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Transcript of **Public Hearing Petition No. 4364,**  
**Volume IV**

**Date:** January 21, 2016

**Case:** Kane County Zoning Board of Appeals

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BEFORE THE KANE COUNTY BOARD OF APPEALS

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In Re: :  
MAXXAM PARTNERS, LLC :  
Special Use request in the :  
F Farming District for a :  
private-pay alcoholism and :  
substance abuse treatment : Petition 4364  
facility 41W400 Silver Glen :  
Road, Section 19, Campton :  
Township (08-19-400-004) and :  
Section 34, Plato Township :  
(05-34-300-032 & 05-34-400-025) :

-----x

PUBLIC HEARING - VOLUME IV

St. Charles, Illinois

Thursday, January 21, 2016

7:01 p.m.

Job No.: 99174

Pages: 488 - 638

Reported by: Paula M. Quetsch, CSR

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Report of proceedings held at the location of:

KANE COUNTY CIRCUIT COURT CLERK -  
BRANCH COURT  
530 South Randall Road  
St. Charles, Illinois 60174  
(630) 232-3495

Before Paula M. Quetsch, a Certified Shorthand  
Reporter and a Notary Public in and for the State of  
Illinois.

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PRESENT:

- JOSEPH WHITE, Chairman
- HAROLD BOWEN, Member
- PENNY CAMERON, Member
- DANIEL HEINRICH, Member
- ROBERT MOGA, Member
- GERALD REGAN, Member
- ROXANNE STOVER, Member

ON BEHALF OF THE APPLICANT MAXXAM PARTNERS, LLC:

- HONORABLE F. KEITH BROWN, ESQUIRE
- ANDREW KOLB, ESQUIRE
- MEYERS & FLOWERS
- 3 North Second Street
- St. Charles, Illinois 60174
- (630) 232-6333

ON BEHALF OF KANE COUNTY:

- ERIN GAEKE, ESQUIRE
- KATHLEEN WATSON, ESQUIRE
- KANE COUNTY STATE'S ATTORNEY JOSEPH MC MAHON
- 37W777 Route 38
- St. Charles, Illinois 60175
- (630) 232-3500

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ON BEHALF OF THE KANE COUNTY BOARD:

PATRICK KINNALLY, ESQUIRE  
KINNALLY FLAHERTY KRENTZ LORAN  
HODGE & MASUR, PC  
2114 Deerpath Road  
Aurora, Illinois 60506  
(630) 907-0909

ON BEHALF OF THE APPELLANT:

KEVIN M. CARRARA, ESQUIRE  
RATHJE WOODWARD, LLC  
300 East Roosevelt Road  
Suite 300  
Wheaton, Illinois 60187  
(630) 668-8500

ALSO PRESENT:

MARK VAN KERKHOFF, Zoning Enforcing Officer  
KEITH BERKHOUT, Secretary

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P R O C E E D I N G S

CHAIRMAN WHITE: If I can get everybody's attention, please. I'd ask you to find your seats. We're going to start in a minute or two.

I'd like to call the meeting to order. Would everybody please rise for the pledge.

(The Pledge of Allegiance was recited.)

CHAIRMAN WHITE: This evening's meeting is a continuation of the public hearing for Petition No. 4364, a special use request in the Farming District for a private pay alcoholism and substance abuse treatment facility. It's located at 41W400 Silver Glen Road in Section 19 of Campton Township and Section 34 of Plato Township, and the petitioner is the Glenwood Academy and Maxxam Partners, LLC.

I would ask that everybody put your cell phones on silent or turn them off. And the rules of the courtroom were posted outside, and I expect that you follow those rules for this proceeding.

With that we can begin testimony from any witnesses that the petitioner would like to bring forward.

MR. BROWN: Yes. I would like to call

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1 Dr. Holtsford, please, if you could step up.

2 MR. KINNALLY: Excuse me, Mr. Chairman.

3 Don't you want to call the roll?

4 CHAIRMAN WHITE: You're correct.

5 Secretary please call the roll.

6 MR. BERKHOUT: Bowen.

7 MEMBER BOWEN: Here.

8 MR. BERKHOUT: Cameron.

9 MEMBER CAMERON: Here.

10 MR. BERKHOUT: Heinrich.

11 MEMBER HEINRICH: Here.

12 MR. BERKHOUT: Moga.

13 MEMBER MOGA: Here.

14 MR. BERKHOUT: Regan.

15 MEMBER REGAN: Here.

16 MR. BERKHOUT: Stover.

17 MEMBER STOVER: Here.

18 MR. BERKHOUT: White.

19 CHAIRMAN WHITE: Here. That constitutes a  
20 quorum.

21 MR. KINNALLY: One other point. The fire  
22 chief is here tonight. His lawyer, Mr. Shepro,  
23 asked -- wanted to know if he could -- if we're  
24 going to get to him tonight. Otherwise, he could go

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1 fight fires. And I told him I didn't know; it was  
2 up to you because you're the chairman. I just  
3 wanted to let you know that.

4 CHAIRMAN WHITE: He's not a witness for the  
5 petitioner, is he?

6 MR. KINNALLY: No. I think he's for the  
7 fire district. I don't know who he's for, but I  
8 think he wants to tell you some things. That's all  
9 I know.

10 CHAIRMAN WHITE: We're going to proceed as  
11 we have in the past with the petitioner making his  
12 case, and then hopefully we'll get to some public  
13 comments this evening. If there's an issue that  
14 comes up to which the fire district would like to  
15 make a comment, you will be allowed to speak at that  
16 point in time in cross -- excuse me -- cross-  
17 examining any witnesses that come forward.

18 So with that we'll go ahead and begin.

19 MR. BROWN: All right. We call  
20 Dr. Holtsford, please.

21 CHAIRMAN WHITE: Doctor, I'll need to swear  
22 you in.

23 (Witness sworn.)

24 CHAIRMAN WHITE: Thank you. And please

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1 state your name and your affiliation with this  
2 petition, and you've got to speak directly into the  
3 microphone so everyone can hear you.

4 THE WITNESS: My name is Steve Holtsford.  
5 I'm a resident of Campton Hills, and I'm an ER  
6 doctor at Delnor. And I guess I should say I'm not  
7 representing Delnor here; I'm just representing  
8 myself. I am on the advisory board of this facility.

9 STEPHEN HOLTSFORD, MD,  
10 having been duly sworn, testified as follows:

11 DIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER  
12 BY MR. BROWN:

13 Q As an advisory board member, do you have any  
14 financial interest in this project?

15 A No.

16 Q Why did you decide to be on the advisory board?

17 A Because this facility is needed in the  
18 community. As an ER doctor, I see the ravages of  
19 drugs and alcohol every day. Not a day goes by when  
20 I'm not confronted with a patient having issues with  
21 drugs and alcohol, and trying to get those patients  
22 treatment is almost impossible. This is hopefully a  
23 small step to allow some people to get treatment.

24 Q Let's talk a little bit more about your

1 educational background and your professional  
2 background.

3 You're a doctor. Where did you go to  
4 medical school?

5 A I went to medical school at the University  
6 of Illinois in Chicago.

7 Q All right. And how long have you been a  
8 doctor?

9 A I've been -- Delnor is my first job out of  
10 training and I started in 1998. So 16 years.

11 Q And how long have you been an emergency room  
12 physician?

13 A The entire time.

14 Q And as emergency room physician, you have,  
15 as you previously mentioned, opportunities to treat  
16 people who were in different stages of alcoholism or  
17 drug use, and you are familiar with detoxing  
18 procedure?

19 A Yes.

20 Q All right. Just very briefly, can you tell  
21 us some of the things that -- about detoxing that  
22 you would know as far as just what does it entail  
23 very briefly?

24 A It oftentimes is dependent on what substance

1 they're detoxing from. Opiates, things like heroin  
2 and Vicodin and hydrocodone, those types of things,  
3 those -- detoxifying from that is primarily a waiting  
4 game with some symptomatic medications. It's not  
5 particularly complicated.

6 Detoxing from alcohol can be a little bit  
7 more serious. But, again, it's just managed with  
8 medications, and oftentimes people don't have much  
9 trouble undergoing detoxification. Others are a  
10 little bit more challenging.

11 I see a lot of people in withdrawal from  
12 drugs and alcohol, and depending on the severity,  
13 it's managed differently. Many patients that I see  
14 that are having mild symptoms, they simply go home.  
15 And at this stage I have little in terms of  
16 resources to offer them, but we have a list of  
17 facilities that they can call. But, generally, they  
18 are discharged home to arrange follow up for  
19 treatment.

20 We do not have -- at least at Delnor we do  
21 not have an inpatient substance abuse unit.

22 Q Assuming a facility is following the rules  
23 of the State of Illinois for purposes of having  
24 proper personnel and the protocol for purposes of

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1 doing detox, and you are also a member -- or a  
2 resident of Campton Hills, do you find -- or do you  
3 have an opinion as to whether or not a detox  
4 facility would create any type of danger to the  
5 community?

6 A I do not think it would create any danger.

7 Q Why do you say that?

8 A Well, it's just not a very complicated  
9 procedure. And I say this is not 100 percent of the  
10 time, but most of the time it's not very  
11 complicated. These withdrawal symptoms are managed  
12 by medications that have been around for decades,  
13 and it's generally a few days, and then the patient  
14 is detoxed, and they can go on with their recovery.

15 Q In cases of an emergency, what -- I know  
16 that Delnor Hospital is one of the hospitals that's  
17 closest to it. Do you have an opinion as to how  
18 long it would take to get to Delnor Hospital?

19 A I did not specifically research that, but I  
20 know where Glenwood School is, and I would say it's  
21 probably around 20 minutes.

22 Q And do you feel that because of the type of  
23 activities that are going on at this facility, the  
24 fact that a hospital is that far away, do you feel

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1 that would create any risk or danger to the  
2 recipients of treatment?

3 A No. We have different types of facilities  
4 that are, if not that far, close, and we have  
5 nursing homes that are probably 20 minutes from us.  
6 And, of course, the paramedics are capable of doing  
7 many advanced procedures. And, I didn't mention  
8 that I'm also the EMS medical director at Delnor.  
9 So I have a lot of experience in supervising  
10 paramedics and training paramedics.

11 So any sort of medical emergency that might  
12 come up with somebody at the facility would be  
13 managed by a fully trained ALS paramedic unit.

14 MR. BROWN: And we have handed out a copy of  
15 your résumé, and I'm not going to have you go  
16 through everything, but I would like to request that  
17 that document be admitted.

18 Do we have an exhibit number for -- J2.

19 (Exhibit J2 admitted into evidence and  
20 retained by the Board.)

21 CHAIRMAN WHITE: Is there a motion?

22 MEMBER BOWEN: So moved, Mr. Chairman.

23 MEMBER CAMERON: Second.

24 CHAIRMAN WHITE: Moved by Mr. Bowen,

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1 seconded by Ms. Cameron. All in favor say aye.

2 (Ayes heard.)

3 CHAIRMAN WHITE: Opposed, same sign.

4 (No response.)

5 CHAIRMAN WHITE: Motion carries.

6 MR. KINNALLY: Excuse me. What was the  
7 number?

8 CHAIRMAN WHITE: J2.

9 MR. KINNALLY: Thank you.

10 BY MR. BROWN:

11 Q Now, you've also been on several advisory  
12 boards and actually been chair of some of the  
13 advisory boards as far as emergency treatment. Can  
14 you tell us a little bit about those advisory boards  
15 that you've been chair and your responsibility?

16 A I didn't review my CV before. You'll have  
17 to elaborate which.

18 Q You were chair Region 9 EMS advisory  
19 committee in 2006 to 2008, 2010 to 2012?

20 A Yes. So the way EMS works in the state of  
21 Illinois -- I'll try not to bore everybody -- but  
22 it's divided up into regions, and we are in Region 9.  
23 And there are five hospitals, now six in Region 9,  
24 and Delnor and St. Joe's are two of those hospitals.

1 Those would be the two hospitals where these  
2 patients would go.

3 So Region 9 meets quarterly, and then the  
4 chairmanship of that Region 9 EMS committee sort of  
5 rotates through the different hospitals. So I've  
6 had two, maybe three terms as president of that  
7 board, and then that board reports to the State EMS  
8 advisory committee.

9 Q And you've also been medical staff  
10 president. That was from 2010 to 2013. I assume  
11 that was at Delnor.

12 A That's right.

13 Q And what were the duties of a medical staff  
14 president?

15 A As medical staff president I was sort of the  
16 liaison between administration and the medical  
17 staff. I would chair the medical executive  
18 committee which met every month, and I would attend  
19 the hospital board meetings as a representative of  
20 the entire medical staff and try to relate medical  
21 staff concerns to the board.

22 Q So I assume with a position such as that you  
23 are well aware of all the health care needs in  
24 Kane County and have been actually on the front

1 lines of that.

2 A Yes. I'd like to think so.

3 Q And I want to also reiterate, you are not  
4 receiving any type of compensation for being here  
5 today?

6 A None whatsoever.

7 Q And there have been no promises of anything  
8 other than being on the advisory board and having  
9 some input as to quality of care?

10 A That's correct. I'm only here because I  
11 think it's best for the community.

12 MR. BROWN: Okay. I have no further  
13 questions.

14 CHAIRMAN WHITE: Board members have any  
15 questions of the witness?

16 Ms. Stover.

17 MEMBER STOVER: I forget what you said. Is  
18 it 1999 that you were at Delnor?

19 THE WITNESS: 1998.

20 MEMBER STOVER: 1998. What can you tell me  
21 about the rise in drug overdose in the high school  
22 to college age children within Kane County?

23 THE WITNESS: I can't give you specifics. I  
24 can just give you anecdotally the incidence of drug

1 and alcohol use and overuse has gone up tremendously.  
2 Just -- there have been just within the last month  
3 several young kids in this area that have overdosed  
4 on heroin. There's heroin everywhere in our  
5 community. We have to -- as a community we have to  
6 own it. It's reality and we have to deal with it.

7 I see heroin and it doesn't necessarily have  
8 to be kids. It's all ages and it's all  
9 socioeconomic groups. Nobody is spared from the  
10 abuse of opiates, and we're just not doing enough  
11 about it.

12 MEMBER STOVER: Can you tell me -- because  
13 you seem to be experienced with the patients and  
14 staff. Typically when they leave your facility,  
15 where do they go?

16 THE WITNESS: That's a very good question.  
17 There are very few options for people. We have a --  
18 we have a very strong social work team at Delnor,  
19 and we have a folder full of drug and alcohol  
20 treatment options throughout the area.

21 So, unfortunately, what I'm left with is  
22 basically, "In the morning, call these numbers and  
23 see what they can do for you." There's Renz Center,  
24 Gateway. There are a half a dozen in Kane County

1 that are wonderful and are doing the best they can  
2 but -- and I don't know -- they're all full; they  
3 all have very long waiting lists.

4 Some of these patients are just dying to get  
5 into a place. They're ready for recovery, and they  
6 come in, and they say, "I've tried all these places.  
7 The waiting list is weeks or maybe even months."

8 Some patients need inpatient and there's  
9 really no inpatient available.

10 So while there are some resources out there,  
11 they're at complete capacity; they're taxed; they're  
12 working as hard as they can.

13 But we give them the information. It's  
14 basically a page full of phone numbers, and they're  
15 on their own.

16 CHAIRMAN WHITE: Mr. Regan, do you have a  
17 question?

18 MEMBER REGAN: When they bring a patient to  
19 you, what kind of condition are they in? Do they  
20 have to be locked up? Are they out of it?

21 THE WITNESS: It depends. If it's a heroin  
22 overdose that the paramedics brought back, there's  
23 an antidote called Naloxone that the paramedics can  
24 administer. So if they give that and the patient

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1 wakes up, then generally they have sort of acute  
2 withdrawal. So they're generally agitated and you  
3 might throw up or -- but they're generally awake.

4 However, if it's too late for Narcan, they  
5 often come in in full cardiac arrest, and we try to  
6 bring them back but most times are unsuccessful.

7 MEMBER REGAN: Do you ever have to lock  
8 them up?

9 THE WITNESS: I'm not sure what you mean.

10 MEMBER REGAN: They may be so wild -- I  
11 don't know any addicts, but they're probably pretty  
12 wild when they get in that condition.

13 THE WITNESS: No. The opiate overdoses are  
14 generally not wild. They can wake up and be startled  
15 and, like I said, throw up, become -- acutely  
16 withdrawal.

17 The patients that require a lot of sedatives  
18 would be florid alcohol withdrawal or delirium  
19 tremens. Those patients require a lot of IV  
20 sedatives, and those patients are very sick. Those  
21 patients are in delirium tremens, which is from  
22 alcohol, not from opiates.

23 CHAIRMAN WHITE: Any other questions from  
24 Board members?

1 (No response.)

2 CHAIRMAN WHITE: County have any questions  
3 at this time?

4 MR. KINNALLY: Just a couple, Mr. Chairman.  
5 Thank you.

6 CROSS-EXAMINATION BY COUNSEL FOR THE COUNTY

7 BY MR. KINNALLY:

8 Q You indicated that when you treat the  
9 patients, you give them this list so they can go to  
10 Renz or Gateway or whatever. How would this private  
11 pay facility address the needs that you just  
12 indicated are prevalent that you see in your work?  
13 Can you tell the Board anything on that?

14 A Frankly, I don't know. But from my  
15 understanding, this is a high-end facility. So  
16 welcome to America. If you have a lot of money,  
17 you're going to get really great medical care.

18 Q A couple other things, Doctor.

19 You're on the board of advisers. I assume  
20 that you have advised the owners of the operation as  
21 to what you think how this thing should be modeled.  
22 Is that fair?

23 A Yes.

24 Q Do you have any understanding that you can

1 share with the Board or the audience as to how this  
2 operation will be modeled?

3 A I don't have any of that information. My  
4 understanding, my role as I see it -- I have not  
5 been asked about anything operationally. I'm not an  
6 addiction specialist; I'm an ER doctor. I think  
7 that my discussions with Steven Marco are that I'm  
8 local. I live local, sort of a local perspective to  
9 bring to the advisory board. I don't hold myself  
10 out to be an addiction specialist, no.

11 Q Just one more question, Doctor, if I may.  
12 How much time have you spent on this project for  
13 Mr. Marco or the Maxxam people from -- up to today,  
14 how many hours, weeks? Can you tell us?

15 A The most amount of time I spent was Tuesday  
16 night in this room, which was 3 1/2 hours. I probably  
17 had two or three phone calls with Mr. Marco. Tuesday  
18 was the first hearing I attended.

19 MR. KINNALLY: Thank you, Doctor, for coming  
20 tonight.

21 No further questions, Mr. Chairman.

22 CHAIRMAN WHITE: Thank you.

23 Mr. Carrara, do you have any questions for  
24 the witness?

1 MR. CARRARA: Just a few. Thank you,  
2 Mr. Chairman.

3 CROSS-EXAMINATION BY COUNSEL FOR THE APPELLANT  
4 BY MR. CARRARA:

5 Q Doctor, you were here the other hearing  
6 night. Did you hear how many facilities in Illinois  
7 treat detoxification of patients?

8 A No.

9 Q If it's been testified that there's 23 in  
10 the state of Illinois, would that surprise you?

11 A I guess not.

12 Q Okay. Would it also then surprise you that  
13 22 of those detox facilities are actually located in  
14 hospitals? There's only one facility that's not a  
15 hospital that's handling detoxification.

16 A Would it surprise me? No.

17 Q Is that because the detoxification is better  
18 handled in hospital environment where doctors are  
19 present 24 hours a day, 7 days a week, 365 days  
20 a year?

21 A No. I don't have an opinion about why 22 out  
22 of 23 are at a hospital. Again, I'm not an  
23 addiction specialist.

24 Q So you were just testifying generally how

1 the detoxification process happens?

2 A That's right. I know detoxification as it  
3 relates to the emergency department.

4 Q So if a patient was transferred from the  
5 proposed Maxxam facility to Delnor, what would  
6 Delnor do for that patient if it doesn't have an  
7 inpatient treatment program?

8 A Well, it depends if there's -- if there's a  
9 reason for hospitalization, we may hospitalize the  
10 patient. Like I said, if the patient is florid DTs,  
11 that's a very serious medical issue and the patient  
12 gets admitted. If they're mild withdrawal symptoms  
13 that can be managed with medication, the patient  
14 would be discharged.

15 So the decision to admit or discharge is  
16 based on patient condition.

17 Q Do you think a facility such as Maxxam  
18 should have doctors on-site 24 hours a day, 7 days a  
19 week, 365 days a year like a hospital?

20 A No. There are -- then you would certainly  
21 need them at every nursing home; you'd certainly  
22 need them at Marklund; you'd certainly need them at  
23 other facilities if you're going to have them at a  
24 rehab facility where most of the patients I would

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1       imagine would be young and healthy.

2           Q   Earlier you mentioned that there's a --  
3       unfortunately, in Kane County and -- not just in  
4       Kane County but there's a problem with juveniles and  
5       drug addiction; is that correct?

6           A   Correct.

7           Q   It's my understanding that the Maxxam  
8       facility will not be accepting juveniles. Is that  
9       your understanding?

10          A   That I don't know.

11          Q   Okay. So if Maxxam won't be accepting  
12       juveniles, they really won't be in a position to  
13       help part of the problem you're trying to address?

14          A   That's correct.

15               MR. CARRARA: Thank you, Mr. Chairman. No  
16       other questions.

17               CHAIRMAN WHITE: Is there any unit of  
18       government that wishes to cross-examine this  
19       witness?

20               MR. SHEPRO: Yes, Mr. Chairman.

21               CHAIRMAN WHITE: Mr. Shepro, are you just  
22       asking questions?

23               MR. SHEPRO: Yes.

24               Good evening, Doctor. My name is Kenneth

1 Shepro.

2 CHAIRMAN WHITE: I'm not going to swear you  
3 in at this point in time as long as you keep it to  
4 questions and not to opinion.

5 MR. SHEPRO: Okay. I'll try to bear that in  
6 mind, Mr. Chairman.

7 CHAIRMAN WHITE: I don't think your  
8 microphone is on, Ken.

9 MR. SHEPRO: This is not my area of  
10 expertise. Thank you. All right, that's better.

11 CROSS-EXAMINATION BY AUDIENCE MEMBER

12 BY MR. SHEPRO:

13 Q My name is Kenneth Shepro. I'm the attorney  
14 for the Fox River Countryside Fire Protection  
15 District. Good evening, Doctor.

16 A Good evening.

17 Q What is it that you believe you are here  
18 tonight to testify to? What is it that you want the  
19 Zoning Board to take away from your testimony?

20 MR. BROWN: Actually, I would object. He's  
21 answering questions and not necessarily the purpose  
22 of this is what he wants. He said he's here  
23 voluntarily, but I think it's appropriate to ask  
24 questions as to his expertise, and this goes into

1 just a general opinion.

2 I don't mind if he made it more specific.

3 MR. SHEPRO: Well, I think I'd like to  
4 explore what it is, what expertise it is that he's  
5 offering with respect to the issue before this  
6 Board.

7 MR. BROWN: That's an appropriate question  
8 which I would not object to.

9 MR. SHEPRO: I'll ask it.

10 Q Do you understand the question, Doctor?

11 A I'll start and you tell me if I'm not  
12 answering your question.

13 Q Sure.

14 A So I live in Campton Hills and I am a -- I  
15 am inundated every day with drug and alcohol abuse.  
16 And I was aware that there was potentially a drug  
17 and alcohol treatment center at Glenwood a couple  
18 years ago that got shut down, and I was disappointed  
19 in that. I thought the facility was perfect for  
20 that type of facility.

21 Q Let me stop you for a second. But if you  
22 want to continue your answer --

23 MR. BROWN: If he's going to ask a question,  
24 we would --

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1 MR. SHEPRO: That's fine. Continue. He  
2 invited me to stop him.

3 MR. BROWN: That's true.

4 MR. SHEPRO: Go ahead.

5 A (Continuing.) So when another applicant  
6 came, I didn't -- I didn't -- I was in a chance  
7 meeting with Steven Marco, and I said, "I live in  
8 Campton Hills. I think that's a perfect spot for  
9 this. This is my name; this is my number; I live in  
10 that area."

11 And little did I know a year later he would --  
12 he would call me and say, "Do you remember me?  
13 Well, we're moving forward."

14 And that's what brings me to this chair to --  
15 I'm a local ER doctor, I'm a resident of Campton  
16 Hills, and I think this facility is a good idea.

17 Q Thank you.

18 A That's it.

19 Q Now, you referred to an earlier proposal  
20 that was, I think you said at Glenwood that was shut  
21 down. Are you referring to the Kiva project?

22 A Yes.

23 Q And when you say "shut down," do you mean  
24 voted down?

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1 A Voted down.

2 Q In other words --

3 A Didn't happen.

4 Q Were you familiar with that proposal?

5 A No.

6 Q Are you aware that that proposal did not  
7 involve on-site detox?

8 A No.

9 Q Do you think that it would be more appropriate  
10 to have a facility that did not have on-site detox in  
11 terms of proximity to hospitals and other medical care?

12 A No. In my -- in my opinion -- again, I'm  
13 not an addiction specialist -- I don't have any  
14 problem with a detox center on the site.

15 Q Now, I believe you testified in response to  
16 one of the earlier questions that you did not  
17 specifically time or measure the distance between  
18 the Glenwood School and Delnor Hospital.

19 A That's correct.

20 Q Would that also be true with respect to the  
21 other hospitals within District 9?

22 A District 9?

23 Q District --

24 A Oh, Region 9?

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1 Q Region 9, yes.

2 A Correct. I have not measured any correct time.

3 Q Is distance between a facility such as this  
4 and a hospital important in terms of the  
5 availability of medical care when an emergency arises?

6 A Not overly important. 20 minutes is -- is  
7 not particularly a long time, especially when the  
8 patient is in the hands of a qualified paramedic and  
9 an ALS ambulance.

10 Q Now, as part of your -- and so you've  
11 expressed an opinion that you think 20 minutes is  
12 adequate?

13 A Correct.

14 Q Did you make any investigation as to the  
15 availability of ambulance service from this facility  
16 to any hospitals?

17 A No.

18 Q Are you aware who provides that service?

19 A That would be -- that would be Fox River.

20 Q And do you know what facilities and equipment  
21 they have available for that?

22 A They are an ALS department. Again, they are  
23 not -- remember how I said the region is divided  
24 into systems? Fox River is actually not in my

1 system, so I know a little bit less about their  
2 specific department, but I do know they are a fully  
3 capable ALS department.

4 Q Were you asked by the applicants to review  
5 any other documents or reports relative to this  
6 application as part of your testimony?

7 A I have not reviewed one thing.

8 Q I want to read you a statement from a report  
9 prepared by MaRous & Company with respect to the  
10 Kiva recovery project proposed and ask you some  
11 questions about it.

12 CHAIRMAN WHITE: I'm not going to allow that  
13 question.

14 MR. SHEPRO: May I ask why?

15 CHAIRMAN WHITE: The Kiva proposal doesn't  
16 pertain to this hearing.

17 MR. BROWN: Actually, it's beyond the scope  
18 of my direct examination.

19 CHAIRMAN WHITE: You're here to  
20 cross-examine --

21 MR. SHEPRO: I'm here attempting to  
22 cross-examine this witness about his knowledge and  
23 opinions as expressed with respect to the proximity  
24 of a hospital.

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1 CHAIRMAN WHITE: You're here to cross-examine  
2 him on the testimony that he's given. He's not  
3 familiar with the document you're referring to.

4 MR. SHEPRO: He doesn't need to be familiar  
5 with the document. I want to ask him about a  
6 statement that was made in that document and see if  
7 that changes his opinion that he's expressed this  
8 evening. I think that's perfectly proper  
9 cross-examination.

10 CHAIRMAN WHITE: Do you have information,  
11 factual information on how long it's going to take  
12 your department to service this facility?

13 MR. SHEPRO: Well, we'll be presenting that  
14 at an appropriate time, but I want to find out if he  
15 agrees with the opinion that was expressed by the  
16 petitioner's own expert. He can either agree with  
17 it or disagree with it, or he can say he doesn't know.

18 CHAIRMAN WHITE: I'll allow you to continue.

19 MR. SHEPRO: Thank you, Mr. Chairman.

20 CHAIRMAN WHITE: Make it brief.

21 Q All right. The statement I wanted to read  
22 to you indicates that -- it says, "Alternatives for  
23 this type of property are limited by the rural  
24 location of the area with no public transportation

1 and with distant availability of medical services.  
2 The nearest hospitals are also approximately  
3 20 minutes away. Therefore, it is unlikely that the  
4 buildings would be considered for adaptation to a  
5 retirement community or any other use that requires  
6 proximity to emergency medical care."

7 Would you agree with that statement? I take  
8 it you would not agree with that statement.

9 A I would not.

10 MR. KINNALLY: Mr. Chairman, for the record,  
11 he's reading from Exhibit A1 that was referenced at  
12 the last hearing. I don't mean to interrupt,  
13 Mr. Shepro, but I want the Board to know that's the  
14 document he's referencing.

15 MR. SHEPRO: Thank you. I appreciate that.

16 CHAIRMAN WHITE: And I'm not sure that we  
17 accepted that into the record, that document.

18 MR. KINNALLY: I'm not sure you did either.  
19 All I'm telling you is that's what he's reading from  
20 so you'd have some reference point.

21 MR. BROWN: I stand on the same objection I  
22 made two days ago that it did not make a specific  
23 reference to this facility, and they were also  
24 talking about retirement homes. But I guess he's

1 given his answer.

2 MR. SHEPRO: I was going to say in response  
3 to the objection it says "or any other use that  
4 requires proximity to emergency medical care."

5 BY MR. SHEPRO:

6 Q Let me ask you this question, Doctor: Is it  
7 likely that individuals who are at this facility,  
8 should it be approved, that they will require  
9 emergency medical care, that there will be a need  
10 for people at that facility for emergency  
11 medical care?

12 A I --

13 MR. BROWN: I guess that would be  
14 speculation because everyone in this room may need  
15 emergency care. I'd like him to ask a more specific  
16 question, please.

17 Q Are you familiar with facilities of the type  
18 that are proposed?

19 A No.

20 MR. SHEPRO: All right. Well, then I'm  
21 going to move to strike his testimony. If he's not  
22 familiar with facilities of the type that are  
23 proposed, I don't --

24 MR. BROWN: I know he's a licensed attorney.

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1 I really have a lot of respect for him, but that's  
2 not his role today. He's here for public comment  
3 and to ask questions, not make motions, and I would  
4 like that to be known, please. Thank you.

5 CHAIRMAN WHITE: I would agree.

6 MR. SHEPRO: Well, that's news to me. I've  
7 been in a lot of these hearings, and I've never been  
8 told that before, but it's always a learning  
9 experience.

10 CHAIRMAN WHITE: Thank you, Mr. Shepro. Do  
11 you have another question?

12 MR. SHEPRO: I do.

13 BY MR. SHEPRO:

14 Q Are you aware if any agreement has been  
15 signed by the applicant with Delnor Hospital or any  
16 other Region 9 hospital for the provision of  
17 emergency medical care?

18 A No, I am not.

19 Q Are you aware if any agreement has been  
20 signed with the Fox River Countryside Fire District  
21 and the applicant for the provision of transportation  
22 services?

23 A No.

24 Q Are you aware of what Delnor Hospital's

1 policy is with respect to the admission of patients  
2 who are suffering from withdrawal as a result of  
3 either drug or alcohol addiction?

4 A Aware of the policy for admission?

5 Q Right.

6 A It's up to me to admit them. And if I think  
7 the patient needs to be admitted, they're admitted.  
8 There's no policy who needs to be admitted and who  
9 doesn't. It's a clinical decision that the  
10 doctors make.

11 Q So not everybody who is transported will be  
12 admitted?

13 A Correct.

14 Q Some will be -- I think you said would be  
15 admitted; some would be referred for outpatient?

16 A Yes.

17 Q And is that decision made at the time the  
18 patient is brought to the hospital?

19 A Correct. It's the time they're under my  
20 care in the emergency department.

21 Q What -- do you know what happens to a patient  
22 who is denied admission who is transported?

23 A Who doesn't require admission?

24 Q Right, who doesn't require admission and who

1 is transported there by a public agency such as a  
2 fire department or ambulance service.

3 MR. KOLB: Objection; incomplete hypothetical.

4 MR. BROWN: Actually, he's talking about  
5 someone going to Delnor that is not admitted. It's  
6 not relevant for our purposes as to what the  
7 admission process would be for a private  
8 rehabilitative facility which is not an emergency  
9 room. There are not going to be ambulances taking  
10 people there. They will it be coming in limos and  
11 vehicles and --

12 MR. SHEPRO: No, that's not my question.

13 MR. BROWN: I'm just trying to put -- the  
14 reference is what our facility is doing and not what  
15 the Delnor admission policy is for that purpose  
16 unless he's trying to make it more of a causal  
17 connection as to what our activities are.

18 MR. SHEPRO: All right. I think that  
19 counsel misunderstands my question, and perhaps I  
20 should rephrase it.

21 BY MR. SHEPRO:

22 Q My question, Doctor, is if a patient is  
23 transported as a result of an emergency call from  
24 the facility to Delnor, what happens to that patient

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1 if they are -- if it's determined that they should  
2 not be admitted?

3 A They're discharged.

4 Q And has that happened during the period of  
5 time that you've been at Delnor?

6 MR. BROWN: Objection. Because his question  
7 is based upon what would happen from our facility.  
8 Our facility is not open. So, therefore, it's a  
9 question which is not proper the way it's phrased.

10 MR. SHEPRO: I'm not asking with respect to  
11 this facility. I'm asking with respect to any  
12 patient that was brought there for --

13 CHAIRMAN WHITE: But that's the purpose of  
14 this hearing, Ken, is to deal with this petition on  
15 opening this facility.

16 MR. BROWN: I would just want to add that  
17 would have to include the protocol that we would  
18 have as an organization and as to that discharge if  
19 there are people from our facility who will still be  
20 there, and that would be beyond the scope of this  
21 witness.

22 MR. SHEPRO: I'm not asking about discharge  
23 from the facility.

24 MR. BROWN: I mean discharge from the hospital.

1 MR. SHEPRO: Well, all right, that's fair.

2 BY MR. SHEPRO:

3 Q Doctor, have you seen a protocol such as  
4 counsel referred to from this proposed facility?

5 A No.

6 Q Do you know if one exists?

7 A No. I think I was clear I have not reviewed  
8 a single document as it relates to this.

9 MR. BROWN: I would also renew my objection  
10 to the fact that this is not a licensing board, and  
11 this would all be required by the State of Illinois  
12 and not by Zoning Board of Appeals. Thank you.

13 MR. SHEPRO: I'm finished.

14 CHAIRMAN WHITE: Thank you. Any other units  
15 of government that wish to cross-examine this witness?

16 Mr. Blecker. And please keep it to  
17 questions, not opinion.

18 CROSS-EXAMINATION BY AUDIENCE MEMBER

19 BY MR. BLECKER:

20 Q Good evening, Doctor.

21 In one of your opening statements, you  
22 mentioned that the community has a need for this  
23 type of facility. The question is, does the  
24 community have a need for this type of facility, a

1 high-end facility that will probably not be able to  
2 service many of the people that need it?

3 MR. BROWN: I would object to his premise  
4 that it would probably not be able to service those  
5 who need it. Actually, I would just add to that one  
6 of the reasons we are here is because this area is a  
7 very prime area for the type of clientele in our  
8 locality even that could use this facility. But --

9 CHAIRMAN WHITE: Can you make your question  
10 more specific, Harry?

11 BY MR. BLECKER:

12 Q Can you tell me how this is going to help  
13 the senior at St. Charles High School or the senior  
14 from Aurora who cannot afford to go to this type of  
15 facility, how this is going to help them?

16 CHAIRMAN WHITE: This is adult-only  
17 facility, Harry.

18 MR. BLECKER: Okay. Let's take it to it  
19 Elgin Community College. They have the same problem  
20 up there or Waubensee Valley Community College.

21 MR. BROWN: Just to help that, we will  
22 stipulate that we will not be presenting any type of  
23 treatment for people that he's just mentioned. And,  
24 also, everyone will have insurance and it's

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1 private pay.

2 MR. BLECKER: So, basically, the people that  
3 cannot afford it are not helped by this.

4 MR. BROWN: We would hope that the community  
5 would help those people, but our facility will not  
6 be doing that. That's true.

7 MR. BLECKER: So what you're telling me,  
8 then, is that you're going to be very selective,  
9 only people that can afford it. How does that help  
10 a person that can't afford it? Does it free up a  
11 bed somewhere for them? Can you --

12 MR. BROWN: Actually, there may be another  
13 point we would have another witness which is going  
14 to talk about our philanthropic activities we wish  
15 to do in the community, but it would not be part of  
16 this business plan, and we would stipulate this  
17 witness is not qualified for speaking for the  
18 organization as to this issue.

19 MR. BLECKER: I don't think this is to the  
20 organization. I think this is to the community to  
21 say, yes, this is going to help the student who  
22 overdoses at ECC, or Waubonsee, or any of the other  
23 colleges in this area. How is this facility  
24 going --

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1 MR. BROWN: If the Village of Campton Hills  
2 would like to change our facility into one which  
3 would admit those types of people and Medicare and  
4 Medicaid as part of this -- because what I'm hearing  
5 on one end is that they're afraid of us because of  
6 all these people that would come in, and on the  
7 other end we're being criticized for not bringing  
8 them in.

9 I appreciate what we're trying to do, but  
10 this is not a licensing procedure. It is a board  
11 for zoning and the effect this would have within the  
12 community for that.

13 So that's my objection. Thank you.

14 MR. BLECKER: Okay. I think we have our  
15 answer. Thank you very much.

16 CHAIRMAN WHITE: Thank you. Sir, I've been  
17 limiting the questions to people that represent a  
18 larger group.

19 Mr. Miller.

20 MR. MILLER: Just one question, please.

21 CROSS-EXAMINATION BY AUDIENCE MEMBER

22 BY MR. MILLER:

23 Q You had discussed that you thought 20 minutes  
24 was an acceptable time frame from Point A to Point B

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1 in order to get to the hospital. You've also  
2 addressed the fact that we have very capable  
3 emergency service personnel in order to take care of  
4 those patients in the hospital. I would just like  
5 to ask you whether you would consider road conditions  
6 to also be an important factor in safe transport.

7 A It certainly can be.

8 MR. MILLER: Thank you.

9 CHAIRMAN WHITE: I'll allow you to approach  
10 and ask one question, sir. I'll need to swear you  
11 in when you get here.

12 Please raise your right hand.

13 (Witness sworn.)

14 CHAIRMAN WHITE: And I would ask that you  
15 keep it to a question, not an opinion, please.

16 State your name for the record.

17 MR. PALACIOS: Elias Palacios, 40W812 Long  
18 Shadow Lane, St. Charles 60175.

19 CHAIRMAN WHITE: Thank you.

20 CROSS-EXAMINATION BY AUDIENCE MEMBER

21 BY MR. PALACIOS:

22 Q Doctor, I heard your testimony --

23 CHAIRMAN WHITE: Please speak right into the  
24 microphone.

1           Q One question regarding detox because your  
2 expertise, you know about DTs and the delirium  
3 tremens. What would happen if a person comes with  
4 DTS from alcohol to this proposed facility? Do they  
5 have enough medical personnel to deal with this, or  
6 do they need to depend on Delnor or another hospital  
7 in order to provide the services?

8           A Delirium tremens is a medical emergency, and  
9 that patient would be transported to the hospital.  
10 Again, I have not seen any protocols, but delirium  
11 tremens is a life-threatening condition, and a  
12 patient belongs in a hospital, if not an ICU.

13          Q Therefore, the proposed facility is not  
14 ready to deal with this type of withdrawal symptom?

15          A Again, that's a life threatening withdrawal  
16 symptom. So whatever sort of intake process they  
17 would have, the patient in delirium tremens wouldn't  
18 even be able to participate in any sort of intake  
19 process.

20           MR. PALACIOS: Since you didn't read the  
21 policies and procedures of this proposed facility, I  
22 will not be asking more questions regarding any  
23 admissions personnel requirements and those issues.

24           Thank you.

1 CHAIRMAN WHITE: Other questions, Mr. Brown?

2 MR. BROWN: I just have one or two more.

3 REDIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER  
4 BY MR. BROWN:

5 Q There's differences between what an  
6 emergency room and a hospital would provide in a  
7 rehabilitative service; correct?

8 A I would think so.

9 Q One in an emergency room would be life-  
10 threatening, and there's certain types of protocol  
11 and care that you could provide than what's being  
12 offered in a rehabilitative facility?

13 A I would think so.

14 Q Also, in a detox, pursuant to the licensures  
15 and your familiarity with detox, that requires more  
16 staff than what you would have for just a normal  
17 person coming into the hospital; would that be fair  
18 to say?

19 A Oftentimes, yes.

20 Q And because there's more staff, that's  
21 because they bring in more staff pursuant to the  
22 Illinois laws in order for it to be safer for that  
23 patient and for the public; is that fair to say?

24 A Oftentimes -- again, I'm going back to the

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1 delirium tremens patients. Those patients often  
2 require one-on-one nursing with what we call a care  
3 companion just to make sure they don't crawl out of  
4 bed or pull out lines, et cetera. So those are very  
5 resource intensive patients.

6 MR. BROWN: I have no further questions.

7 CHAIRMAN WHITE: County have anything else?

8 MR. KINNALLY: No.

9 CHAIRMAN WHITE: Board members have any  
10 questions?

11 (No response.)

12 CHAIRMAN WHITE: Seeing none, the witness is  
13 excused.

14 (Witness excused.)

15 CHAIRMAN WHITE: Would you like to call your  
16 next witness?

17 MR. KOLB: We recall Trina Diedrich.

18 CHAIRMAN WHITE: I'll need to swear you  
19 in, Tina.

20 THE WITNESS: Trina.

21 CHAIRMAN WHITE: Trina. I'm sorry.

22 THE WITNESS: That's okay.

23 (Witness sworn.)

24 CHAIRMAN WHITE: Please state your name and

1 address for the record and your affiliation with  
2 this petition.

3 THE WITNESS: My name is Trina Diedrich. My  
4 address is 2940 Flowerbrook in Springfield, Illinois,  
5 and I was brought in as an outside private consultant.

6 CHAIRMAN WHITE: You may be seated.

7 TRINA DIEDRICH,  
8 having been duly sworn, testified as follows:

9 DIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER  
10 BY MR. KOLB:

11 Q Good evening, Trina.

12 A Good evening.

13 MR. KOLB: We've already established her  
14 credentials, and her background, and education, her  
15 job experiences, and her past experiences with the  
16 Illinois Department -- and her occupation, and her  
17 degrees, et cetera.

18 What we would like to explore during this  
19 brief time period, given the evidence in this case  
20 making inherent differentiation between methadone  
21 clinics and nonmethadone clinics, or opiate-only  
22 clinics and the traditional clinic that we have,  
23 this alcoholism and substance abuse facility, the  
24 differences.

1 Q So my question to you is this: Can you  
2 explain for everyone here what the differences are  
3 between a methadone clinic or an opiate-only clinic  
4 and the clinic that the applicant -- the type of  
5 clinic that the applicant is proposing?

6 A Sure. So the difference is that what's  
7 called opiate maintenance therapy, or OMT, in  
8 Illinois is done primarily in an outpatient setting.  
9 So this would involve someone who has an addiction  
10 to opiate -- either pain medications or heroin,  
11 other opiates, and they're desiring to enter  
12 recovery and get treatment for their addiction.

13 So one way to do that medically is to have  
14 them take methadone as a daily dose, which is an  
15 opiate blocker. So it blocks receptors in the  
16 brain, and ultimately that person would not be able  
17 to get high off of using heroin.

18 So those treatment centers are highly  
19 regulated. They include many Federal regulations  
20 that have to do with the Drug Enforcement Agency.  
21 So the client usually would go to the treatment  
22 centers for opiate maintenance therapy, and they  
23 would go every day. After a period of time  
24 establishing themselves as a client there, they may

1 be given doses to take home where they can dose at  
2 home, and no person in the state of Illinois who is  
3 on OMT, who is on a dosage of more than 30 milligrams  
4 a day would be admitted to most residential  
5 treatment centers.

6 So in regard to the proposed facility, my  
7 understanding is the facility will be a Level 4  
8 detox, and they would only administer opiate  
9 blockers or something like methadone or Suboxone,  
10 they would only administer those to patients who  
11 have met all the medical criteria for admission, who  
12 are admitted and able to go through the medical or  
13 monitored with medical process. So their health and  
14 vitals and such are monitored for a couple days, and  
15 then hopefully they'll be able to step down into a  
16 lower level of care.

17 Q So the methadone clinic and the opiate-only  
18 treatment clinics are outpatient? Meaning the  
19 patient comes to the clinic, gets the medicine that  
20 patient needs, and then would leave and deal with  
21 the problem in their own way by taking the  
22 medication; correct?

23 A The doses almost always I would say or  
24 exclusively the dose is given on-site. So there is

1 a nurse that gives -- or medical staff that gives  
2 the actual dose. Many times it's in liquid form.  
3 The dose is given to the client. The nurse watches  
4 the client take the methadone, and then the  
5 appropriate signatures are gained from the client,  
6 and the client leaves the facility. So that is the  
7 extent of their involvement that day.

8 Some clients in some outpatient treatment  
9 centers who do methadone maintenance also have  
10 outpatient services, which include Level 1 or  
11 Level 2, anywhere from 25 hours of treatment to  
12 10 hours of treatment if that person has agreed to  
13 be in a treatment program and if that facility  
14 offers an outpatient treatment program.

15 Q So is it fair to say that the applicant's  
16 proposed facility is not one of these facilities  
17 where that would take place?

18 A Right. It would not be even in the same  
19 category as a methadone clinic necessarily. The  
20 goal for someone who is going to a Level 4 detox  
21 such as has been proposed is for that person to be  
22 medically monitored. So that their pulse rate,  
23 their blood pressure, as the doctor mentioned prior,  
24 so if they do have any events, cardiac events, DTs,

1 that they're being monitored, and that they can seek  
2 medical care if that is what is needed. So none of  
3 those services would be available in an outpatient  
4 setting such as an OMT clinic.

5 Q So is it your opinion that the applicant's  
6 proposed facility is not similar at all to a  
7 methadone clinic?

8 A That would be my opinion, yes.

9 Q Okay. And can you look at the document that's  
10 in front of you and tell us what that document is?

11 A This document is a document that is basically  
12 trying to disseminate for the reader the number of  
13 methadone programs in Illinois, those treatment  
14 centers that include a residential treatment, as  
15 well as the OMT or the methadone treatment. And it  
16 is confirming the research in the public record that  
17 there are more opiate treatment centers -- or opiate  
18 maintenance therapy treatment centers that are in an  
19 outpatient setting than there are in an inpatient or  
20 residential setting.

21 Q So is it safe to say the general public should  
22 not be concerned about outpatient opiate patients  
23 once they receive medication at this facility being  
24 in the public? That's not this type of facility;

1 correct?

2 A This facility is not distributing methadone  
3 to leave the facility. If it is decided that the  
4 program is going to give methadone for a Level 4  
5 detox, that is a completely and 100 percent separate  
6 facility than would be a place where an opiate  
7 maintenance would take place that's outpatient.

8 That could be -- and quite frankly, that is  
9 all through Chicagoland, northern Illinois, central  
10 Illinois there are opiate maintenance treatment  
11 outpatient facilities, and people do and it is the  
12 case that people do go and get doses every day, and  
13 that can go on indefinitely for years.

14 Q So we've established that the Maxxam facility  
15 will not be an opiate-only or methadone facility on  
16 an outpatient basis. Can you tell everyone how a  
17 residential facility like this will work and how  
18 it's different mechanically?

19 A A residential as the proposed facility?

20 Q Correct.

21 A So a residential facility is highly regulated.  
22 The State of Illinois has gone to great effort to  
23 make sure that a substance abuse treatment facility  
24 is operating in a way that is going to be helpful to

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1 the most important people, which will be the clients  
2 but at the same time cognizant of the idea that the  
3 staff and the community have to feel good and be  
4 safe and follow all of the protocol that the State  
5 has set out.

6 So in the residential setting like the  
7 proposed facility, people don't even get admitted to  
8 the facility until they meet certain criteria. The  
9 criteria that we use in addition is based on two  
10 different things. One is the ASAM criteria, which  
11 is the American Society of Addiction Medicine, and  
12 one is Diagnostic Statistical Manual which has just  
13 been published in its fifth edition, so DSM-5.

14 Those two guidelines for clinicians will  
15 gear any treatment center into who can come to  
16 treatment there and who would be qualified  
17 medically, who would be appropriate to be there.  
18 And this particular proposal in my understanding is  
19 a substance abuse treatment center only. It does  
20 not claim to be anything more than a substance abuse  
21 treatment facility.

22 So it's not somewhere that is going to house  
23 people for the purposes of sober living or recovery.  
24 It is solely meant to assist those individuals who

1 are the sickest people suffering from addiction and  
2 that those individuals are admitted into a program  
3 that can handle detoxification services for alcohol,  
4 opiates, cocaine, methamphetamine, et cetera. And  
5 then from detox, if a detox is necessary or if it's  
6 not necessary, that those clients would be able to  
7 be admitted into a quality substance abuse treatment  
8 facility where their treatment is highly regulated,  
9 monitored by the State of Illinois, and another  
10 certification or accrediting body such as JACHO  
11 or CARF.

12 Q So directing your attention to the second  
13 sentence of the second paragraph -- actually, it  
14 would be the third sentence -- which reads,  
15 "Further, this center is exceptionally different  
16 from a methadone clinic in that your program would  
17 be composed of several levels of care which would  
18 not be present in a freestanding outpatient-only  
19 clinic," am I correct that that statement regarding  
20 the applicant's facility being dissimilar to a  
21 methadone was approved by the State as accurate?

22 A I'm not quite sure -- could you kind of  
23 rephrase that for me? I'm not sure what you're  
24 asking.

1 Q Is that statement from the State of  
2 Illinois, or it was from you in a personal capacity?

3 A State of Illinois.

4 MR. KOLB: Okay. Nothing further. Thanks.

5 MR. KINNALLY: Mr. Chairman, the witness is  
6 looking at Exhibit J15 so the record is clear.

7 MR. KOLB: We'd move to admit J15 into  
8 evidence.

9 CHAIRMAN WHITE: Is there a motion to admit  
10 the document?

11 Moved by Ms. Stover, seconded by Mr. Bowen.  
12 All in favor say aye.

13 (Ayes heard.)

14 CHAIRMAN WHITE: Opposed, same sign.

15 (No response.)

16 CHAIRMAN WHITE: Motion carries.

17 (Exhibit J15 admitted into evidence and  
18 retained by the Board.)

19 CHAIRMAN WHITE: Does the County have any  
20 questions?

21 MR. KINNALLY: I just have a couple.

22 CROSS-EXAMINATION BY COUNSEL FOR THE COUNTY

23 BY MR. KINNALLY:

24 Q Can you tell the Board and the audience what

1 you have reviewed as to what the procedures and  
2 policies of this proposed substance abuse facility  
3 will be? Have you reviewed any of those like the  
4 business plan?

5 A I've reviewed, I believe it was an initial  
6 application for special use. I believe. I'm not  
7 100 percent certain. Other than that, there are  
8 no -- to my knowledge, there are no policies,  
9 procedures in place since the treatment center is  
10 not up and operating.

11 Q Okay. And could you tell us in your  
12 experience, ma'am, given the size of this facility  
13 and the number of expected participants in the  
14 program how many people would work at that type of  
15 facility from the medical director on down?

16 A Sure. There is a staffing requirement for  
17 the State of Illinois in the administrative rule, as  
18 well as, again, the accrediting body. So I would  
19 say if we were looking at capacity, this treatment  
20 center's capacity would be somewhere between 100 or  
21 120 clients. The staffing that is mandatory would  
22 be I would say maybe 40 or 50 people, staff.

23 And then, also, my understanding is that  
24 staffing and services at this particular facility

1 would be above and beyond what would normally be  
2 provided at say a publicly funded treatment center.  
3 So things like expressive therapy, music therapy,  
4 those types of things would increase the staffing  
5 pattern because there would be more services.

6 Q And those rules are in Title 2060; is  
7 that right?

8 A Those staffing rules?

9 Q Yes.

10 A Yes. Absolutely.

11 MR. KINNALLY: I have no further questions.  
12 Thank you very much, Mr. Chairman.

13 MR. KOLB: We have a rehabilitation question  
14 in follow-up on the issue of staffing if the Board  
15 wants to dive into it.

16 CHAIRMAN WHITE: I was just going to ask if  
17 any Board members have questions at this time.

18 (No response.)

19 CHAIRMAN WHITE: Go ahead. Proceed.

20 REDIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER  
21 BY MR. KOLB:

22 Q So, Trina, you've had conversations --  
23 there's been a lot of questions thus far in the  
24 hearing regarding the business plan, and I'm not

1 sure if that refers to the finance end of the  
2 operation or if that pertains to the operational  
3 aspects. There's been a lot of testimony that the  
4 code of civil procedure -- the CFR regulations --  
5 the Illinois Administrative Code -- correct?

6 A Uh-huh.

7 Q -- that we dropped off for the ZBA members  
8 contains pages of administrative rules and  
9 regulations regarding staffing and licensure,  
10 et cetera. But you've had an opportunity to talk  
11 with Maxxam regarding its intent with respect to  
12 staffing; correct?

13 A Correct.

14 Q And can you -- I think it would be helpful  
15 because there's an awful lot of questions regarding  
16 operations. Can you just detail some of these types  
17 of employees that Maxxam intends to staff at the  
18 facility based on your conversations with Mr. Marco?

19 A Sure. Regardless of a conversation with  
20 Mr. Marco or just based on knowledge of the  
21 administrative rule and what's required in staffing  
22 just through the rule itself, and then also being  
23 familiar with some of the best treatment centers in  
24 the United States, including Hazelton, Betty Ford

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1 Center, Betty Ford Center in California, those  
2 particular organizations, Rosecrance in Rockford,  
3 Illinois -- some people have mentioned Gateway.  
4 Gateway has quite a few facilities in Illinois. So  
5 they have an enormous amount of staff throughout the  
6 United States and especially, of course, concentrated  
7 in Illinois.

8 The staff that will be at the -- at a  
9 treatment center are highly qualified, highly  
10 educated individuals. They would be, if they're  
11 going to be serving in any type of clinical  
12 situation, and that includes being just awake and on  
13 duty for an overnight shift, they must be certified  
14 as a certified alcohol and drug counselor. That  
15 certification must be attained within two years of  
16 their beginning treatment in any treatment facility --  
17 I'm sorry -- their beginning employment in any  
18 treatment facility.

19 So that CADC is held by the Illinois  
20 Certification Board, and there are well over  
21 probably 4,000 certifications in alcohol and drug  
22 counseling in the state of Illinois. So that's  
23 one -- one criteria. You can have a high  
24 school/GED, but you must also on top of that get

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1 your certification, CADC in the state of Illinois.  
2 And that CADC would probably be the first entry  
3 level, if you will, for a substance abuse counselor  
4 and substance abuse treatment staff.

5 Above that there will be supervisors that  
6 are -- by necessity they must be licensed with the  
7 Illinois Department of Finance and Professional  
8 Regulation, IDFPR, and they must obtain a licensed  
9 certified social work standard or a licensed  
10 clinical practicing counselor, and those are through  
11 a very -- another highly regulated organization,  
12 IDFPR as I mentioned.

13 And the individuals who are going to be LCSW  
14 or LCPC are master's trained clinicians. They have  
15 experience and they have education going into the  
16 position, and those are highly qualified medium paid  
17 staff at a treatment center.

18 And for some treatment centers that wish to  
19 go into probably the most exceptional sorts of  
20 treatment where people can take time to actually  
21 reintegrate themselves into society and learn new  
22 things, et cetera, those evidence -- as we say  
23 evidence-based practices are going to bring in staff  
24 that are, again, highly qualified, maybe a medical

1 doctor, maybe a PhD, maybe a master or doctor of  
2 education.

3 Those individuals will come in as highly  
4 qualified staff and will be present in every  
5 treatment center, as a general rule, not to mention  
6 the business end of it, which is, you know, CEOs,  
7 CFOs, that kind of thing tend to be well educated  
8 and have a higher income.

9 Q So you've reviewed the staffing plan that  
10 the applicant has put together by shifts; is that  
11 correct?

12 A I have.

13 Q And do you find that the staffing plan  
14 generally meets the requirements of the State of  
15 Illinois code as set forth in 2060 of the  
16 administrative regulations, or is there any other  
17 problem that you see with that staffing plan?

18 A Actually, there's no problem that I see with  
19 the staffing patterns that were submitted for my  
20 review, and I did review them very carefully, and I  
21 did some of the calculations, though I'm not  
22 claiming to be a data or analytic person.

23 It seems to me that the minimum requirement  
24 has been definitely met, and the service for other

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1 staff would be about 1 1/2 times more staff than are  
2 generally required at a treatment center with the  
3 capacity that's been proposed for the Glenwood  
4 facility.

5 MR. KOLB: Thank you.

6 MR. KINNALLY: Mr. Chairman a point of  
7 order. The witness indicated that she reviewed a  
8 staffing plan. I've searched the application of the  
9 applicant and the exhibits that I have. I do not  
10 have one. If there's one that's available and that  
11 the witness relied upon, I think that would be  
12 helpful to the Board.

13 CHAIRMAN WHITE: Yes. We've seen that.

14 MR. KOLB: We debated this, is our internal  
15 staffing plan something that is subject to be  
16 putting out there for the public.

17 There are a number of concerns to be  
18 addressed. We'd like to have the Board consider  
19 testimony that it was reviewed and that it meets the  
20 requirements as an opinion that this witness with  
21 her qualifications has offered. But as far as  
22 providing the plan, we'll leave that to the Chairman  
23 to compel. It would be our preference not to have  
24 to disclose it.

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1 MR. KINNALLY: Mr. Chairman, I believe it  
2 goes to Criterion A. Attorney Brown has indicated  
3 repeatedly that this is not a licensing hearing. We  
4 don't intend it to be that, but clearly under our  
5 ordinance Criterion A talks about maintenance and  
6 operation of the special use. That's the reason I  
7 asked for it, but I guess you'll have to make that  
8 decision.

9 Thank you.

10 CHAIRMAN WHITE: And I would agree that it  
11 does go to the operation of the special use. So if  
12 you can provide that, we'd accept it.

13 MR. KOLB: Very good.

14 CHAIRMAN WHITE: Thank you.

15 Do you have any other questions?

16 MR. KINNALLY: No, Mr. Chairman. Thank you.

17 CHAIRMAN WHITE: Mr. Regan.

18 MR. BROWN: Can I ask just a point of  
19 clarification? We would like to have a redacted one  
20 because we do have certain proprietary interests  
21 that are involved here.

22 CHAIRMAN WHITE: That will be fine.

23 MR. BROWN: So we will have one for you, but  
24 it will be redacted of certain information.

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1 CHAIRMAN WHITE: As long as it complies with  
2 the testimony that's been submitted here this evening.

3 MR. BROWN: That's fine.

4 CHAIRMAN WHITE: Thank you.

5 MEMBER REGAN: When you're speaking of the  
6 staffing, we're talking about a place that has  
7 10 different homes with 12 different beds -- 12 beds  
8 in each one, and most places I imagine are just one  
9 big building that wouldn't require a lot of staff or  
10 the kind of staff that this would require.

11 THE WITNESS: Are you asking me that question?

12 MEMBER CAMERON: Yeah. I just wondered what  
13 would be the difference in staffing a facility like  
14 this against having one building where you might  
15 have 150 people.

16 THE WITNESS: So the staffing patterns by rule,  
17 administrative code, as well as the accrediting body  
18 are not negotiable. So if the pattern is for a  
19 cottage sort of like this facility or we're talking  
20 about a substance abuse treatment center that's in a  
21 freestanding building, all of the things that are  
22 required of the freestanding substance abuse  
23 treatment facility would be required of somewhere  
24 that has separate-like living quarters, from what I

1 understand is the cottages type of housing situation.

2 So on a typical residential -- if it's a  
3 large treatment center -- and there are several  
4 large treatment centers in the Chicagoland area --  
5 there are different floors, and on each floor there  
6 are different units, and on each unit there are  
7 subunits of populations. So it can get quite  
8 intensive in terms of staffing. And keeping in mind  
9 that there have to be registered nurses or medical  
10 staff available 24 hours a day, 365 days a year.

11 So in a treatment center -- one treatment  
12 center I can think of offhand has over 200 male  
13 clients every single day. So those staffing  
14 patterns are dictated by 2060, and they're inspected  
15 and held to be accountable for those patterns.

16 CHAIRMAN WHITE: Does that answer your  
17 question?

18 MEMBER REGAN: Yes, it does.

19 CHAIRMAN WHITE: Does the fact that this  
20 facility has separate living units make a difference  
21 on how it is to be staffed?

22 MR. KOLB: There are only eight living  
23 units, by the way.

24 CHAIRMAN WHITE: I'm sorry. Eight.

1 THE WITNESS: No.

2 CHAIRMAN WHITE: Thank you.

3 Mr. Carrara.

4 MR. CARRARA: Thank you. Just a few questions.

5 CROSS-EXAMINATION BY COUNSEL FOR THE APPELLANT

6 BY MR. CARRARA:

7 Q There's nothing in the licensing that you  
8 were talking about that would prevent Maxxam from  
9 going to that super level of detoxification that you  
10 had mentioned; correct?

11 A I'm not sure what you mean by "super level."

12 Q You mentioned there's this different level  
13 of care that's not going to be done at the Maxxam  
14 facility; correct?

15 A There's not a methadone level of care.

16 Q But there's nothing preventing them from  
17 seeking that?

18 MR. BROWN: Actually, we would be willing to  
19 stipulate to that as a condition of our approval for  
20 that purpose.

21 CHAIRMAN WHITE: As long as they're willing  
22 to stipulate to that, you should move on.

23 MR. CARRARA: Thank you, Mr. Chairman.

24 Q You also testified that there are some

1 staffing requirements but I think -- were you here  
2 at the hearing two days ago?

3 A I was.

4 Q Did you hear that the staffing requirement  
5 for the medical director, who is the only doctor  
6 that's required, is half time, and they don't even  
7 have to be on-site? They could be available just by  
8 telephone; isn't that correct?

9 A I would have to review the exact statement  
10 that you're talking about to remember it, quite  
11 frankly.

12 Q It's not the statement; it's the licensing  
13 requirements in 260 [sic] that you've been referring  
14 to numerous times.

15 A So you're asking me if the medical director --  
16 if I'm aware that the medical director can be  
17 part-time?

18 Q Yes.

19 MR. BROWN: Actually, it was half-time, and  
20 we'd stipulate it was 20 hours per week, if I recall  
21 correctly out of the statute, and ours is going to  
22 be 40 hours a week. Okay. But I understand now.

23 MR. CARRARA: Is that an additional  
24 stipulation, Mr. Chairman?

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1 MR. BROWN: Yes. I do believe I have --  
2 well, here's the problem with that. Because when  
3 you get into too much, you may end up causing your  
4 own problems with the Fair Housing Act as to how  
5 these stipulations go.

6 There is a difference between our  
7 willingness to participate, but I have to be mindful  
8 of the fact that by your putting on so many  
9 conditions of this that you are running afoul  
10 possibly of Federal law.

11 But I would leave that to your attorneys,  
12 but I'm sensitive about that.

13 Thank you.

14 MR. KINNALLY: Just for the record, he  
15 didn't say it was a condition. He asked a question  
16 and you responded to it. That was the question.

17 MR. BROWN: I guess the only reason I was  
18 saying that, for clarification, for what we're  
19 willing to do and what you would make as a condition,  
20 it's a very sensitive subject for everyone here.

21 So thank you.

22 CHAIRMAN WHITE: So can you rephrase your  
23 question, Kevin?

24 MR. CARRARA: Sure, Mr. Chairman. I actually

1 forgot what I asked.

2 CHAIRMAN WHITE: About the medical director  
3 being half-time.

4 BY MR. CARRARA:

5 Q Is there anything in this code that you  
6 cited to staffing that would require Maxxam to be --  
7 their medical director, the only doctor that's  
8 required, to be more than part-time or half-time  
9 under this code?

10 A Not that I'm aware of, no.

11 Q And there's nothing in that code that  
12 requires them to actually be on site? They can just  
13 be available by telephone; isn't that correct?

14 A I would have to look at the rule again and  
15 examine that particular section before I could  
16 really answer that with 100 percent certainty.

17 Q Earlier you also testified that no matter  
18 who the person was, whether they were just sitting  
19 there overnight, they needed to have a certain level  
20 of designation?

21 A If a person is sitting there overnight, they  
22 have to have a certain designation?

23 Q I apologize. Let me try to make that a  
24 little clearer.

1           Earlier you testified that somebody could  
2           have a GED and be the overnight watch person, be  
3           sitting in one of the bungalows or whatever they're  
4           called, but they needed to have some level of  
5           education just to sit there and watch the patients;  
6           isn't that correct?

7           A   That's correct. Uh-huh.

8           Q   But isn't that true under the code only if  
9           they're providing the clinical services?

10          A   The certification?

11          Q   No, no. The certification is only required  
12          for individuals who are providing clinical services  
13          to the patients? If they're just sitting there  
14          watching them, they don't need to have any additional  
15          level of certification; isn't that true?

16          A   No. That's not true.

17          Q   So you are confident that this code does not  
18          require -- I'll just read you a section and see if  
19          you know it. Any other staff who provide direct  
20          patient care that is not defined as a clinical  
21          service does not need to have any special additional  
22          levels of service -- or certification. And I'm  
23          trying to synopsis because as you're aware, this is  
24          a very long section.

1 MR. BROWN: Actually, if he's going to read  
2 from it, I'd like for him to read it verbatim. It  
3 is very long but to just take portions of it might  
4 be out of context.

5 So which section are you referring to  
6 directly?

7 Q I'll just ask you, are you confident in your  
8 testimony here tonight that every employee there  
9 needs some level of certification to be an employee?

10 MR. BROWN: I'll stipulate -- I mean, they  
11 have maintenance people; they have all different  
12 kinds of people. That question is way too broad.

13 I guess if she's saying we will have the  
14 appropriate -- if you want to ask a question if we  
15 will have the appropriate number of people pursuant  
16 to the statute that are supposed to be certified,  
17 that's a fair question. But to say everyone who is  
18 in the building -- we're going to have yoga  
19 instructors. They're not certified.

20 So I will stipulate that every employee  
21 there will not be certified because our definition  
22 of employee is broader than what you're saying.

23 MR. CARRARA: That's fine, Mr. Chairman. I  
24 think we're getting to the point -- and part of the

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1 problem I think is we don't have the staffing  
2 numbers in front of us.

3 So I guess I just reserve the right that  
4 when the staffing report is given to us, there will  
5 be a witness available who will be helping to  
6 explain what those staffing levels are and what  
7 certification levels they will have.

8 THE WITNESS: If I could just add something,  
9 I really feel the need to let you know that staff  
10 that work third shift at a drug treatment facility  
11 are not just sitting around and not just watching  
12 people sleep. These are people's loved ones. They  
13 are their brothers, sisters, mothers, daughters, and  
14 so it is imperative as a society that we have  
15 regulations for people who are involved in substance  
16 abuse treatment centers.

17 So I would -- I would just like to stipulate  
18 that there are highly qualified, dedicated people  
19 who work a third shift to make sure that patients in  
20 the substance abuse treatment center are safe and  
21 are receiving the best care possible at that  
22 facility. So I would like that to be noted with  
23 respect to that position.

24 CHAIRMAN WHITE: Do you have any other

1 questions?

2 MR. CARRARA: No. Just on the staffing  
3 report if there's going to be a witness available  
4 who can tell us what certification levels that will  
5 be in compliance with this act that she's been  
6 speaking of.

7 THE WITNESS: The staffing -- in the Act it  
8 will tell you that the staffing, depending on where  
9 the staff are, must be certified. That's part of  
10 the rule.

11 So I don't have the rule in front of me at  
12 this moment, but I can assure you that if the staff  
13 is a clinical staff that is going to be working in a  
14 clinical position, group therapy, individual therapy  
15 with a client, that person will have to be certified.  
16 And before we can really even talk about who would  
17 be certified, it's essential to have the treatment  
18 center in some form of operation.

19 MR. CARRARA: No, no.

20 THE WITNESS: I'm sorry. I don't mean  
21 operation. I meant to say licensure.

22 MR. CARRARA: Let me take a step back.

23 BY MR. CARRARA:

24 Q You mentioned a bunch of things that people

1 who were providing these services would need to have  
2 these levels. But if they're not providing services  
3 as defined in the Act, they don't need that  
4 certification; correct?

5 A I'm speaking to certified clinical staff only.

6 Q Thank you. And then you mentioned that the  
7 staff report that you reviewed you believe is in  
8 compliance. Do you know what levels of certification  
9 those staff members will have?

10 A I cannot say whether or not they're in  
11 compliance. Again, that treatment center is not  
12 licensed, so they cannot -- just by that definition,  
13 they are not licensed, so they can't be compliant.  
14 There's nothing to be compliant with.

15 Q But don't most facilities prepare plans,  
16 procedure, staffing in presentation to give to the  
17 State to get approval?

18 A I'm not familiar with those procedures. I'm  
19 not in the licensure department.

20 CHAIRMAN WHITE: And, Kevin, we're dealing  
21 with our zoning in this particular case, not  
22 licensure.

23 MR. CARRARA: I was following up on what  
24 Mr. Kinnally had said earlier that this goes to the

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1 operation --

2 CHAIRMAN WHITE: I understand.

3 MR. CARRARA: -- and this is part of the  
4 operation. Thank you, Mr. Chairman.

5 And we're going to get a redacted copy?

6 MR. BROWN: I believe you may have a  
7 staffing plan but I wanted to make -- do you have  
8 the staffing plan?

9 THE WITNESS: I have the electronic version.

10 MR. BROWN: That won't help us. Okay.  
11 We'll try to get you a copy of it -- unless you have  
12 to go really early, maybe during a break maybe I can  
13 get the staffing plan and figure out a way to make a  
14 copy of it.

15 CHAIRMAN WHITE: Thank you. Any questions  
16 from Board members?

17 (No response.)

18 CHAIRMAN WHITE: County have anything?

19 MR. KINNALLY: I'd just like you to take  
20 notice of her prior testimony on December 14th with  
21 respect to staffing plans, page 153, the questions  
22 that I asked at that time. Thank you.

23 CHAIRMAN WHITE: Thank you. Any units of  
24 governance in the audience that wish to cross-examine

1 this individual?

2 Mr. Shepro.

3 MR. SHEPRO: Mr. Chairman, I don't have a  
4 question. I do have a request with respect to the --  
5 it's my understanding that the redacted version of  
6 the staffing plan is going to be submitted. I would  
7 just ask, if it's not already understood, that perhaps  
8 Mr. Kinnally would participate in that process to  
9 determine if the redactions are appropriate.

10 MR. BROWN: I think it's totally inappropriate.  
11 I know he's a licensed attorney and he's here on  
12 behalf of the fire district but this is beyond --  
13 it's not a question and I would object to this type  
14 of activity.

15 MR. SHEPRO: I wasn't asking to review it.

16 CHAIRMAN WHITE: I understand what you're  
17 saying.

18 MR. BROWN: You weren't asking a question.

19 CHAIRMAN WHITE: You were making a request  
20 of the petitioner to provide --

21 MR. SHEPRO: Well, I understood the petitioner  
22 had agreed to provide a redacted version, and I'm  
23 simply suggesting that I think it would be appropriate  
24 for the Board to ensure that the redactions are, in

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1 fact, appropriate and not simply take whatever is  
2 submitted by the petitioner, and I don't really know  
3 why that is an inappropriate request.

4 MR. BROWN: It's an inappropriate request  
5 because if I -- because he's not an objector. Kevin  
6 is here. I have not objected to when he does this,  
7 but my position is it's at a point to ask questions,  
8 and if we are asking requests, this is more of a  
9 testimony or something else, and I just think it's  
10 inappropriate.

11 I have an application here that I'm trying  
12 to get through, and we're trying to get through this  
13 efficiently, and we're trying to give as much  
14 information to the public as possible that we can.  
15 But I'm just saying it's inappropriate for  
16 Mr. Shepro in his position as a lawyer for the fire  
17 department -- or the fire district in order to make  
18 these type of requests at this time. That's all.

19 And I just stand on that objection from one  
20 of procedural -- I don't mean it to be personal or  
21 anything, but I'm a trial lawyer, too, and I'm here  
22 to protect my client.

23 MR. SHEPRO: If the problem is that we  
24 haven't indicated that we're an objector, then I

1 will so state that we are now an objector. Does  
2 that change the nature of counsel's objection?

3 CHAIRMAN WHITE: I'm going to object to your  
4 request that the attorney for the Board be present  
5 when they do the redaction. I have faith in the  
6 petitioner that he's going to provide acceptable  
7 documentation.

8 MR. SHEPRO: All right. Thank you.

9 CHAIRMAN WHITE: Any other questions from  
10 the audience?

11 Sir, I'll allow one question and please  
12 restate your name -- you are sworn. Please restate  
13 your name for the record.

14 MR. PALACIOS: Elias Palacios.

15 CHAIRMAN WHITE: Thank you.

16 CROSS-EXAMINATION BY AUDIENCE MEMBER

17 BY MR. PALACIOS:

18 Q I would like to say I heard your testimony,  
19 and also I heard the prior one before, and I heard  
20 that you were working for the State of Illinois.

21 A Correct.

22 Q And then you came tonight on behalf of -- as  
23 a consultant?

24 A I have -- my testimony has been solely as a

1 consultant, yes.

2 Q Would there be any conflict of interest?

3 A No.

4 Q Okay. This question is the following: What  
5 type of drugs are they going to administer to deal  
6 with the withdrawal symptoms in the detox of the  
7 proposed facility?

8 A So what kind of drugs are they going to  
9 distribute for the detox? So, again, I would have  
10 to say, since it's not a licensed facility, it  
11 doesn't exist as a licensed facility, so I can't  
12 speak to a hypothetical distribution of medications.  
13 There are so many regulations involved, if  
14 medications are narcotic, if they're not narcotic.  
15 So to speculate on that would be irresponsible.

16 Q I heard also that you reviewed then staffing  
17 plan, and then normally 2060, Rule 2060 details  
18 regarding intended staffing and requirement and  
19 experience, education, and training of each level of  
20 staffing. Did you review only the kind of --  
21 meaning brainstorming the planning or the policies  
22 and procedures of the 2060 rule?

23 A So you're asking me if I'm making that --  
24 looking at the staffing pattern as a business plan?

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1 Q Yes. There's two things. One is 2060 rules  
2 comes policies and procedures, operational, how it's  
3 going to be staffing. In one section it says the  
4 requirement for training, education, and experience,  
5 and then meaning you didn't see any of those documents  
6 or they didn't prepare the 2060 policies and  
7 procedures which is going to be presented to the  
8 Illinois substance abuse department?

9 A Did I review them?

10 Q Yes. Did you review?

11 A Did I review 2060?

12 Q No, the policy and procedures of this  
13 proposed facility.

14 A So, again, this facility is not open.  
15 There's no licensure that has been granted. I've  
16 not ever been told and I wouldn't be expecting that  
17 there would be policies and procedures for an  
18 organization who is attempting to open a treatment  
19 center.

20 They don't have a treatment center at this  
21 time, and I think it would be premature for them to  
22 have policies and procedures. They have not even  
23 gotten out of the zoning process.

24 Q According to my experience -- as I said for

1 the record before, I do have more than 20 years of  
2 experience, and I got one of the highest  
3 certifications in the whole state of Illinois  
4 ICAADC, international level, too, and just I want to  
5 ask because I am familiar. I am a resident; I'm  
6 talking about -- I am a resident of this area.

7 A I'm an internationally certified advanced  
8 alcohol and drug counselor, so we should have the  
9 same certification. I also have my doctoral degree;  
10 I have a master's degree in human resources; I'm  
11 certified in multiple things that are completely  
12 never going to come across any zoning commission  
13 table because, quite frankly, if you're in the field  
14 and you're ICAADC, you understand how many  
15 certifications you could have. I could have endless  
16 certifications. It's just not -- you know, I'm a  
17 certified interventionist so I can help families who  
18 have a loved one. There are a lot of things. I'm  
19 also certified with the Red Cross to be a responder  
20 for disaster relief. There's just -- I don't know  
21 exactly what point you're making.

22 MR. BROWN: Just a point of clarification.  
23 We cannot go through the licensure procedure until  
24 we get past the Zoning Board. So I understand where

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1 he's coming from, but it's putting the cart before  
2 the horse.

3 CHAIRMAN WHITE: I would agree.

4 MR. PALACIOS: Just asking because they said  
5 the quality will be beyond what's expected, and you  
6 said that it's going to be entry level, meaning high  
7 school plus one year of education will be the  
8 staffing supervised by other people who have  
9 experience.

10 If it's going to be high end, they're not  
11 going to look for entry level substance abuse  
12 counselors. That's my concern.

13 CHAIRMAN WHITE: Thank you.

14 I think we'll take a 10-minute break.

15 THE WITNESS: I'm excused then?

16 CHAIRMAN WHITE: Do you have other  
17 questions? I'm sorry.

18 MR. BROWN: Oh, no, just deal with the  
19 staffing plan she has on her computer.

20 CHAIRMAN WHITE: Oh, okay.

21 (Recess taken, 8:28 p.m. to 8:39 p.m.)

22 CHAIRMAN WHITE: I'd ask everybody to take  
23 their seat. We'll reconvene the meeting.

24 MR. BROWN: Mr. Gunderson will be my next

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1 witness.

2 CHAIRMAN WHITE: Call the meeting back to  
3 order. Mr. Gunderson, you're being called as a  
4 witness.

5 THE WITNESS: Yes, sir.

6 CHAIRMAN WHITE: Please raise your right hand.

7 (Witness sworn.)

8 CHAIRMAN WHITE: Please state your name and  
9 your affiliation with this petition.

10 THE WITNESS: My name is Bruce R. Gunderson,  
11 and I am here for Per Mar Security, which if this  
12 goes through, we will be the physical security for  
13 the petitioner.

14 CHAIRMAN WHITE: You may take a seat.

15 BRUCE R. GUNDERSON,  
16 having been duly sworn, testified as follows:

17 DIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER  
18 BY MR. BROWN:

19 Q You've already stated what business you're  
20 affiliated with. Can you give us a little bit about  
21 your personal background that would make you  
22 qualified in the security field?

23 A Yes, sir. I've worked for Per Mar Security  
24 for a little over three years as the general manager.

1 Prior to that, I worked for another security company  
2 called Securitas USA. Securitas is an international  
3 security company. Per Mar Security is a local  
4 seven-state security provider.

5 Q And you've had an opportunity to go out to  
6 the premises that's in question here?

7 A Yes, sir. I did walk the grounds.

8 Q And did you see anything that -- from your  
9 perspective from walking the grounds, could you give  
10 us a little bit of your perspective from a security  
11 standpoint, some of the things that would be  
12 important to you?

13 A This facility is an easily secured property.  
14 It has natural boundaries and barriers, limited  
15 access to the facility. There will be, to the best  
16 of my knowledge, a complete electronic security  
17 surveillance system and access system.

18 Our position would be to have officer  
19 presence in case there was any type of activity that  
20 would require a response to as far as an  
21 intervention. Our officers would be there to deter  
22 and detect any activity and to observe and report,  
23 and, if necessary, to call the local authorities.

24 Q What would you imagine the staffing would be

1 for purposes of security?

2 A For the purpose of security the maximum that  
3 would be necessary would be one officer in the  
4 access -- main access entry area and one officer  
5 that would be able to roam in a marked vehicle with  
6 amber strobes to show a physical security presence.

7 That would probably be with the first few  
8 months of startup. After that we would -- I see no  
9 reason to maintain two officers. It would be a  
10 one-officer position. We would be notified through  
11 a central dispatch location of any intrusion through  
12 a thermal imaging system or if we were called to  
13 respond to any activity where they thought that a  
14 security officer should be called for.

15 Q So, in other words -- well, not in other  
16 words. If there was something in which -- you  
17 addressed this a little bit, but I want to make it  
18 clear. Let's say -- let me give you an example.  
19 For instance, if there was a trespasser that was to  
20 come onto the premises, what would be your normal  
21 procedure for something like that?

22 A Our normal procedure would be to intercept  
23 that individual and to ask questions and to find out  
24 why they were there, and to report any activity of

1 that nature so that we would keep a record as far as  
2 how -- frequency of these occurrences and so forth.  
3 And if deemed necessary, we would call a 911 response  
4 for apprehension.

5 Q Now, you are aware that as part of this  
6 proposal that they're going to have what I'm going  
7 to call a virtual electronic fence. Can you explain  
8 to me what your understanding of that is?

9 A Yes. This is a fantastic state-of-the-art  
10 secured electronic fencing that detects thermal  
11 imaging. So they can determine whether it would be  
12 an animal or a human being. So they have very  
13 distinguishing thermal imaging, and a trained  
14 central dispatch or monitoring agent could look at  
15 that and say we have a human intrusion or it's a  
16 nonrelative call, it's a deer, or it could be a dog  
17 or situations like that. But these are  
18 state-of-the-art electronics.

19 Q Will there be any guns on the premises?

20 A No, sir. There will not be any weapons  
21 whatsoever, not even a Taser or what they call an  
22 expandable baton, just strictly unarmed security  
23 officers.

24 Q The fact that this is the -- this type of

1 facility, the fact that it has a detox facility  
2 component with it, the fact that it's for drugs and  
3 alcohol, do you find that there are any additional  
4 needs as far as your security plan just because of  
5 the type of facility that's involved here that you  
6 would have to be cognizant of?

7 A No, sir, because this would not be a court-  
8 ordered intake facility. It is a strictly voluntary  
9 facility where the clients would have the  
10 opportunity to sign themselves off if they so  
11 desired.

12 There's no means to prevent them from  
13 leaving, and it is an upscale facility. So to the  
14 best of my knowledge, at this point these are  
15 residents of the local area or elsewhere that really  
16 want to turn their life around and change their life  
17 around. I've heard the term used before an upscale  
18 or a high-end facility. This is not a court-  
19 mandated facility, so I see no extra precautions  
20 necessary.

21 Q Do you think you've covered everything that  
22 would be relevant for the purposes of the Board that  
23 they should know about this project?

24 A Well, having walked the property, as I said,

1 it has natural boundaries and barriers. Other than  
2 someone from the forest area that may walk on the  
3 campus just to see what it is out of curiosity, I  
4 don't perceive any major security issues whatsoever.  
5 It has very good access control.

6 The plans that I've seen as far as the  
7 access control, the monitoring by closed circuit  
8 TVs, the monitoring by the fence lines, it would be  
9 a, for lack of a better term, very secure facility,  
10 and it is also a very, very luxurious place to go.  
11 If you go and take a walk around this property, it  
12 is an absolutely beautiful property, and I believe  
13 it will suit the intent that you have as -- be  
14 better for it. I think it would be an absolute  
15 great location for such a facility.

16 Q When you said that you would initially have  
17 two security personnel and potentially be reduced by  
18 one, your opinion for that is not based upon any  
19 financial matter that the Maxxam Partners said  
20 they're willing to pay that much; it's based upon  
21 what you feel the needs are?

22 A It's based upon a brief conversation I had  
23 with the potential owner as far as appeasing the  
24 local community feeling more secure having two

1 officers, and after an undetermined period of time --  
2 because we have not discussed that -- reducing it to  
3 a lower level, which one officer is probably all  
4 that that facility needs.

5 Q But would that be your opinion -- that is  
6 your opinion that's all it needs if that was the  
7 case after going through let's say a dry-run period?

8 A Yes, sir, unless it proves many incidents,  
9 which I do not foresee at this location whatsoever.

10 MR. BROWN: Thank you.

11 CHAIRMAN WHITE: Board members have any  
12 questions?

13 (No response.)

14 CHAIRMAN WHITE: Seeing none, County have  
15 questions?

16 MR. KINNALLY: Two.

17 CHAIRMAN WHITE: Please speak into the  
18 microphone.

19 CROSS-EXAMINATION BY COUNSEL FOR THE COUNTY  
20 BY MR. KINNALLY:

21 Q The two officers, will they be 24/7?

22 A We have not signed any contract. That would  
23 be a recommendation, but at this point that's an  
24 unknown.

1 Q But your recommendation would be at least to  
2 start they'd be 24/7?

3 A Correct. That would be a recommendation,  
4 but I don't see that as a necessity. In other  
5 words, I believe the job could be done with one  
6 officer, but from the discussions I've had with the  
7 client, they would feel more comfortable having  
8 two in a start-up period.

9 Q How many substance abuse facilities have you  
10 served as security for?

11 A I have not served for any, sir.

12 MR. KINNALLY: Thank you. No further  
13 questions.

14 Thank you, Mr. Chairman.

15 CHAIRMAN WHITE: Mr. Carrara, do you have  
16 any questions?

17 MR. CARRARA: Thank you, Mr. Chairman, just  
18 a few.

19 CROSS-EXAMINATION BY COUNSEL FOR THE APPELLANT  
20 BY MR. CARRARA:

21 Q Sir, the roaming guard is going to be able  
22 to prevent people from leaving the facility how?

23 A We don't foresee that there's any need for  
24 that to happen since it is a self-sign-in, and they

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1 can sign out at whatever time they desire. So we  
2 would not be there to prevent anyone from leaving.

3 Q So somebody who is dealing with the  
4 difficult situation of drug addiction and may not be  
5 happy at their progress and they want to leave, if  
6 they decide they don't want to sign whatever form  
7 that the facility has, and they don't want to wait  
8 around for the -- I think it's been called a car  
9 service to arrive and take them to wherever they're  
10 going to take them, is there a procedure in place  
11 that you've recommended to prevent those people from  
12 leaving the facility and going into the neighborhood?

13 A There is no procedure at this time. We do  
14 what is called post orders, whereupon if we are  
15 contracted to provide the security for this company,  
16 which is not a given at this time -- if we are  
17 contracted to provide the security, then those  
18 regulations will be put in place per the contract  
19 and per the post orders. But at this point there is  
20 none in place.

21 MR. CARRARA: That's all I have, Mr. Chairman.

22 CHAIRMAN WHITE: Thank you.

23 Members of the public, do you have any  
24 questions?

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1 Ms. Wojnicki.

2 MS. WOJNICKI: Thank you, Chairman White.  
3 This is a good opportunity to ask you if I could  
4 clarify an answer to a question that was asked at  
5 one of the hearings before Christmas, and it has to  
6 do with Alarm Detection.

7 CHAIRMAN WHITE: Yes, it would but --

8 MS. WOJNICKI: Do you need to swear me in?

9 CHAIRMAN WHITE: I'll swear you in.

10 Raise your right hand.

11 (Witness sworn.)

12 CHAIRMAN WHITE: Please state your name again.

13 MS. WOJNICKI: My name is Barbara and the  
14 last name is W-o-j-n-i-c-k-i.

15 CHAIRMAN WHITE: I'm not sure of your question.  
16 Does it pertain -- are you cross-examining what has  
17 been stated here?

18 MS. WOJNICKI: This -- I would like to  
19 clarify an answer that was given when Attorney Brown  
20 had asked the sales representative from Alarm  
21 Detection a question, and this was at one of the  
22 hearings before Christmas.

23 CHAIRMAN WHITE: I'll allow you to proceed,  
24 but you may not get an answer.

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1 MS. WOJNICKI: Oh, I'm just going to make a  
2 statement.

3 CHAIRMAN WHITE: Okay.

4 MS. WOJNICKI: Thank you very much,  
5 Chairman White.

6 The question Attorney Brown had asked the  
7 sales representative from Alarm Detection was does  
8 Alarm Detection have security at the forest  
9 preserves, Kane County forest preserves, and his  
10 answer was yes.

11 We have security cameras at some of the  
12 Kane County forest preserves, for example, the ones  
13 that have buildings. For example, the Barbara  
14 Belding lodge over at Brewster Creek or the creek  
15 foundation center at LeRoy Oakes. We also have  
16 cameras on our field stations. However, we do not  
17 have cameras in selected trees or poles overlooking  
18 open lands.

19 So the 620 acres that will surround this  
20 proposed rehab facility will not have cameras on all  
21 the open public land.

22 Thank you. That's all I wanted to say.

23 CHAIRMAN WHITE: Okay. Any other units of  
24 government wish to cross-examine this witness?

1 MR. SHEPRO: Thank you, Mr. Chairman,  
2 Kenneth Shepro, Fox River Fire District.

3 CROSS-EXAMINATION BY AUDIENCE MEMBER  
4 BY MR. SHEPRO:

5 Q Will your security people have experience in  
6 assisting first responders in any work that they  
7 might have to do if they were called to the facility?

8 A What type of --

9 Q Such as, for example, if a patient that was  
10 needed to be transported, if there were issues with  
11 that person's willingness or medical condition such  
12 that it affected his degree of cooperation with  
13 the -- with the emergency medics, would they --  
14 would your people have training in how to assist  
15 those individuals in securing the patient and  
16 getting him transported?

17 A That could be part of the arrangement that  
18 is made between the company. It's an unknown at  
19 this time depending what type of security training  
20 they request for this facility, crisis prevention.

21 MR. BROWN: There's one element that he's  
22 missing, along with the trained doctors, nurses, and  
23 staff that are already on the premises. Because you  
24 said that question in a vacuum of what the facility

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1 already has. I was just helping you get all the facts.

2 MR. SHEPRO: Well, I think that would be an  
3 appropriate question for redirect if he doesn't like  
4 my question. But that wasn't my question. My  
5 question was addressed to your personnel.

6 A (Continuing.) Normally our security  
7 officers do not physically get involved. We're  
8 there to observe, to report, to detect any illegal  
9 or potential issues, and then to report those  
10 issues. If it becomes a situation where we believe  
11 a higher level security is involved, then we would  
12 call the local authority, whether that be Kane County  
13 Sheriff's office or the local police department.

14 Now, depending on what is requested or  
15 required by the client or by a State of Illinois  
16 situation, we could have officers that are trained.  
17 We can officers trained all the way up to personal  
18 intervention, to restraint with handcuffs, or to  
19 armed weapons. That remains open at this point.  
20 What we have discussed so far is just strictly  
21 unarmed security officers to act as a deterrence by  
22 being a physical presence.

23 MR. SHEPRO: Thank you. That's all I have.

24 CHAIRMAN WHITE: Thank you. There was

1 another gentleman that approached, if you'd please  
2 come forward.

3 MR. JOHANSEN: Richard Johansen, Campton  
4 Township clerk.

5 CHAIRMAN WHITE: Are you asking questions?

6 MR. JOHANSEN: Yes.

7 CHAIRMAN WHITE: Proceed.

8 CROSS-EXAMINATION BY AUDIENCE MEMBER

9 BY MR. JOHANSEN:

10 Q What is the reason for this security?

11 A That would remain up to the client to answer  
12 that. There is currently security there now  
13 observing the buildings to make sure there's no  
14 vandalism during evening hours. We would be there --  
15 and this is an assumption because we have not gotten  
16 to a conversation as far as exactly what the  
17 requirements or the duties would be per a contract  
18 situation. But my assumption would be that we would  
19 be there to be a presence to let people know that  
20 they do have security and to act as a deterrent.

21 Q Is it to protect the residents of the  
22 facility?

23 A That would not be my understanding as of  
24 this point, no, sir.

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1 Q Is it to keep intruders out of the facility?

2 A That's most probably the situation that we  
3 would encounter, yes.

4 Q And is it to protect the public that is  
5 using the surrounding forest preserve that was paid  
6 for by taxpayers for either residents coming out of  
7 the facility or other people crossing the forest  
8 preserve to enter the facility?

9 A I can't speak on behalf of forest preserve  
10 land. That's not our jurisdiction. Our jurisdiction  
11 would simply be the boundaries of this private  
12 property.

13 Q It's surrounded by forest preserve that was  
14 paid for by taxpayers.

15 A Yes, sir.

16 Q And the public will have the right at least  
17 to use that forest preserve property --

18 A Yes, sir.

19 Q -- that's surrounding this facility.

20 A Correct.

21 Q And you're guarding this facility?

22 A Correct -- well, not as of yet we're not,  
23 but hopefully to be so doing.

24 Q You're proposed to be regarding this

1 proposed facility?

2 A Yes, sir.

3 Q And I was asking you the reasons why it  
4 needed that security, and it occurred to me to ask  
5 you, is it to protect the public that is using the  
6 surrounding forest preserve from people coming in or  
7 going out?

8 MR. BROWN: We would say that -- we'd  
9 stipulate that's not our responsibility as to the  
10 forest preserve.

11 MR. JOHANSEN: Thank you, Mr. Brown.

12 CHAIRMAN WHITE: Anyone else speaking from  
13 the podium?

14 Sir, come forward. Are you asking a  
15 question?

16 MR. CLARK: Yes. Sean Clark. I'm with the  
17 Campton Township Plan Commission.

18 CHAIRMAN WHITE: Thank you.

19 CROSS-EXAMINATION BY AUDIENCE MEMBER

20 BY MR. CLARK:

21 Q You said they're going to be unarmed; is  
22 that correct?

23 A To the best of my knowledge. We haven't  
24 discussed the full length of the contract, but from

1 the brief conversations that we've had, the initial  
2 look for security would call for unarmed security  
3 officers, yes, sir.

4 Q But you mentioned that they will be carrying  
5 a baton?

6 A No, sir.

7 Q They're not?

8 A No.

9 Q You also said that your company has no  
10 experience right now with any treatment facilities?

11 A Not in the state of Illinois -- my branch.  
12 I can only speak for my portion of the company.

13 Q I see. Okay. Can you tell me what is the  
14 crux of your business? Is it office, residential?

15 A Everything. I'll give you a brief synopsis.

16 We assist the Federal sworn police officers  
17 for two major railroads. We do supply security  
18 officers for access control and response for  
19 four different high schools in this -- not necessarily  
20 in this area but within the four counties attached  
21 to this county. We do high-rise commercial buildings  
22 downtown Chicago. We do security and detection  
23 systems for a senior retirement community and the  
24 full spectrum therein.

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1 Q Okay.

2 A So we're a broad spectrum-based company.

3 Q That's perfect. And with regards to -- and  
4 I understand the proposal -- is it completed or is  
5 it preliminary? Can you give me --

6 A It's very preliminary -- well, complete  
7 aspects of the contract have not been discussed  
8 because everything is pending on them getting  
9 licensure and approval for zoning. So it's just a  
10 general conversation of what we would provide, what  
11 do you think is necessary, that type of questions  
12 and answers.

13 Q This is going to be the exterior surrounding  
14 area observe and report only?

15 A Well, it would be the entire facility but  
16 there is -- if you're familiar with the property,  
17 there is a roadway that goes completely around, and  
18 then there would be, to the best of what is proposed  
19 so far, the fencing which protects the exterior. So  
20 we would be there to act as a presence for the  
21 entire property.

22 Q And have the post orders been written or  
23 drafted yet?

24 A No, sir.

1 Q Okay. So do we have a list of incident  
2 types that you'd be responding to?

3 A Not at this time.

4 MR. CLARK: Thank you.

5 CHAIRMAN WHITE: Anyone else seeking the  
6 microphone?

7 Mr. Miller, please state your name for the  
8 record.

9 MR. MILLER: Joe Miller.

10 CROSS-EXAMINATION BY AUDIENCE MEMBER

11 BY MR. MILLER:

12 Q You had mentioned that although your  
13 division or your grouping does not have direct  
14 experience, I believe you alluded that others within  
15 your broader company have had experience with these  
16 types of facilities.

17 A In the past, yes, we do secure hospitals  
18 that do have facilities within those hospitals.

19 Q Okay. But to the best of your knowledge,  
20 there were no stand-alone facilities that -- outside  
21 of a hospital, a broader knowledge base within your  
22 company that you may utilize to make recommendations  
23 to the Maxxam Partners?

24 A Well, yes. Correct, we do not do any

1 stand-alone rehabilitation drug and alcohol  
2 facilities, but we do assist in hospitals that have  
3 these programs.

4 MR. MILLER: Thank you.

5 CHAIRMAN WHITE: Anyone else seeking the  
6 microphone at this time?

7 MS. ANDERSON: Laura Anderson.

8 CHAIRMAN WHITE: Please speak into the  
9 microphone.

10 And you have a question?

11 MS. ANDERSON: Yes, I do.

12 CROSS-EXAMINATION BY AUDIENCE MEMBER

13 BY MS. ANDERSON:

14 Q Has your company considered any post command  
15 I believe is what you --

16 A Post orders.

17 Q -- post orders for working with the  
18 Kane County Forest Preserve on contraband that might  
19 be placed in the forest preserve that could be  
20 acquired by the residents?

21 A We have not. And, again, that's something  
22 that is a possibility. However, forest preserve  
23 district is not our location.

24 Q I know that it's not but it's your immediate --

1           A Surroundings.

2           Q -- border. And I have past experience  
3 working at the jail when it was located on Fabyan  
4 and having -- finding contraband when we worked the  
5 gardens, the inmate garden there. So it's a very,  
6 very common thing.

7           A Well, depending on what a potential client  
8 requests for the security officers to do, if we're  
9 requested to do perimeter searches for contraband on  
10 our property location, we would do so. If we  
11 noticed or suspected contraband for anything outside  
12 our limited contract, we would notify authorities,  
13 whether that be Kane County Forest Preserve officers  
14 or local officers.

15           Again, that would not be our jurisdiction,  
16 but, obviously, if we see a crime occurring, we  
17 have a responsibility to intervene. If we see  
18 suspected contraband, our officers would not  
19 necessarily cross the borders into that area to  
20 investigate but would notify the authorities of what  
21 they potentially see.

22           Q I was just wondering if there would be  
23 something like a routine arrangement with the forest  
24 preserve that would have you both sweeping your

1 borders and looking for contraband.

2 A That hasn't been determined.

3 MS. ANDERSON: Thank you.

4 CHAIRMAN WHITE: Anyone else seeking the  
5 microphone at this time?

6 Mr. Brown.

7 REDIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER  
8 BY MR. BROWN:

9 Q This is not a jail; correct?

10 A Correct.

11 Q So you're really not guarding people here?

12 A Yes.

13 Q You're guarding premises, property?

14 A Yes, sir.

15 Q I just want to clarify this because I'm very  
16 active -- and I talked to you earlier. I thought  
17 from talking to you that the staffing and from what  
18 my client tells me are two officers for two-thirds  
19 of the day and one officer potentially at night,  
20 though, maybe because there's less activity. But  
21 that's been the commitment from the client; is  
22 that true?

23 A Again, we have not had any commitments at  
24 this point, but that has been a major discussion

1 that we have had, more presence of security during  
2 the active hours or the open hours and less during  
3 the evening because it's been that way now for  
4 several years of just evening patrols. So there  
5 probably potentially would not be any necessity to  
6 increase that coverage.

7 Q Also, with this virtual fence, even though  
8 it's not a jail, not a facility where we're guarding  
9 people, but if one of the people using our facility  
10 or if anyone actually goes beyond this virtual fence  
11 either way, meaning going without authorization  
12 beyond that virtual fence area, that would be  
13 something that you would go investigate and also  
14 contact other personnel at the facility?

15 A Correct, sir, either in or out.

16 MR. BROWN: I have no further questions.

17 MS. ANDERSON: Chairman White -- I'm sorry --  
18 I have an addendum to my questioning.

19 CHAIRMAN WHITE: Make it brief, please.

20 CROSS-EXAMINATION BY AUDIENCE MEMBER

21 BY MS. ANDERSON:

22 Q The virtual fence, is it something that  
23 works both day and night?

24 A I cannot speak to that professionally since

1 I am not with the company Alarm Detection Services.  
2 However, I'm led to believe that it is.

3 Q Okay. And I know that -- I realize that  
4 this facility is not applying to be a jail, but we  
5 are talking about people who have trouble not  
6 drinking and not taking drugs. Will they be  
7 allowed, as far as you know, to walk the property?

8 A I would see no reason why they wouldn't be,  
9 but that has not been discussed at this time.

10 MS. ANDERSON: Thank you.

11 CHAIRMAN WHITE: Please state your name for  
12 the record.

13 MR. PARASKEVAS: Constancinos Paraskevas.

14 CHAIRMAN WHITE: Do you have questions or do  
15 you have comments?

16 Please raise your right hand I'll swear you in.

17 (Witness sworn.)

18 CHAIRMAN WHITE: I'd like to keep you to asking  
19 questions of this witness at this point in time.

20 MR. PARASKEVAS: Right.

21 CROSS-EXAMINATION BY AUDIENCE MEMBER

22 BY MR. PARASKEVAS:

23 Q What are the qualifications of the officers  
24 that you speak of? Basically, are they security

1 guards, or are they actually licensed officers?

2 A All security officers for the State of  
3 Illinois have to be registered with the IDFPR,  
4 Illinois Department of Finance and Professional  
5 Regulations, under licensure, carry a personal photo  
6 registration card, and they have to go through a  
7 20-hour basic security officer training.

8 Besides that, Per Mar Security does an  
9 in-depth -- and by the way, PERC requires a State of  
10 Illinois State police background investigation.  
11 Per Mar Security goes beyond that. We do a seven-  
12 year background investigation on individual officers  
13 and do anywhere from four to eight hours of Per Mar  
14 in-house training.

15 Now, depending on what the post orders or  
16 what the security officers are required to do at  
17 that facility, extra training may be required for  
18 that, but that's undetermined at this time.

19 Q Okay. And how do these requirements that  
20 you spoke of just a minute ago differ from some of  
21 our Campton Hills police officers?

22 A Major difference. We do not have arrest  
23 capability.

24 Q Okay. Which was another thing I was curious

1 about. So you don't have the ability to detain  
2 anyone?

3 A It depends on what the post orders require.  
4 There are officers that can be -- that may have  
5 arrest -- not arrest capabilities but detaining  
6 capabilities. We don't see that that's necessity at  
7 this site.

8 However, we are not sworn police officers,  
9 so we do not arrest at all. We're security officers,  
10 not police officers, and I don't want to confuse you  
11 as to that.

12 MR. PARASKEVAS: I guess I'm just kind of  
13 curious how you would handle certain situations.

14 Such being the case, I would like to tender  
15 some information. It is incidents reported at  
16 Cromwell Interventions at Woodridge, Illinois.

17 CHAIRMAN WHITE: Do you have an expert to --  
18 that we could cross-examine on the testimony or on  
19 the written documents you're about to present?

20 MR. PARASKEVAS: Why would I do that?

21 CHAIRMAN WHITE: It's hearsay, as we see it.  
22 I don't know where you derived the information from.

23 MR. PARASKEVAS: Woodridge Police Department.  
24 It's certified. It is certified.

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1 CHAIRMAN WHITE: It was a FOIA request?

2 MR. PARASKEVAS: Yes, it was.

3 CHAIRMAN WHITE: And it is certified?

4 MR. PARASKEVAS: Yes, I have the certification.

5 MR. BROWN: If I could just take a quick look  
6 at it.

7 CHAIRMAN WHITE: That would be fine.

8 MR. PARASKEVAS: Absolutely.

9 CHAIRMAN WHITE: Have Mr. Brown look at it.  
10 Do you have copies available for the Board?

11 MR. PARASKEVAS: I have 11 total copies.

12 CHAIRMAN WHITE: Thank you.

13 You may go ahead and distribute them. We  
14 may or may not enter them into the record.

15 MR. PARASKEVAS: Can I give one to the  
16 gentleman?

17 MR. BROWN: Just as a point of clarification,  
18 does this clinic do methadone? Do you know?

19 MR. PARASKEVAS: You know what? I believe  
20 that it does not.

21 MR. BROWN: You believe it doesn't?

22 MR. PARASKEVAS: I was told that it does not.

23 CHAIRMAN WHITE: Did you get that answer?

24 THE COURT REPORTER: Which one?

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1 CHAIRMAN WHITE: The one Mr. Brown just  
2 asked.

3 THE COURT REPORTER: Yes.

4 MR. BROWN: What facility are you  
5 referring to?

6 MR. PARASKEVAS: This is Cromwell  
7 Interventions in Woodridge, Illinois. When I say I  
8 believe it does not have methadone is because I  
9 called them specifically and asked them that  
10 specific question. That is what the representative  
11 told me.

12 MR. BROWN: Is this an inpatient facility?

13 MR. PARASKEVAS: Yes, it is. So it's  
14 expected to be about 30 to 90 days. It's a 78-bed  
15 facility.

16 MR. BROWN: I'll allow him to ask questions  
17 at this point -- we'll research it -- just to move  
18 things along.

19 CHAIRMAN WHITE: Go ahead and proceed.

20 MR. BROWN: I'm sorry. On the website it  
21 says it treats crystal meth. I know that's hearsay,  
22 too, but what I'm trying to get at is that the type  
23 of facilities, and even the ones -- all due respect  
24 to counsel here, that was when we had that big stack

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1 of papers -- had to do with mental health facilities,  
2 methadone, and other matters which are comparing  
3 apples and oranges.

4 If you want to take it for the weight that  
5 it is, it's just a matter of this is not the same  
6 type of facility and will not use the same type of  
7 calls. If he wants to ask questions based on that,  
8 I don't have a problem with it.

9 CHAIRMAN WHITE: I'll let you proceed and  
10 we'll see how it goes. I do agree with him you're  
11 comparing apples to oranges.

12 MR. PARASKEVAS: They do --

13 CHAIRMAN WHITE: Go ahead and ask your  
14 questions.

15 MR. PARASKEVAS: They do treat alcohol and  
16 it says substances, which they are treating alcohol  
17 and substances.

18 CHAIRMAN WHITE: We understand that. But in  
19 addition to that they do also treat methadone -- or  
20 provide methadone in their treatment.

21 So go ahead and proceed.

22 MR. PARASKEVAS: So this would be what?

23 CHAIRMAN WHITE: Sorry.

24 MR. PARASKEVAS: So Woodridge would actually

1 be a less serious environment?

2 CHAIRMAN WHITE: I can't speak to that.

3 MR. PARASKEVAS: Okay. Thank you.

4 BY MR. PARASKEVAS:

5 Q Looking at some of these incidents, battery,  
6 assault, theft, criminal damage to property --

7 MR. BROWN: Can I just say this, it's an  
8 outpatient facility that treats children and  
9 juveniles, and we're comparing apples and oranges.  
10 I'm trying to be mindful of that.

11 CHAIRMAN WHITE: We're not going to accept  
12 this as the testimony. It's too far of a reach.

13 Do you have a specific question about the  
14 security of this facility?

15 MR. PARASKEVAS: Yes, I do.

16 CHAIRMAN WHITE: Go ahead.

17 MR. PARASKEVAS: This is my question right  
18 now -- I mean, I disagree. I don't think it's  
19 completely apples and oranges.

20 CHAIRMAN WHITE: Go ahead and continue.  
21 You're not here to debate.

22 BY MR. PARASKEVAS:

23 Q But these are the sorts of incidents that  
24 since you don't have experience with this field,

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1 this is what you can expect. So how are your  
2 officers going to handle these sorts of situations,  
3 possession of controlled substance, disorderly  
4 conduct?

5 THE WITNESS: May I interrupt?

6 CHAIRMAN WHITE: I didn't hear who spoke.

7 THE WITNESS: I did, sir.

8 CHAIRMAN WHITE: Go ahead.

9 THE WITNESS: May I interrupt? Again, this  
10 facility is not the same type of facility that we're  
11 looking at for the applicant. Are there similarities?  
12 There may be. It is my belief that there are going  
13 to be different applications.

14 This also -- do you know if any of these are  
15 referred per court systems for mandatory treatment,  
16 or is this a self-admitted facility? Because other  
17 statistics -- they're not really applicable, sir, in  
18 my opinion.

19 MR. PARASKEVAS: I know that some of them  
20 are going to be self-admitted, but I cannot  
21 guarantee that all of them -- or that any of them --

22 CHAIRMAN WHITE: These questions will be out  
23 of order then, Constancinos. We're talking about  
24 two different facilities here, different operating

1 structures. I mean, you're really stretching it. I  
2 can understand your concerns. Is there anything  
3 specific that you want to ask this witness about his  
4 testimony?

5 MR. PARASKEVAS: Okay.

6 BY MR. PARASKEVAS:

7 Q If you run into situations such as these --  
8 which I imagine you will because any other places  
9 that I've looked into had similar occurrences, I  
10 just could not get them certified in time, but these  
11 are the sorts of incidents that I've seen -- how can  
12 your officers handle that? How do you expect that  
13 they're going to handle it?

14 A It depends on what level of officers we are  
15 actually contracted to provide. So at this point,  
16 if it's a basic unarmed security officer that is  
17 there to just deter, act as a deterrence and to  
18 report, we would not be involved in this activity  
19 other than to call the police.

20 If it's a higher level of security officer  
21 that's enacted, there's different levels of response.  
22 At this point I don't know what we're going to be  
23 doing because we're not under contract.

24 I would also like to say I'm not familiar

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1 with this facility, but this report really wouldn't  
2 help me anyway because it doesn't -- if this is  
3 court, I guess required, we don't know which one of  
4 these occurrences or the number of these occurrences  
5 based on each individual bracket occurred by someone  
6 who was a voluntary admittee or someone who was sent  
7 there by the court.

8 So these numbers -- unless we have accurate  
9 numbers, it's hard to make any kind of prediction on  
10 these. There's always the possibility of  
11 troublesome areas. That's why our company is in  
12 business. There's always, unfortunately with the  
13 nature of society, a need for security. That's why  
14 we're there. So is this possible problems?  
15 Anything is possible. Is it potential? I don't  
16 believe so.

17 CHAIRMAN WHITE: Okay. Thank you.

18 Anyone else seeking the microphone at  
19 this time?

20 And we'd like to move this along. We have  
21 other witnesses we'd like to get up this evening.  
22 Do you have a question?

23 MR. TYRRELL: I have questions. The name is  
24 Mike Tyrrell. I'm a resident of Campton Hills and

1 also a Village trustee.

2 CROSS-EXAMINATION BY AUDIENCE MEMBER

3 BY MR. TYRRELL:

4 Q There's been some questions -- or  
5 statements, rather -- that your firm would not have  
6 the ability to arrest. Given the potential inflow  
7 or outflow of personnel across the property, what in  
8 your definition is the difference between detain and  
9 how far does that go versus arrest?

10 A A lot of times you can detain someone by  
11 verbal suggestive rather than a direct order.  
12 Again, if I have a situation, I point at somebody  
13 and say, "Put your hands up against that wall," I've  
14 given them a direct command; I've crossed the line  
15 of a security officer. That's a police officer's  
16 command.

17 If I say, "Sir, please, I need you to stop  
18 this behavior right now; sir, I need you to please  
19 back away out of the situation," I'm requesting that  
20 they do so; I'm not commanding them or ordering  
21 them. There's a very fine line.

22 Security officers do not have a right to  
23 detain or arrest an individual. Only sworn  
24 officers, police officers have that right.

1           Now, if it is a life-threatening situation  
2 either to the security officer or to anyone else,  
3 you have a legal right to intervene with an  
4 appropriate response level.

5           Q   Someone is trying to enter the property with  
6 malicious intent, whatever, and your officers confront  
7 them, and they refuse to be detained. How is that  
8 handled by your security firm?

9           A   Immediate 911.

10          Q   So in a long-distance situation with police  
11 control, et cetera, one can disappear very, very  
12 quickly in that rural environment.

13          A   Yes, sir, that is correct. The security  
14 officer should be able to give a description: Height,  
15 weight, gender, ethnicity, clothing, and so forth.

16          Q   Also was mentioned the possibility of being  
17 down to one security officer at a given time. It's  
18 a rather large campus. That security officer is  
19 roaming the campus. Who monitors then the thermal  
20 imaging on the perimeter?

21          A   That would be the responsibility of the  
22 other security company that puts in the systems, and  
23 we would be in contact with them through some sort  
24 of smart phone device where we'd be contacted

1 immediately.

2 Q And, lastly, you had mentioned about the  
3 qualifications you have with the Illinois department,  
4 et cetera --

5 A Yes, sir.

6 Q -- for the officers. Can you tell me a  
7 little bit about their background, about background,  
8 education, and training required for your security  
9 officers in such an environment?

10 A Again, depending on what level of security  
11 officer. All of our officers have to have a high  
12 school degree or GED. They have to have the State  
13 of Illinois 20-hour mandated required security  
14 officer training, basic security officer training.  
15 They have to pass the State of Illinois State police  
16 background investigation. They also have to pass the  
17 Per Mar seven-year further background investigation.  
18 And depending on what other qualifications that the  
19 State may require depending on the licensing, they  
20 would have to do that training and meet those  
21 certifications.

22 For example, someone that is protecting a  
23 Federal railroad situation has to do an e-Rail  
24 certification. So it depends on whatever training

1 or security training would be required for the  
2 level.

3 Q So I heard high school education, 20 hours  
4 of training. What might be the typical pay scale  
5 for a security officer at such a facility?

6 A Well, that's kind of proprietary information  
7 and would vary upon --

8 CHAIRMAN WHITE: I would say that question  
9 is out of order. Do you have anything else?

10 MR. TYRRELL: No, not at this time. Thank you.

11 CHAIRMAN WHITE: Mr. Blecker. As I  
12 mentioned earlier we need to move along.

13 MR. BLECKER: Just two questions, maybe one.

14 CROSS-EXAMINATION BY AUDIENCE MEMBER

15 BY MR. BLECKER:

16 Q In your evaluation of the number of officers  
17 you need to patrol this area and secure the area,  
18 have you either contacted the Kane County Sheriff's  
19 Department or the Village of Campton Hills Police  
20 Department to determine response times from their  
21 locations?

22 A No, sir, because we're not contracted as of  
23 this time. So that was something that we did not do  
24 because we're not required, or paid for, or requested

1 to do a complete survey, just a general look at the  
2 property and give an opinion, and this is just an  
3 opinion.

4 Q So you're telling me your opinion was based  
5 on just walking the property and saying, "Well, we  
6 need two officers to secure the -- cover this"  
7 without knowing that it's going to take 20 minutes,  
8 5 minutes, 10 minutes, 1 minute for either the  
9 Campton Hills Police Department or the County  
10 Sheriff to be there?

11 A Not necessarily. It would depend on the  
12 client's licensing. There are different parameters  
13 involved. This is going on as a basis of what we've  
14 been informed as to this point as a voluntary  
15 admittance to a high-level drug and alcohol  
16 treatment facility.

17 Q But we still have the possibility of -- not  
18 necessarily escaping; that's not the right term --  
19 but egress; we still have the possibility of  
20 intrusion. Regardless of who is on the facility,  
21 there are -- could be outsiders coming into the  
22 facility, and I think it would be important to know  
23 how long it's going to take the police to get there.

24 A If we are contracted to provide the

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1 security, then that's something that obviously we  
2 would do. But at this time it's not something that  
3 we have done, sir.

4 MR. BLECKER: Thank you.

5 CHAIRMAN WHITE: Thank you.

6 Anyone else seeking the podium? I will  
7 allow -- since you've been up, I'll allow one more  
8 question.

9 Please state your name.

10 MR. PARASKEVAS: Constancinos Paraskevas.

11 Mr. Brown, where did you get your  
12 information on Cromwell Interventions --

13 CHAIRMAN WHITE: Sir, this is out of order.  
14 You're here to ask questions of the witness at this  
15 point in time.

16 MR. PARASKEVAS: I'm only asking this  
17 because it was relevant -- the last time I spoke, he  
18 objected to some of the things that I was saying,  
19 saying that I was comparing apples to oranges.

20 MR. BROWN: If he wants to just state what  
21 he thinks the facility does and gives the website,  
22 we can look at it at some point. I didn't want to  
23 make it personal.

24 MR. PARASKEVAS: No. My question is, where

1 did you get your information from?

2 MR. BROWN: Actually, my cocounsel brought  
3 it up here on my phone.

4 MR. PARASKEVAS: Is it certified?

5 MR. BROWN: It's cross-examination but I  
6 appreciate it.

7 MR. KINNALLY: This is out of order.

8 CHAIRMAN WHITE: I understand what your  
9 question is.

10 MR. PARASKEVAS: I'm just trying to make a  
11 point. The expectation on me is to get certified  
12 material.

13 CHAIRMAN WHITE: That's true.

14 MR. PARASKEVAS: So I would expect that the  
15 expectations on Mr. Brown --

16 CHAIRMAN WHITE: Let's give him some time.

17 MR. BROWN: Actually, the only thing I was  
18 saying -- actually, I looked at it. It was just my  
19 objection as to where it was coming from. All due  
20 respect, I understand what he's saying. I'm just  
21 representing my client.

22 MR. PARASKEVAS: So in all fairness, we  
23 can't say it was apples to oranges because we don't  
24 have information.

1 MR. BROWN: Actually, I was just saying he  
2 didn't lay the proper foundation to begin with. If  
3 we want to get technical about it, he needs to lay  
4 foundation as to how this was a similar facility,  
5 which he was not going to be able to. I looked at  
6 the information, looked it up at the website, and it  
7 was completely different. That's all.

8 If he wants to cross-examine my witness with  
9 proper foundation, I'd let that happen but I'm not --

10 MR. PARASKEVAS: I'm just commenting on the  
11 validity and that it is valid.

12 CHAIRMAN WHITE: Thank you.

13 Mr. Miller, please make it quick.

14 CROSS-EXAMINATION BY AUDIENCE MEMBER

15 BY MR. MILLER:

16 Q This is only a reference to something that's  
17 been mentioned several times. Are you aware of any  
18 data that shows a statistical difference between  
19 court-ordered patients and patients that submit  
20 themselves to these types of facilities?

21 A No actual data.

22 Q So no data that basically says that court-  
23 ordered would be -- you'd expect more incidents than  
24 those that are self --

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1 MR. KOLB: We have Exhibit J17, which is an  
2 expert report as well another expert at the next  
3 hearing that will testify on that exact point. This  
4 is not the appropriate witness.

5 CHAIRMAN WHITE: Thank you.

6 I see one more. You've been to the podium  
7 once. Please make it quick.

8 MR. CLARK: I'll be brief.

9 CROSS-EXAMINATION BY AUDIENCE MEMBER

10 BY MR. CLARK:

11 Q Mr. Gunderson --

12 A Yes.

13 Q -- you said earlier that the guard is going  
14 to be observing and reporting and then, if warranted,  
15 call the necessary authorities for interaction by  
16 the police; correct?

17 A Correct.

18 Q And it's your understanding that this is a  
19 facility where a patient is free to come and go as  
20 they please; correct?

21 A Correct.

22 Q Okay. Do you perceive that as breaking the  
23 law and warranting calling the police in that event?

24 A I'm not clear. What is breaking the law?

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1 Q The patients for this facility, the proposed  
2 facility, they're free to go at any time?

3 A Correct.

4 Q If somebody decides they want to leave, are  
5 you going to instruct your guard officers, security  
6 officers to call the police?

7 A First of all, it would be dependent upon  
8 what our post orders would recommend.

9 Q What would you recommend?

10 A I don't know. Our post orders are not in  
11 effect, but if they are free to leave, we would  
12 notify them that a vehicle for their transport can  
13 be supplied, would they prefer that. And if they  
14 say no, depending on what our post orders indicate  
15 our security officers to do -- which are not  
16 written at this time, so I'm making a guesstimate  
17 here -- we would notify the client that a patient,  
18 and if we know them, patient so-and-so, if not, a  
19 description of the patient, has opted to leave the  
20 premises.

21 And then, obviously, that onus would be on  
22 them to identify that patient. We would have it in  
23 a report that at this time, at this place, at this  
24 location, this date a known suspect -- excuse me --

1 a known person or an unknown person left the  
2 facility.

3 Q Okay. So you would not notify the police?

4 A Unless that was requested by our client or  
5 it was in our post orders.

6 Q Would you recommend that to your client  
7 given that scenario?

8 A I probably would recommend that, yes.  
9 Because whenever there is someone that leaves a  
10 facility that has an opportunity to leave by a  
11 vehicle driven somewhere as opposed to just crossing  
12 a boundary and walking off, my recommendation would  
13 be that our security officer would notify the police  
14 and the client. That would be the recommendation.

15 Q If you know that leaving the facility is not  
16 a violation of any criminal statute, you would call  
17 the police for that?

18 A It would depend what the recommendation was.  
19 Again, it would depend upon what we would get, having  
20 asked these questions of the local -- or whatever  
21 jurisdiction the police may have. They might say,  
22 "Well, that's not a concern; they're free to come  
23 and go." That would not be necessary.

24 MR. BROWN: Actually, I think that would

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1 probably be part of our protocol and the sign-in  
2 policies that we would have when people decide to be  
3 a recipient or a resident there for that time, and  
4 that would be beyond him.

5 But I would say just for purposes of my  
6 client, we would request that our security monitor  
7 and make sure that the person is safe until the car  
8 got there. I think we could at least say that.

9 CHAIRMAN WHITE: Okay. We'd like to move  
10 on. Thank you.

11 MR. CLARK: Thank you.

12 CHAIRMAN WHITE: Any other questions of  
13 Board members at this time of this witness?

14 (No response.)

15 CHAIRMAN WHITE: Seeing none, the witness is  
16 excused.

17 THE WITNESS: Thank you, sir.

18 (Witness excused.)

19 CHAIRMAN WHITE: Do you have another witnesses?

20 MR. KOLB: We'd recall Trina Diedrich.

21 MEMBER REGAN: Mr. Chairman, I'd like to  
22 hear from the County Board member, a long-standing  
23 member of the County Board. She's sitting here for  
24 five nights; she should have an idea. We should

1 hear from her.

2 CHAIRMAN WHITE: She'll have an opportunity  
3 to discuss this if and when it gets to the County  
4 Board, and she's welcome to speak when the public is  
5 invited to speak.

6 MR. KOLB: We recall Ms. Diedrich.

7 CHAIRMAN WHITE: Ms. Diedrich, I remind you  
8 that you are sworn.

9 (Exhibit J18 marked for identification  
10 and retained by the Board.)

11 MR. KOLB: For the record, what we passed  
12 out is the Exhibit J18, the redacted staff report.  
13 We apologize it shrunk down. We had to try to  
14 reformat it on the fly since it was required of  
15 Mr. Chairman.

16 CHAIRMAN WHITE: Just state your name again  
17 for the record, Trina.

18 THE WITNESS: Trina Diedrich.

19 CHAIRMAN WHITE: Thank you.

20 TRINA DIEDRICH,  
21 having been previously sworn, testified as follows:

22 DIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER

23 BY MR. KOLB:

24 Q Hi, Trina. Can you explain -- well, is this

1 a copy of the staff report in a redacted form that  
2 you had reviewed earlier?

3 A It is.

4 Q Okay. Can you just run through the  
5 personnel that's in the staff report and just give  
6 me maybe a sentence as to what the primary  
7 responsibilities are for maybe some of the key  
8 personnel?

9 A For each personnel listed?

10 Q I think we can skip the administrative and  
11 business personnel.

12 A Okay. So the most relevant information  
13 would probably start -- I don't know what line  
14 number -- but case manager. A case manager  
15 generally is someone who would take a client, so to  
16 speak, through treatment from the time that they're  
17 admitted through their residential stay and then to  
18 discharge, making sure that all of their needs are  
19 met, referrals made, housing arranged, transportation,  
20 of course, back to their home area. That would be  
21 case manager.

22 Professional staff. Professional staff, as  
23 well as behavioral health technician below that, are  
24 two positions that would be guided by Rule 2060, and

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1 those staff, professional staff would need to be  
2 credentialed at the State level, or licensed  
3 certified social workers, and/or licensed certified  
4 counselors, as well as achieving the certified  
5 alcohol and other drug addiction counseling  
6 certificate from the Illinois certification board.

7 Residential director would be at the  
8 discretion of the partners or the organization as  
9 they see which kind of qualifications they would  
10 like. I would imagine that someone in a residential  
11 director position has no less than a master's degree,  
12 as well as several professional certifications.

13 Art therapy, wellness coordinator are pretty  
14 open to interpretation. My mom was an artist, and  
15 so if I draw anything and I think it's art, I'm  
16 corrected pretty quickly. So art therapy is open to  
17 interpretation; wellness coordinator the same.

18 Dietician is required under 2060 to ensure  
19 that all the residents and clients are getting  
20 nutritious, well-rounded menu.

21 Operations manager, again, is left to the  
22 discretion to the organization, and I'm quite sure  
23 the operations manager would be required to have  
24 24-hour on-call availability.

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1           The admissions director is the same type of  
2 situation. That person would oversee staff,  
3 supervise staff that would require clinical skills  
4 to assess for level of care and treatment, as well  
5 as then placement. So residential director generally  
6 has no less than a master's degree and several  
7 credentials, as well -- I'm sorry -- admissions  
8 director.

9           Intake coordinator could be a bachelor's  
10 level but still certified clinician. That intake  
11 coordinator generally would meet with the client who  
12 is wanting to come in for treatment, and that  
13 meeting could either be a formal -- a formal  
14 interview, so to speak, face to face, or if it's a  
15 preadmission screening, that may take place on a  
16 telephone. So intake coordinators generally have a  
17 bachelor's degree, and at least one or two  
18 certifications.

19           Lab technician is strictly medical, so I'm  
20 not able to speak to that. It would be someone who  
21 is taking blood samples, et cetera, doing  
22 breathalyzers maybe.

23           Referral relations is kind of self-explanatory.  
24 I think that's more of a marketing position.

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1           Call supervisor, there are no known  
2 requirements in 2060 for a call center supervisor,  
3 though I know several people who are supervisors,  
4 and they call them different names. So there are  
5 supervisors who supervise clinical staff, and the  
6 clinical staff are the people taking calls from  
7 people seeking treatment.

8           Outside marketing, self-explanatory.

9           Chat coordinator I believe is sort of a  
10 newer approach to interacting with clients via the  
11 Internet, and I don't have any knowledge of specific  
12 regulations for that position.

13           A registered nurse in the detoxification  
14 facility has very specific and very high-level  
15 qualifications and would be a full-registered nurse  
16 with some pretty extensive specialized training in  
17 detoxification services.

18           LPN in detox would be a little bit less  
19 qualified probably than an RN, but LPNs are  
20 extremely qualified people to do detoxification and  
21 other medical services, of course.

22           Behavioral tech would be -- in the detox  
23 unit would be someone who is at least a bachelor's  
24 level preferred probably, though there may be an

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1 occasion where people who are -- have their high  
2 school diploma and/or a GED who are able to apply  
3 for and receive that job.

4 Detox director is going to be, again, highly  
5 qualified, most likely someone with a medical  
6 background. Again, it could be the detox director;  
7 it could be a registered nurse or other medical  
8 professional, and they do not necessarily have any  
9 specific regulations for detoxification director.  
10 They're more of a director of the unit.

11 Medical director, that's very clear in the  
12 rule what the medical director must do, and that  
13 does include physical examinations, as well as  
14 psychiatric evaluations. It's not uncommon for a  
15 facility to have a medical director who is full-time  
16 who is an addictionologist, as well as a medical  
17 doctor position, general physician.

18 RN administrator would be at the discretion  
19 I would think of the facility.

20 Clinical director, highly skilled, probably  
21 a doctoral qualification or an advanced master's  
22 degree with many years of experience in the field.  
23 Clinical directors are generally on call 24 hours a  
24 day, 7 days a week, 365 days a year unless other

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1 arrangements, of course, would be made.

2 A driver -- personally, I don't have a  
3 driver, so I can't speak to that, but I'm sure they  
4 have a lot of qualifications as drivers.

5 Executive chef, I do not have any  
6 information on what that would require. The kitchen  
7 and dining rooms are highly regulated. Of course,  
8 they have to go through many levels of regulation  
9 through the State, through the County, through the  
10 City, and those are generally health department and  
11 sort of restaurant-related guidelines.

12 And for housekeepers, I'm not aware of any  
13 rule that would outline the job description for a  
14 housekeeper.

15 Q So am I correct that the applicant at an  
16 80 percent occupancy rate shows 108 personnel  
17 on staff?

18 A That's correct.

19 Q And am I correct that the 2060 plan shows  
20 65 personnel required?

21 A That's correct.

22 Q So is it safe to say that the applicant  
23 significantly exceeds the staffing required in  
24 the 2060?

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1 A Yes. That is safe to say.

2 MR. KOLB: Does the Board have any questions  
3 regarding staffing?

4 CHAIRMAN WHITE: Board members have any  
5 questions on what's been presented?

6 (No response.)

7 CHAIRMAN WHITE: County have anything?

8 MR. KINNALLY: I do.

9 CHAIRMAN WHITE: Please speak into the  
10 mic, Pat.

11 CROSS-EXAMINATION BY COUNSEL FOR THE COUNTY  
12 BY MR. KINNALLY:

13 Q When we were here in December, I asked you  
14 whether you knew anything about the staffing at this  
15 facility, and you told me that you didn't know  
16 anything about the staffing. That was in December.

17 A Uh-huh.

18 Q It's on page 153 of the transcript.

19 You said at that time you didn't know anything  
20 about who would comprise the staff at this particular  
21 facility at that time.

22 A Uh-huh.

23 Q So when did you learn about the staffing  
24 from December until now?

1           A I received this information on staffing the  
2 first -- the first hearing this week. So I think  
3 that was Tuesday.

4           Q So prior to that, you didn't know anything  
5 about it, and this was given to you by somebody from  
6 Maxxam?

7           A Correct.

8           Q Now, these are minimum levels; right?

9           A The minimal levels are in the column that's  
10 shaded.

11          Q Kind of pink?

12          A Pink, uh-huh.

13          Q Is it my understanding from this application  
14 that the applicant is going to exceed these and seek  
15 some other types of accreditation, the JACHO and  
16 there was another?

17          A So there are JACHO, CARF, and the last one  
18 escapes me right at this moment.

19          Q That's okay. So do you know what the staffing  
20 levels for JACHO are?

21          A Not -- I do not off the top of my head, no.

22          Q What about the other organizations? Do you  
23 know those, ma'am?

24          A The other accrediting bodies?

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1 Q Yes.

2 A I do not. I have access to that information,  
3 but I don't have it in my hand right now.

4 Q Was any information given to you since  
5 December when you testified that you were unaware of  
6 the staffing levels as to those staffing levels for  
7 those two accreditation organizations?

8 A No.

9 Q I would expect they would exceed these  
10 minimums. Is that a fair statement?

11 A I really would hesitate to answer that until  
12 I had JACHO -- I have the accreditation standards in  
13 front of me. I'd feel more comfortable. I don't  
14 want to speculate.

15 Q They would not be less than?

16 A They would not be less than.

17 MR. KINNALLY: Thank you, Mr. Chairman.

18 That's all the questions that I have.

19 CHAIRMAN WHITE: Thank you.

20 Any other Board members?

21 (No response.)

22 CHAIRMAN WHITE: Mr. Carrara, do you have  
23 any cross-examination?

24 MR. CARRARA: Just a few. Thank you,

1 Mr. Chairman.

2 CROSS-EXAMINATION BY COUNSEL FOR THE APPELLANT  
3 BY MR. CARRARA:

4 Q Since you received this on, it would have  
5 been Tuesday evening, how much time did you spend  
6 analyzing and comparing this to the Section 260 [sic]  
7 for compliance?

8 A How much time did I spend comparing 2060 to  
9 this document?

10 Q Yes, to make sure it was in compliance.

11 A I'm -- so I was expected to be home yesterday,  
12 and then the hearing got extended, so I was able to  
13 spend quite a bit of time. I would have to say  
14 making sure -- analyzing every position and all of  
15 the staffing, probably four to six hours.

16 Q Can you direct me to the section that deals  
17 with professional staffing in the regulations?

18 A I don't have the regulation in front of me.

19 Q I believe it's an exhibit that the  
20 petitioner has already provided. I believe it was J8.

21 A That may very well be. I don't have it up  
22 here, as you see. I have my iPad and nothing else  
23 really.

24 MR. CARRARA: Who would be the keeper of

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1 that? Is that staff?

2 MR. KINNALLY: Well, I've got one. So do  
3 you, don't you?

4 MR. CARRARA: I need to refer to mine.

5 MR. KINNALLY: So do I.

6 THE WITNESS: I do not know 2060 by heart,  
7 that's for sure, if that's what you're asking me to  
8 recall.

9 BY MR. CARRARA:

10 Q I guess my question is, I briefly read  
11 through Section 309 which I think you referenced  
12 earlier for staffing requirements, and I don't see  
13 anything that directly identifies staff-to-patient  
14 ratios, and I'm trying to get from you where I would  
15 find that in here.

16 A As soon as I have a copy of 2060 in front  
17 of me I can help you with that answer. I do not  
18 have one.

19 Q Thank you. I believe one is coming to you.

20 A So you're asking for the ratio did you say?

21 Q In this --

22 A It's 309.

23 Q In the Exhibit J18, in I think you said it's  
24 a pink or orange column on the right it says,

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1 "Professional staff required under 2060, 24." Where  
2 would I find that requirement in the exhibit that  
3 you have in front of you?

4 A So just to be clear, the column, the far right,  
5 that's not anything to do with patient-to-staff  
6 ratio. Those are just guidelines for all staff in a  
7 licensed facility. Does that make sense? I'm not  
8 sure if that --

9 Q No, I guess it doesn't.

10 A Okay.

11 Q So every facility that's licensed has to  
12 have 24 professional staff members?

13 A So depending on the size of the facility,  
14 the required amount may be more or may be less. So  
15 an example of that, the staffing pattern -- let's  
16 see. In 309(e), "Any professional staff, including  
17 interns who will provide clinical service in the  
18 treatment designated program," so that would have to  
19 be depending on what kind of treatment, how large,  
20 how small the treatment center is, what kind of  
21 clinical services are going to be provided. So I  
22 will check here.

23 So as you see at the beginning of 309,  
24 professional staff qualifications speaks to the

1 qualifications of staff working within the facility,  
2 and those involve much of the licensure and the  
3 certifications that I mentioned earlier. Of course,  
4 DUI does not apply to this facility; medically  
5 managed detox speaks to that staff specifically, a  
6 registered nurse or LPN, or the third option is  
7 an EMT.

8 Q Have we got to the professional staff yet,  
9 the 24 that you say is required on the exhibit?

10 A What you have in front of you is redacted.  
11 So the information that I can't see -- which I don't  
12 know the solution for this; that would be the  
13 attorneys would have to answer that for you.

14 So some of the numbers, the total in those  
15 columns, some of the information I believe has been  
16 redacted for I think maybe proprietary reasons, I'm  
17 not quite sure. So I can't recall exactly, and I  
18 don't have my notes in front of me, exactly how 24 --  
19 that would be -- this is terrible. I am not a  
20 mathematician. So I can say that the professional  
21 staff in behavioral health, that would be -- I think  
22 it was -- see, I don't really want to say it's  
23 proprietary or redacted.

24 Q I'm not the one that put you in this

1 position. You're the expert they brought forth to  
2 explain this. Unfortunately, the attorneys can't  
3 answer it for you.

4 So at this point what you're suggesting is  
5 you have no way of referring to the regulations, the  
6 requirements that you just testified were required?

7 A That's not at all true and that's pretty --  
8 mischaracterization of what I'm saying.

9 Q I'm not trying to do that. I just want you  
10 to direct me to the provision in here that says  
11 24 professional staff are required. If you can do  
12 that for me, that's all I ask.

13 A So, again, the number 24, if that's what  
14 you're talking about, there are not going to be  
15 24 people required at every treatment center in the  
16 state of Illinois, of which there are over 150.

17 Q I'm asking in this facility that you have  
18 given us -- you gave us this staffing plan; correct?

19 A I did.

20 Q Okay. So you gave us J18 that said the  
21 staffing required for the Maxxam facility for  
22 professional staff was 24. Where would I find that  
23 requirement in Section 2060?

24 A 2060 in 309 -- excuse me -- and, again, I

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1 have to read this; I don't have it memorized. So if  
2 you could just be patient, please, for a moment.

3 CHAIRMAN WHITE: Are you trying to get to a  
4 point that -- I know what you're asking is how did  
5 they derive the number, and I think it's been stated  
6 numerous times that they are going to meet the  
7 licensing requirements for this facility. If the  
8 licensing requirement says they need 30 people,  
9 maybe the calculation is incorrect. I understand  
10 what you're asking, but they are committing to  
11 meeting the requirements of the statute.

12 MR. BROWN: I will try to attempt to for  
13 purposes of giving you by the next meeting the  
14 statutory or regulatory requirements that are here  
15 so that you can have that better information.

16 MR. CARRARA: Thank you, Mr. Brown. And  
17 that may address everything.

18 Thank you, Mr. Chairman.

19 THE WITNESS: You may want to also reference  
20 313 which talks very specifically about requirements  
21 for staff and procedures that they must follow.

22 BY MR. CARRARA:

23 Q So you -- again, I'm not trying to overstep  
24 Mr. Brown's offer, but you're suggesting 313 is what

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1 you're using to derive these numbers in the pink  
2 column as a requirement?

3 A I'm not sure how to answer that question.  
4 I'm sorry.

5 Q You just directed me to Section 313.

6 A Right.

7 Q Is that the basis you have used to determine  
8 the required staffing levels you identified in J18?

9 A I used the entire administrative rule.

10 Q But you can't direct us here to what those  
11 rules are, and Mr. Brown has offered to help us in  
12 the future.

13 A I would go with Mr. Brown.

14 MR. CARRARA: Thank you.

15 MR. BROWN: We would like to say this, also.  
16 We tried to do this very quickly and redact it. We  
17 will have something else for you on Tuesday. We put  
18 her in an unfair position trying to do it like this.  
19 So I apologize to you.

20 THE WITNESS: Thank you.

21 CHAIRMAN WHITE: Thank you. Any questions  
22 from the Board members?

23 (No response.)

24 CHAIRMAN WHITE: County?

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1 Mr. Van Kerkhoff.

2 MR. VAN KERKHOFF: To get to how their  
3 staffing plan not only addresses the minimum  
4 requirements from the State of Illinois, the staff  
5 would recommend to the Zoning Board that you request  
6 what the staffing levels would be to meet the  
7 three levels of certification that they're also  
8 stipulating that they'll be obtaining.

9 CHAIRMAN WHITE: Are you in agreement  
10 with that?

11 MR. BROWN: Contingent on my contacting and  
12 talking to my client about it, I don't think there'd  
13 be a problem, but I will address it on Tuesday.

14 CHAIRMAN WHITE: Any other questions of this  
15 witness?

16 I'll allow you to approach. Make it brief,  
17 please. And then please state your name for the  
18 record.

19 MR. PALACIOS: Elias Palacios.

20 CHAIRMAN WHITE: Do you have a question?

21 MR. PALACIOS: Yes.

22 CROSS-EXAMINATION BY AUDIENCE MEMBER

23 BY MR. PALACIOS:

24 Q In the prior -- December I did ask you if

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1 you got paid for coming and giving your testimony.

2 You said no in December.

3 A Uh-huh.

4 Q And then today are you coming -- did you get  
5 paid for coming today?

6 A Yes.

7 Q All right. What you gave us, the information,  
8 the staff ratio, that is like a suggestion,  
9 recommendation to the proposed facility, or is it  
10 just going to be incorporated into the 2060 policies  
11 and procedures?

12 A I'm not sure exactly how to answer except  
13 for to tell you that these were proposals from the  
14 organization. So there is nothing that -- that was  
15 proposed in a staffing plan that was proposed by  
16 myself. That was from the organization.

17 Q Because, as I said, it's very general, very  
18 generic because you usually do this -- usually  
19 require a master's, usually require a bachelor, and  
20 then meaning it's not going to be for sure the final  
21 product which is going to be incorporated in 2060.  
22 Maybe by the time it's going to incorporate the 2060  
23 it could be different.

24 A Nothing in 2060 is negotiable. So the

1 staffing pattern and the minimum requirements are  
2 going to be the minimum requirements. Anything over  
3 and above that has -- the State is not interested in  
4 necessarily certifying that at any level.

5 I work in the field -- as you mentioned,  
6 I've worked in the field for a very long time. I  
7 can almost recite the requirements for all six  
8 domains of getting your CADC, and I could have that  
9 conversation all night long. It's just something  
10 that I just happen to have knowledge of in my head  
11 because I've been doing this for a long time.

12 Q As a resident of the area, I can just maybe  
13 conclude based on that that they're in the basis of  
14 brainstorming, maybe brainstorming what will be the  
15 final requirement their qualification training and  
16 education.

17 A I'm sure there will be a lot of brainstorming  
18 going on. I can tell you that.

19 CHAIRMAN WHITE: Thank you.

20 Any other questions?

21 Mr. Shepro.

22 MR. SHEPRO: Yes. I just want to ask the  
23 witness if she knows how the other governmental  
24 bodies that are here tonight could get copies of the

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1 staffing exhibit.

2 MR. BROWN: I'll talk to my client. I will  
3 try to cooperate as much as I can.

4 CHAIRMAN WHITE: That wouldn't be the  
5 responsibility of the witness.

6 Anyone else?

7 (No response.)

8 CHAIRMAN WHITE: Board members have anything?

9 (No response.)

10 CHAIRMAN WHITE: Mr. Brown, Mr. Kolb, do you  
11 have anything else?

12 MR. BROWN: No.

13 CHAIRMAN WHITE: Trina, you're dismissed.  
14 Thank you.

15 (Witness excused.)

16 CHAIRMAN WHITE: Do you have other witnesses  
17 to bring forth?

18 MR. KOLB: We do but they're quite  
19 comprehensive. I don't see getting through Mr. MaRous'  
20 opinions tonight. If there's a shot we could get  
21 through Mr. MaRous and be finished tonight, we'll  
22 certainly put him on. But I understand the Board  
23 may allow further proceedings.

24 CHAIRMAN WHITE: We have additional hearings

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1 scheduled.

2 MR. BROWN: I did have a personal matter.  
3 Cocounsel will be here but if I'm not here on  
4 Tuesday night, it's not anything to do with -- not  
5 that I don't want to be with you, but I have some  
6 other matters.

7 CHAIRMAN WHITE: As long as you're comfortable  
8 with your cocounsel.

9 MR. BROWN: I'm totally comfortable.

10 CHAIRMAN WHITE: At this point we're going  
11 to ask for a motion to continue this to January 26th  
12 at 7:00 p.m. at this location.

13 MEMBER CAMERON: Moved.

14 MEMBER BOWEN: So moved -- seconded.

15 CHAIRMAN WHITE: Moved by Ms. Cameron,  
16 seconded by Mr. Bowen. All those in favor say aye.

17 (Ayes heard.)

18 CHAIRMAN WHITE: Opposed, same sign.

19 (No response.)

20 MR. KOLB: Is that the last hearing night?

21 CHAIRMAN WHITE: No. We do have the  
22 possibility of another date. That was the 28th, I  
23 believe, Tuesday and Thursday that last week of  
24 January.

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Just for the public's information, keep that  
in mind that if we do do another continuation on the  
26th, we do have this room scheduled for the 28th at  
7:00 p.m.

(Off the record at 10:00 p.m.)

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CERTIFICATE OF SHORTHAND REPORTER

I, Paula M. Quetsch, Certified Shorthand Reporter No. 084-003733, CSR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 28th day of January, 2016.

My commission expires: October 16, 2017

  
\_\_\_\_\_

Notary Public in and for the  
State of Illinois

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