

In the Matter Of:

IN THE MATTER OF: HAYMARKET DUPAGE, LLC

REPORT OF PROCEEDINGS

January 06, 2021

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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
8 ALSO PRESENT:

9 MR. MO KHAN, Village Planner;

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

11 MS. AMANDA MELONE, Recording Secretary;

12 MS. YORDANA WYSOCKI, Village Attorney;

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23 Appeared on behalf of Itasca Fire Protection
24 District.

I N D E X

WITNESS:

LUAY ABOONA

EXAMINATION BY:

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1 CHAIRMAN DALY: Good evening everyone, and
2 welcome to this meeting of the January 6, 2021,
3 Itasca Plan Commission. I call this meeting to
4 order.

5 Would the secretary please call
6 roll.

7 RECORDING SECRETARY MELONE: Chairman Daly?

8 CHAIRMAN DALY: Present.

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 Ray?

19 COMMISSIONER RAY: Here.

20 RECORDING SECRETARY MELONE: Commissioner
21 Russo? Commissioner Russo?

22 (No response.)

23 VILLAGE PLANNER KHAN: He's not in the
24 meeting right now.

1 CHAIRMAN DALY: At this point we still have a
2 quorum for the meeting so we're going to proceed.

3 Okay. Good evening everyone.
4 Today is Wednesday, January 6th, 2021. Happy New
5 Year.

6 The case before the Plan Commission
7 is PC 19-014 continued from last December 16th.

8 The Petitioner and owner is
9 Haymarket DuPage LLC, and the location is 860 West
10 Irving Park Road.

11 The procedures for tonight and
12 meetings moving forward are as follows: This evening
13 will begin with the Petitioner calling the following
14 witnesses: Mr. James Dominik, Mr. Luay Aboona from
15 KLOA.

16 Number two: The Plan Commission
17 has adopted new rules of procedure which are now in
18 effect.

19 Number three: We are proceeding
20 remotely due to COVID-19, and the public may watch
21 the proceedings through the Village's YouTube
22 channel.

23 Number four: Anyone wishing to
24 make public comment will be able to do so after the

1 presentation of cases. They need to sign up on the
2 Village's website.

3 Number five: Anyone wishing to ask
4 questions of the Petitioner, village staff, or other
5 parties will be able to do so after the presentation
6 of cases. The sign-up form is on the Village's
7 website.

8 And on that note, we have for --
9 you can't see this piece of paper, but this is the
10 step-by-step guide for the Haymarket public hearings.

11 The version from October of 2020,
12 the new format for the presentation of cases, for
13 those of you who do have this form, we are still on
14 step 3. There are 10 steps in this process, and we
15 do appreciate everyone's patience in working through
16 this.

17 And at this point I would like to
18 turn it over to Chuck Hervas who might elaborate on
19 that point and also make his opening comments.

20 Mr. Hervas?

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

22 My name is Chuck Hervas and I am
23 the attorney advising the Plan Commission in this
24 matter. We are going to give some statements that

1 I've given in the past, but for the benefit for those
2 that have not been with us before, I'm repeating
3 them.

4 This is a legal proceeding with
5 legal significance. A court reporter is swearing in
6 witnesses and is transcribing the testimony. This is
7 not a trial, but we are developing a record of
8 proceedings before the Plan Commission. This is a
9 public hearing on a zoning petition.

10 My job is to protect the rights of
11 the Petitioner, any objectors, and the public. The
12 Plan Commission will make findings and a
13 recommendation to the Village Board.

14 Please understand that the Plan
15 Commission is a recommending body. The Village Board
16 will make the final decision on the Haymarket zoning
17 petition.

18 Due to the pandemic and the
19 Governor's emergency orders, we are unable to meet in
20 person. A virtual hearing is not the preferred
21 method for hearing this zoning petition; however, the
22 business of government must move forward, and the
23 virtual hearing has been approved by state statute
24 and is used by local governments across the state.

1 Everyone is doing the best they can under the
2 circumstances.

3 The procedures used by the Plan
4 Commission for large hearings during the pandemic are
5 available on the Village's website. The website has
6 a lot of information, including a comprehensive
7 step-by-step guide about this hearing, which is what
8 the Chairman referred to.

9 The public will have an opportunity
10 to ask questions and provide public comment at the
11 appropriate time, and you'll be able to see on the
12 step-by-step guide when that time will be.

13 Witnesses will be presented by the
14 Petitioner and possibly by other interested parties.
15 Cross-examination will be allowed only by the
16 attorneys or anyone who has been legally recognized
17 as an interested party.

18 Finally, this is a slow and
19 deliberate process that creates an appropriate record
20 for a plan commission hearing. For those that are
21 observing, I ask that you please respect the legal
22 process even if you do not agree with it.

23 Thank you, Mr. Chairman. I'll send
24 it back to you.

1 CHAIRMAN DALY: Thank you, Mr. Hervas.

2 At this point I'd like to formally
3 open and continue the hearing, and then we will hear
4 from Petitioner's legal team.

5 So the first order of the business
6 and the only order of business this evening before
7 the Commission is the continuation of the public
8 hearing on case No. PC 19-014.

9 The request is for petition for a
10 planned development by special use with exceptions
11 and Class 1 Site Plan approval all in order to permit
12 a mixed use residential and health care facility and
13 other accessory uses in the B-2 Community Business
14 District at 860 West Irving Park Road.

15 I will now entertain a motion to
16 open this continued public hearing.

17 COMMISSIONER RAY: I motion to open this and
18 continue this public hearing; Commissioner Ray.

19 COMMISSIONER CARELLO: Second; Commissioner
20 Carello.

21 CHAIRMAN DALY: Will the Secretary please
22 call the vote to open the meeting.

23 RECORDING SECRETARY MELONE: Commissioner
24 Carello?

1 COMMISSIONER CARELLO: For.

2 RECORDING SECRETARY MELONE: Commissioner
3 Drummond?

4 COMMISSIONER DRUMMOND: For.

5 RECORDING SECRETARY MELONE: Commissioner
6 Holmes?

7 COMMISSIONER HOLMES: For.

8 RECORDING SECRETARY MELONE: Commissioner
9 Ray?

10 COMMISSIONER RAY: For.

11 RECORDING SECRETARY MELONE: And has
12 Commissioner Russo showed up at all or no?

13 (No response.)

14 RECORDING SECRETARY MELONE: Okay.

15 VILLAGE PLANNER KHAN: Amanda, I believe he's
16 going to be absent for tonight.

17 RECORDING SECRETARY MELONE: Okay. Thank
18 you.

19 CHAIRMAN DALY: Okay. The motion carries.
20 The public hearing is now open.

21 Before we swear in this evening's
22 witnesses, I would ask Ms. O'Keefe if she has any
23 opening statements for the Commission before we swear
24 in her witnesses.

1 MS. O'KEEFE: I do have a brief opening
2 statement that relates to my first witness.

3 Let me just start off by saying
4 good evening. Bridget O'Keefe, for the record, with
5 my co-counsel Mary Dickson. We're here today on
6 behalf of Haymarket DuPage.

7 Tonight we're go to present Luay
8 Aboona, who's a principal with KLOA. He's an expert
9 who prepared the report on traffic and parking
10 issues.

11 We're going to ask him to present
12 first because he's not available on January 13th or
13 January 20th, so we want to ensure that he is able to
14 present his testimony this evening.

15 After Mr. Aboona is completed with
16 his testimony and cross-examination, we will return
17 to the questioning of Mr. Dominik to hopefully
18 complete his cross-examination.

19 So if we could swear in Mr. Aboona
20 and Mr. Dominik, and then I'll just make a brief
21 statement of introduction for Mr. Aboona.

22 (Luay Aboona sworn.)

23 MS. O'KEEFE: Just one second because we're
24 not showing on the screen.

1 Can you see us? We're not showing
2 on the screen right now.

3 There we go. Thank you.

4 Okay. So as I've stated, we're
5 going to be presenting Mr. Luay Aboona for testimony
6 this evening. He's a principal with KLOA, which is a
7 premier traffic and parking engineering firm which
8 has operated in Chicago since 1995.

9 Mr. Aboona is a founding principal
10 of KLOA with over 29 years of professional
11 experience, and he oversees the firm's traffic,
12 transportation, and parking assignments for public
13 and private sector clients.

14 Mr. Aboona received his Bachelor of
15 Science Degree in civil engineering from the
16 University of South Hampton in England, and a Master
17 of Science Degree in structural engineering from
18 Northwestern University.

19 Mr. Aboona is a registered
20 professional engineer in the State of Illinois and
21 carries member status in the Institute of
22 Transportation Engineers and the Urban Land
23 Institute.

24 Mr. Chairman, I ask you to accept

1 Mr. Aboona as an expert witness on traffic and
2 parking issues.

3 CHAIRMAN DALY: I accept your witness as an
4 expert in the field. Thank you.

5 MS. O'KEEFE: So Mr. Aboona has prepared an
6 extensive report on the traffic and parking
7 characteristics of Haymarket that was previously
8 introduced into the record as Exhibit No. 41.

9 I'd like to provide a brief summary
10 of KLOA's finding, and given the thoroughness of the
11 report and in the interest of the time, we are just
12 going to rely on Mr. Aboona's report and not have him
13 make a separate presentation. I will make a quick
14 summary of his findings and then he will be available
15 to answer any questions that Counsel have.

16 So in summary, Mr. Aboona's report
17 found that based on the proposed development plan and
18 the traffic capacity analyses for the full build-out
19 of the development, the findings and recommendations
20 of the study are as follows: The proposed
21 development will have a low traffic impact on the
22 surrounding roadway network.

23 Number two: The signalized access
24 off of Illinois 53 and the two unsignalized access

1 points off both I-53 and Illinois 19 has served the
2 Spring Lake's business park, and the proposed
3 development will continue to operate at acceptable
4 levels of service during peak hours, and no roadway
5 or traffic control improvements are recommended at
6 these intersections in conjunction with the proposed
7 development.

8 Number three: The existing full
9 access drive off Spring Lake Drive opposite Maplewood
10 Drive that serves the site will continue to be
11 adequate to accommodate their projected traffic
12 estimated to be generated by the proposed
13 redevelopment.

14 And, finally, based on the surveys
15 of the existing similar facility and data provided by
16 Haymarket DuPage, the exiting approximate 384 space
17 parking lot serving the site will be adequate to
18 accommodate the peak parking demand of the proposed
19 development which will primarily consist of
20 employees.

21 So that's the summary of KLOA's
22 findings, and now I'd like to turn it over to
23 Mr. Aboona and whichever counsel is going to go first
24 with regards to cross-examination.

1 MR. ELLENBECKER: This is Steve Ellenbecker.
2 Mr. Chairman, if I have permission to proceed?

3 CHAIRMAN DALY: Please do, Mr. Ellenbecker.
4 Thank you.

5 MR. ELLENBECKER: Thank you.

6 Before getting too far down the
7 road here, I advised Counsel earlier today by email,
8 and I'm advising the Commission and you,
9 Mr. Chairman, that in addition to parties or people I
10 previously indicated I represent, I also represent
11 960 Maplewood LLC, and 960 Maplewood LLC is
12 considered an interested person as that term is
13 defined in these proceedings as a property owner
14 within 250 feet of 860 West Irving Park Road.

15 LUAY ABOONA
16 called as a witness herein, having been first duly
17 sworn, was examined and testified as follows:

18 CROSS-EXAMINATION

19 BY MR. ELLENBECKER:

20 Q. Good evening, Mr. Aboona.

21 A. Good evening.

22 Q. For purposes of our proceedings here
23 tonight, you were hired by Ms. O'Keefe and Haymarket;
24 correct?

1 A. That's correct.

2 Q. And would you agree that as it pertains
3 to Haymarket's application in this case, that it was
4 in Haymarket's best interest for you to find a
5 negligible, low, or no impact on traffic for its
6 proposed facility?

7 A. I prepared a professional traffic study
8 to determine what the impact of the facility would be
9 and that's how I reported it.

10 Q. Right. And you'd agree, though, from
11 its position as an applicant, it would be in
12 Haymarket's best interest for the results of your
13 study to conclude that there is a low, no, or
14 negligible impact on traffic; correct?

15 A. I -- I -- not necessarily. I think it's
16 the interest of any entity or facility to understand
17 what the traffic impacts are and whether the access
18 and the roadway system can handle the traffic,
19 because if it couldn't, then it could adversely
20 impact their operations.

21 Q. Okay. And if there's an excessive or a
22 large enough impact on traffic, it can also impact
23 the surrounding community, as well as the applicant's
24 proposed facility; correct?

1 A. That's what the purpose of the traffic
2 study is, is to identify these issues.

3 Q. Okay. And as Ms. O'Keefe indicated, you
4 prepared a report; correct?

5 A. Correct.

6 Q. And how much of that report did you
7 actually author as opposed to other people in your
8 firm?

9 A. This was done collaboratively within my
10 firm. I supervised a lot of the analysis and the
11 work, and I participated in the report writing, but
12 this was a collaborative report.

13 Q. Did you perform any of the traffic
14 assessments or inquiries that are reflected in the
15 report. Did you personally do that?

16 A. If you say that I -- whether I ran the
17 analysis using the specific software, no, I did not.

18 Q. Did you go to the proposed location,
19 look at the implicated intersections, crosswalks, and
20 sidewalks yourself or was that somebody else from
21 your firm?

22 A. I have visited the site, but the -- the
23 project engineer on the project -- on the project did
24 the same thing.

1 Counsel or Haymarket?

2 A. That was provided by Haymarket, yes.

3 Q. Who at Haymarket or affiliated with
4 Haymarket did you speak to to acquire the information
5 regarding size, occupancy, activities, that sort of
6 thing?

7 A. It was Karen Kissel.

8 Q. What was the last name?

9 A. Kissel.

10 Q. And did you meet with anybody in
11 addition to Karen Kissel from Haymarket?

12 A. I think initially when I first got
13 involved I spoke with Mr. Musil, I believe is his
14 last name, but it has been primarily Ms. Kissel since
15 then.

16 Q. Did Haymarket -- in addition to giving
17 you this chart, did they provide you with any
18 historical data to back up any of the information or
19 numbers they provided to you?

20 A. I don't understand the question. When
21 you say historical data, what are you referring to?

22 Q. Well, right. Did -- you got a chart
23 that had numbers assigned to different categories,
24 right, whether it was to account for patients coming

1 in or assessments of patients; correct?

2 A. Yes.

3 Q. And did Haymarket give you any
4 documentation that supported any of those numbers?

5 A. No.

6 Q. So that chart that you were provided,
7 you were basically just given -- do you know where
8 Haymarket got that data?

9 A. I assume based on their experience at
10 the -- at their currently facility, but I don't know
11 anything beyond that.

12 Q. Do you do -- as part of your assessment,
13 did you do any assessment of Haymarket's West Loop
14 facility to determine any trends or patterns with
15 regard to patient flow, activities, traffic
16 implications?

17 A. I did not.

18 Q. Did -- prior to this assignment, did you
19 have any prior experience assessing the impact on
20 auto, foot, and bike traffic related to a substance
21 use treatment center?

22 A. I think, yeah, earlier this year my firm
23 prepared a study for a facility that was proposed in
24 Olympia Fields.

1 Q. Okay. And do you recall the size of the
2 facility proposed in Olympia Fields?

3 A. I do not recall, no.

4 Q. Did you find any substance use treatment
5 center in the -- in the country of the size being
6 proposed by Haymarket DuPage?

7 A. I did not do that comparison, no.

8 Q. Now, for many traffic assessments like
9 you did here, you would use the Institute of
10 Transportation Engineer's trip generation manual;
11 correct?

12 A. That's correct.

13 Q. And, in fact, I was looking online --
14 you can find lots of your reports or at least your
15 firm's reports -- and in no fewer than 20 of those
16 prior reports, they all refer to data compiled from
17 the trip generation manual; correct?

18 A. That's correct.

19 Q. And -- but here, due to the uniqueness
20 of Haymarket's proposed use, you couldn't use trip
21 generation data; correct?

22 A. Yes.

23 Q. And the purpose of using the trip
24 generation manual is that based on coding, you're

1 allowed to take some numbers to study peak hours and
2 daily traffic versus facilities of like kind;
3 correct?

4 A. You mean using IT?

5 Q. Yes.

6 A. Yes.

7 Q. And what about Haymarket's proposed
8 facility made it unique to the point where you
9 couldn't use the trip generation manual as you
10 usually do?

11 A. There was no category that -- that would
12 fit the description of the facility. There's nothing
13 in the IT book that deals with treatment facilities.

14 Q. And based on that, that led you to rely
15 entirely on information provided by Haymarket;
16 correct?

17 A. Yes.

18 Q. Just to go through some of the metrics
19 as you understood them -- and do you have a copy of
20 your report in front of you, Mr. Aboona?

21 A. I do, yes.

22 Q. I mean, at times we might pull certain
23 portions of it up, but if you and I are on the same
24 page and we're just trying to get some preliminary

1 facts out, we may just forego that delayed procedure
2 and just go through the report, if that's okay with
3 you.

4 A. Sure.

5 Q. By way of preliminary metrics, it's your
6 understanding that Haymarket DuPage is planning a
7 240-bed facility; is that right?

8 A. Yes.

9 Q. And of those 247 [sic] beds, 96 would be
10 treatment beds?

11 A. 96 treatment, yes.

12 Q. And 144 of those beds would be recovery
13 beds?

14 A. Yes.

15 Q. And did you also understand that
16 Haymarket was going to -- or was anticipating 96
17 outpatients per day?

18 A. Yes.

19 Q. All right. Now, I saw something in your
20 report -- and if you need to look at it, that's
21 fine -- Haymarket told you that half of the
22 outpatient patients that would be treated daily would
23 come from the recovery homes; correct?

24 A. Yes.

1 Q. And that would mean that half of the 96
2 outpatient patients would come from outside the
3 facility; correct?

4 A. Yes.

5 Q. All right. So a minimum of, in that
6 instance, 48 new people daily would be coming to the
7 facility for outpatient treatment. Is that your
8 understanding?

9 A. Yes, correct.

10 Q. And if there are 144 recovery beds but
11 only 48 of them are getting outpatient treatment
12 daily, was it your understanding in talking to
13 Ms. Kissel that approximately 100 patients in the
14 recovery beds wouldn't be getting outpatient
15 treatment at all?

16 A. I don't know the answer to that.

17 Q. And of the 144 recovery residents, do
18 you have an understanding that they'll be expected to
19 leave the facility daily, whether it be for job
20 searches, actual jobs, or other reasons?

21 A. I believe a certain portion of them
22 would.

23 Q. Do you know what portion of the 144
24 patients in the recovery beds would be expected to

1 leave daily?

2 A. I believe it was 10 percent.

3 Q. Okay. Did Haymarket or Ms. Kissel
4 specifically indicate that that number would be
5 variable based on what type of patients or their
6 backgrounds are in the recovery beds?

7 A. I was not given that information.

8 Q. Were you given information about what
9 the goal or purpose of folks in the recovery beds is;
10 in other words, their return to, I guess for lack of
11 a better word, a normal life or active life outside
12 the facility?

13 A. I really did not get into that detail
14 for my purposes.

15 Q. But in terms of patients in the recovery
16 beds leaving the facility, did you understand that
17 some would leave by car?

18 A. Yes, that's the assumption we made.

19 Q. And did you assume that some would leave
20 by foot, pedestrians?

21 A. For our purposes we assumed that they
22 will be driving. That's how we assessed the impact.

23 Q. And for purposes of your assumption,
24 just so I heard it right, you assume that only

1 10 percent or approximately 14 of the patients in the
2 recovery beds would leave the facility daily?

3 A. Yes.

4 Q. And did Haymarket give you any
5 explanation for how they arrived at that 10 percent
6 number?

7 A. I -- I assume, again, based on their
8 experience and knowledge of their operations.

9 Q. You indicate on page 1 of your report,
10 also, that Haymarket was going to take patients or
11 transport patients to doctor appointments and on
12 errands; correct?

13 A. Yes.

14 Q. Do you know how many different -- or how
15 many vans Haymarket was going to utilize or have
16 on-site to run these patients?

17 A. My understanding is they probably will
18 have maybe five or six vans.

19 Q. And was it your understanding then that
20 they'd have -- do you know if these vans would run on
21 a set schedule?

22 A. I don't know if they have figured that
23 out yet, so it could be on some maybe on set. Other
24 could be more of a -- a -- a demand.

1 Q. Is it your understanding as part of this
2 assessment that all traffic in and out of the
3 proposed facility will use the single access off of
4 Spring Lake Drive?

5 A. Yes.

6 Q. And that that single access is right
7 across from Maplewood Drive; correct?

8 A. That's correct.

9 Q. Do you know what type of businesses are
10 located in and around Maplewood Drive?

11 A. I do not know specifically, but as part
12 of our traffic study we did look at that. We looked
13 at the -- at the driveway and the proximity to the --
14 to the -- to the Irving Park Road.

15 Q. For instance, one of my clients is Glass
16 Solutions. Do you know what type of staging or other
17 activities Glass Solutions has in and out of its
18 facility on a daily basis?

19 A. I do not know specific to that -- to
20 that property, but like I said, we have done counts
21 at the intersection of Maplewood and Spring Lake so
22 we understand what kind of traffic is using that
23 intersection but not specific to business of your
24 client.

1 Q. Speaking of Maplewood and Spring Lake,
2 did you do -- I was looking through your report and
3 it's possible I missed it. Did you do any analysis
4 of traffic at Illinois 53, or Rohlwing Road, and
5 Irving Park Road?

6 A. We did not.

7 Q. Why -- why did your traffic assessment
8 negate an evaluation of the intersection of the two
9 busiest roads in closest proximity to Haymarket?

10 A. Because we felt that based on the
11 location of the site and accessibility of the site,
12 and given that traffic will be distributed to both
13 Irving Park and Rohlwing Road, that the impact on
14 that intersection will not be significant.

15 Q. But you'd agree you didn't look at
16 accident data for Irving Park and 53; correct?

17 A. No, I did not.

18 Q. You didn't count cars or traffic at peak
19 hours or other hours on Irving Park and 53; correct?

20 A. No, we didn't do any of that.

21 Q. Is it your understanding, based on
22 talking to Ms. Kissel or reviewing materials, that
23 Haymarket represents that this proposed facility is
24 essential to serve the needs of DuPage residents and

1 those in the collar counties?

2 A. Again, that's not -- that's not part of
3 my expertise, so I didn't get that -- I didn't
4 discuss that with her.

5 Q. That's fair. For the purposes of my
6 next few questions, I'd like -- I'm representing to
7 you that Haymarket has proposed this facility as one
8 that would serve the needs of DuPage and the collar
9 counties of Will and McHenry and possibly Lake; okay?

10 A. Okay.

11 Q. If -- do you have an understanding as to
12 how many of Haymarket patients would actually have
13 the benefit of having an automobile at the 860 West
14 Irving Park Road facility to use to go in and out or
15 to and from the facility?

16 A. Other than the 10 percent of the
17 recovery and the outpatients that would be coming in,
18 the rest will -- will not be driving.

19 Q. And, in fact, your report indicates -- I
20 think it's on page 4. You talk about different modes
21 of transportation that patients or visitors or
22 anybody going to and from Haymarket's proposed
23 location would be able to utilize; correct?

24 A. Page 4 of the report or page 3?

1 Q. Let me look again. Oh, here it is.
2 Yeah, it's on page 4, sir, the first reference to it,
3 at least. It's under the section "Existing Roadway
4 System Characteristics."

5 A. Okay.

6 Q. And under the section "Irving Park
7 Road," and then it says "Irving Park Road is served
8 by Pace bus Route No. 616."

9 Do you see that?

10 A. Oh, yeah, uh-huh.

11 Q. All right. So one mode of
12 transportation that you or someone in your firm
13 became aware of was Pace bus Route 616; correct?

14 A. Yes.

15 Q. Do you know if Pace bus Route 616 goes
16 into DuPage County other than in Itasca?

17 A. It does not. It goes east and then it
18 connects to the Rosemont Transit Center.

19 Q. Right. So based on that answer, you'd
20 agree that the Pace bus 616 doesn't go to Will,
21 McHenry, or Lake County, as well; correct?

22 A. Yes.

23 Q. And is there any other Pace bus that
24 would run from the proposed facility in Itasca to

1 anywhere -- any other towns in DuPage?

2 A. That's the only one in proximity to the
3 site.

4 Q. And do you know that -- did you know
5 that Pace discontinued bus route 616 as of yesterday?
6 It's no longer in service.

7 A. I was not aware of that.

8 Q. So if that's the case and there are no
9 other Pace busses, you'd agree that Pace bus is not a
10 transportation option to or from Haymarket DuPage;
11 correct?

12 A. Yes, unless Pace decides to resume
13 service after COVID.

14 Q. Okay. Now, you indicate in your report
15 that Irving Park Road is a road that has two lanes in
16 each direction, correct, east, west?

17 A. Yes.

18 Q. Do you know how far east from the
19 proposed facility Irving Park Road or Illinois 19
20 actually bottlenecks into one lane each way?

21 A. I think it's after the overpass.

22 Q. Did any part of your traffic assessment
23 analyze the effect on traffic that the proposed
24 facility might have at or around village hall or the

1 fire department where Irving Park Road goes into one
2 lane each way?

3 A. We didn't look at it from that
4 perspective, no.

5 Q. Do you know how far west of the proposed
6 facility Irving Park Road goes to one lane each way?

7 A. West of the facility?

8 Q. Yes.

9 A. Yeah, it would be west of the signalized
10 intersection with Rohlwing Road.

11 Q. And did your traffic assessment do
12 anything to assess the impact on traffic that the
13 proposed facility might have on westbound traffic of
14 Irving Park Road?

15 A. We didn't do it specifically to that
16 particular issue, no.

17 Q. Did you know that at least as it
18 pertains from Itasca going west on Illinois Route 19,
19 that that's the major, if not the only, thoroughfare
20 for people driving children to school at Lake Park
21 East Campus?

22 A. Yes.

23 Q. Did you choose a day to do your traffic
24 assessment that would have included a day that school

1 was in session?

2 A. I mean, we normally do our counts on
3 weekdays to represent normal traffic conditions.

4 Q. Right. Well, do you know if Lake Park
5 East was in session outside of an exam schedule on
6 May 29, 2019?

7 A. I'm not aware of that, no.

8 Q. Did your assessments do any sort of --
9 well, strike that.

10 You also did an assessment -- or as
11 part of your assessment you indicated that there was
12 very low foot and bike traffic in Itasca; right?

13 A. In the vicinity of the site, yes, at the
14 intersections that we counted.

15 Q. And did you make any determination as to
16 where residents who were, I guess, moving about by
17 foot or bike, which direction -- where they'd be
18 going after they left the facility on bike or foot?

19 A. Which facility?

20 Q. The proposed Haymarket facility.

21 Do you want me to re-ask it?

22 A. Well, are you asking this relative to
23 the statement that we made about low traffic and low
24 pedestrian and bicycle movements?

1 Q. Right. You indicated that there were
2 low traffic -- foot traffic and bicycle movement in
3 Itasca present; right?

4 A. Right, at the intersections that we did
5 count, we didn't observe -- we observed low activity,
6 yes.

7 Q. Right. Did you do any sort of
8 assessment of foot or bike traffic, for instance,
9 closer to village hall, the fire department, and the
10 local swimming pool where Irving Park Road goes down
11 to one lane each way?

12 A. No, we didn't -- we didn't -- our study
13 didn't go that far east.

14 Q. Did you do any assessment to determine
15 an increase in foot or bike traffic created or
16 prompted by patients at Haymarket DuPage?

17 A. We did not. We looked at the smaller
18 vehicular impact on the roadway system.

19 Q. Did you make any determination about --
20 well, strike that.

21 Ms. Kissel told you, though, that
22 if 10 percent of patients are going to have cars and
23 the rest presumably do not have cars, and if they
24 were going to leave the facility they'd be leaving by

1 foot or bike; correct?

2 A. I'm not sure about that. I -- I don't
3 recall what happens to the 90 percent.

4 Q. Okay. In your assessment of the area in
5 and around Haymarket DuPage, if people were trying to
6 go somewhere, let's say go west by foot, is -- is the
7 area in and around Haymarket DuPage going west
8 conducive to foot traffic?

9 A. There is a sidewalk on Irving Park Road
10 on the south side.

11 Q. Right. And that sidewalk only goes
12 east; correct?

13 A. It goes west, as well, to the signal.

14 Q. And where does it -- yeah, it stops at
15 the gas station at the corner of 53 and Irving Park
16 that you didn't examine; correct?

17 A. And it does continue beyond that.
18 There's a crosswalk -- there are crosswalks on all
19 four legs of the intersection.

20 Q. Is there a sidewalk on the north or
21 south side of Irving Park Road west of 53?

22 A. No. There are sidewalks on the south
23 side.

24 Q. Based on your evaluation of the area,

1 there's a sidewalk west of 53 on Irving Park Road?

2 A. Yes.

3 Q. Is there a sidewalk on Rohlwing Road
4 going south?

5 A. There is not.

6 Q. Did you make any determination as part
7 of your study about whether the Haymarket proposed
8 facility on Irving Park Road was conducive to bike
9 traffic or safe for bike traffic for its patients?

10 A. If you are asking whether there are any
11 bike facilities in the area, the answer is no.

12 MR. ELLENBECKER: Hey, Mo, are you able to
13 pull up Mr. Aboona's report, specifically page 6,
14 please?

15 VILLAGE PLANNER KHAN: Page 6? (Indicating.)

16 MR. ELLENBECKER: Yes, that's it.

17 BY MR. ELLENBECKER

18 Q. Do you see the site map here,
19 Mr. Aboona?

20 A. Yes.

21 Q. And if it's easier for you to look at
22 your report in front of you, that's fine, as well.

23 But as we were talking earlier, on
24 this site map it's pretty clear you designate the

1 proposed facility with the word "site"; correct?

2 A. Uh-huh, yes.

3 Q. All right. And as we go directly south
4 from the facility, that's Spring Lake Drive; right?

5 A. Yes.

6 Q. And then eventually as Spring Lake Drive
7 wraps around to the west and basically terminates or
8 Ts at Illinois 53; correct?

9 A. Yes.

10 Q. And is there any sidewalk for walking or
11 bike traffic of Haymarket patients once they get to
12 53?

13 A. Not at -- no, there isn't.

14 Q. Are there any -- as we look at the site
15 map on page 6 of your report, where are the
16 crosswalks, sir? From the Haymarket site, where is
17 the nearest crosswalk for patients to cross Irving
18 Park Road?

19 A. At the -- at the signalized intersection
20 of 53 and 19.

21 Q. Okay. So at 53 and 19 there is a
22 signalized crosswalk but there's no sidewalk,
23 correct, after that point?

24 A. There is a short segment and then it

1 ends.

2 Q. Okay. Did -- as part of your traffic
3 study, did you make any sort of assessment, with the
4 help of Haymarket or otherwise, to determine where
5 the majority of Haymarket's proposed workforce was
6 going to come from, i.e., east-west, north-south?

7 A. No, we -- I -- no, we did not.

8 Q. You'd agree, though, based on your site
9 assessment, if workers were coming from the east,
10 let's say the immediate east, whether it be
11 Wood Dale, Bensenville, Franklin Park, somewhere
12 around there, that the majority of that traffic would
13 be coming through Itasca on Illinois Route 19;
14 correct?

15 A. There's no doubt that some will come
16 from that direction, yes.

17 Q. Did -- and I think I know the answer to
18 this question, but I'll ask it anyway.

19 Did you do any sort of assessment
20 to determine the impact of traffic that would be
21 influenced by Haymarket's proposed facility on the
22 intersection of Irving Park/Walnut at the Metra train
23 crossing?

24 A. Not as part of this study, no.

1 Q. Let's look at page 14 of your report.

2 A. Page 14.

3 MR. ELLENBECKER: Mo, if you could go to page
4 14, it has Table 2.

5 VILLAGE PLANNER KHAN: (Indicating.)

6 BY MR. ELLENBECKER:

7 Q. Okay. And, Mr. Aboona, if it helps you
8 and you need to look at the chart that Haymarket
9 provided to you, please pull it out, but I have some
10 questions regarding the categories here on this
11 chart.

12 According to the information you
13 were provided by Haymarket, patients who come in for
14 an assessment, none would come in and none would
15 leave during peak hours, correct, in the morning?

16 A. Yes.

17 Q. Did Haymarket ever tell you why patient
18 assessments would never occur between the peak hours?

19 A. No.

20 Q. And just for people listening, what were
21 your peak hours for the morning? What time period
22 were you using?

23 A. It was based on the traffic patterns in
24 the area, was 7:00 to 8:00 in the morning, and -- let

1 me just look it up -- and 4:30 to 5:30.

2 Q. Okay. And in terms of the
3 weekday daily -- weekday daily two-way, just explain
4 for me, what does that -- what are those two columns
5 in and out? What does that column represent?

6 A. That's daily trips over a 24-hour
7 period.

8 Q. Okay. So regardless of whether it
9 occurred during peak times, that's what the daily --

10 A. Yes, that's correct.

11 Q. And Haymarket told you that there would
12 be 10 patients in and 10 patients out who come in for
13 assessment daily?

14 A. Yes.

15 Q. Did they tell you or give you any idea
16 as to where that information came from?

17 A. Again, this is part of the -- that
18 spreadsheet that they provided.

19 Q. Okay. And for outpatients, we have
20 outpatients for weekday evening peak hours, you have
21 five in, five out; correct?

22 A. Yes.

23 Q. Now, this is based on a total number, I
24 guess, of 96 outpatients; correct?

1 A. Yes.

2 Q. And of those 96 we talked about earlier,
3 at least 48 of those would be coming from outside the
4 facility; correct?

5 A. Yes.

6 Q. And if that's the case, why are there
7 only 24 in --

8 A. Yeah, that's --

9 Q. -- at Haymarket DuPage?

10 A. No, I understand. That's a typo in the
11 table. That should have been 48.

12 Q. Okay.

13 A. So it should be 48 in and 48 out.

14 Q. Okay.

15 A. And just to clarify, for the visitors
16 that should be a zero because, you know, there would
17 be no visitors during the weekday. So, in essence,
18 the bottom number 197 doesn't change.

19 Q. Okay. We'll -- we'll get down to
20 visitors in a second.

21 The next category is recovery home,
22 and you have seven in from the recovery home.

23 Do you know why seven patients from
24 the recovery home would be coming in during the peak

1 morning hours and none would be leaving? And where
2 would they be coming from?

3 A. Yeah, that -- yeah, and that number is
4 probably too high based on -- on the information
5 given. So that, again, could be something that would
6 be lower than that. It should be lower than that.

7 Q. Okay. But of the number going out -- of
8 the 144 in recovery beds you have zero going out
9 during the week -- the peak weekday, correct, the
10 morning?

11 A. The morning peak, yes.

12 Q. Right. But if any of those recovery
13 home patients are working, you were advised that
14 absolutely none of the 144 recovery home patients
15 would be leaving between 7:00 and 8:00 AM?

16 A. Well, I mean, my understanding of that
17 is it's going to happen throughout the day. It's not
18 going to be necessarily concentrated in one
19 particular hour.

20 Q. Well -- and that's fair enough. So
21 let's go to the weekday daily. So this would
22 encompass all of the patients.

23 So you were told by Haymarket that
24 of the 144 recovery home patients only 13 would be

1 leaving in the morning?

2 A. Yes.

3 Q. Were you told what the other 131 would
4 be doing during the day?

5 A. My understanding is that 10 percent of
6 them would have -- would be driving.

7 Q. Okay. But were you told how others, the
8 other 131 would be leaving the facility?

9 A. I'm not certain if they would be leaving
10 the facility. I'm not sure about that.

11 Q. And your report indicates that even if
12 they don't have their own cars, some might be leaving
13 by Uber or taxi; correct?

14 A. That could apply also to other
15 categories, you know, like outpatients and so forth.

16 Q. Right. Do you have anything other than
17 what Haymarket told you to verify or confirm that
18 recovery home patients, of those, only 10 percent
19 would be leaving the facility?

20 A. I do not have any other data, no.

21 Q. You talked about visitors a bit earlier.
22 Is it your understanding that Haymarket doesn't allow
23 weekday visitors?

24 A. That's my understanding, yes.

1 Q. Okay. Do you know why, then, you would
2 have two in, two out on weekday evenings?

3 A. Yeah, that may be -- that's probably
4 something that was a misunderstanding on our part at
5 the time when we generated this table.

6 Q. And then you have weekday daily two-way.
7 You have 24 visits in and out?

8 A. Yeah, that's what I alluded to earlier,
9 that -- that there will be no visitors weekdays. It
10 would only be weekends.

11 So all of our understanding when we
12 first interpreted the data, that there would be
13 weekday visitors, but obviously upon further
14 clarification, that it would be only on weekends.

15 Q. Well, were you told what the quantity of
16 weekend visitors would be?

17 A. Yes. It's in the chart. It would be
18 24. That's the 24 number.

19 Q. So the 24 are weekend visitors?

20 A. Yes.

21 Q. And so of the 240 patients, only 24
22 visitors would come? Is that your understanding?

23 A. That's my understanding, yes.

24 Q. And with regard to vendors, you were

1 told by Haymarket that none of the vendors would come
2 during the weekday peak hour morning or peak hour
3 evening; right?

4 A. Yes. It would be more during the day.

5 Q. Do you know if Haymarket has a policy
6 that, say, food vendors can't deliver milk between
7 7:00 and 8:00; it has to either be before or after?

8 A. I'm not sure about a policy, but, again,
9 these numbers are very minimal, so even if it does
10 occur, it's not going to be -- it's not going to
11 change significantly what the findings are.

12 Q. You further discuss transportation
13 access, and I can't remember if I asked you this, but
14 does Metra service -- is there any Metra service from
15 Itasca to the rest of DuPage, Will, or McHenry
16 Counties?

17 A. I don't remember offhand, but definitely
18 not McHenry or Will.

19 Q. Would you agree that based on what you
20 do know about public transportation, that there is
21 absolutely no public transportation mode available to
22 transport or for someone from Haymarket's proposed
23 center in Itasca to get to, say, Naperville?

24 A. That -- that is correct.

1 And, again, just to emphasize, in
2 my study, even though I make mention of them, I did
3 not account for any of these travel modes to be
4 reduced because of public transportation.

5 Q. This same single access off of
6 Spring Hill Drive, in addition to -- so we've got
7 staff, incoming patients, current patients, vendors.
8 Also, that would be the main entrance for police if
9 they have to go to the facility; correct?

10 A. Yes.

11 Q. And that one entrance would be the only
12 access in and out for EMS if they have to go to the
13 facility?

14 A. Yes.

15 Q. And it would be the only access for any
16 maintenance trucks or anything else that have to go
17 in and out of the facility; correct?

18 A. Yeah. I mean, it's the only access that
19 served the 161-room hotel for many years, so yes.

20 Q. Well, what was the occupancy of the
21 161-room hotel historically?

22 A. It doesn't matter, it's a 161-room hotel
23 so it could be fully occupied with all kind of other
24 functions going on.

1 The -- the -- the point is that
2 that access route was designed to accommodate a hotel
3 of that size functioning at full capacity.

4 Q. Okay. As part of your assessment, did
5 you do any actual historical site assessment of the
6 Holiday Inn when it operated as a Holiday Inn?

7 A. No.

8 Q. So as we sit here now, you don't know
9 what the impact on traffic was at the Holiday Inn in
10 actuality as an operating hotel; correct?

11 A. I mean, I know based on historical data
12 for hotels of that size.

13 Q. Right, but you didn't know -- you have
14 no data and no personal information about the Holiday
15 Inn in Itasca; correct?

16 A. Not specifically, no.

17 Q. The only thing you have regarding hotels
18 of that size is what you got from the traffic
19 generation; correct?

20 A. Yes. Assuming a hotel that was
21 successful for many years, yes.

22 Q. You indicate -- or you don't, but
23 Haymarket indicates to you that their staff will be
24 distributed 50 percent on the first shift; correct?

1 A. Yes.

2 Q. 40 percent on the second and 10 percent
3 on the third; is that right?

4 A. Yes.

5 Q. And 100 percent of those staff members
6 would be driving to work? At least that was the
7 presumption; correct?

8 A. Correct.

9 Q. And you were told -- and we went through
10 the metrics at the beginning -- that there would be
11 163 staff members expected to service Haymarket's
12 proposed facility; correct?

13 A. That would be the total employment
14 force. That's not going to be in the three shifts.

15 Q. Right. So on a daily basis across three
16 shifts, it's proposed or anticipated that there would
17 163 staff members; correct?

18 A. No. It could be 117.

19 Q. Okay. So there would be 163 total staff
20 members --

21 A. Yes.

22 Q. -- but on a daily basis there would only
23 be 117?

24 A. Yes.

1 Q. And the third shift would have the
2 fewest amount at only 10 percent; correct?

3 A. Yes.

4 Q. And so -- and this might be slightly out
5 of the purview of your report, but based on that, the
6 240-patient facility during the third shift would
7 only have approximately 11 staff members overseeing
8 those patients; correct?

9 A. Yes.

10 Q. Now -- I'm almost done here.

11 On page 27 of your report you have
12 a section called "Parking Based on Existing
13 Facility."

14 Do you see that?

15 A. Yes.

16 Q. And you used a comparison facility to
17 assess the adequacy of the parking needs; correct?

18 A. Yes.

19 Q. And the facility used for comparison
20 purposes was Woodridge Interventions; right?

21 A. Yes.

22 Q. And how did you decide to use that
23 facility?

24 A. That was based on my discussions with

1 Mr. Musil.

2 Q. Okay. And Mr. Musil, again, was with
3 Haymarket; correct?

4 A. Yes, uh-huh.

5 Q. Did Mr. Musil tell you why he suggested
6 to use interventions at Woodridge as a comparison
7 facility?

8 A. I don't -- I mean, that was a while ago.
9 I don't recall, but when I asked if we could look at
10 a similar facility, that was a location that he
11 suggested we look at, yeah.

12 Q. Did you ask Mr. Musil if there were any
13 facilities at or around the same size as that
14 proposed by Haymarket DuPage?

15 A. Again, this was last -- well, actually,
16 this was in 2019, so I don't recall how the
17 discussion went.

18 Q. Right. Well, if you had your pick,
19 right -- if you had your pick on a comparison
20 facility, would you choose to pick one that's at or
21 about the same size as the proposed facility or
22 choose one that's a third of the size of the proposed
23 facility?

24 A. Well, again, I mean, we -- we rectify

1 that by relating the parking to the beds. So it
2 could be a different size, but you develop a ratio
3 that would then you can apply to any size facility.

4 Q. Well, yeah, we'll --

5 A. That is normally done.

6 Q. We'll get to the ratio, but in a perfect
7 world, Mr. Aboona, or an ideal situation, would you
8 prefer to have a comparison facility that's the same
9 or about the same size as the one proposed?

10 A. Well, I mean, perfect world, but if you
11 look at the data how we rely on, you know, ITE that
12 you cited, you know, it has a range of -- of sizes of
13 buildings and units and the like, so you can match it
14 one to one.

15 What you try to do is get the
16 information, relate it to -- to a variable so you can
17 apply it to -- you know, to other uses, to other
18 locations.

19 Q. With regard to your assessment here, ITE
20 is out the window. You said there's no count based
21 on the uniqueness in the traffic.

22 A. No, I brought ideas and gave examples.

23 You said, you know, that it
24 shouldn't be one to one in terms of a size

1 comparison, and I'm -- I'm saying that even the data
2 that is published for other facilities and other
3 uses, not necessarily this, it gives a range of
4 sizes.

5 So, you know, you can't just match
6 it one to one. What you rely on is the ratio that
7 would be applicable.

8 Q. And --

9 A. I didn't take the absolute number that
10 was determined at that facility and say this is what
11 the demand would be here.

12 I related it to the number of beds,
13 developed the ratio and applied it to the number of
14 beds at the Haymarket facility.

15 Q. Well, do you know if the services
16 provided to patients in those 79 beds at Woodridge
17 Interventions is the same as what's going to be
18 offered to patients at Haymarket DuPage?

19 A. I'm not -- I'm not certain that they --
20 they do offer all the -- all the services.

21 Q. Do you know if the clientele serviced by
22 Woodridge Interventions is the same demographic, age,
23 gender as that to be serviced at Haymarket DuPage?

24 A. Again, I don't know the answer to that.

1 Q. Did you know that Woodridge
2 Interventions services adolescents, not just adults?

3 A. Yes. I -- I found that out, yes.

4 Q. Did you know that Mr. Dominik, who is
5 Haymarket's public safety impact expert, has said
6 that facilities serving adolescents are not similar
7 enough to use as a comp for the proposed Haymarket
8 facility?

9 A. I did not know that, no.

10 MR. ELLENBECKER: That's all I have. Thank
11 you.

12 CHAIRMAN DALY: Thank you, Mr. Ellenbecker.

13 Mr. DiNolfo, would you like to
14 begin your cross-examination?

15 MR. DI NOLFO: Mr. Chairman, I have no
16 questions based on Mr. Ellenbecker's cross.

17 CHAIRMAN DALY: Thank you.

18 Ms. Smith, do you have any
19 questions on behalf of the School District?

20 MS. SMITH: Yeah, I do have just a few.
21 Thank you. Just one second.

22 CROSS-EXAMINATION

23 BY MS. SMITH:

24 Q. You indicated -- or testified that you

1 were not aware that Pace bus 616 is no longer
2 operating.

3 Are there any other -- have you
4 reviewed your report for any other -- well, can you
5 confirm again, when was your report drafted?

6 A. August of last year.

7 Q. And particularly in light of the changes
8 with COVID, have you reviewed your report to see if
9 there's any other material changes that have occurred
10 in the -- in all the variables that you looked at
11 that were significant to your report?

12 A. I mean, the only variable has been -- is
13 the lower traffic count on the roadways.

14 Q. Well, one variable was the bus route
15 that you cited is no longer in operation; right?

16 A. Right, but like I indicated earlier, we
17 did not assume any reductions in the auto traffic --
18 automobile traffic that would be generated by the
19 site to -- you know, that people would be utilizing
20 the Pace bus stop or the Pace service.

21 Q. But you would -- but so you have or
22 haven't taken a look and updated your report
23 following COVID?

24 A. Okay, what -- so you have to be specific

1 in terms of what would COVID impact?

2 Q. Well, you testified that one impact was
3 you said there was a bus route that no longer is in
4 existence.

5 Did you look at your report to see
6 if there has been any other impacts?

7 A. I have not specifically looked. Like
8 I -- like I said earlier, the thing that we're
9 finding out since COVID is the traffic volumes --
10 levels on these roadways is lower than pre-COVID. It
11 would be less people --

12 Q. Well, have you --

13 A. -- less people driving than before.

14 Q. Are you saying that generally or have
15 you looked specifically at the -- the data that you
16 took for these sites?

17 A. Well, I mean, we've done dozens and
18 dozens of studies throughout the Chicago area and
19 we --

20 Q. But for this site. I didn't ask about
21 other. I said have you looked at this site?

22 A. Yeah, I understand. Can I finish my
23 answer?

24 Q. Not if it's not responsive. I'm asking

1 for this site, have you looked at whether COVID has
2 impacted the traffic?

3 A. I would expect if we did, it would be
4 consistent with what we have found at dozens of other
5 locations throughout the Chicago area.

6 Q. You indicated that the assumptions that
7 you were given were based on Haymarket's experience
8 at the current facility; correct?

9 A. I'm assuming it is. I didn't ask. This
10 is what they have given me.

11 Q. Okay. So you don't -- you don't have
12 any idea what the assumptions were based on?

13 A. Again, I would -- I would anticipate
14 it's based on their experience running their existing
15 facility and their anticipation of what the staffing
16 levels would be here, too.

17 Q. Okay. And are -- are you familiar with
18 the rate of homelessness of the residents at the
19 current facility?

20 A. That's not relevant to my -- my
21 expertise.

22 Q. Okay. And as far as owning vehicles or
23 being able to afford vehicle transportation, did they
24 give you any information about how they anticipate

1 DuPage would vary from the Chicago site?

2 A. No.

3 MS. SMITH: Okay. No other questions. Thank
4 you.

5 CHAIRMAN DALY: Thank you, Ms. Smith.

6 MS. O'KEEFE: I'd like to take five minutes,
7 if we could, before we -- before we do redirect.
8 Would that be acceptable?

9 CHAIRMAN DALY: Yeah, that's fine. Let's
10 reconvene at 8:05. Please.

11 MS. O'KEEFE: Thank you very much.

12 (Recess taken.)

13 CHAIRMAN DALY: This is Chairman Daly. Are
14 you ready to begin your redirect?

15 MS. O'KEEFE: I am. Thank you, Mr. Chairman.
16 You know, I was -- I jumped right in there and I
17 wanted to make sure the Plan Commission didn't have
18 any questions before I redirected. I might have
19 missed a step there.

20 Are there any questions that we
21 should address there and then turn to my redirect?

22 CHAIRMAN DALY: I would ask Counsel Hervas.
23 I do have questions on behalf of the Commission. I'm
24 sure the Commissioners do, as well. So I would defer

1 to Chuck to guide us on whether you begin your
2 redirect or we begin with our questions.

3 MR. HERVAS: Can you hear me all?

4 CHAIRMAN DALY: Yes.

5 MR. HERVAS: Bridget -- or Ms. O'Keefe, I'm
6 sorry, do you want to do your redirect based on the
7 attorney questions or do you want to wait until the
8 Plan Commission may ask questions because there may
9 be -- I don't know how many questions the Plan
10 Commission has, and so that's up to you.

11 MS. O'KEEFE: I can wait. That's okay.

12 MR. HERVAS: All right, that would be fine.

13 CHAIRMAN DALY: Okay. I would now open the
14 questions to the Commissioners.

15 Do any of the Commissioners have
16 any questions about this evening's discussion or
17 previously submitted materials?

18 Anyone?

19 COMMISSIONER RAY: This is Commissioner Ray.
20 I do not.

21 CHAIRMAN DALY: Okay, then I will -- I will
22 ask a few questions. This is Chairman Daly.

23 Mr. Aboona, we appreciate you being
24 here this evening and your report and your discussion

1 with the attorneys.

2 I want to reach back to the
3 previously submitted exhibit, if I may, because it
4 was submitted into the record from July of 2019, and
5 the reason is, I want to know if any information from
6 that report flowed into the new report, and if so, if
7 it had any impact.

8 So on page 13...

9 And, Mo, if you could pull this up
10 from the last report, if possible please.

11 The context of the question as he's
12 pulling it up is: Previously submitted there was the
13 development of traffic generation where the
14 information from the Woodridge Interventions'
15 traffic-generated volumes were laid out in three
16 columns: Weekday morning peak hour in and out;
17 weekday evening peak hour -- excuse me, weekday
18 morning; then weekday evening; and then weekday
19 two-way.

20 And based on a 79-bed facility,
21 there were, it appears to be, traffic counts for
22 each, and then a ratio was applied based on that
23 traffic number.

24 And I'll wait for Mo to pick this

1 up now because I want to make sure I get the math
2 right on this.

3 So while he's doing that, I'll
4 actually ask a separate question, and I'll come back
5 to that in the interest of time because I'd like to
6 hear from Mr. Dominik again this evening, as well.

7 Mr. Aboona, is there -- in your
8 traffic study, does emergency service vehicle play
9 any role in the -- not necessarily the traffic count,
10 but the impact on traffic itself; basically
11 interruptions to traffic, whether it's tripping the
12 lights at the signalized intersections with the
13 emergency strobes or, I don't know, just trying to
14 turn left on to Irving Park Road in a non-signalized
15 intersection?

16 Could you shed some light on that
17 for me, please?

18 MR. ABOONA: Well, I mean, you normally, you
19 know, look from a design standpoint to make sure that
20 these intersections are able to accommodate these
21 type of vehicles, be it emergency vehicles, bikes,
22 trucks, and the like. And, you know, from that
23 standpoint, yeah, the intersections surrounding the
24 site, the access to the facility can accommodate

1 that.

2 In terms of interruptions to the
3 traffic because of these emergency vehicles, I mean,
4 that happens all the time. It doesn't necessarily
5 have to be related to this site. It could be
6 anything else.

7 So it happens, and when it happens,
8 you know, there will be an interruption, and if there
9 is a preemption, obviously that will -- will cause
10 some delay, but, you know, it normalizes very quickly
11 after that.

12 So it's -- it's factored in. It's
13 part of normal operations for the -- for the
14 intersections.

15 CHAIRMAN DALY: Okay, thank you for that.

16 Is there any -- the driving
17 habits -- and I think this was touched on a little
18 bit by the attorneys earlier, but the patterns in the
19 original report --

20 And, Mo, if you could pick that up
21 now, please, I'd like to go to that. So on page
22 13 -- it might have been PDF Page 15, but it was
23 their number -- yeah, there No. 13 on the bottom. So
24 hit 15.

1 VILLAGE PLANNER KHAN: (Indicating.)

2 CHAIRMAN DALY: Okay, thank you. Okay,
3 scroll down.

4 VILLAGE PLANNER KHAN: (Indicating.)

5 CHAIRMAN DALY: All right. So I just want to
6 understand, did the information from Table 2 and
7 Table 3 somehow get entered into your simulation data
8 that ended up in the appendix which gave you your
9 ultimate results?

10 MR. ABOONA: I cannot see this table. I'm
11 not sure what report you're referring to. Is this
12 the August report that was submitted as --

13 CHAIRMAN DALY: No, no, no. This was the
14 July 2019 report. And I know this is not current,
15 but I'm asking a question to see if it flowed into
16 the current report.

17 MR. ABOONA: Yeah, I can't see it. I don't
18 have the report in front of me, so I'm not sure...

19 CHAIRMAN DALY: Oh, I'm sorry. Mo is -- Mo
20 is trying to share it. If you could see the Village
21 screen here in a second.

22 VILLAGE PLANNER KHAN: Mr. Aboona, do you see
23 it now?

24 MS. O'KEEFE: Mr. Chairman, just to clarify,

1 when the app for -- further wise recollection is the
2 application was filed originally in July '19, and an
3 initial traffic report was submitted as part of that,
4 and this is -- this document comes from that traffic
5 report that was filed in July 2019 as compared to the
6 second traffic report, the updated traffic report
7 that was submitted in August 2020; correct?

8 CHAIRMAN DALY: Yes, ma'am, I understand
9 that.

10 And I guess what I'm -- what I'm
11 ultimately driving to is I find an error in the math
12 on Tables 2 and 3.

13 So what I'm trying to understand
14 is, did the error in the math on Table 3 end up in
15 the SIM data in the end of the current traffic report
16 or not?

17 MR. ABOONA: No. We -- my -- the -- the
18 August report is based on the data that was provided
19 by Haymarket. So the modeling was based on that.

20 CHAIRMAN DALY: Okay. So none of this trying
21 to equate and scale up the Haymarket numbers based on
22 the Woodridge Interventions numbers, you're saying
23 that is irrelevant now on the current report?

24 MR. ABOONA: Yes. That was not -- yes. That

1 was not applied in the current report, correct.

2 CHAIRMAN DALY: Okay. Thank you for that
3 clarification.

4 The other thing I noticed in the
5 current report in the end -- let me pull it back up.

6 So, Mo, could you please
7 present --

8 VILLAGE PLANNER KHAN: (Indicating.)

9 CHAIRMAN DALY: I'm looking at Table 5 on
10 their sheet No. 22.

11 Just so I understand, Mr. Aboona --
12 and I was never good at the traffic part of civil
13 engineering myself, so I'm going to defer to your
14 expertise here, but on the westbound left turn onto
15 the Rohlwing Road -- so this would have been the
16 sixth bullet down, the first bullet under Rohlwing
17 and Hawthorn -- it looks like we're going from a
18 level service D and E in the current condition --

19 And, Mo, can you go to the next
20 screen, please, scroll down one.

21 VILLAGE PLANNER KHAN: (Indicating.)

22 CHAIRMAN DALY: It looks like we lose the
23 level of service from a D to an E on the weekday
24 morning peak hour for the westbound turn lane.

1 Is that -- is that -- am I
2 understanding that correctly, that once Haymarket
3 would start generating trips, that there is a
4 decrease in that level of service?

5 MR. ABOONA: So let me -- let me just take a
6 look at here.

7 So Table 5 is existing conditions,
8 and Table 6 is future. So it does go from D to E.

9 Just so that you know, the
10 threshold is 55 seconds -- 35 seconds. So currently
11 it's at 34.7, so it's just a tad under the threshold.

12 So the increase and the level of
13 service moving to E is combination of the traffic
14 from Haymarket as well as the growth that we assumed
15 in the background traffic conditions. So it's not
16 solely all Haymarket traffic.

17 CHAIRMAN DALY: Okay. And then I guess the
18 same explanation would then be for the east.

19 So scrolling, the site access
20 Maplewood Drive -- the last group of movements,
21 you've got site access Maplewood Drive and Spring
22 Lake Drive. The eastbound left turn lane is at an A
23 in the current condition. In the future that would
24 drop to a B.

1 It looks like there's a second
2 additional delay there?

3 MR. ABOONA: Yes.

4 CHAIRMAN DALY: But that is -- so what I'm
5 understanding, then, is you're stating or testifying
6 that it's not only the impact of the Haymarket
7 traffic, but it's also the information you might have
8 received from CMAP, for example, on traffic
9 projections in the region in the future years in the
10 2040 plan and things of that nature?

11 MR. ABOONA: Yes. Yeah, we always factor in
12 that to account for other roads. So it's not just
13 looking at this in a vacuum.

14 CHAIRMAN DALY: Okay. I think I have one
15 other question if you'll bear with me for a second,
16 please.

17 So with a use of this nature, which
18 I think I heard you say earlier it's kind of hard to
19 classify because it doesn't exist in the ITA
20 classifications and whatnot, but, you know, the
21 existing use was a -- a hotel, which does have other
22 events and things of that nature, and, you know, full
23 room occupancy for the purposes of calculation, and
24 access, and IDOT permitting and whatnot, but, you

1 know, given now that we've got what I would presume
2 to be somewhat of a partial stable population during
3 the day where cars will come in in the morning and
4 leave in the evening and then there are other cars
5 that will stay overnight, is there any sort of -- I'm
6 trying to think of the right way to ask this.

7 We had a prior witness testify
8 that, you know, Haymarket -- the employees and the
9 people visiting Haymarket were going to generate a
10 local benefit to the community because they're
11 spending money in our restaurants, and they're going
12 out for coffee, and they're going to go eat lunch and
13 things of that nature.

14 So is there any sort of calculation
15 in your software or otherwise where there's
16 additional trips during mealtimes or break times that
17 aren't part of the show up in the morning and leave
18 in the evening calculation?

19 MR. ABOONA: I mean, not -- not specifically
20 to that. I mean, it could -- it could happen, so
21 there may be some additional increase, but I don't
22 think it's going to be significant to move the needle
23 in terms of the impact, and especially if it occurs
24 during off peak hours.

1 You know, in our analysis, we
2 normally look at peak hours because that's when the
3 biggest impact is going to be felt, because the
4 traffic on the roadway system is the highest, and
5 that's why you see all the analysis is focused on the
6 morning and evening.

7 So if -- if there is fluctuation
8 during the rest of the hours of the day, you know,
9 the capacity on the roadway system, there is
10 additional reserve capacity to be able to absorb any
11 of that impact.

12 CHAIRMAN DALY: Okay, so let me ask this a
13 different way just so I understand.

14 The humps during the day, the peaks
15 are going to be in the morning when people are going
16 to work and in the evening when they leave to go
17 home, generally?

18 MR. ABOONA: Right.

19 CHAIRMAN DALY: The hump that happens at noon
20 when everybody rushes out to go to lunch between noon
21 and 1:00, are you then saying that that peak is lower
22 than the go to work in the morning and go home at
23 night?

24 MR. ABOONA: Yes. Yes, absolutely.

1 CHAIRMAN DALY: Okay. So it's -- it's
2 covered, I would say, in layman's terms, because it's
3 not pushing the threshold on the traffic?

4 MR. ABOONA: Yeah. I mean, whenever --
5 whenever we do these type of studies and it's
6 reviewed by reviewing agencies, you know, like IDOT,
7 and DuPage County DOTs and the like, I mean, that's
8 the focus, is to look at these critical peak hours,
9 because once you're able to show that the impact is
10 mitigated and the roadway system can function, then,
11 you know -- then you know that the rest of the day
12 when the traffic levels are lower -- and it may go up
13 and down, like you said, during lunchtime depending
14 where you are, but they're all going to be still
15 lower than what you would experience in the morning
16 and evening.

17 CHAIRMAN DALY: Okay, thank you for that.

18 And since you brought up IDOT and
19 DuPage County Transportation, I just want to ask the
20 question: Through the permit application process,
21 have -- has your report been submitted to any
22 reviewing agencies at this time?

23 MR. ABOONA: It has not.

24 CHAIRMAN DALY: Okay. And from an IDOT

1 perspective, would they have jurisdiction on this as
2 there are no curb cuts on Illinois 19 but you're
3 within a certain distance of the highway?

4 MR. ABOONA: IDOT normally, if there is a
5 reusable property or redevelopment of a property, if
6 the intensity of the use changes where there is an
7 increase or marked increase in traffic, they would
8 want to see what that impact would entail.

9 Given that in this instance that
10 the traffic, there would be a reduction in traffic as
11 compared to a hotel, then, you know, it's unlikely
12 that they would consider this to be impactful.

13 CHAIRMAN DALY: Okay. And then as far as
14 DuPage County DOT goes, do they have any jurisdiction
15 in this matter given that you're in an incorporated
16 town with Itasca and it would fall to Itasca's
17 engineering firm to do the review of the application?

18 MR. ABOONA: Yeah. I mean, they -- I mean,
19 we're not abutting a DuPage County highway so they
20 don't have the need to review anything.

21 CHAIRMAN DALY: Okay. I have no further
22 questions. I appreciate your answers.

23 Ms. O'Keefe, I would hand it back
24 over to you.

1 MS. O'KEEFE: Thank you, Mr. Chairman. I
2 just have a few questions for Mr. Aboona.

3 REDIRECT EXAMINATION

4 BY MS. O'KEEFE:

5 Q. So, Mr. Aboona, just to kind of follow
6 up on your last comment, to follow up on what the
7 Chairman said and reiterate, you feel that the impact
8 of the proposed use is going to be less intense than
9 a hotel just because of a less number of cars going
10 in and out, and the less ancillary activities that
11 would be occurring on-site; less weddings, less
12 activities, you know, going to the restaurants, less
13 conferences, et cetera.

14 Overall, you feel this use would be
15 less intense and would be less significant than the
16 use that was previously there?

17 A. Yes, that's correct. There will be a
18 lesser -- less traffic generated and will be less
19 impact, correct.

20 Q. Okay. So there's going to be 240 beds
21 at the facility; correct?

22 A. Yes.

23 Q. And only 10 percent of the -- of the
24 residents -- of the recovery home residents are going

1 to be allowed to drive, which is approximately 13
2 cars?

3 A. Yes.

4 Q. So if you're -- so your assumption is
5 based on the fact that 237 residents are not going to
6 have cars or be able to drive at the facility?

7 A. That's correct.

8 Q. And your report stated that people --
9 that in terms of coming and going from the site, they
10 are going to be arriving at the site either through
11 transport -- vehicular transport by friends, family,
12 the vans, Ubers, et cetera; correct?

13 A. Yes.

14 Bridget, you're fading in and out
15 so I'm not able to hear everything clearly.

16 Q. Okay. Can you hear me now?

17 A. Yeah, much better.

18 Q. Okay. So your report -- just to confirm
19 your report in terms of how the residents are going
20 to arrive and leave the facility, they are going to
21 arrive and leave either by people dropping them off;
22 family, friends, Uber, or the vans that would be
23 operated by Haymarket --

24 A. Yes.

1 Q. -- because they won't have cars?

2 A. That's correct.

3 Q. Okay. The employees that will be
4 on-site will be the primary people driving to the
5 facility; correct?

6 A. Yes.

7 Q. And they have three shifts: 7:00 to
8 3:00, 3:00 to 11:00, 11:00 to 7:00; correct?

9 A. Correct.

10 Q. And the peak hours of when they arrive
11 and leave are off peak -- they don't match up with
12 the peak hours on the road; correct?

13 A. Except the morning, you know, the
14 7:00 AM -- 7:00 to 8:00, and that's why we make the
15 assumption they would be arriving during that hour.

16 Q. But typically they'll arrive before
17 7:00 --

18 A. Yes.

19 Q. -- because that's when their shift
20 starts?

21 A. Yeah. So we're -- we're probably a
22 little bit conservative on -- on that assumption.

23 Q. Okay. One last question. We talked
24 about ITE and ITE being the primary means that you

1 use to calculate parking demand, and that there is no
2 specific classification for substance or treatment
3 facilities in ITE.

4 So when you did your report, which
5 is on Table 7, page 27, you reference ITE peak
6 parking demand, and what you studied was the
7 classifications that were provided by the Village.
8 They were the ones who asked you to look at this from
9 that perspective; correct?

10 A. Yes. We looked at it from that
11 conservative approach, both using ITE as well as the
12 Village code requirements.

13 Q. So it's -- in your opinion, there is
14 more than enough parking on-site to meet the need?

15 A. Using both methodologies, yes.

16 MS. O'KEEFE: That's all I have. Thank you,
17 Chairman Daly.

18 CHAIRMAN DALY: Mr. Ellenbecker or
19 Mr. DiNolfo or Ms. Smith, do you have any follow-up
20 questions?

21 MR. ELLENBECKER: I -- this is Ellenbecker.
22 Yeah, we have a couple follow-ups, Mr. Chairman.

23 RECROSS-EXAMINATION

24 BY MR. ELLENBECKER:

1 Q. Mr. Aboona, just -- Ms. O'Keefe asked
2 you a question premised with the phrase -- prefaced
3 with the phrase only 10 percent of patients would be
4 allowed to drive.

5 Are you aware of a policy at
6 Haymarket DuPage that restricts the number of
7 allotted drivers to 10 percent of the patient
8 population?

9 MS. O'KEEFE: To clarify what I said,
10 Mr. Ellenbecker, I believe I said 10 percent of the
11 patients would be allowed to have cars.

12 MR. ELLENBECKER: Okay, well, I'll ask it
13 that way.

14 BY MR. ELLENBECKER:

15 Q. Are you aware of a policy at Haymarket
16 DuPage that limits the number of patients who can
17 have cars at the facility to 10 percent?

18 A. I'm not aware of a policy, but that's
19 the information that was provided, so I assume that
20 would be their expectations of what's going to
21 happen.

22 Q. Did Ms. Kissel or Ms. O'Keefe provide
23 you the criteria by which Haymarket residents are
24 permitted to have a car?

1 A. I have not seen that, no.

2 Q. You were asked some questions about the
3 decrease in events at the proposed facility from when
4 it was used as a hotel, but Dr. Lustig has
5 represented to us and the community that this
6 facility would be opened to church and community
7 events at the facilities.

8 Did Haymarket provide you with any
9 information or info with regard to what the community
10 and church events being hosted at the facility would
11 generate?

12 A. I was not given that information, but if
13 I have to guess, I'm -- it's probably not going to be
14 as frequent as events that occurred at the hotel.

15 Q. And that's purely a guess; correct?

16 A. Yes.

17 Q. Okay. And lastly, Mr. Chairman asked
18 you some questions about a preliminary report or the
19 initial report in July of 2019, and you generated a
20 number of in and out traffic on a daily basis for the
21 proposed facility using the Woodridge Interventions
22 as a comparison; correct?

23 A. Yes.

24 Q. And when you did that, based on a

1 230-bed estimate at Haymarket -- proposed Haymarket
2 facility, you determined that the in-out daily was
3 437 cars at the proposed facility; correct?

4 A. I -- I don't have it in front of me, but
5 I -- I -- it's probably around that number, yes.

6 Q. And then just a little bit over a year
7 later adding 10 beds, so we're now up to 240 beds,
8 you've now decreased that estimate by 240 cars per
9 day down to 197; correct?

10 A. Well, this updated report, it was based
11 more on the information that was provided by
12 Haymarket that would be more representative what the
13 operations would be at the facility.

14 Q. Right. So your count facility yielded a
15 number of 437, but an August 6, 2020, report
16 generated based entirely on the reliance of numbers
17 provided by Haymarket reduced the daily traffic load
18 by 240 cars in and out; correct?

19 A. Again, based on information that was
20 provided by Haymarket independent of what we -- what
21 was observed at the Woodridge facility.

22 MR. ELLENBECKER: Okay. That's all I have.
23 Thank you, Mr. Aboona. I appreciate your time.

24 MS. SMITH: I have no further questions.

1 MR. DI NOLFO: Mr. Chairman, I just have a
2 couple of clarifications, if I may.

3 CHAIRMAN DALY: Please proceed.

4 RECROSS-EXAMINATION

5 BY MR. DI NOLFO:

6 Q. Very briefly, just touching on where we
7 left off, your 2019 report that you submitted you
8 submitted to the standard in which you submitted the
9 report in August of 2000, correct -- or 2020, I
10 should say? Right? Your best professional opinion
11 was back in July of 2019 that there would be 437 in
12 and out; correct?

13 A. At that time, yes.

14 Q. And you would have been willing to come
15 in and testify to that based on you being designated
16 as an expert to that number; correct?

17 A. Based on the information that we had at
18 that time, yes.

19 Q. And you felt comfortable enough, based
20 on the information you had at that time, to generate
21 a report that's part of the record; correct?

22 A. Yes.

23 Q. All right. And now a year later after
24 Haymarket provided you with information -- and you

1 would agree with me that Haymarket has an interest in
2 getting this proposal passed; correct?

3 A. I have no opinion on that.

4 Q. Well, you would agree with me they don't
5 want it denied? That wouldn't make sense, would it?

6 A. Again, I'm -- I have no opinion on that.

7 Q. Okay. So the data that they provided,
8 you agree with me, you did nothing other than rely on
9 it, with no personal investigation, to determine the
10 validity of that; correct?

11 A. I mean, I had discussions with them to
12 understand, you know, the -- the numbers, but I -- I
13 didn't -- I didn't go into the assumptions, no.

14 Q. So, in essence, you relied on the party
15 who has an interest in the outcome here, their data,
16 to drive down the number by 240; correct?

17 A. I relied on the data that was given to
18 me, yes.

19 Q. Okay. And the number of vehicles that
20 you can expect to be coming in and out, at least back
21 in 2019, you were comfortable would be 437 each way,
22 but based on this data which you have no backup for
23 other than just what people told you; it's 197.

24 Does that in any way bother you

1 that you didn't do due diligence on the very data
2 that you used to reduce the number by 240?

3 A. I -- I relied on -- on Haymarket given
4 their expertise and knowledge of their operations,
5 that, you know -- that these numbers are
6 representative of this facility.

7 Q. And the last thing I want to touch on is
8 just on the number of people that would be coming and
9 going from Haymarket. And Ms. O'Keefe clarified that
10 it was 10 percent that would be on a daily basis, I
11 think, coming and going.

12 You would agree with me that your
13 decision to rely on that is just based solely on what
14 Haymarket told you; correct?

15 A. Again, this is based on the data they
16 gave me, yes.

17 Q. You didn't go over to the Woodridge
18 facility and ask them, hey, how many people do have
19 coming and going on a daily basis to determine the
20 percentage, did you?

21 A. I did not, and I doubt that they would
22 have answered my question.

23 Q. Okay. And to your knowledge, and if you
24 know, has Haymarket ever run a suburban facility

1 similar to what they're proposing here in Itasca?

2 A. I don't believe so.

3 Q. You would agree with me the only
4 facility they have is located downtown near the loop
5 in the City of Chicago, the West Loop?

6 A. West Loop, yes, that's correct.

7 MR. DI NOLFO: Okay. I have nothing further.
8 Thank you.

9 MS. O'KEEFE: Mr. Chairman, I just have one
10 follow-up question.

11 CHAIRMAN DALY: Yes, ma'am, please proceed.

12 REDIRECT EXAMINATION

13 BY MS. O'KEEFE:

14 Q. Mr. Aboona, there's been discussions of
15 the numbers that were presented in 2019 and those
16 numbers, as were pointed out, were higher than were
17 presented in 2020; correct?

18 A. Yes.

19 Q. And you felt in your professional
20 experience, having spent 30 years in the field and
21 doing countless reports, that the operation of the
22 facility at those numbers in 2019 had no adverse
23 impact on the local roadway network, the operation of
24 the intersections, or the traffic flows in the area;

1 correct?

2 A. That's correct.

3 Q. So upon provision of more detailed
4 information from Haymarket which was developed over
5 time, the numbers were reduced, that just means the
6 impact is even less than it was and would work even
7 better than you originally anticipated; correct?

8 A. Correct.

9 MS. O'KEEFE: Okay. No further questions.

10 CHAIRMAN DALY: Thank you. At this point in
11 time I'd ask that Ms. O'Keefe present Mr. Dominik as
12 your next witness.

13 And, please, I didn't hear if the
14 court reporter swore him in at the beginning when she
15 swore in Mr. Aboona.

16 THE REPORTER: I did not.

17 MS. O'KEEFE: Mr. Chairman, can we -- can we
18 excuse Mr. Aboona at this point?

19 CHAIRMAN DALY: Yes. Please.

20 MS. O'KEEFE: Thank you, Mr. Aboona. We
21 appreciate your time very much.

22 THE WITNESS: Thank you. Have a good
23 evening.

24 THE REPORTER: I did not swear in the --

1 Mr. Dominik.

2 CHAIRMAN DALY: Please proceed.

3 (James Dominik sworn.)

4 CHAIRMAN DALY: Okay. I believe when we last
5 left off we were in the middle of cross-examination
6 by the interested parties' attorneys, so please
7 proceed.

8 MR. ELLENBECKER: Thank you, Mr. Chairman. I
9 believe we were in the middle of my
10 cross-examination, so I'll pick up if that's okay.

11 Mo, are you able to bring up
12 Haymarket's new Exhibit No. 49?

13 VILLAGE PLANNER KHAN: You said 49; correct?

14 MR. ELLENBECKER: Yes, please.

15 VILLAGE PLANNER KHAN: One second.

16 CHAIRMAN DALY: It's a new one that we have
17 just for today.

18 MR. ELLENBECKER: Yeah, Ms. O'Keefe sent it,
19 I think, one or two days ago.

20 MS. O'KEEFE: I sent it on, I think, last
21 Thursday.

22 MR. ELLENBECKER: Oh, okay, almost a week
23 ago. Sorry.

24 MS. O'KEEFE: I try to be prompt.

1 VILLAGE PLANNER KHAN: Mr. Ellenbecker, it's
2 a traffic study report, correct, a traffic study
3 impact?

4 MR. ELLENBECKER: No. We could --

5 VILLAGE PLANNER KHAN: I apologize.

6 MR. ELLENBECKER: No, that's all right.

7 MS. O'KEEFE: Mo, this is Shannon. Do you
8 have Outlook open? I just forwarded the exhibit.

9 VILLAGE PLANNER KHAN: It's a CARF letter;
10 correct?

11 MR. ELLENBECKER: It is the CARF letter of
12 December 3rd, 2020.

13 VILLAGE PLANNER KHAN: Just give me one
14 second, please.

15 MR. DI NOLFO: We have it here if we can
16 share this screen.

17 VILLAGE PLANNER KHAN: Do you have it now?

18 MR. ELLENBECKER: Hang on one second.

19 Yes, that's it.

20 RE-CROSS-EXAMINATION

21 BY MR. ELLENBECKER:

22 Q. First of all, Mr. Dominik, nice to see
23 you again.

24 Are you ready to proceed?

1 A. Yes, sir.

2 Q. Okay. Up on the screen right now is a
3 December 30th, 2020, letter. It looks like it's on
4 CARF International letterhead. Have you seen this
5 document that Haymarket has previously marked as
6 Exhibit 49 before just seeing it now?

7 A. Yes.

8 Q. Okay. When did you first see the
9 December 30th letter from Mr. Johnson at CARF?

10 A. Just recently. I did not write down the
11 date I saw it.

12 Q. Okay. Did you reach out to Mr. Johnson
13 yourself?

14 A. Mr. Ellenbecker, I had nothing to do
15 with this letter.

16 Q. Okay. Do you know why this letter was
17 solicited from Mr. Johnson?

18 A. I had nothing to do with that. You
19 could ask Dr. Lustig or Ms. O'Keefe that question.

20 Q. Well, you recall last time you and I
21 spoke before the holidays you and I were talking
22 about CARF International's database and whether it
23 was possible for you to have searched out-of-state
24 facilities to find adequate comp facilities; correct?

1 A. I believe you were talking about it,
2 yes.

3 Q. Yeah. And did you -- since you and I
4 last spoke in the context of cross-examination, did
5 you do any inquiry of CARF International's website to
6 determine whether you could, by ASAM level or any
7 other means, to try to find comp facilities outside
8 the State of Illinois?

9 A. As I indicated previously,
10 Mr. Ellenbecker, I had nothing to do with the letter.
11 You would have to ask, you know, someone else about
12 that.

13 Q. No, no, my question was outside the
14 scope of the letter, Mr. Dominik.

15 I'm saying since the last time you
16 and I spoke, did you go and try to find comp
17 facilities using the CARF International database of
18 the providers?

19 A. No, I did not.

20 Q. Okay. Was it ever suggested to you by
21 Dr. Lustig to possibly contact CARF and see if you
22 could work with them to find comparable facilities in
23 size outside of the State of Illinois?

24 A. No.

1 Q. Okay. When you and I concluded last
2 time we were trying to find -- or I was trying to
3 find, with Mo's help, a chart that was in your
4 report.

5 MR. ELLENBECKER: Mo, if you -- if you could
6 take this down and get to the Polaris report, please,
7 and specifically charts 27 and 28 of the Polaris
8 report.

9 MS. O'KEEFE: Are we talking about page 29 of
10 the Itasca Fire Protection District Exhibit 16, just
11 to make sure we're on the same page?

12 MR. ELLENBECKER: Yes, we are, page 29.

13 MS. O'KEEFE: Okay.

14 MR. ELLENBECKER: And it's page 28 of the
15 actual report.

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

17 BY MR. ELLENBECKER:

18 Q. So, Mr. Dominik, can you -- can you see
19 chart 27?

20 A. Yes, sir.

21 Q. And based on chart 27, underneath that
22 chart it says the daily EMS/ALS impact is .01 to .02
23 calls per day; correct?

24 A. Yes.

1 Q. Does that mean that you're suggesting
2 that this 240-bed facility with 96 treatment beds,
3 including level 3.7 detox would only yield one call
4 to Itasca EMS every 100 days?

5 A. So, Mr. Ellenbecker, that chart is for
6 the recovery home beds.

7 Q. Okay.

8 A. The one below it is for the treatment
9 home beds.

10 Q. Okay. Well, so let's start with the
11 recovery room.

12 Is it your testimony that the 144
13 recovery beds, some of which are still undergoing
14 intensive outpatient treatment, would only yield
15 approximately one call to Itasca EMS every hundred
16 days?

17 A. Correct.

18 Q. Okay. And if we go to chart 28, this is
19 what you were talking about, the treatment center;
20 correct?

21 A. Correct.

22 Q. And it's your testimony here, based on
23 this chart, that the impact or the number of calls to
24 Itasca's EMS as a result of the 96 treatment beds

1 would yield only one call every 33 days or so?

2 A. Correct.

3 Q. And how does that rate compare with the
4 number of EMS/ALS calls generated by Haymarket's West
5 Loop treatment beds?

6 A. As we had indicated earlier, that site I
7 could not use the data, so there was no comparison.

8 Q. Okay.

9 MR. ELLENBECKER: All right, Mo, if you could
10 keep that up and go to page 15 of the report, which I
11 believe is page 16 in the Fire Protection District's
12 exhibit.

13 VILLAGE PLANNER KHAN: (Indicating.)

14 MR. ELLENBECKER: Yeah, chart 7.

15 Okay, thank you.

16 BY MR. ELLENBECKER:

17 Q. These are -- would it be accurate to say
18 that these facilities listed on chart 7 of the
19 Polaris report are the comps or the comparable
20 facilities that you used for purposes of your
21 analysis?

22 A. Correct.

23 Q. And are you aware that for purposes of
24 its presentation to the Commission and the public

1 that Haymarket used Cornell Interventions as a comp
2 facility?

3 A. I did not use Cornell Interventions;
4 correct.

5 Q. Right, but are you aware that Haymarket
6 in its presentation in its PowerPoint used Cornell
7 Interventions as a comp facility?

8 A. I believe in one of the PowerPoints I
9 did see that.

10 Q. Do you know -- in discussions with
11 Haymarket, did you have any discussions about why
12 Haymarket personnel used Cornell Interventions and
13 you did not?

14 A. I did not.

15 Q. And you agreed, though, I think, the
16 last time that these 11 comps and the accuracy of
17 their comps, apples to apples, oranges to oranges,
18 drove your answers in this case; correct?

19 A. Chart 7 comparables, yes.

20 Q. And I apologize if I rehash some of this
21 stuff. Just to lay some context for some of my
22 questions, I do need to go through some background
23 that we covered last time.

24 You agree that none of the comps on

1 your facility by themselves are comparable to the
2 proposed Haymarket DuPage facility; correct?

3 A. No. I believe they're all comparable
4 due to the formula we used to project the data by
5 capacity.

6 Q. Right. So let's set aside your
7 projections. For instance, Serenity House Naperville
8 is nowhere near the size of the proposed Haymarket
9 facility; correct?

10 A. I think that's irrelevant.

11 Q. Well, answer my question. We'll let the
12 Commission determine whether it's relevant.

13 So would you agree that Serenity
14 House Naperville is nowhere near the size of the
15 proposed Haymarket facility? Right?

16 A. The bed capacity is not the same size,
17 if that's what you're asking.

18 Q. Right. And the treatment beds alone,
19 they don't even offer treatment at Serenity House;
20 right?

21 A. Correct.

22 Q. And we could go through each one on the
23 list but we won't.

24 Do you know how many patients per

1 year -- not the number of beds, but do you know how
2 many patients per year each of these facilities
3 service?

4 A. No. That was not what we used for our
5 projections.

6 Q. Would you agree that if a facility
7 services 5,000 or 4,800 a year, that's going to have
8 different public safety needs than a facility that
9 has the same five people living in it for 12 months?

10 A. Mr. Ellenbecker, that's data that was
11 not available for the purposes of the study.

12 Q. Okay. But -- and I get all of that.
13 But would you agree that a facility that has a
14 turnover in the beds that's going to treat, say,
15 4,800 patients annually would have different needs
16 and expectations of public safety services than a
17 facility that has the same five people living in the
18 recovery beds?

19 A. I believe the question is a little
20 deeper depending on what level of services they were
21 going to provide. There's more to the question, I
22 believe, sir.

23 Q. Right. And I guess where I was going
24 with this, Mr. Dominik, is the way the proposed

1 Haymarket facility has been explained -- and, you
2 know, I think Dr. Lustig explained what the model
3 was -- there's going to be turnover in certain beds
4 at the Haymarket facility.

5 Did you incorporate the turnover in
6 those beds, in other words, the number of patients
7 that would occupy those 240 beds per year?

8 A. The data obviously by the number of
9 patients was unavailable, so we used the bed count
10 assuming that would be consistent. We assumed a
11 hundred percent capacity for all sites.

12 Q. Do you know if that assumption was
13 rooted in actuality or if it was an assumption you
14 needed to do for your study purposes?

15 A. Could you rephrase that question, sir?

16 Q. Your assumption using just the bed
17 counts, do you know if that was based on the
18 actuality of the treatment models and the patient
19 turnover or was it based on an assumption you just
20 needed to make to allow you to conduct the
21 assessment?

22 A. We assumed worst-case scenario, to be
23 most conservative.

24 Q. Well, is it worst-case scenario to

1 assume that Haymarket DuPage is going to have 240
2 people annually in its 240 beds or 4,800 people going
3 in and out of the facility?

4 A. Like I said earlier, Mr. Ellenbecker, we
5 assumed a hundred percent capacity at all sites.

6 Q. Okay.

7 A. It was equal.

8 Q. Well, but 4,800 is not the same as
9 assuming only 240 patients are going to be at a
10 facility over 12 months; correct? That's just math.

11 A. It's just -- yeah, I don't -- I don't
12 agree, and I guess I don't understand your question.
13 I'm not trying to be difficult.

14 Q. No, no, I get that, but for purposes of
15 your study, you assumed that there would be a patient
16 in 240 beds over the course of a year; correct?

17 A. The same turnover rate applied to all of
18 them, I guess, if that's what you're asking.

19 Q. But you don't know what the turnover
20 rate was at any of your 11 counts, do you?

21 A. No, we did not take that into account.

22 Q. And you've already agreed, I think, last
23 time that treatment beds generate more calls;
24 correct?

1 A. Correct.

2 Q. So if we were going to just focus on
3 comparable facilities based on the type of services
4 that generate the most calls, your first seven comps
5 could be eliminated because they don't even offer
6 treatment; correct?

7 A. No. We applied the treatment home beds
8 to the treatment home beds, and the recovery home
9 beds to the recovery home beds, so all those are
10 needed to make an accurate projection.

11 Q. And you'd agree that based on the
12 cumulative totals of your facilities, it took 11
13 facilities to almost equal the amount of proposed
14 beds at the proposed Haymarket facility; correct?

15 A. No, I don't agree.

16 We used those sites to come up with
17 a per bed analysis based on their experience, and I
18 felt offering different sites would give a more
19 robust, complete analysis.

20 It wasn't trying to get to a bed
21 number. That wasn't the purpose.

22 Q. Right. And maybe that wasn't your
23 purpose, but as I look at chart 7 and I look at the
24 total bed count, you thought it important enough to

1 list total bed count; correct?

2 A. Sure, yes.

3 Q. And the total beds for all 11 facilities
4 that you used as comps equals 237; correct?

5 A. Correct.

6 Q. And 237 is almost, but not quite equal,
7 to 240 beds at the proposed facility; correct?

8 A. That -- it just purely ended up that
9 way.

10 Q. Did you do any research to determine
11 what -- or whether there was any additive effect
12 based on the number of people or patients in a
13 facility and the potential impact that would have on
14 the need for EMS services?

15 A. The data was inclusive of the address
16 for the total number of calls. So I don't know if
17 that answers your question or not, but it's inclusive
18 of all services provided to that address for the
19 entire study period.

20 Q. No, I get that, and maybe I asked a poor
21 question.

22 So, for instance, let's just take
23 one comp, Rosecrance Recovery Home. It's spread out
24 over four addresses, but you have 16 recovery beds

1 combined on those four addresses; correct?

2 A. Correct.

3 Q. And what I'm asking is, did you do any
4 sort of research into whether only having four people
5 in a given facility or 240 people under one roof
6 would have an additive effect in terms of the amount
7 of services needed from public safety services?

8 A. Sorry, Mr. Ellenbecker, I'm not sure I'm
9 understanding your line of questioning.

10 Q. Yeah, so I'll try to think of an
11 example.

12 So if -- if I'm operating a farm,
13 right, and I have two cows, all right, I might have
14 one observation, but if I have a farm and I have a
15 hundred cows, that same facility, based on the pure
16 addition of 98 additional cows, could affect whatever
17 research I'm doing, right, whether it be spatial, the
18 number of fights between cows, whatever it might be,
19 okay.

20 Are you with me? I'm saying, did
21 you do any research that demonstrated that purely
22 having more people, or patients in this case, could
23 affect the amount of public safety services needed?

24 A. Mr. Ellenbecker, we took the bed count

1 and then took the numbers based on recovery homes and
2 treatment homes and then projected it based on that.

3 Q. So it sounds like --

4 A. Simple answer.

5 Q. Yeah. So the simple answer to my
6 question is, you didn't do any research to determine
7 whether sheer numbers in a facility in excess of 200
8 would affect the needs of public safety services?

9 A. I believe we did. No, I believe we did.
10 We looked at all the sites, all the uses. We broke
11 it down by treatment homes and recovery homes. We
12 looked at it over a period of time. We made accurate
13 projections based on the actual calls to those sites.

14 I believe that's very accurate
15 data, not including the cows.

16 Q. Right. The largest facility you have in
17 your comps is 48 patients; correct?

18 A. Correct.

19 Q. And the facility proposed for Itasca is
20 240; correct?

21 A. Correct.

22 Q. And what I'm asking is, did you do any
23 research to determine whether only having 48 patients
24 would have a decreased effect compared to a facility

1 that has 240 patients under one roof with regard to
2 the need for public safety services?

3 A. We did. That was the whole purpose of
4 the report, Mr. Ellenbecker.

5 Q. Right. And to equal 240 beds, you
6 needed to combine 11 facilities --

7 A. Mr. Ellenbecker --

8 Q. -- right?

9 A. -- we -- no, we used them all
10 independently to identify calls per bed total.

11 Q. Right. And one part -- and I'm getting
12 ahead of myself, but one part of your calculations
13 did a per bed analysis for each of your 11
14 facilities; correct?

15 A. Correct.

16 Q. All right. And from that you were able
17 to get a per bed average from each of your 11
18 facilities; right?

19 A. Correct.

20 Q. And you used -- did you use any weighted
21 calculation, for instance, to accommodate or account
22 for the fact that one facility only had four patients
23 or people and another facility had 48?

24 A. Mr. Ellenbecker, we assumed a hundred

1 percent capacity at each site.

2 The patient numbers was data that
3 was unavailable so we could not utilize patient
4 numbers.

5 We took a very conservative
6 approach to project the numbers based on the data
7 that was available and was consistent.

8 Q. Right. So, for instance, when you
9 generated the average for Serenity House Naperville
10 it yielded an average. Let's just say it was one
11 call per bed, okay. And for Leyden Family Services,
12 for its 40 treatment beds, you determined what that
13 average was; correct?

14 A. We looked at the total calls for the
15 site by the beds and then projected it based on those
16 numbers.

17 Q. Right, so you get a per bed --

18 A. I think we've been through this.

19 Q. Well, just --

20 A. I think we've been through this earlier;
21 correct? We went through all this earlier and how I
22 did this, did we not?

23 Q. Not with me. So --

24 A. You should read the testimony.

1 Q. Well, if you answered my questions,
2 Mr. Dominik, this would go a whole lot quicker.

3 So for --

4 A. I'm trying.

5 Q. -- each of the 11 facilities you
6 determined a per bed average for calls; right?

7 A. Correct.

8 Q. All right. And I already asked you
9 about other locations.

10 Dr. Lustig has previously stated
11 that an ideal location for the subject facility or a
12 substance use treatment facility would be near a
13 hospital. Did you know that?

14 A. I believe I did read that, correct.

15 Q. And if a facility is at or near a
16 hospital, would you agree that that can have an
17 impact on the number of calls to emergency services?

18 A. No, I believe that's irrelevant.

19 Q. If there is a substance use treatment
20 center within a hospital, do they need to call EMS to
21 move that patient?

22 A. It would depend on what type of hospital
23 it is.

24 Q. Okay. Are any of your comp facilities

1 at hospitals?

2 A. We have some on the same site or in
3 close proximity, but I believe this is completely
4 irrelevant. It's a medical transport,
5 Mr. Ellenbecker, so I don't know if it really
6 makes -- in my opinion it makes no difference.

7 Q. Well, so my question was, are any of
8 your comp facilities located at a hospital?

9 A. Close to.

10 Q. Okay. And did you do any inquiry of any
11 of these facilities that are close to hospitals to
12 determine what, if any, impact it had on the need for
13 them to call EMS services?

14 A. No. They all called EMS services, all
15 the ones we utilized.

16 Q. How do you know that?

17 A. From the data we saw.

18 Q. Well, just because there was one --
19 there were a couple EMS calls doesn't mean as a
20 routine they needed EMS; correct?

21 A. Well, if they're not located in a
22 hospital, yes, they would need to call EMS.

23 Q. For instance, did you call Amita Health
24 that was located on Gloucester in Elk Grove -- did

1 you call them up and ask them what their EMS protocol
2 is?

3 A. No, I did not.

4 Q. Do you have any of the ALS/BLS protocols
5 for any of your comp facilities?

6 A. No, I do not.

7 Q. You have agreed previously that recovery
8 home data was not credible; correct?

9 A. Could you -- I'm not sure I understand
10 when you're asking the question about recovery home
11 data not being credible.

12 Q. Well, you indicated -- you testified
13 previously -- as you can see here, these are recovery
14 home sites. You have the ALS number and the BLS
15 number. These numbers I don't put a whole lot of
16 credibility into because of the few number of calls
17 that the recovery homes generate. These --

18 A. Yeah, I'm sorry. Yep. I'm sorry, I
19 didn't -- I didn't understand your question so you
20 clarified that a little bit.

21 Yes, we had talked about that
22 previously, and the small number of calls are not
23 reflective of what I believe to be a true ALS/BLS
24 comparison nationwide or what we saw at some of the

1 larger sites.

2 Q. Okay. I don't recall -- I thought I may
3 have asked you a similar question last time, but
4 you'd agree that none of your comp facilities offer
5 the full range of services that the proposed
6 Haymarket facility does; correct?

7 A. Like I said earlier, we talked about
8 this. I believe that's irrelevant based on the way
9 we projected the data based on recovery home sites
10 and beds, and treatment home sites and beds.

11 Q. Well, that may be, but do you know if
12 any of your 11 comps offer the full range of services
13 as those to be offered by Haymarket DuPage?

14 A. No.

15 Q. Were you provided any data with regard
16 to how many Haymarket DuPage patients will leave the
17 facility daily?

18 A. No.

19 Q. Do you know how the to and from
20 patterns -- or travel patterns of Haymarket DuPage
21 patient compares to any of your comps?

22 A. It's not in my expertise, sir.

23 Q. Did you make any inquiry into the
24 occupancy levels of any of your 11 comps?

1 A. No. We just purely looked at the data.

2 Q. And did you -- specifically focusing on
3 the treatment bed comps, the last four on chart 7,
4 did you call any representatives of Amita Health,
5 Gateway Aurora, Heartland Banyan, or Leyden Family
6 Services as part of your research in this matter?

7 A. No, I did not contact any of the people
8 from the facilities.

9 Q. We discussed it just a bit ago, but you
10 did two calculations. One was on a ratio of calls to
11 beds, which we already discussed; right?

12 A. Yes, sorry. Yep. Yep.

13 Q. And the other part of your calculation
14 was you based total calls over the number of
15 facilities; correct?

16 A. Correct.

17 Q. Who developed that statistical framework
18 for your study?

19 A. I believed it was the best way to do
20 this, to provide a range and an accurate projection.
21 I felt it was a very conservative approach. So I
22 developed that myself.

23 Q. So maybe you just answered my question.
24 Did you develop the statistical

1 framework of your study?

2 A. Yes.

3 Q. Have you seen that statistical method
4 used before to determine the impact on emergency
5 services in the context of a large substance use
6 treatment center?

7 A. No.

8 Q. Has your statistical method been
9 accepted as a reliable predictor of the impact on
10 emergency services in the context of substance use
11 treatment centers?

12 A. I believe they would be.

13 Q. Well, do you know if it has been, is my
14 question?

15 A. I don't -- through my research I
16 couldn't find any that have been.

17 Q. Okay. To your knowledge, would this be
18 the first study performed using your statistical
19 method for evaluating the impact on emergency
20 services of a large scale substance use treatment
21 facility?

22 A. None that I found.

23 Q. Did you -- did you at all try -- well,
24 let me strike that.

1 If I say or I use the term "power
2 of a study" -- do you know what I'm referring to if
3 I -- if I refer to a term or a phrase called "power
4 of a study?"

5 A. Power of a study, Mr. Ellenbecker?

6 Q. Yes.

7 A. No.

8 Q. For instance, some would say -- if you
9 look at a parking lot and there are four red cars
10 there and there are only two white cars, some would
11 say, oh, well, they must -- there must be more red
12 cars on the street, but you might need to look at a
13 larger sample size to give that study some power.

14 If I give that description, have
15 you heard the phrase "power of a study" used before?

16 A. No.

17 Q. Did you do any calculation to determine
18 the robustness of your study?

19 A. I'm sorry, what do you mean by
20 calculations for robustness?

21 Q. Yeah, so your study was based across 237
22 beds at 11 facilities; correct?

23 A. Yes.

24 Q. Did you do any sort of calculation to

1 determine whether 237 beds spread over 11 was an
2 accurate representation based on total number of beds
3 of the impact on emergency services of substance use
4 treatment centers?

5 A. No. I believe my projections were
6 accurate based on the sites used.

7 Q. Have you seen any studies evaluating the
8 impact on emergency services with a sample size as
9 small as 237?

10 A. In what regards?

11 Q. In the regards in which you're
12 representing that there would be a negligible impact
13 on Itasca's emergency services.

14 A. So I guess I just don't understand the
15 context of what you're referring to.

16 Are you asking if I've ever seen
17 any kind of a study done on 237 with a number or how
18 are you --

19 Q. Yes.

20 A. -- asking the question? I'm not sure.

21 Q. Have you -- have you seen any research
22 done on the impact of substance use treatment centers
23 on local EMS services based on a sample size of 237
24 beds spread across 11 facilities?

1 A. Not specifically to beds and facilities.

2 Q. I'm nearing the end, Mr. Dominik.

3 Did you have an understanding of
4 what Itasca's policy is with regard to dispatching
5 police when there's a call for EMS or fire?

6 A. I did not inquire specifically with
7 Itasca. I'm familiar with, obviously, the Chicago
8 metropolitan area and other areas.

9 Q. Well, do you know -- I mean, if you
10 apply that to Itasca, what was your assumption as to
11 when police would be dispatched?

12 A. So I think what you're referring to,
13 Mr. Ellenbecker, I looked at police independently; I
14 looked at fire independently; I looked at EMS
15 independently, and I tried to represent the numbers
16 fairly in that context.

17 Q. Okay. Did you add a police call for
18 every EMS and fire call?

19 A. No. Like I said, I looked at it
20 independently. If Itasca chooses to do that, they
21 certainly would add those numbers, potentially, to
22 the police calls.

23 Q. Looking at your comps, and if we look at
24 not necessarily the facility itself but where it is,

1 okay, for instance, Serenity House Naperville on the
2 top, Leyden Family Services in Hoffman Estates, is
3 there any town or village or city that any of your
4 comps reside in that is equal to or smaller than
5 Itasca?

6 A. Sorry, that was not part of the scope of
7 my analysis.

8 Q. Would you agree that larger cities or
9 villages have greater resources to draw upon?

10 A. Not necessarily, Mr. Ellenbecker. You
11 know, Itasca is part of a MABAS system to utilize
12 resources of all their neighbors, if needed. They're
13 part of a combined dispatch center, so that gives
14 them much more robust resources than even some of the
15 larger fire departments in the area that don't
16 utilize MABAS, you know, equally.

17 The benefits to the Addison
18 Consolidated Dispatch Center and having the ability
19 to dispatch any resources inside DuPage County at any
20 time is something that this area needs to be
21 commended for.

22 Q. Yeah, and I agree, which you talked to
23 Mr. DiNolfo about MABAS. I'm actually -- I'm asking
24 you a very, very tight question.

1 Would you agree that a larger
2 town -- let's say Aurora with over 100,000 people --
3 has more emergency services to draw upon than a town
4 like Itasca?

5 A. I think that would depend on the call
6 loading, Mr. Ellenbecker, and how many calls they
7 had, which we utilized in this study.

8 You know, a town like Aurora,
9 Chicago, for example, they have ambulances that go on
10 8- and 10,000 calls a year per ambulance -- per one
11 ambulance.

12 Q. Okay.

13 A. So, yes, they have more resources, but
14 the resources aren't always available.

15 Itasca has one ambulance.

16 Q. And the comps you have in Aurora, based
17 on what you were able to find, even though a much
18 larger town with more call capacity, has total
19 treatment beds of 44 compared to the 96 proposed at
20 Haymarket DuPage; correct?

21 A. Yes, that is correct.

22 MR. ELLENBECKER: That's all I have for now,
23 Mr. Dominik. Thanks.

24 THE WITNESS: Thank you, Mr. Ellenbecker.

1 CHAIRMAN DALY: Ms. Smith, would you like to
2 cross-examine the witness?

3 MS. SMITH: Yes, please. Hold on one second.

4 CROSS-EXAMINATION

5 BY MS. SMITH:

6 Q. To start off, did you do any analysis
7 looking at the impact of Haymarket's use of emergency
8 services, police and fire, on the school district's
9 use of either emergency or educational nonemergency
10 uses of police and fire in Itasca?

11 A. No, Ms. Smith. My analysis was based
12 solely on the use of fire, EMS, and police.

13 Q. Generally?

14 A. Yes.

15 Q. But not specific to the --

16 A. No.

17 Q. -- school district's use; correct?

18 A. No, ma'am.

19 Q. Okay. And then you were -- you were
20 asked a little about your statistical analysis. And
21 can you explain your basis for determining -- because
22 I believe I heard you testify that your -- you think
23 that your statistical analysis would prove predictive
24 even though it hasn't been proven that to date.

1 On what -- what's your basis for
2 believing from a statistical perspective that it --
3 it is predictive?

4 A. It's very basic. The approach that, you
5 know, we utilized was based on the bed size, the
6 facility, the calls generated, the types of calls
7 generated, and then utilizing that to project the
8 recovery homes and treatment homes, and then taking
9 that and applying it to the 240 bed site.

10 So there was nothing very
11 sophisticated or complicated there.

12 Q. And why do you think that your sample
13 size was -- well, do you think your sample size, the
14 nearly 240, is big enough to produce a -- not just a
15 null -- or not just a result that happens to be by
16 chance, but one that's statistically significant?

17 A. So yes, I believe it's accurate.

18 We took a very conservative
19 approach on the ALS/BLS, as we had talked about
20 earlier, so I think all of my numbers are actually
21 very conservative. I think in the end the numbers
22 are probably going to be less than what I'm
23 projecting.

24 Q. Well, I guess not the numbers and the

1 validity of -- you've testified a lot how you came up
2 with those, but how do you know the sample size is
3 big enough to do a statistical analysis that's valid?
4 On what basis -- on what mathematical basis or basis
5 of surveys -- what are you using to say how big the
6 sample size must be to get a valid statistical
7 result?

8 A. So, Ms. Smith, to your question,
9 utilizing the sites and the services provided, these
10 are the best comps we could find in a close area that
11 provided the same services.

12 If there would have been more, we
13 would have used more. There were other sites that we
14 identified that provided other services that are not
15 provided, you know, at Haymarket DuPage, so obviously
16 we couldn't use them.

17 So, unfortunately, this was the
18 survey size group that was in a -- you know,
19 relatively close in the Chicago metropolitan area.

20 Q. I understand that this was -- this was
21 the data that you had to work with, and you're saying
22 that -- and you've testified extensively as to why
23 there wasn't other data to be -- to be had, but how
24 do you get to the conclusion that it's enough for a

1 statistically significant -- a meaningful -- from a
2 mass perspective, you know, how do we know it's
3 enough to forecast what would happen in the future
4 and not just -- am I being clear?

5 What mathematical principle do we
6 know that 200-and-some is enough to multiply it out?

7 A. So let me try to clarify that. I
8 understand your question better now. I'm sorry.

9 Yes, I'm coming at it from a fire
10 chief's perspective, that, you know, obviously
11 provides fire/EMS protection to the communities, and
12 through my accreditation experience where I assess
13 fire/EMS departments, public safety agencies,
14 actually all over the world, so this is the process
15 that I would use.

16 There is no statistic mathematical
17 equation, like in something that would maybe be
18 discussed in the school system. This is something
19 that we would utilize in our industry to make
20 projections.

21 Q. So to that point, if I asked for the
22 range of errors, so if you're using a multiplier, you
23 know, how certain are you that -- that this is
24 forecasting the number of calls you're saying?

1 You couldn't say that because
2 you're not coming at it from a math perspective.
3 You're just trying to compare kind of like an apple
4 to apple: We tried to come up with a similar
5 compilation facility and we're saying that's likely
6 to occur, but not based on a mathematically reliable
7 method; is that right?

8 A. That would be correct. We -- these are,
9 you know, practical applications and practical
10 methods, and the approach that I utilized was very
11 conservative.

12 Like I indicated earlier, I think
13 in reality the calls are actually going to be less
14 than what I'm projecting.

15 Q. And another topic, when did you -- I
16 believe you completed your report -- or all of your
17 data, at least in the report, is pre-2020; is that
18 right?

19 A. Correct. As we had talked about
20 earlier, as I testified to earlier, the data that we
21 utilized was, you know, lar- -- the data we
22 originally requested was through the NFIRS system,
23 and the latest data we could get was 2018, so that's
24 what kind of limited us, you know, in that approach.

1 So we utilized the same range. We
2 tried to use up to five years when possible.

3 Q. And have you looked back at your report
4 since the impact of COVID on our community and
5 especially on emergency services to determine whether
6 the current -- the changed state of our public health
7 needs would change the analysis that you've done in
8 this report based on pre-2020 data?

9 A. No, I have not.

10 MS. SMITH: Okay. I have no other questions.
11 Thank you.

12 CHAIRMAN DALY: Thank you, Ms. Smith.

13 At this point in time I would like
14 to open it up to the Plan Commission to ask questions
15 of the witness.

16 COMMISSIONER RAY: This is Commissioner Ray.
17 I don't have any questions.

18 COMMISSIONER HOLMES: This is Commissioner
19 Holmes. Nor do I.

20 COMMISSIONER DRUMMOND: This is Commissioner
21 Drummond. I have no questions.

22 COMMISSIONER CARELLO: Commissioner Carello.
23 I have no questions.

24 CHAIRMAN DALY: Okay, that leaves it with me.

1 This is Chairman Daly. I do have some questions.

2 So Mr. Dominik, if you'll bear with
3 me for a second.

4 Mo, can you please bring up the
5 Polaris report again.

6 Mr. Dominik, in your report, Bates
7 No. 12, I believe is the way we would say it in legal
8 terms, chart 2 is at the top of the page.

9 I'm trying to understand, on these
10 charts -- you know, charts are meant to tell a story,
11 and I see that maybe one of the intended points of
12 this chart is to show that Itasca's average call per
13 day is low among its peers in the region.

14 Is that a safe assumption?

15 MR. DOMINIK: It wasn't necessarily to show
16 that it was low. It was just to show the average
17 number of calls, is what the goal was, and like we
18 had talked about earlier, it was -- I was trying to
19 utilize the career departments inside the MABAS
20 division.

21 CHAIRMAN DALY: Okay. So as I scroll down,
22 then, to chart No. 3 -- and, yeah, I think the core
23 of this questioning is really the number.

24 Do we know for certain that the

1 impact of Haymarket on our emergency service is going
2 to be negligible, it's going to be significant, or
3 it's going to be other? And when I look at chart
4 No. 3 and I see an average number of runs per shift
5 or staff member at 68, which is actually larger per
6 capita than some of our larger population neighbors
7 within the MABAS system, I start to wonder if -- you
8 know, we -- we've talked about ad nauseam, you know,
9 Itasca has one ambulance and we're part of a mutual
10 agreement system, and there's the ability for -- you
11 know, if Itasca is on a run with the ambulance, and
12 police show up to Haymarket, no one is left to cover
13 an adjoining emergency within our town, so we have to
14 call in Woodridge or somebody from a neighboring
15 community shows up.

16 And, you know, in the report you've
17 basically concluded that there's a negligible impact
18 to the calls for ambulance. Is that a correct
19 statement?

20 MR. DOMINIK: Correct. It's a small impact.

21 CHAIRMAN DALY: Okay. Small impact.

22 And, you know, we've talked about
23 comparable facilities, and the scale doesn't quite
24 match up because there aren't real apples to compare

1 this site to. There's really no parity, with the
2 exception of, say, Haymarket and West Loop; is that
3 correct?

4 MR. DOMINIK: Correct.

5 CHAIRMAN DALY: Okay. So my question, then,
6 is if you did have accurate data for Haymarket
7 Chicago, based on all the other findings in this
8 report, how impactful would be the Haymarket Chicago
9 data in this report?

10 MR. DOMINIK: So as I indicated earlier, it
11 was my full intent from the very beginning to utilize
12 Haymarket Chicago for the site.

13 We requested NFIRS data. We did a
14 FOIA on the same basis. We did all the other
15 suburban agencies where we asked for summary data.

16 Chicago did not provide that. They
17 provided a basic data dump and then left it to us to
18 try to determine. There was noted inconsistencies,
19 which we talked about earlier.

20 It was my full intent, sir, to
21 utilize Haymarket Chicago. I wanted to use it. I
22 tried to use it. I even FOIA'd the patient care data
23 records from the Illinois Department of Public Health
24 on everybody that was transported by ambulance from

1 that site.

2 So it was my full intent to use
3 that. I just could not come up with a credible,
4 reliable data source for that site that I could use.

5 CHAIRMAN DALY: Thank you for that, but my
6 question was specifically, how impactful would that
7 data have been?

8 I understand the backstory. I
9 understand the hoops and the challenges up to this
10 point, but if you did have that data, would it drive
11 this report or would it be background information or
12 would it be somewhere in between?

13 MR. DOMINIK: Sir, I would have used it as
14 one of the comparables. It's a very comparable site.
15 It would have been right in there with the rest of
16 them.

17 CHAIRMAN DALY: So my next question then is,
18 did you ever directly ask Haymarket for their
19 records -- and I understand there is HIPAA rules and
20 privacy rules, but did you ever ask Haymarket for
21 their emergency call data.

22 MR. DOMINIK: Yes, I did.

23 CHAIRMAN DALY: And their response was what?

24 MR. DOMINIK: They're unable to produce that.

1 The explanation that was given to me is it's
2 contained in every single patient care report. There
3 is no central database that they have for ambulance
4 usage.

5 CHAIRMAN DALY: Okay. I understand that
6 answer is what was given to you, but let me dig a
7 little deeper on that.

8 If I -- if I really wanted to share
9 that information with you as Haymarket, would it be
10 reasonable to understand that someone could go
11 through each report and just put a tick mark on a
12 piece of paper for a given year and come up with a
13 number that doesn't violate any sort of privacy or
14 anything else?

15 MR. DOMINIK: I'm not trying to be evasive,
16 sir. That's really something you'd have to ask
17 Haymarket. I did ask for the data and that was -- I
18 told you the response that I was given.

19 CHAIRMAN DALY: Okay. I understand and I
20 appreciate that answer. I'll save that question for
21 Dr. Lustig later.

22 Let's switch to mutual aid for a
23 second, if I could get some of your experience and
24 some answers on this.

1 How often -- if I'm in a mutual aid
2 contract, as Itasca is in MABAS, how often is that
3 agreement reviewed among the peers within the group,
4 and could somebody be asked to leave because they're
5 a bad actor?

6 MR. DOMINIK: Yes. You know, the agreements,
7 in my experience of 30-plus years and having, you
8 know, interacted with other MABAS divisions, as well,
9 is that the agreements, you know, are face value.
10 Everybody does it.

11 If there is an instance where there
12 is overusage, it's usually addressed between the
13 leadership and the organizations, and I've seen it
14 handled, you know, obviously very effectively there.

15 CHAIRMAN DALY: So, for example, specific to
16 this case, if Itasca was to experience larger call
17 volume than this report was to project -- that this
18 report does project, and there became an overreliance
19 on neighboring communities within the MABAS system
20 because we have one ambulance, at what point would
21 there be a triggered conversation, and then what
22 would a remedy be -- like what would MABAS do to
23 Itasca? Would they say, look, you need to buy a new
24 ambulance now, or there'd be some sort of financial

1 outflow from the Village to cover this transgression,
2 if I may?

3 MR. DOMINIK: Yeah. Sir, that's really up to
4 the individual communities. I've experienced, you
5 know, things of that nature in my career and that's
6 up to them.

7 There is no -- to answer your
8 question, MABAS doesn't govern this or control this.
9 It's really up to the individual communities.

10 CHAIRMAN DALY: Okay. So then is it -- would
11 it be safe to assume that this is not only an Itasca
12 issue as it relates to the emergency services and the
13 projected calls, but it's really a MABAS as a primary
14 stakeholder in this discussion?

15 MR. DOMINIK: You know, MABAS is the fire
16 departments, you know, so -- you know, MABAS doesn't
17 really have a stake, to be honest, in this. It's
18 really up to the individual communities. MABAS is
19 really just a framework for all of us to work
20 together as a group and provide pre-arranged
21 responses when needed, you know, for emergencies and
22 assistance.

23 CHAIRMAN DALY: Okay, thank you for that.

24 To your knowledge, does the Chicago

1 Fire Department get paid per call -- like from a
2 financial reporting standpoint, are there billing
3 records from -- and I'm not talking about the call
4 records to dispatch and whether a call was coded
5 correctly or not, but what I'm really getting to is
6 following the money.

7 Is there a trail within the Chicago
8 Fire Department or the City of Chicago financial
9 group, whatever it might be, whereby any time an
10 ambulance is dispatched there is a billing report
11 generated for that call?

12 MR. DOMINIK: Yes. They charge for EMS
13 service much like everybody else.

14 CHAIRMAN DALY: Do they charge not-for-profit
15 organizations?

16 MR. DOMINIK: I believe they charge
17 everybody, you know, pretty much the same, you know,
18 as the suburban agencies.

19 CHAIRMAN DALY: So would it be reasonable to
20 FOIA the City of Chicago for their billing records?

21 MR. DOMINIK: That's something I -- I gotta
22 be honest, I had not considered. We tried to get the
23 call data numerous ways, you know, based on credible
24 calls.

1 I don't know enough about the
2 billing side of it to answer that question.

3 CHAIRMAN DALY: Okay. I have no further
4 questions. Thank you for your testimony this
5 evening.

6 Ms. O'Keefe, is there any redirect?

7 MS. O'KEEFE: I just have a couple quick
8 questions, Mr. Chairman. Let's see what time it is.
9 Yes, we can definitely get this done.

10 REDIRECT EXAMINATION

11 BY MS. O'KEEFE:

12 Q. I just want to clarify one piece of
13 testimony that you gave last month. There was a
14 discussion regarding establishing protocols to use
15 when to call the Itasca Fire Department versus Elite.

16 A. Right.

17 Q. And you were asked a question whether or
18 not Haymarket Chicago had established protocols, and
19 you said no. And you -- do you mean with regards to
20 protocols for when you call ALS/BLS similar to what
21 you're talking about to with Haymarket DuPage?

22 A. No. I'm sorry, I was not clear on that.

23 Chicago -- Haymarket Chicago has
24 protocols of whether to call an ambulance. They have

1 a policy. We discussed that.

2 What I was referring to was the
3 ALS/BLS differentiation on who to call, whether you
4 call LEAD or you call for a municipal ambulance.

5 Q. So they do have a protocol --

6 A. Yes.

7 Q. -- for when they call ambulances --

8 A. Yes.

9 Q. -- in emergency situations? Okay.

10 Second, just a quick question about
11 Elite -- an Elite contract.

12 You testified that you talked with
13 two gentleman, Mr. Dooley and Mr. --

14 A. Sprinkle.

15 Q. -- Sprinkle about Elite's capacities to
16 provide supplemental services to Haymarket DuPage.

17 It was inferred they were in the
18 sales department, but we also had a conversation with
19 a third gentleman at Elite, and his name was?

20 A. Chris Bollinger.

21 Q. And what was his role in Elite?

22 A. So he was a manager, the operations
23 manager for Elite, and he participated in the more
24 technical side of the conversations to provide data.

1 Q. So was he the person who is responsible
2 for and monitors response times, staging locations,
3 et cetera?

4 A. Yes.

5 Q. So he was involved in those discussions?

6 A. Correct.

7 Q. Okay. Today -- to follow up on the
8 questions that Mr. Chairman asked, in terms of MABAS
9 and Itasca, there was an issue where Itasca was
10 overutilizing resources of the MABAS division.

11 Would you assume that one of the
12 first steps would be that the Itasca Fire Department
13 in order to resolve this would go to Haymarket?

14 A. I had suggested earlier that it would be
15 beneficial to everyone if they would work together,
16 and communicate, and review on a regular basis the
17 calls and the types of calls. So, yes, I would hope
18 that that's where they would go.

19 That's been my experience and what
20 I've done in the past.

21 Q. So can you clarify a little bit about
22 what you've done in the past and what you would
23 recommend happen here in terms of communication --
24 enhanced communication between the Fire Protection

1 District and Haymarket.

2 A. In my time as fire chief, you know,
3 obviously we would have sites that would create
4 excessive calls or we felt they were excessive. We
5 would meet with their, you know, leadership and
6 discuss the reasons why, and we were always able to
7 address the issues at that point.

8 A lot of times they were changing
9 procedures that they didn't know impacted us or they
10 weren't -- sometimes they were just unaware of the
11 calls.

12 So I had recommended that Itasca
13 leadership and Haymarket leadership meet on a regular
14 basis and talk about, actually, even the dispatch
15 policies, and review the calls on a regular basis so
16 that everybody is clear on what's going on in the
17 system that's being utilized.

18 Q. So it would be normal to have those kind
19 of communications --

20 A. Oh, very much.

21 Q. -- with the EMS services just to make
22 sure that everything works smoothly for all involved?

23 A. It's -- it's in the best interest of
24 everybody to do that.

1 Q. Okay, a couple more.

2 Today if an ambulance was called to
3 a school, does it -- it means the residents won't get
4 an Itasca ambulance?

5 A. No, they'll get an ambulance. If the
6 Itasca ambulance is unavailable, the dispatch center
7 tracks, actually, all the fire EMS resources in
8 DuPage County, so they know where the closest
9 ambulance is available and they would send that
10 ambulance.

11 Q. Let's make sure I've got everything
12 here.

13 So just in one last conclusion, to
14 summarize your report, you found the projected total
15 impact of Haymarket DuPage on the emergency services
16 is going to be negligible; correct?

17 A. Correct.

18 Q. And there should not be any adverse
19 impacts on response times?

20 A. Correct.

21 Q. And there should not be the need to add
22 any additional personnel or equipment?

23 A. Correct.

24 MS. O'KEEFE: Okay. I have no further

1 questions. Thank you very much, Mr. Dominik.

2 CHAIRMAN DALY: At this point before we
3 conclude, I'd like to ask if the attorneys for the
4 interested parties have any other follow-up questions
5 based on subsequent questioning to their original
6 cross-examination.

7 MR. DI NOLFO: This is Steve DiNolfo. I do
8 have a few questions, if that's okay.

9 CHAIRMAN DALY: Please proceed.

10 CROSS-EXAMINATION

11 BY MR. DI NOLFO:

12 Q. Starting where I think the Chairman was
13 inquiring of you, Mr. Dominik, about MABAS -- and I
14 guess just so everybody understands how this works --
15 there's something called Mother MABAS, and then
16 within Mother MABAS there's a number of divisions
17 where various fire departments are members of;
18 correct?

19 A. Correct.

20 Q. All right. So when we talk about MABAS
21 itself, you would agree with me that on a day-to-day
22 basis they generally have no involvement; correct?

23 A. Correct.

24 Q. The day-to-day interactions happen with

1 each division within MABAS?

2 A. Correct.

3 Q. So for Itasca, that would be division
4 12; correct?

5 A. Correct.

6 Q. So -- and the Chairman was asking you
7 about if you start excessively using -- well, let me
8 back up first.

9 You were part of a MABAS division
10 when you were chief; correct?

11 A. Correct.

12 Q. And you understand that the
13 participation in MABAS in responding to your
14 neighbors is voluntary; there's no mandate that you
15 do it?

16 A. Correct.

17 Q. So if a neighbor feels that you are
18 abusing the relationship under MABAS, they're under
19 no obligation to show up; true?

20 A. Correct.

21 Q. All right. And as a matter of fact,
22 if -- if -- you can actually be voted out of a MABAS
23 division by a majority of the members of that
24 division; correct?

1 A. Correct.

2 Q. All right. So if you're, as I would
3 say, a bad neighbor where you are relying heavily on
4 your neighboring departments to cover calls within
5 your community, there's going to be some pushback
6 from those departments; correct?

7 A. Correct.

8 Q. All right. And that pushback can go
9 from conversations all the way up to telling you
10 we're not going to respond; correct?

11 A. Well, Mr. DiNolfo, I've never heard
12 anyone say, in our area anyhow, that they won't
13 respond, so -- yes.

14 Q. Fair. But nobody has had a 240-bed drug
15 rehab facility put into their -- their fire district,
16 to your knowledge, until this point; correct?

17 A. Correct.

18 Q. All right. And one other section that
19 the Chairman touched on was on your chart concerning
20 calls per shift over a five-year average.

21 Do you remember him asking you
22 questions about that?

23 A. Yes, I do.

24 Q. And I think it basically shows that

1 Elmhurst -- which is a big municipality, correct,
2 than Itasca --

3 A. Yes.

4 Q. -- have more ambulances?

5 A. Yes.

6 Q. All right. And they respond to, on
7 average, over a five-year period 65 calls, where
8 Itasca Fire Protection District with its one
9 ambulance averages 68; is that correct?

10 A. Correct.

11 Q. And West Chicago, you agree with me, is
12 a bigger unit of -- I'm sorry, a bigger village or
13 city than Itasca?

14 A. Correct.

15 Q. Have multiple stations?

16 A. Yes.

17 Q. Multiple ambulances, and yet they
18 respond on average to less calls over a five-year
19 period than Itasca. Is that correct?

20 A. Correct.

21 Q. And with the exception of, perhaps,
22 Oakbrook Terrace, you would agree with me that all
23 the other entities listed have multiple stations,
24 multiple ambulances, and -- and more personnel than

1 Itasca Fire Protection District; correct?

2 A. Correct, but I think you're
3 misrepresenting the chart.

4 The chart is meant to show how many
5 calls per staff member. So obviously larger
6 communities have more staff, they can go on more
7 calls or less calls. It's the community's
8 determination on their staffing.

9 Q. And, I'm sorry, I wasn't trying to
10 misrepresent the chart.

11 I was just asking the question that
12 other than Oakbrook Terrace, all the other
13 municipalities are significantly larger and have more
14 ambulances and recourses than Itasca Fire Protection
15 District. That was my only question. And you agree
16 with that; correct?

17 A. Well, as I had indicated earlier, this
18 was MABAS Division 12, and the departments that I
19 could determine were fully career.

20 So I did not look, Mr. DiNolfo, for
21 other departments that were smaller or larger.

22 This MABAS grouping, as you talked
23 about, is all broken down into groups. For me, as
24 being a fire professional with 30-plus years of

1 experience, very familiar with the MABAS system, this
2 was the easiest way for me to identify a group, is
3 through the MABAS division.

4 Q. Okay. Switching gears on you now, is
5 that Ms. O'Keefe asked you about, apparently, you're
6 clarifying your testimony concerning protocols for
7 Haymarket Chicago.

8 You said there's a policy for when
9 to call for an ambulance, is that correct, that
10 exists at the Haymarket facility?

11 A. Yes, it does.

12 Q. All right. And what is their policy for
13 when they're supposed to call an ambulance?

14 A. It's a basic triaging policy.

15 Q. Okay. Very briefly, tell me when --
16 what triggers to call the ambulance when they get to
17 the triage? What do they need for the triage to call
18 an ambulance?

19 A. Mr. DiNolfo, I looked at it a while ago.
20 They had a comprehensive policy, in my opinion, that
21 they utilize with their trained medical professionals
22 on when an ambulance was needed, and then that they
23 would call the ambulance if needed.

24 Q. Okay. But as you sit here today,

1 understanding you may have seen it a while ago, you
2 don't know what it says or what the triage tree is
3 for that?

4 A. Not exactly, no.

5 Q. Okay. Did you -- do you -- have you
6 seen the proposed policy for the facility here in
7 Haymarket?

8 A. So, yes. That was part of the reason we
9 were talking about it.

10 We worked on -- I gave them ideas.
11 I did not create the policy. I gave them my
12 perspective on that policy and what I felt was
13 important for them to utilize in that policy.

14 And I do believe that that would
15 also be beneficial if the Itasca Fire Protection
16 District would be involved in that.

17 Q. Okay. And under your policy that you
18 gave advice as to how it should work, when is -- and
19 I don't care whether it's 911 or Elite. When is
20 Haymarket going to call for an ambulance regardless
21 of who it is?

22 A. So it is very basic based on medical
23 need. You know, very similar, actually, to the
24 policy in Chicago, but the details of that I look for

1 them to work out. I did not get involved in the
2 details, sir.

3 Q. All right. Now, Counsel also asked you
4 about, apparently, some conversations you had with
5 the Elite Ambulance. And I think it was
6 Mr. Ellenbecker who asked you who you spoke with.
7 And your memory was that you spoke to two salesmen;
8 is that correct? You had no recollection at the time
9 of speaking to the operational manager?

10 A. No. No, that was not the case at all.
11 We spoke with those two people
12 extensively. We also spoke with Mr. Bollinger, you
13 know, actually more than once.

14 Q. I'm not saying you didn't speak with
15 him. My point is very simple. When you were asked
16 who you spoke with, at the time you answered the
17 question the only two people you could remember
18 speaking to were the two salesmen; correct?

19 A. No, that's not true. I mentioned their
20 names, but I certainly was not trying to not include
21 Mr. Bollinger. If I made it sound that way, I'm
22 sorry.

23 Q. You don't have to apologize by any
24 means.

1 I guess the reason I'm asking the
2 question is, is given that you are here to testify
3 about what Elite would be doing and not be doing as
4 it pertains to the Haymarket facility, I would think
5 that the person who would be in the forefront would
6 be the operations manager who could speak to the
7 capacities and abilities of Elite, and I was just
8 curious why you didn't mention him.

9 A. No, we did speak with him. I'm sorry if
10 I didn't bring that name up earlier.

11 Q. Okay. You also started talking, I
12 believe, about interaction between, you said, Itasca
13 and Haymarket.

14 Do you know what level of
15 interaction Haymarket Chicago has with the Chicago
16 Fire Department, how much they interact with those?

17 MS. O'KEEFE: Objection. That's outside the
18 scope of the redirect.

19 MR. DI NOLFO: It -- it is not. It is
20 exactly what you asked and --

21 MS. O'KEEFE: No, we talked -- we were
22 focusing -- the nature of the question was focusing
23 on good communications that could be had between
24 Itasca and the Fire Protection District and

1 Haymarket.

2 It did not involve in any way
3 communication between -- with the Chicago Fire
4 Department, so it's outside the scope of redirect.

5 MR. DI NOLFO: Well, I don't think it is, and
6 if -- the thing is, if your point is about the
7 communication, I think what they do now is relevant
8 to what they're going to do, potentially, when the
9 facility shows up in Itasca.

10 I'll let Mr. Hervas rule.

11 MR. HERVAS: Mr. DiNolfo, would you just
12 please repeat the question again.

13 MR. DI NOLFO: Sure.

14 BY MR. DI NOLFO:

15 Q. You had some conversation about
16 interaction between the EMS providers and Haymarket,
17 and you said that would be a normal process that you
18 have seen and you actually have experienced yourself;
19 correct?

20 A. Are you directing the question back at
21 me, Mr. DiNolfo?

22 Q. That's correct, Mr. Dominik.

23 A. Okay. Yes.

24 Q. All right. And you, I think, to one of

1 Ms. O'Keefe's questions said that you would expect
2 Itasca to have some line of communication with
3 Haymarket to discuss issues. Did I kind of summarize
4 what you said correctly?

5 A. Yes. It would be good business
6 practice, yes.

7 Q. Sure. So my question is, the best way
8 to gauge Haymarket's willingness to participate in
9 communication with Itasca Fire Protection District
10 would be for you to know what their level of
11 communication is with the City of Chicago Fire
12 Department.

13 Do you know what it is?

14 MS. O'KEEFE: And, therefore, I objected and
15 said it was outside the scope of redirect --

16 MR. HERVAS: I'm going to overrule --

17 MS. O'KEEFE: -- straight into --

18 MR. HERVAS: I'm going to overrule the
19 objection. It goes directly to the -- to the subject
20 matter of discussing the MABAS issue. He's just
21 asking what he knows about any other communication.
22 I think it's fair.

23 BY MR. DI NOLFO:

24 Q. So, Mr. Dominik, do you know what level

1 of communication Haymarket Chicago has with the
2 Chicago Fire Department?

3 A. No. All I can explain is they seem to
4 have a good working relationship, and Chicago
5 obviously provides service to them.

6 Q. And I think you shared with us,
7 harkening back to your days as chief, that you had
8 certain situations where you had conversations with
9 facilities in your jurisdiction that were creating
10 what you believe to be excessive calls.

11 Do you remember saying that just a
12 few minutes ago?

13 A. Yes.

14 Q. All right. And those would be
15 facilities like nursing homes, perhaps, urgent care
16 facilities, long-term care facilities, things of that
17 nature?

18 A. Those are some of them, correct.

19 Q. What other ones were there that you had
20 issues with?

21 A. Mostly in that area. Sometimes,
22 actually, it was fire departments themselves.

23 Q. Okay. Them calling you too often saying
24 I need help; right?

1 A. Well, it's agreements that we worked out
2 to provide service collectively.

3 Q. Sure. All right.

4 Now, you would agree with me that
5 you can have a lot of conversations with nursing
6 homes, neighboring departments, but you're not aware
7 of any power that Itasca Fire Protection District has
8 to make Haymarket or any other entity reduce their
9 impact on their service needs; true?

10 A. Correct.

11 Q. All right. So you can talk until you're
12 blue in the face. Unless that entity is willing to
13 be a good partner, things may not change?

14 A. That certainly could happen.

15 Q. Just give me one moment. I think I'm
16 all done with my questions.

17 MR. DI NOLFO: I have no further questions.
18 Thank you, Mr. Dominik.

19 MR. ELLENBECKER: Mr. Chairman, I just have a
20 very short follow-up.

21 CHAIRMAN DALY: Please proceed.

22 RE-CROSS-EXAMINATION

23 BY MR. ELLENBECKER:

24 Q. Mr. Dominik, this is actually a

1 follow-up to some of the Chairman's questioning of
2 you regarding Haymarket's tracking or ability to
3 track its use of EMS services at its West Loop
4 facility.

5 Are you aware that Haymarket first
6 filed its application in the town of Itasca on
7 July 5th, 2019?

8 A. I did not research that, so if that's
9 the case, I'm not aware of it.

10 Q. I'll represent to you that public
11 records show that Haymarket filed its application in
12 this case on July 5th, 2019. Based on that, are you
13 aware of any effort by Haymarket in the 18 months
14 since it first filed its application in Itasca to
15 make any determination or track its Haymarket West
16 Loop facilities's use of Chicago EMS?

17 A. I'm sorry, sir, I really can't comment
18 on that. I asked them for the data, as we spoke
19 about earlier, and they said the data was
20 unavailable.

21 Q. Right. So given that data is
22 unavailable, you're not aware of Haymarket making any
23 effort to track its reliance on Chicago EMS in the 18
24 months since it first filed its application to

1 Itasca?

2 A. Correct, I did not specifically ask, no.

3 MR. ELLENBECKER: All right. That's all I
4 have. Thank you, Mr. Chairman.

5 CHAIRMAN DALY: You're welcome,
6 Mr. Ellenbecker.

7 Ms. Smith, do you have any
8 follow-up before we conclude?

9 MS. SMITH: No, no further follow-up. Thank
10 you.

11 CHAIRMAN DALY: Okay, thank you.

12 At this point I believe -- and
13 Ms. O'Keefe please correct me if I'm wrong, but I
14 believe we're finished with your witness. And if you
15 could please just give us a preview of what we can
16 expect next week or the next two weeks, perhaps.

17 MS. O'KEEFE: Certainly. Next week we will
18 start with Mr. Polach, who, as you know, was supposed
19 to testify the first evening, so his materials have
20 already been submitted into the record. And then
21 we'll move on to Dr. Lustig to do some of the
22 follow-up questions that we anticipate you have. And
23 then we'll end with Mr. Kissel.

24 CHAIRMAN DALY: Okay, thank you for that.

1 Barring any other further
2 commentary, I would ask for a motion to continue this
3 hearing until next Wednesday, January 13th. Could I
4 get a motion, please?

5 COMMISSIONER HOLMES: So moved. This is
6 Commissioner Holmes.

7 COMMISSIONER RAY: Commissioner Ray, second.

8 CHAIRMAN DALY: Would the secretary please
9 call the vote.

10 RECORDING SECRETARY MELONE: Commissioner
11 Carello?

12 COMMISSIONER CARELLO: For.

13 RECORDING SECRETARY MELONE: Commissioner
14 Drummond?

15 COMMISSIONER DRUMMOND: For.

16 RECORDING SECRETARY MELONE: Commissioner
17 Holmes?

18 COMMISSIONER HOLMES: For.

19 RECORDING SECRETARY MELONE: Commissioner
20 Ray?

21 COMMISSIONER RAY: For.

22 CHAIRMAN DALY: Motion carries. This meeting
23 is continued until next Wednesday, January 13th.

24 May I finally get a motion to

1 adjourn for this evening?

2 COMMISSIONER HOLMES: So moved. Commissioner
3 Holmes.

4 COMMISSIONER RAY: Second, Ray.

5 CHAIRMAN DALY: Secretary, please call the
6 vote.

7 RECORDING SECRETARY MELONE: Commission
8 Carello?

9 COMMISSIONER CARELLO: For.

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 CHAIRMAN DALY: Motion carries.

20 Thank you everyone, and have a safe
21 week, and we'll re-adjourn -- or reconvene, excuse
22 me, next Wednesday. Take care.

23 MS. O'KEEFE: Thank you very much.

24 * * * * *

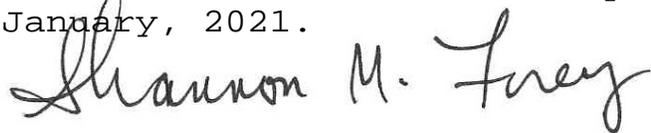
1 STATE OF ILLINOIS)
) SS.
2 COUNTY OF DU PAGE)

3 I, Shannon M. Frey, CSR. No. 84-002277, RMR,
4 CRR, do hereby certify that I reported in shorthand
5 the proceedings had at the hearing of the
6 above-entitled cause and that the foregoing Report of
7 Proceedings, Pages 5 through 148, 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 matter, nor am I in any way directly or indirectly
14 interested in the outcome thereof.

15 This certification applies only to those
16 transcripts, original and copies, produced under my
17 direction and control; and I assume no responsibility
18 for the accuracy of any copies which are not so
19 produced.

20 IN WITNESS WHEREOF, I have hereunto set my
21 hand this 15th day of January, 2021.

22 

23 Certified Shorthand Reporter
24

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