18 10:21 27:19 68:11 118:1 154:21 155:18	<b>ownership</b> 25:11
	<b>ongoing</b> 70:16 141:10	<b>organization</b> 29:23 30:4 36:16 74:23 80:4 96:19 109:21 122:8	<b>owning</b> 46:3
	<b>online</b> 60:9	<b>organizations</b> 35:11 73:6 77:11 79:6 89:10 91:3,20 96:1 126:2,12	<b>owns</b> 48:17
	<b>onset</b> 137:1		<hr/> <b>P</b> <hr/>
	<b>open</b> 10:18 16:9 18:12 35:24 36:13 57:17 64:2 71:11,15 134:13 139:6 140:18,23 144:13 148:23 149:4		<b>p.m.</b> 158:14
	<b>opened</b> 18:19 33:14 36:8		<b>package</b> 23:5
	<b>opening</b> 14:6 22:15,18 31:22		<b>paid</b> 22:10 37:7,8
			<b>pain</b> 84:6 89:17,20
			<b>pandemic</b> 22:7 71:13 72:6 87:9,12 127:2 137:2 156:7
			<b>paper</b> 73:17
			<b>papers</b> 98:21
			<b>Pappas</b> 39:22
			<b>paraphrasing</b> 126:10

<b>parishioners</b> 150:3	<b>patients</b> 17:7 19:9,14 28:20 32:2 49:18 50:8 55:16 56:8 61:6 68:9 71:5,6,16 72:14 73:7 81:2,5,7 82:15 83:5,20 91:6 93:7 94:4,16,23 96:13,17 97:8 98:2,8,12 99:3 100:17,23 101:1,2 102:11,24 104:1,10 106:14 107:18 110:6,17 111:14,20,21,22 114:1,4, 6 116:4 122:16 123:10, 11,17 124:19,23 126:4 147:10	<b>persists</b> 92:14	<b>planning</b> 22:5 68:19
<b>Park</b> 5:7,12 10:24 16:11 22:23	<b>patio</b> 19:9 25:12	<b>person</b> 57:1 58:7 68:2 72:22 74:1 81:14 129:19	<b>plans</b> 36:6 51:13 135:7
<b>parking</b> 18:20,21 51:14	<b>pause</b> 75:15	<b>person's</b> 57:12 67:19	<b>play</b> 77:14 84:24
<b>part</b> 18:23 23:23 35:17 73:5 77:1 78:15 90:21 91:18 102:12,13 103:15 104:3 105:18 107:23,24 108:3 112:19,20 144:10 150:16,22 153:6	<b>pay</b> 22:10 98:1	<b>personally</b> 137:7	<b>plays</b> 119:4
<b>participants</b> 8:23	<b>PC</b> 5:3 10:18 156:23	<b>persons</b> 135:13	<b>point</b> 41:3 53:22 57:23 73:11 75:18,21 82:12 90:13 104:15 107:12 111:12 124:10 129:12 131:3 148:20,24 149:4, 11 151:1 152:21
<b>participate</b> 43:16	<b>peak</b> 86:22	<b>perspective</b> 125:11	<b>Polach</b> 6:5 21:21,22 66:14 132:4 133:4 151:2, 23 154:9,12 155:4,7,14
<b>participated</b> 69:15	<b>peers</b> 19:24	<b>pertains</b> 33:22	<b>Polaris</b> 156:14
<b>participating</b> 9:2	<b>pending</b> 43:8	<b>petition</b> 5:7 7:18 8:2,18 10:19 37:14 41:3	<b>police</b> 90:11 115:22
<b>particular</b> 24:17 25:2 37:15 91:4 98:1 141:3,5 152:9	<b>people</b> 6:12 15:23 27:15 28:6 37:7 52:4 54:2 56:8, 19 63:10 69:11 71:2,6 81:4 82:2,7,8,11,14 84:16,18 90:2,10 91:1, 13,24 93:7 94:2,3 96:4, 16,21,23 97:3,11,12 98:13 99:7,8 106:22 112:23 119:7,11 124:13, 15 126:9,10 128:7,11 129:12 131:4 136:3 137:23 138:8,15 142:2 145:16 150:2 151:8	<b>petitioner</b> 5:5 6:3,19 7:20 8:4 24:11 26:12	<b>policies</b> 135:12
<b>particularly</b> 61:23 79:23 96:14 99:18 126:4	<b>Peoria</b> 154:23 155:15	<b>petitioner's</b> 75:6 146:8 150:13 153:14 154:4	<b>policing</b> 20:1
<b>parties</b> 6:19 8:5 12:5 39:15	<b>percent</b> 53:18 55:21,22 56:7,18 60:18,19 61:5,9 81:6,16 82:14,21,24 83:2,23 87:15,18,20 92:6,7,13,14 93:14,15 96:23,24 97:5,9 101:23 102:1,10 124:23	<b>phase</b> 31:20 106:23 127:19	<b>political</b> 40:4
<b>partner</b> 14:10,15 16:3 103:7 104:24	<b>percentage</b> 55:19	<b>phased</b> 31:23	<b>population</b> 34:1 67:10 68:12,20 70:15 102:9
<b>partnering</b> 125:17	<b>period</b> 30:8 66:1,2 72:12 73:16 87:18,20 116:10 122:19 130:16	<b>phone</b> 29:8 46:18 47:22 48:13 60:1	<b>portion</b> 43:4,5 50:12 52:24
<b>partners</b> 45:8 46:2 48:16 79:22 80:1 103:17 104:2,3,6	<b>periods</b> 130:17	<b>physician</b> 93:5 94:9 105:21	<b>position</b> 41:5 100:19 113:18
<b>partnership</b> 80:6 139:5	<b>permit</b> 5:10 10:21 54:24	<b>physicians</b> 32:17 89:11 90:14 94:8 96:8,9	<b>positions</b> 40:20
<b>parts</b> 142:22		<b>picked</b> 82:9	<b>positive</b> 71:3,7,23
<b>party</b> 5:17 8:7 12:9,11, 15,24		<b>piece</b> 53:4 64:9 68:2	<b>possibility</b> 104:17 128:15 145:24
<b>pass</b> 71:21 98:17		<b>pieces</b> 47:4 153:11	<b>possibly</b> 8:4 48:1 52:6 59:12 120:17
<b>passed</b> 71:22 72:1		<b>pillar</b> 84:14 86:17	<b>posted</b> 74:15
<b>passionate</b> 99:2		<b>pillars</b> 84:2 86:16 88:24 103:19	<b>posting</b> 23:6
<b>past</b> 15:11 18:3 29:14 41:5 106:17 140:14		<b>place</b> 95:3,4 129:21	<b>potential</b> 17:18 110:5 146:5 150:20
<b>patched</b> 23:15		<b>places</b> 96:16 138:6	<b>potentially</b> 33:6 80:5 127:14 154:15
<b>patience</b> 23:20		<b>plan</b> 5:3,9,16 6:7 7:8,17, 21,23 8:12 10:20 12:10 15:11 16:15 17:23 18:6 19:3,6 37:24 38:1 39:6 40:1 44:24 74:16 77:14 83:22 99:15 102:12,14 111:1,3,6 124:9 131:16 138:24 142:18 143:20 147:8 148:15 152:15	<b>power</b> 16:2
<b>patient</b> 28:1 67:15,24 68:6 73:11 85:23 90:16 95:2 119:5		<b>planned</b> 5:8 10:19 17:22 37:21 135:16	<b>powerful</b> 83:8
<b>patient's</b> 33:19			<b>Powerpoint</b> 107:6 133:1 150:24 151:2,23 152:2

<b>practices</b> 73:20 137:4	<b>primarily</b> 44:1 63:19 64:6,7,17 65:21	146:23 147:19	154:12
<b>preface</b> 42:9	<b>primary</b> 16:14 25:11 32:16	<b>project</b> 21:23 40:11,12 88:9	<b>proximal</b> 119:5
<b>prefer</b> 19:13 114:2 124:2	<b>prior</b> 21:17 150:18 151:6	<b>projecting</b> 31:18	<b>proximity</b> 57:21 58:2 106:13,19 108:4,5 112:12,17
<b>prepare</b> 24:24	<b>prisons</b> 69:17	<b>projects</b> 88:17	<b>prudent</b> 110:3
<b>preparing</b> 20:12	<b>Pritzker</b> 61:16	<b>promotion</b> 20:21	<b>public</b> 6:12,14 7:17,20 8:8,9 9:2 10:18 14:1 20:19 21:5 38:15 40:24 60:9 72:16,17 74:20 78:1 111:24 112:9,13,17 115:22 136:24 143:2,15
<b>prescribe</b> 90:15 94:9,10	<b>private</b> 136:24	<b>pronouncing</b> 60:13	<b>publicly</b> 139:20
<b>prescribing</b> 90:14	<b>pro</b> 52:12	<b>proof</b> 18:5	<b>purchase</b> 56:24 57:3
<b>prescription</b> 82:15 84:4,10 138:11,17	<b>problem</b> 35:9 67:10 77:5 82:9 83:13 92:16,21 120:22 126:8 128:17 131:8	<b>proper</b> 34:4	<b>purchased</b> 16:13 18:16
<b>prescriptions</b> 86:22 87:2 90:3 127:9	<b>problem-solving</b> 143:16	<b>Properties</b> 45:8 46:2,5 48:16,17,19,21	<b>purpose</b> 34:15,17 38:4 83:7
<b>present</b> 9:22 10:16 20:17 21:21 22:2,3,12 24:21 79:1 132:15 154:24 156:6,13	<b>problems</b> 47:18 55:18 82:8 103:21 113:3 121:14,15 130:20 146:16	<b>property</b> 12:15 16:11,16 17:15 18:17 20:9 21:24 51:17 52:6 65:10,18 66:16 68:21 154:13	<b>purposes</b> 24:18
<b>presentation</b> 6:15,20	<b>procedural</b> 8:19	<b>proponent</b> 149:3	<b>Pursuant</b> 134:21
<b>presented</b> 8:4 59:6,8 113:1 131:6 153:11	<b>procedure</b> 6:8 150:16 151:19	<b>proposal</b> 39:17 53:14 57:17	<b>pursued</b> 26:21 145:17, 23 146:5
<b>presenting</b> 57:19 156:19	<b>procedures</b> 5:14 6:1	<b>proposed</b> 15:16 28:15 60:15,18,22 61:5 62:3 63:21 64:20 65:8,13 107:2 109:9 114:20 115:1,15	<b>pursuing</b> 26:24 40:11 140:12
<b>president</b> 17:1 21:9,22	<b>proceed</b> 48:6,10 49:10 76:19 148:12	<b>proposing</b> 49:16 50:4 52:14 67:13 72:21	<b>pursuit</b> 104:3 135:1
<b>Presta</b> 44:19,22,23 45:5, 7,14,17 46:1,7,9,17,20, 23 47:12,14,17,23 48:2, 9,11,15,24 49:4,12 50:7, 17 51:1,6,23 52:15 53:6, 10,11,23 54:18,24 55:3, 10,16,22 56:1 58:3,14,22 59:3,15,21,22	<b>proceeding</b> 6:11 7:9,10, 13 154:22 156:8	<b>protect</b> 7:19	<b>put</b> 50:4 52:6 55:13 56:17 70:23 77:4 82:10 83:14,22 84:11 98:5 115:14 121:5 141:4 155:8
<b>pretty</b> 94:4 127:24	<b>proceedings</b> 6:13,24 7:16 22:11 39:2 112:10 150:22 158:12	<b>protected</b> 134:10,18	<b>putting</b> 114:18
<b>prevent</b> 38:17 88:22 138:12	<b>process</b> 6:6 8:8,11,14 18:7 20:10 38:8,22 55:10 59:16	<b>protection</b> 117:14	
<b>preventing</b> 86:18	<b>professional</b> 39:8	<b>prove</b> 17:21	
<b>prevention</b> 36:2 44:3 84:2,3 85:14 86:21 135:19 147:2	<b>program</b> 19:16 25:13 27:13,14,24 31:15,20 33:14,16,18 35:1,24 37:22 50:14 57:10 72:20 80:22 89:19 90:1,2,24 91:17 92:13,22 93:4,22 94:3,21 98:9 115:12 122:5 126:19 138:12	<b>provide</b> 16:17 19:6 21:12 24:3 28:6 34:11 35:10,13 61:4 72:9 73:9 118:1,21 120:16 121:23 134:13 135:15 138:16 139:1 144:18 145:18 152:10	<hr/> <b>Q</b> <hr/>
<b>prevents</b> 92:3	<b>programming</b> 17:6 29:21 30:7 32:13 50:3	<b>provided</b> 8:19 17:3,5 25:14 34:8 35:17 38:6 70:4 74:15,16 141:21 151:6 152:5	<b>qualifies</b> 12:18
<b>previous</b> 18:11 67:16 84:7	<b>programs</b> 29:1 31:20,22 43:17 61:3 80:21 84:17, 19 90:20 94:4,23 120:19	<b>providers</b> 20:24 30:17 94:1 98:2,3,8 103:6,8 135:9	<b>quality</b> 80:4
<b>previously</b> 5:21 19:3 25:16 35:19 38:6,8 63:5 65:24 152:5		<b>providing</b> 20:3 21:6 34:6 38:4 69:20 107:14	<b>quarantine</b> 137:5
<b>price</b> 53:2			<b>question</b> 23:11,22 24:9 26:12,19 28:13 29:11 30:7 31:2,4 32:4 35:8 36:21 37:3,17 38:16 39:14,19 40:3,6,19 41:19,22,23 42:3,9,11 43:5,6,8,15,19 48:22 49:3,11,19,21 50:17 51:3,4,24 53:9 55:7,8,14 56:1 57:5 58:11,15,16,17

59:7,9,14 61:18 62:13, 20,23 63:3 65:4 66:22 68:13,18 69:2,7 70:21 99:6 110:8 122:1,3,6 124:18,19 125:18 126:15 127:1,7 129:6 131:22 140:20,24 141:1,7,11 142:4,7,10 148:14,17,18 149:7,18,23	<b>Rauner</b> 83:14 <b>Ray</b> 10:9,10 11:19,20 13:17,18 129:3 133:12 148:14,17,20 149:17 150:6 157:1,3,16,17 158:3,5,6 <b>re-evaluate</b> 84:5 <b>re-examined</b> 19:11 <b>reached</b> 26:2 39:20 104:17,22 143:14 <b>reaching</b> 104:8 <b>read</b> 25:3 52:20 60:10 62:17 74:13 <b>reading</b> 142:22 <b>ready</b> 23:16,17 55:13 76:5 98:15 100:3 131:24 <b>real</b> 70:19 72:21 73:21 87:8 <b>realized</b> 79:17 104:1 <b>realness</b> 81:9 <b>rearrange</b> 75:12 <b>reason</b> 16:14 51:23 82:12 128:19 140:15 143:19 <b>reasonable</b> 43:20 <b>reasons</b> 112:8 <b>reassure</b> 15:24 <b>recall</b> 64:4 67:16 105:12, 13,24 106:3,4,6 112:16 142:17 144:24 <b>receive</b> 34:20,24 <b>received</b> 19:1 23:7 74:21 152:15,18 154:7 <b>recently</b> 30:14 142:24 <b>recess</b> 100:2 155:17,20 <b>recognize</b> 12:3 22:6 113:10 123:3 139:3 148:2 <b>recognized</b> 8:7 41:10 80:3 86:11 95:21 103:23 <b>recognizing</b> 20:5 97:11 <b>recommence</b> 15:2	<b>recommend</b> 12:10 24:13 <b>recommendation</b> 7:22 <b>recommending</b> 7:24 <b>record</b> 7:16 8:11 20:3 23:5 55:4 60:10 62:18 74:11 132:3 150:21,22 151:20 152:13 153:13,23 154:6 155:9,18 <b>recording</b> 7:14 9:21,23 10:2,5,8,11,14 11:9,12, 15,18,21,24 13:7,10,13, 16,19,22 157:6,9,12,15, 18,21 <b>recover</b> 27:20 86:6 <b>recovery</b> 15:16 16:17 27:16 28:7 36:2 44:4 63:9,11,19 64:6 79:18 82:10 84:15,20 85:12,15 87:7 90:19 91:18 92:13 93:12 102:16 104:16 111:22 147:4 <b>recreational</b> 57:7 <b>reduce</b> 53:7,11,22 57:10,13 69:9 83:22 84:3,9 127:9 136:20 <b>reduced</b> 60:16 72:24 73:1 <b>reducing</b> 54:11 70:19 128:5 <b>reduction</b> 92:5 126:24 <b>refer</b> 100:24 101:1,19 130:5 <b>reference</b> 27:12 57:15 79:23 102:21 <b>references</b> 65:9 <b>referred</b> 68:15 146:12 <b>referring</b> 100:16,23 <b>refile</b> 42:24 <b>reform</b> 69:16 <b>refrain</b> 41:19 <b>refreshed</b> 39:6 <b>regard</b> 108:4 112:22 <b>regarded</b> 135:14	<b>regarding</b> 7:10 14:2 38:6 59:4 143:3,17 151:8 152:8 154:21 <b>regardless</b> 134:22 <b>region</b> 20:15,24 <b>regional</b> 71:16 93:24 <b>regulatory</b> 63:6 <b>rehabilitation</b> 65:20 142:15 <b>reiterate</b> 15:24 <b>relapse</b> 56:20 136:22 <b>relapsed</b> 67:19 <b>relate</b> 59:4,13 <b>related</b> 37:9 81:13 123:22 152:4 <b>relates</b> 141:7 <b>relating</b> 41:1 141:8 <b>relationship</b> 79:13 122:5 125:24 <b>relationships</b> 120:14 <b>relative</b> 69:12 72:5 74:2 <b>relayed</b> 147:8 <b>relevance</b> 33:21 36:22 37:4 39:21 <b>relevant</b> 41:24 42:1 <b>reliable</b> 80:4 <b>relied</b> 36:17 <b>religion</b> 134:8 <b>reluctance</b> 147:9 <b>rely</b> 29:19,20 31:14 39:7 89:18 109:18 <b>remaining</b> 151:4 <b>remarkable</b> 126:22 <b>remember</b> 18:13 100:1 <b>reminder</b> 7:11 <b>Remote</b> 6:22 <b>remotely</b> 6:11 <b>remove</b> 68:19 <b>removing</b> 69:12
<hr/> <p style="text-align: center;"><b>R</b></p> <hr/>			
<b>race</b> 134:8 <b>rage</b> 136:17 <b>rails</b> 39:8 <b>raise</b> 41:22 76:16 132:20,22 133:17 <b>raised</b> 15:15 17:12,19 <b>raising</b> 61:16 <b>ran</b> 143:6 <b>range</b> 19:13 <b>rapid</b> 73:12 <b>rate</b> 92:12 93:13 <b>rates</b> 30:15 33:16 92:17			

<b>render</b> 50:16	<b>resistance</b> 123:20 124:4,5	<b>Rockford</b> 49:13,14	<b>satisfy</b> 146:1
<b>rental</b> 46:4 48:18	<b>resisting</b> 124:13	<b>role</b> 19:23 20:5 21:17 34:22 77:12 79:4,5	<b>saved</b> 18:15
<b>reoccurring</b> 131:1	<b>resource</b> 67:23 70:4	<b>roll</b> 9:20 11:8 13:6 157:5	<b>saves</b> 54:10 86:3,9,12 126:23 127:8
<b>reoccurs</b> 98:24	<b>resources</b> 20:11 28:3 36:14 67:20 97:5 135:10 149:22	<b>room</b> 6:12 8:22 46:15 66:24 68:9 74:1 81:24 82:19 88:10 89:19,21 90:23,24 92:11 93:8 94:14 95:1,9,12 98:4 109:9 111:19 130:18,19 131:12	<b>saving</b> 150:1
<b>repeat</b> 31:3,4,6 43:4 53:9 91:9 131:5,9 141:13	<b>respect</b> 8:13 90:8	<b>rooms</b> 54:17 68:9 81:2 88:14 90:9	<b>savings</b> 70:19
<b>repeats</b> 95:17	<b>respectfully</b> 142:8,11	<b>roots</b> 18:22	<b>scheduled</b> 154:11
<b>rephrase</b> 106:16	<b>respective</b> 19:23	<b>Rosecrance</b> 49:12	<b>school</b> 19:12,15 22:21
<b>report</b> 25:3 50:18 51:8 136:23 145:2,10 147:21	<b>respond</b> 15:21 19:3 62:12 63:1	<b>roundtables</b> 138:5	<b>schools</b> 42:18
<b>reporter</b> 7:14 45:10 46:6,11 47:1,3,9 48:6 50:23 51:5 53:8 55:1 76:12,13,14,16 132:21, 22	<b>responders</b> 67:17 138:18	<b>route</b> 65:13	<b>scope</b> 40:15
<b>reporting</b> 71:9	<b>responding</b> 55:6	<b>Rudy</b> 44:19 45:7,12 46:1 48:15	<b>scratch</b> 120:4
<b>reports</b> 136:18 144:21 145:11 146:12 147:4 153:5	<b>response</b> 55:7 62:16,20 75:4 84:21 87:3 90:8 140:10 144:16,19 158:10	<b>rule</b> 5:16	<b>screaming</b> 48:12
<b>representation</b> 40:1	<b>responsible</b> 40:10 71:11,15	<b>rules</b> 6:8 17:7	<b>screen</b> 29:9 120:24
<b>Representative</b> 39:15	<b>rest</b> 68:19	<b>run</b> 78:12 85:10 92:21 120:8,10 121:20,22	<b>Secretary</b> 9:19,21,23 10:2,5,8,11,14 11:8,9,12, 15,18,21,24 13:5,7,10, 13,16,19,22 76:10 157:4, 6,9,12,15,18,21
<b>representatives</b> 18:11	<b>restate</b> 51:4	<b>Rush</b> 73:15	<b>section</b> 8:17 19:7 40:24 42:7
<b>represented</b> 112:11	<b>result</b> 86:4 136:16	<b>Russo</b> 10:12,13 11:22, 23 13:20,21 157:19,20	<b>secure</b> 16:9 134:17
<b>request</b> 5:7	<b>resume</b> 100:3		<b>secures</b> 16:1
<b>require</b> 19:18 92:17	<b>retail</b> 65:18		<b>security</b> 17:6
<b>required</b> 44:2	<b>retrofitting</b> 53:1		<b>seek</b> 36:11
<b>requirements</b> 53:2	<b>return</b> 21:4		<b>seeking</b> 37:2 119:8
<b>requires</b> 50:15	<b>returning</b> 57:13		<b>seeks</b> 16:2 134:12
<b>reschedule</b> 7:2	<b>revealed</b> 146:23		<b>segregation</b> 134:8
<b>reserving</b> 59:10	<b>revenue</b> 29:22 30:23 31:9,23 33:7		<b>select</b> 112:12
<b>resets</b> 39:6	<b>Reversal</b> 126:20		<b>selected</b> 140:18,19
<b>resident</b> 108:1	<b>review</b> 17:23 24:13		<b>self-contained</b> 50:14
<b>residential</b> 5:10 10:21 33:17 50:13	<b>revised</b> 19:5		<b>send</b> 23:17 98:12 102:24 126:4
<b>residents</b> 15:12 42:16 65:23 68:22 113:2 139:3 140:4 141:16 142:5 144:17 145:13,19 146:15,17,23 147:16,18 149:19,20	<b>Rich</b> 137:17		<b>sending</b> 130:2
<b>residents'</b> 67:2	<b>ridiculous</b> 47:19		<b>sense</b> 55:12 120:9 122:11 125:16
	<b>rights</b> 7:19 138:23		<b>separated</b> 57:22
	<b>risk</b> 82:22,24 83:2 136:22		<b>separately</b> 33:1
	<b>road</b> 5:7,13 10:24 16:11 22:23		<b>September</b> 30:16
			<b>sequence</b> 155:23

---

**S**

---

<b>serious</b> 82:3	<b>sign</b> 6:16	<b>slow</b> 8:10 56:2	<b>speculative</b> 40:20 41:2
<b>seriousness</b> 90:17	<b>signal</b> 46:16	<b>slowly</b> 48:6	<b>spend</b> 70:17
<b>serve</b> 16:19 28:15 56:6 63:4 81:1 118:1 145:12	<b>significance</b> 7:13 128:4	<b>small</b> 39:16 48:11 49:18 53:4 61:2 122:15,19,20	<b>spent</b> 18:3 66:2 134:4 137:5
<b>served</b> 19:18 21:19	<b>significant</b> 136:8	<b>smaller</b> 27:1 53:24 60:19 71:15,18 122:11	<b>spigot</b> 128:9,10
<b>serves</b> 21:1	<b>significantly</b> 87:21 128:14	<b>smallest</b> 117:10 122:13	<b>spoke</b> 28:16,20,24 67:17 143:5
<b>service</b> 20:23 21:11 29:2 33:2 54:7 65:7 68:10 109:19 146:17 149:21	<b>signup</b> 6:21	<b>smallness</b> 88:3	<b>spokesperson</b> 71:5
<b>services</b> 16:18,23 17:5, 16 18:21 19:14 20:3,23, 24 25:13 27:19 28:1,5 30:11 32:21,23,24 33:5 34:5,11,20,23 43:21 50:16 51:21 54:10 60:15 61:15 62:2 64:8,14 65:20 67:12 70:9 74:7 105:16 115:22 121:23	<b>similar</b> 50:10 65:19,22 87:17,19	<b>smart</b> 84:8	<b>spot</b> 127:14
<b>serving</b> 19:16	<b>simple</b> 121:17	<b>Smith</b> 22:21 123:3,6 124:6 148:7,8 154:2	<b>sprained</b> 82:20 130:11
<b>session</b> 23:12	<b>simply</b> 122:16	<b>sobering</b> 136:4	<b>spread</b> 118:9,22
<b>set</b> 66:18	<b>simultaneously</b> 28:6	<b>social</b> 20:24 94:24 134:6 136:21 137:4	<b>square</b> 44:1,4 50:2,15 51:21 82:18
<b>Seth</b> 39:22	<b>single</b> 72:22	<b>society</b> 91:14 99:14	<b>St</b> 141:24 145:15,17 146:1
<b>setting</b> 50:21 51:11,13 53:13 58:4 68:3	<b>single-family</b> 48:20	<b>sold</b> 106:8	<b>stable</b> 34:10
<b>seventh</b> 110:20	<b>sir</b> 47:21 48:22 49:7 55:3,4 58:10 122:1	<b>solid</b> 82:18	<b>staff</b> 6:19,22 71:20 72:14 73:7
<b>sex</b> 134:9	<b>sisters</b> 150:3	<b>solution</b> 94:20 97:16 109:17 111:11 121:17	<b>staffing</b> 17:6
<b>Shannon</b> 12:4,6 14:4 23:21 24:7 44:11 62:10 70:22 75:1	<b>site</b> 5:9 10:20 17:23 20:13 31:20 49:15,18 50:7 51:12,18 52:9,10 107:16 141:9	<b>solve</b> 104:15 120:22	<b>stairs</b> 130:13
<b>shared</b> 73:20	<b>sites</b> 104:11	<b>solves</b> 131:1	<b>stand</b> 63:23
<b>shocking</b> 82:13	<b>situated</b> 106:12	<b>sort</b> 25:3 137:22	<b>standalone</b> 64:2
<b>shopping</b> 138:13	<b>situation</b> 54:3 91:4 136:13	<b>sorts</b> 28:21	<b>standards</b> 17:22 72:19 73:3
<b>short</b> 130:8 142:17	<b>situations</b> 73:19 93:1	<b>sought</b> 36:4	<b>start</b> 34:24 45:22,23 50:23 53:8 55:1 61:16 77:19,21 78:10 90:24 91:20 93:9,11 97:10,11 132:19 133:7 151:16
<b>shot</b> 86:12	<b>size</b> 26:23 27:2,22 43:21 50:8 54:22 61:5 63:6 73:1 114:20 115:21 120:18	<b>sound</b> 77:18 121:16,18	<b>started</b> 77:15 79:14,15, 17,24 80:6 82:15 83:12, 17 86:8 91:2,18 101:6 103:17,20 130:2 137:11, 19
<b>show</b> 51:13 85:13 141:3 152:13 154:6	<b>sized</b> 65:19,22	<b>space</b> 49:14 54:14 120:1	<b>starting</b> 86:10 92:11 131:3
<b>shown</b> 99:11	<b>skilled</b> 102:22 103:1	<b>speak</b> 8:24 9:4,14 29:8 45:12 46:18 49:1 126:9 131:20 133:8 139:11	<b>starts</b> 85:3 154:23
<b>shows</b> 82:17 86:20	<b>slashing</b> 61:14	<b>speakers</b> 46:15	<b>state</b> 29:13,23 30:2,15, 17 31:14 35:20 39:24 40:17,18 44:2 50:14 61:24 69:15 70:11 77:9 111:1,2 115:5 116:23 134:2,10 135:21 137:12 138:4 141:20 147:5
<b>shut</b> 72:8	<b>sleeping</b> 48:12	<b>speaking</b> 9:11 133:17	
<b>shutdown</b> 15:18	<b>slide</b> 80:23 82:5,6,12,17 83:10,15 84:7 85:16,17 86:20 87:24 88:4 91:16 93:17,19 95:18 102:3 110:20 111:10,11 113:23 120:12,23 123:9 126:16 127:13,19,20,23	<b>special</b> 5:8 10:19 125:5	
<b>side</b> 37:9 85:1 90:22	<b>slope</b> 87:4	<b>specialist</b> 142:13,15	
		<b>specific</b> 27:13,22 29:23 30:6 40:6 42:11 50:14 66:10 81:6 97:20 102:8 103:22 104:8 113:6	
		<b>specifically</b> 49:11 66:15 69:7,14 72:5 113:3 145:3,8 146:14,15,18	

155:18	<b>streetnewsservice.org.</b> 62:6	<b>successfully</b> 20:3 26:2	<b>swearing</b> 7:15
<b>State's</b> 135:18	<b>streets</b> 67:11	<b>suffer</b> 136:14	<b>Swets</b> 10:15 12:1 13:23 157:22
<b>stated</b> 35:5 61:11 63:5 71:8 96:20 136:18 144:22	<b>strive</b> 72:24	<b>suffering</b> 20:4,14 134:14 135:22 137:3	<b>sworn</b> 76:7,18 132:24
<b>statement</b> 14:6 43:7 61:14 82:13 132:1,16	<b>structure</b> 54:14	<b>sufficient</b> 34:8	<b>synthetic</b> 85:24
<b>statements</b> 9:5 22:15, 18	<b>struggle</b> 56:10 97:7	<b>suggest</b> 150:24 151:21	<b>system</b> 32:14 68:4 78:15 80:9 102:4 105:22
<b>states</b> 70:22 145:2	<b>studied</b> 19:2 119:15	<b>suggested</b> 140:11	<b>systemic</b> 135:2
<b>station</b> 65:14	<b>studies</b> 91:24 92:5 99:4 130:7	<b>suggesting</b> 117:17	<b>systems</b> 36:16 67:14
<b>statistic</b> 96:22	<b>study</b> 15:20 68:15 73:18	<b>Sullivan</b> 6:4 21:9 75:13, 16,17,20,23 76:4,6,8,20, 23 77:17,23 78:2,6,8,11, 13 80:14,17 93:21 99:21 111:1,5 113:15 122:24 124:9,14,17,22 125:20 127:6 128:18 129:7,24 131:4,19,21 147:8 150:24 152:2	<hr/> <b>T</b> <hr/>
<b>statistical</b> 128:3,4	<b>subgroup</b> 95:22	<b>Sullivan's</b> 147:7	<b>tackle</b> 77:5 83:14
<b>statistics</b> 81:19 113:1,6 116:23 117:2 124:22 126:20 136:5 137:16	<b>subject</b> 41:24	<b>summary</b> 99:10	<b>tag</b> 53:3
<b>status</b> 42:24 43:9 134:9	<b>submissions</b> 148:13	<b>summer</b> 16:8	<b>takeback</b> 90:1
<b>statute</b> 44:2	<b>submit</b> 16:14 23:4 145:14 150:17 151:19	<b>Sun-times</b> 70:23	<b>takes</b> 84:12 127:13
<b>stay</b> 17:24 59:18 63:12 89:21 112:6	<b>submitted</b> 39:5 60:5,9 150:19 151:17	<b>supplement</b> 152:11	<b>taking</b> 5:22 34:22 58:12 83:6
<b>step</b> 5:24 6:6 12:2 75:6 131:14 150:16	<b>submitting</b> 16:12 39:3	<b>supplemental</b> 19:20 35:18 132:3 150:18 151:18 153:6	<b>talk</b> 21:10 56:2 69:2,9 76:20 77:8 79:3,8,11,15 81:8 82:7 92:22 93:23 94:18
<b>stigma</b> 68:16,19,20 69:3,9,12,24 70:20 82:7, 10 83:5 138:3	<b>subsequent</b> 86:13 96:8	<b>supply</b> 97:4	<b>talked</b> 89:3 93:13 94:24 102:17 118:14 120:12 125:23 126:2
<b>stimulate</b> 127:9	<b>subsequently</b> 94:7 139:23	<b>support</b> 18:24 27:4 29:21 31:15 54:4 65:1 68:11 96:7,20 133:23 140:13 141:23 142:18 152:2	<b>talking</b> 45:17 54:21 57:16 69:12 83:4 95:19 137:5 140:9,22 148:21
<b>stood</b> 69:6	<b>substance</b> 20:14 30:16 33:13 36:2 44:3 53:18 59:11 69:10 70:12 99:12 101:9,15,18 102:5,11,15 103:13 105:17 106:1 108:21 111:7 112:23 113:3 134:14 137:11 144:18 145:19 146:16 147:18	<b>supported</b> 140:16 141:22	<b>tapped</b> 30:21
<b>stop</b> 6:24 9:13 62:15 136:20	<b>substances</b> 136:21	<b>supportive</b> 139:20	<b>task</b> 21:18 77:5,6 83:14 103:16 104:4,14 135:19 136:4 137:12 147:3
<b>stopped</b> 103:3	<b>substitute</b> 91:22 123:12,14	<b>supports</b> 135:15	<b>Taskforce</b> 36:5
<b>store</b> 56:4,12,24 57:6	<b>suburban</b> 65:23 123:15 147:10	<b>surgery</b> 90:3	<b>tax</b> 17:16 42:24 43:9
<b>strange</b> 100:12 130:8	<b>suburbs</b> 53:16,21 54:12	<b>surprise</b> 52:19	<b>taxes</b> 42:17
<b>strapped</b> 105:7	<b>success</b> 77:12 86:20 92:12,16 93:13 96:12 97:19 106:22 107:18 112:18	<b>surrounding</b> 26:24 67:9	<b>taxing</b> 15:13 17:17
<b>strategies</b> 72:14	<b>successful</b> 79:10 86:18 92:9 93:3,10 94:5 99:4,5 130:23	<b>survey</b> 146:22 147:15, 16	<b>taxpayers</b> 43:1
<b>strategy</b> 120:21		<b>surveyed</b> 72:2	<b>team</b> 15:8,20 18:4,10 69:14 73:16
<b>stream</b> 7:12 34:9,10		<b>swear</b> 75:8 76:11,15 132:20	<b>teams</b> 103:19
<b>streamed</b> 9:2			<b>technical</b> 47:18
<b>streaming</b> 6:23 7:1			<b>technologies</b> 23:20
<b>streams</b> 33:15			
<b>street</b> 56:5,7 95:13			

<b>Technology</b> 77:20	<b>threat</b> 72:21	<b>top</b> 42:19	49:12,13 50:20 51:10
<b>telling</b> 39:5 81:10,19 97:5 98:13	<b>three-</b> 116:10	<b>topic</b> 39:6,9 49:3 123:8	52:10 53:19 57:9 63:9,13 65:16 67:15 68:6 69:18, 20 70:8 71:12,16,17 73:10 79:18 80:22 84:14, 20 85:12,15 87:7,22 89:20 90:18,22,24 91:2, 18 93:9,11 96:21,22,24 97:1,4,13 99:15 101:10, 15,18,22 102:5,15,16 103:1 104:10,16 105:17 106:2,12,18,19 107:14, 19 111:8 112:24 113:20 134:14,17 135:15 136:19 137:2,8 138:21 139:1,21 144:22 145:5,20 146:16 147:11,19
<b>tells</b> 83:8 86:15	<b>three-hospital</b> 78:15 80:9	<b>total</b> 115:23	
<b>tend</b> 63:12	<b>three-system</b> 77:1	<b>totally</b> 122:7 123:21	
<b>terms</b> 41:4 126:23	<b>thrilled</b> 15:23	<b>touch</b> 114:12	
<b>test</b> 71:24 73:11	<b>thrive</b> 137:23	<b>toured</b> 137:21 138:4	
<b>tested</b> 71:2,7,22	<b>throughout</b> 22:11 54:1 69:15 73:16 96:9 136:17 147:5	<b>toward</b> 154:20	
<b>testified</b> 17:2 31:21 34:10 35:19 59:11 60:20, 24 61:2,7,23 62:8 63:18, 20 64:5,16,18 65:7,11 136:11 138:2,16	<b>throwaway</b> 142:2	<b>towards</b> 75:21 87:11	
<b>testifies</b> 154:9	<b>tie</b> 57:1	<b>town</b> 26:23 27:1,3 104:18 107:22 113:4 143:3 146:17	
<b>testify</b> 79:2 131:24 151:3,23 154:12,14 155:10 156:11	<b>till</b> 79:1 151:3	<b>towns</b> 104:5,9 125:2	
<b>testifying</b> 25:2 60:14,18	<b>time</b> 15:4 16:12,24 20:11,20 22:3 23:24 26:17 28:5 30:8 31:23 37:18 38:9,15 47:12 49:8,9 51:17 57:23 59:9, 10 60:2 64:1,12 66:1,2,3 70:17 72:12 73:16 74:10, 13 78:22 79:1 80:3 85:5 86:13 90:6,21 94:17,22 97:7 105:19,20 106:5 108:21 115:20 122:23 130:9,21 131:6 132:8 141:19 142:17 143:1 148:10 150:11 154:16 156:6	<b>track</b> 20:2	<b>treats</b> 61:1 64:17
<b>testimonies</b> 14:2	<b>timely</b> 92:19	<b>traffic</b> 17:15	<b>tremendous</b> 64:13 66:10 71:20
<b>testimony</b> 7:14 16:20 17:15 21:8 37:17 38:5 55:4 59:4 65:1 67:17 68:15 75:3,9 76:9 99:22 132:19 138:5 141:8 147:7,12,13 151:5 152:4, 11	<b>times</b> 9:1 67:19 69:23 115:7 116:11 129:9 131:5,9	<b>train</b> 84:15 93:7	<b>trial</b> 7:15 78:11
<b>testing</b> 73:7,10	<b>title</b> 70:24 110:23 126:17	<b>trained</b> 94:2,8,10 96:5,9, 11 97:11 138:19	<b>Tribune</b> 56:17
<b>tests</b> 73:12	<b>today</b> 5:2 16:6 52:14 77:7,8 99:11 113:18 129:17 136:1,6 145:21 155:5	<b>training</b> 96:7	<b>tried</b> 15:10 64:2 103:20 144:13
<b>therapy</b> 92:7	<b>told</b> 137:17	<b>trajectory</b> 83:16,18	<b>trigger</b> 56:19
<b>thereto</b> 153:5	<b>tonight</b> 5:14 17:10 19:21 20:17 21:4 26:15 38:5 44:8 65:2 66:15 79:2 133:23,24 151:20 152:12	<b>transcribed</b> 47:5	<b>triggers</b> 56:15 57:6,7, 10,14
<b>thing</b> 9:9 25:4 27:16 28:4,23 29:18 57:22 62:18 81:8 84:8 89:5 95:19 114:8 129:10	<b>tonight's</b> 14:1	<b>transcript</b> 41:13 68:17, 24	<b>trouble</b> 45:15 87:13
<b>thing's</b> 45:19	<b>tool</b> 56:13 57:5	<b>transfer</b> 25:21 44:20	<b>true</b> 70:19 118:3
<b>things</b> 51:19 52:3 79:16, 23 81:19 86:1,10 93:12 104:13 119:3 121:15,24 147:8	<b>tools</b> 56:14	<b>transport</b> 116:6	<b>trust</b> 118:5,6
<b>third-party</b> 66:5		<b>transportation</b> 111:24 112:4,9,13,17	<b>trusted</b> 139:8
<b>thought</b> 26:22 88:4		<b>transporting</b> 68:9	<b>turn</b> 45:10 46:12,14 59:1 100:13 128:9,12
<b>thoughtful</b> 144:16,19		<b>travel</b> 58:8 65:15	<b>turning</b> 31:21 133:16
<b>thousand</b> 21:2 88:9		<b>traveled</b> 65:13 135:20	<b>type</b> 17:4 27:14 30:11 32:8,10 33:14 85:22,23 92:8 120:21 152:9
		<b>traveling</b> 141:20	<b>types</b> 86:1 96:17
		<b>treat</b> 61:6 70:1,5 84:6,16, 17 89:12,13,17 99:3 106:13	<b>typically</b> 152:10
		<b>treated</b> 33:10 69:22 122:18	
		<b>treating</b> 49:18 50:8 61:12,19 89:11 97:19 103:12	<b>U</b>
		<b>treatment</b> 15:16 16:17 18:14 19:18 21:13 28:22 32:11,23 33:17 43:22	<b>U.S.A.</b> 99:13
			<b>ultimately</b> 127:4
			<b>unable</b> 38:14 46:12

<b>uncertainties</b> 156:5	<b>valued</b> 139:8	<b>wake</b> 48:13	<b>whenever</b> 130:11
<b>under-resourced</b> 149:6,20	<b>values</b> 17:15 21:24 65:10,18	<b>walk</b> 56:24 58:9	<b>white</b> 73:17
<b>underinsured</b> 96:15 126:6	<b>various</b> 141:21	<b>walk-in</b> 118:3	<b>wife</b> 36:18 71:22
<b>understand</b> 7:23 24:15 26:5 38:12,23 39:4,7 56:21 60:23 62:22 70:5 89:12 119:23 129:20 155:11	<b>vast</b> 81:4	<b>walking</b> 130:10,12	<b>willing</b> 53:11 97:22 104:12,13 112:3 119:11 156:5
<b>understanding</b> 20:8 68:2 69:16 102:10 109:11 155:4,9	<b>version</b> 142:22	<b>wanted</b> 18:20 56:17 81:8 87:5	<b>wind</b> 95:8
<b>understood</b> 25:5 41:7 97:18 115:13	<b>versus</b> 87:19 121:11 125:8	<b>warrant</b> 113:4	<b>window</b> 93:10 94:17
<b>unequivocally</b> 135:24	<b>viable</b> 52:10,22	<b>Washington</b> 70:14 71:4	<b>Winfield</b> 114:14
<b>uninsured</b> 97:23 126:6	<b>vice</b> 21:9	<b>watch</b> 6:13	<b>Winning</b> 36:15
<b>unintended</b> 84:10	<b>video</b> 6:23 7:1 47:6	<b>watching</b> 7:12 8:13 9:2 29:7	<b>wish</b> 88:1
<b>unique</b> 21:16 91:19	<b>view</b> 70:12	<b>water</b> 128:10	<b>wishing</b> 6:14,18
<b>units</b> 46:4 48:18 52:6	<b>viewed</b> 109:17	<b>wave</b> 83:16	<b>withdrawal</b> 91:23 92:2 130:19
<b>unmet</b> 20:16	<b>village</b> 6:10,19,22 7:3,7, 22,24 8:18 15:17 16:4 22:1 26:15 36:23 48:20 52:2 60:6 74:16 111:6 144:12	<b>ways</b> 32:24	<b>witness</b> 25:2 55:8 62:12 75:8 76:11,15,18 99:24 131:18 132:24 147:24
<b>unusual</b> 130:6,10	<b>Village's</b> 6:13,16,21 8:16	<b>wearing</b> 133:16	<b>witness's</b> 141:8
<b>unwillingness</b> 147:10	<b>villages</b> 52:2 104:4	<b>website</b> 6:10,17,21 8:16, 20 62:5 64:16 74:16 108:22,23 109:2 118:5,6, 7	<b>witnesses</b> 6:4 7:15 8:3 15:8 20:18 22:4 44:10 45:6 48:8,23 49:9 55:5 66:15 148:13 155:23
<b>up-to-date</b> 16:5	<b>Vince</b> 26:5	<b>Wednesday</b> 5:2 158:15	<b>women</b> 25:14
<b>update</b> 23:24	<b>virus</b> 71:14	<b>week</b> 138:9 154:22 155:7,18 156:8	<b>wonderful</b> 59:22 133:15
<b>uphold</b> 138:22	<b>vision</b> 17:4	<b>week's</b> 155:24	<b>wondering</b> 33:21 111:15 124:12
<b>uptick</b> 67:2	<b>visiting</b> 137:6	<b>weeks</b> 95:6	<b>word</b> 46:11
<b>upward</b> 87:2	<b>visits</b> 82:1	<b>weigh</b> 27:22	<b>work</b> 6:24 23:15,20 47:10 50:10 52:10 54:3 66:11,12 70:13 71:10 73:15 91:8 93:2 94:15 98:11 111:18,20 112:19, 20,21 130:14 137:22 139:7 140:3 141:15 142:4 143:21,24 144:4,9 156:5
<b>urban</b> 58:3	<b>vodka</b> 57:1	<b>welcome</b> 123:2	<b>worked</b> 15:20 69:18 72:15 85:6 134:7 144:7, 11
<b>urge</b> 138:22	<b>Voice</b> 158:7	<b>welcoming</b> 34:1	<b>workers</b> 94:24
<b>usually</b> 101:24	<b>voiced</b> 144:17	<b>well-known</b> 97:19	<b>working</b> 18:3 22:1 66:3, 6 68:8 70:3 143:3
<b>utilization</b> 84:4 87:3	<b>void</b> 102:16	<b>West</b> 5:6,12 10:23 16:11 17:3 19:1 35:12 36:10 50:11 56:18 57:16 60:17 61:8,9,19,21 63:14 64:10,17,23 65:10 71:4 114:19	<b>works</b> 50:11 92:20 99:15
<b>utilize</b> 34:5 127:7	<b>volume</b> 46:14,16	<b>western</b> 53:16,21 54:12	
<b>utilized</b> 90:12	<b>voluminous</b> 24:15	<b>Wheaton</b> 26:22 27:12 139:21,24 140:3,5,8 141:15,17,18,22,23,24 142:5,6 143:9 145:15 146:24	
	<b>vote</b> 13:6,24 157:5 158:7		
	<b>voting</b> 39:16		
<hr/> <b>V</b> <hr/>	<hr/> <b>W</b> <hr/>		
<b>valid</b> 17:19 136:5	<b>wait</b> 7:1 25:20	<b>wheelhouse</b> 102:19 103:5 105:10 120:6 121:13	
<b>valuable</b> 91:14	<b>waiting</b> 132:9		
<b>value</b> 66:16 67:23 68:21 77:13 79:12 154:13	<b>waiver</b> 94:8		

**world** 15:3  
**worse** 87:22 97:14  
**write** 144:21  
**writing** 142:17 144:24  
**written** 60:5,11 74:9  
132:1  
**wrong** 101:22  
**WYSOCKI** 152:21  
153:2,9,17,21

---

**Y**

---

**year** 60:22 61:1,22 62:3  
81:3,4 82:24 83:19 85:19  
87:18,20 88:9 92:15  
93:15 96:4 112:10  
139:19 140:17 143:15  
144:5,12  
**years** 42:16 48:21 50:20  
51:9 58:20 64:1 67:7  
77:15 79:19 88:8,23  
100:20 101:7 103:2  
105:13 126:23 134:4,6  
137:15 139:19  
**Yordana** 152:20  
**young** 19:16 81:14  
**Youtube** 6:14 47:6

---

**Z**

---

**zero** 127:12  
**zone** 34:3  
**zoning** 7:18 8:2,17 16:1,  
9 33:22 37:13 41:3 42:1