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Transcript of **Public Hearing: Petition 4364, Volume
1**

Date: December 14, 2015

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 : Petition No. 4364
substance abuse treatment facility :
41W400 Silver Glen Road, Section 3, :
Campton Township (08-19-400-004) :
and Section 34, Plato Township :
(05-34-300-032 & 05-34-400-025) :

-----x

PUBLIC HEARING - VOLUME I

St. Charles, Illinois

Monday, December 14, 2015

7:01 p.m.

Job No.: 98657

Pages: 1 - 179

Reported By: Paula Quetsch, CSR

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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 Quetsch, CSR, and 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 MAXXAM PARTNERS, LLC:

HONORABLE F. KEITH BROWN, ESQUIRE
ANDREW KOLB, ESQUIRE
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(630) 232-6333

ON BEHALF OF KANE COUNTY:

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KATHLEEN WATSON, ESQUIRE
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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
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(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 D. 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: I have 7:01. So if somebody would please close the door as you come in so we're not interrupted, I'll go ahead and call the meeting to order.

Would everybody please rise for the Pledge.

(The Pledge of Allegiance was recited.)

CHAIRMAN WHITE: Secretary, please call the roll.

MR. BERKHOUT: Bowen.

MEMBER BOWEN: Here.

MR. BERKHOUT: Cameron.

MEMBER CAMERON: Here.

MR. BERKHOUT: Heinrich

MEMBER HEINRICH: Here.

MR. BERKHOUT: Moga.

MEMBER MOGA: Here.

MR. BERKHOUT: Regan.

MEMBER REGAN: Here.

MR. BERKHOUT: Stover.

MEMBER STOVER: Here.

MR. BERKHOUT: White.

CHAIRMAN WHITE: Here.

I declare we have a quorum. This evening we

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1 have the Petition No. 4364. It is open for a public
2 hearing.

3 The request of the petitioner is a special
4 use in the F Farming District. The applicant is the
5 Maxxam Partners, LLC. The purpose is for a special
6 use request for a private pay alcoholism and substance
7 abuse treatment facility. The existing zoning is
8 F Farming.

9 As I stated, the requested action is a
10 special use. The size of the parcel is 120 acres.
11 It's located at 41W400 Silver Glen Road in Section 3 of
12 Campton Township and Section 34 of Plato Township.
13 Surrounding zoning is F Farming, the Village of
14 Campton Hills and the City of Elgin, and the City of
15 Elgin mostly forest preserve and some residential.
16 Existing land use is a school campus. The land use
17 plan designation is institutional private open space.
18 There was a special use granted in May of 1989 for a
19 private boarding school for boys.

20 Secretary, please read the file.

21 MR. VAN KERKHOFF: Mr. Chairman and Zoning
22 Board of Appeals, we have a petition dated August 27,
23 2015, for special use in the F District Farming for a
24 private-pay alcoholism and substance abuse treatment

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1 facility; certification that the petitioner has
2 notified neighboring property owners of the special
3 use request, certified copies; letter sending a copy
4 of the petition to the Plato Township supervisor,
5 Campton Township supervisor, Campton Township Planning
6 Commission, the City of Elgin, the City of Elgin
7 Planning Department, the City of Elgin Planning
8 Commission, and the Village of Campton Hills.

9 We have in the file a memo from the
10 Kane DuPage Soil and Water Conservation District dated
11 April 6th, 2015.

12 This and the following items that I'm about
13 to read in the file are available for review on the
14 Kane County website in the zoning petitions under
15 Petition No. 4364. In the interest of time, a brief
16 summary explaining each item will be read.

17 Is that okay with the Chairman?

18 CHAIRMAN WHITE: That will be fine.

19 MR. VAN KERKHOFF: First, a letter from
20 attorney representing adjoining property owner
21 Joline T. Andrzejewski dated October 2nd, 2015,
22 objecting to the petitioner applying for a special use
23 not specifically defined in the F Farming District.

24 Next, a letter from attorney for the Village

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1 of Campton Hills dated October 23, 2015, stating the
2 Village's objection to the petitioner applying for a
3 nonlisted similar special use.

4 Next, letter from attorney for the
5 petitioner dated November 4th, 2015, requesting to
6 clarify their petition in terms of the proper role
7 Mr. Elliot Messing, as an adviser and operational
8 consultant to Maxxam but not as an owner to Maxxam
9 Partners, LLC, that resulted in resubmittal of
10 two pages, the rider and the petition, and those are
11 before the Zoning Board tonight, as well.

12 Also, a letter from Campton Township dated
13 November 13th in which the Campton Township Board and
14 Campton Township Planning Commission stated their
15 opposition to the proposed special use.

16 Next, a letter from attorney representing
17 Joline Andrzejewski dated November 30th, 2015,
18 requesting the Kane County Zoning Board of Appeals
19 delay consideration of special use petition from the
20 December 14th and 15th dates to at least 30 days after
21 the petitioner's presentation of its case in chief to
22 afford his clients their proper due process rights to
23 properly prepare, cross-examine, and present rebuttal
24 experts of any testimony related to the Maxxam

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1 application.

2 We have a memo from the Kane County Division
3 of Transportation dated December 1st, 2015; a memo
4 from Joseph McMahon, Kane County State's Attorney's
5 office, dated December 22nd, 2015, stating his
6 appointment of Patrick Kinnally as a special State's
7 Attorney to assist the Kane County in its review of
8 the zoning application filed on behalf of the Maxxam
9 Partners, LLC.

10 And, finally, an unsigned, undated
11 resolution from Plato Township declaring their
12 opposition to the proposed granting of the special use
13 permit to Maxxam Partners, LLC.

14 And then, lastly, we have the zoning request
15 report, which is Kane County technical staff report to
16 the Zoning Board dated December 11th, 2015.

17 All these items have been posted on the
18 website under the petition. And then, finally,
19 certification of publication and the distribution
20 listing is the file.

21 CHAIRMAN WHITE: Any questions of the Board
22 members at this point?

23 (No response.)

24 CHAIRMAN WHITE: Seeing none, would the

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1 zoning enforcing officer please show the maps.

2 MR. VAN KERKHOFF: Thank you, Mr. Chairman.
3 The following maps are related to this petition. I
4 believe I'm getting the clicker.

5 First map this evening is the Kane County
6 2040 land use map that shows the subject site. It's
7 shown as institutional open space on the 2040 future
8 land use map surrounded by open space which is forest
9 preserve of the Village of Campton Hills.

10 Next, we have the zoning map of the subject
11 property, again zoned F District Farming. Currently
12 has a special use on the property which allowed for
13 the construction of the existing facilities and
14 infrastructure for the former boys school. The areas
15 slashed in red are the Village of Campton Hills, the
16 City of Elgin which is also overlapping with the
17 forest preserve property.

18 Here is an aerial of the subject site. This
19 is a close-up aerial of the subject site, and you can
20 see the campus area facilities, as well as the lagoon
21 ponds for the water reclamation facilities.

22 Here is an aerial map showing the subject
23 site illustrating a 2-mile radius around the property
24 including some of the main roads, Silver Glen Road,

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1 Burlington Road.

2 Here is another aerial with the subject
3 property with a half mile radius for the Zoning
4 Board's reference.

5 We have some photos for you this evening to
6 illustrate the site. Again, this is an existing
7 facility. Here is a slide shot of the existing
8 entrance and entry sign. Here is the entrance looking
9 east onto Silver Glen Road.

10 The subject site is accessed from a long
11 access road from Silver Glen Road that has an access
12 over the forest preserve district property.

13 Here's another shot driving along that road.

14 Here's coming up to the end of the access
15 road where there's an existing gated entrance roughly
16 delineating the entrance to the parcel.

17 Here's where the access road enters the
18 formal ring of the campus, first looking northwest at
19 the gymnasium building, next looking northeast at --
20 this is a multipurpose building. In between those
21 two is a large commons which lead up to the north end
22 of the commons. It's the existing -- was the
23 administration education building proposed for therapy
24 activity uses.

1 Here's a bird's-eye view of the gymnasium
2 facility, some interiors of the therapy activity use
3 building, of the multipurpose building, at the
4 gymnasium entrance, the inside of the gymnasium, south
5 side of the pond looking north towards the proposed
6 patient lodges. Here's a bird's-eye view of the
7 entire campus.

8 This is the site plan that was submitted
9 with the petition identifying the proposed uses of the
10 existing buildings on the campus.

11 This is staff's recommended findings of fact
12 which were contained in the zoning request report
13 dated December 11th prepared by staff.

14 Below is the listed recommended findings of
15 fact are preliminary and subject to revision and
16 completion of the Zoning Board of Appeals after the
17 conclusion of the public hearing and submittals in
18 response to the petition.

19 No. 1, the proposed special use will put the
20 existing vacant facility into a productive use.

21 The site plan included in the petition does
22 not propose expansion or construction of additional
23 buildings or infrastructure. Any future proposed
24 construction of additional buildings and/or

1 infrastructure, including additional access roads or
2 access locations, would not be permitted by the County
3 unless the special use site plan is amended per
4 Section 4.8 special uses.

5 The third item is the petitioner has
6 included assertions and documentation responsive to
7 the six findings as required by Section 4.8 special
8 uses. The ZBA will need to affirm these assertions
9 after the completion of the public hearing in order to
10 forward a positive recommendation to the Kane County
11 Board.

12 The first one:

13 A) That the establishment, maintenance, or
14 operation of the special use will not be unreasonably
15 detrimental to or endanger the public health, safety,
16 morals, comfort, or general welfare.

17 B) That the special use will not be
18 injurious to the use or enjoyment of other property in
19 the immediate vicinity for the purposes already
20 permitted nor substantially diminish or impair
21 property values within the neighborhood.

22 C) That the establishment of the special use
23 will not impede the normal and orderly development and
24 improvement of surrounding property for uses permitted

1 in the district.

2 D) That adequate utility, access roads,
3 drainage, and/or other necessary facilities have been
4 or are being provided.

5 E) That adequate measures have been or will
6 be taken to provide ingress and egress so designed as
7 to minimize traffic congestion in the public streets
8 and roads.

9 And, finally, F) That the special use shall
10 in all other respects conform to the application
11 regulations of the district in which it is located
12 except that such regulations may in each instance be
13 modified by the County Board pursuant to the
14 recommendations of the Zoning Board of Appeals.

15 That is the conclusion of the slides.

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

18 (No response.)

19 CHAIRMAN WHITE: Seeing none, I'll explain a
20 little bit of the process we'll attempt follow this
21 evening.

22 First of all, the petitioner has the right
23 to request a change in the zoning for this property
24 just as the public has the right to present testimony

1 before this board this evening.

2 The petitioner will make his case first. He
3 will be able to call witnesses. After the witness has
4 made their presentation, board members will be allowed
5 to ask questions, and then the floor will be open to
6 the public to address witnesses for cross-examination.

7 That is somewhat different than what we
8 typically do at these meetings. We'll have to see how
9 that proceeds. We really don't want to sit here all
10 night. More than likely we'll take a break after an
11 hour or so, and I anticipate 9:30, 10:00 we'll be
12 looking at a point in time to adjourn this meeting.

13 Anyone who wishes to speak will have to be
14 sworn in. When you come to the microphone, there's a
15 podium here in front of my table. Please speak into
16 the microphone. You'll need to state your name and
17 your address, and then I would also ask that you state
18 whether you're in favor of or opposed to this
19 petition.

20 And as I stated, we'll allow the petitioner
21 to come forward to present his case, and then the
22 public will respond after that. So at this point in
23 time I open the floor to petitioner to add anything he
24 wishes to at this point.

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1 MR. BROWN: Thank you, Mr. Chairman. My
2 name is Keith Brown. I'm here with the law firm of
3 Meyers & Flowers with my cocounsel Andrew Kolb, and on
4 behalf of Maxxam Partners, LLC, it is my honor and
5 privilege to present our application and proposal to
6 convert the Glenwood School for Boys campus to a
7 luxury alcohol and substance abuse treatment facility.

8 Maxxam Partners, the principal is
9 Steven Marco. Mr. Steven Marco is a fourth-generation
10 real estate developer. He has worked on branded real
11 estate development projects connected to the
12 Ritz-Carlton Hotel Company and Six Senses Hotels
13 Resorts Spas. Mr. Marco graduated from Washington
14 University in St. Louis with a bachelor of science in
15 business administration and an honors designation in
16 management. Mr. Marco is a member of the University
17 of Chicago's Harris School of Public Policy's
18 international council.

19 A member of the board of advisors,
20 Mr. Billy Zane is a native of Chicago and a graduate
21 of Francis W. Parker School. He's a highly acclaimed
22 actor, producer, artist, and entrepreneur. Mr. Zane
23 has been featured in more than 100 films, and
24 currently Mr. Zane was recently award the 2013 Chicago

1 Man of the Year award the by the Men's Journal.

2 In 2014 Mr. Zane starred as Captain von Trapp in the
3 Lyric Opera of Chicago's "The Sound of Music."

4 Mr. Hill Harper is an award-winning actor,
5 best-selling author, motivational speaker,
6 philanthropist. Mr. Harper starred on the CBS TV
7 drama CSI New York from 2004 to 2013. As of March of
8 2013, he joined the USA spy drama Covert Affairs as a
9 new series regular for season four.

10 Mr. Harper is the author of four New York
11 Times bestsellers, and he has earned seven NAACP image
12 awards for his writing and acting. Mr. Harper travels
13 frequently as a motivational speaker, addressing a
14 wide variety of audiences, including adults, couples,
15 and businesses.

16 In 2010 he was diagnosed with thyroid cancer.
17 His bestselling book, "The Wealth Cure" chronicles the
18 cancer diagnosis and his journey to health. Mr. Harper
19 graduated with a BA magna cum laude from Brown
20 University, his JD cum laude from Harvard University
21 Law School, and master's of public administration from
22 the John F. Kennedy School of Government at Harvard
23 University.

24 Steven Holtsford is a doctor, former medical

1 staff president, and attending physician in the
2 emergency department of Delnor Community Hospital. He
3 is the medical director for the Southern Fox Emergency
4 Medical Services System and currently resides in
5 St. Charles, Illinois. Mr. Holtsford is the past
6 chair and current member of the Region 9 Emergency
7 Medical Service Advisory Council, an Illinois council
8 that serves as an advisory body to the Department of
9 Public Health. He currently serves on the continuing
10 medical educational committee for Delnor Community
11 Hospital. Mr. Holtsford is a past president of the
12 Tri-City Health Partnership, a no-cost medical clinic
13 serving the disadvantaged in Kane County.

14 The existing layout of the school is
15 perfectly designed to offer a comprehensive treatment
16 for adult men and women. The existing eight residence
17 dormitories will house the patients with separate
18 buildings for men and women. The patients will be
19 grouped according to treatment needs.

20 The property is in the F District pursuant
21 to 28-8-1-2(dd) of the Kane County Zoning Ordinance.
22 Special use within the F District includes others
23 similar to those permitted here as in special uses.
24 F1 Farming zone includes a cross-reference to R1 and

1 all special uses allowed in the R1 district.

2 Thus, all special uses permitted in
3 F District includes all uses in the R1 district by
4 reference, which includes hospitals, nursing homes,
5 and convalescence homes listed in a special use.

6 We are requesting reasonable accommodations
7 pursuant to the Fair Housing Act and its implicit
8 acknowledgement that the County is mandated to provide
9 accommodations to persons with disabilities. Drug and
10 alcohol treatment in this area and the patients that
11 they serve is considered to be a disability.

12 Therefore, we are requesting that our drug and alcohol
13 facility be determined as a similar use as a hospital,
14 nursing home, and convalescent home.

15 Our proposed use is to use the existing
16 buildings and infrastructure on the property for a
17 120-bed exclusively private pay luxury alcoholism and
18 substance abuse facility. The facility will offer
19 patients a full continuum of care while they reside in
20 the facility. The facility will treat all addictions
21 with the exception of meth and sexual disorders.

22 They will not accept Medicare or Medicaid
23 patients. Private pay patients will be screened to
24 ensure that they meet the standards both medically and

1 financially. There will be a risk assessment as to
2 all potential patients, and where there is a
3 significant mental disorder diagnosed and associated
4 with drug and alcohol usage, the patient will not be
5 admitted.

6 There have been a number of concerns which
7 have been outlined concerning our application. One of
8 them is what will happen if someone is discharged.

9 A discharged person, since they were there
10 willingly and upon their own desire, may leave at any
11 time. If they do wish to leave, they will be given a
12 private car to be taken off of the premises and
13 transported to a predetermined location.

14 Secondly, there will be full-time security
15 with at least two security officers on duty 24 hours/7.
16 The security officers will also have access to a
17 vehicle at all times. There will be cameras located
18 at all entrances and roads to all buildings. There is
19 also going to be thermal imaging cameras which will
20 create a virtual fence surrounding the property which
21 has the ability to differentiate human versus animal
22 movement which will be monitored at all times by
23 security. Also, there will be FOB system for entry
24 and exit out of each of the existing buildings.

1 The subject property is ideally suited for
2 the proposed use as an alcoholism and substance abuse
3 treatment facility. The existing facility, with minor
4 interior cosmetic updates and renovations, provides a
5 private residential setting for patients.

6 Applicant proposes to maintain the original
7 footprint of the former Glenwood Academy and will
8 limit renovation activities solely to the existing
9 structures. No new buildings or structures will be
10 constructed.

11 Per the submitted aerial overlay, there are
12 eight existing residential dormitories that will be
13 used as patient lodges. The eight patient lodges will
14 house patients in separate buildings for men and
15 women. Patient Lodge No. 1 will be used for medically
16 managed detoxification, Patient Lodge Nos. 2 through 8
17 will house patients according to their needs and type
18 of treatment that they will be receiving.

19 The dining/multipurpose building will be
20 used as a central dining room and multipurpose room
21 for movies, motivational speakers, and other group
22 therapy activities. The therapy and activity building
23 contains 12 rooms that will be utilized for individual
24 and group therapy sessions, art therapy, music

1 therapy, yoga, and meditation.

2 The applicant considers exercise to be an
3 important component of treatment. As such, the
4 existing gymnasium will become a 25,000-square-foot
5 recreation center for exercise, yoga, basketball,
6 volleyball, and other physical activities. Applicant
7 plans to convert certain interior spaces within the
8 recreation center into modern weight training and
9 cardiovascular fitness rooms.

10 The facility would be licensed by the
11 Department of Alcohol and Substance Abuse of the
12 Illinois Department of Human Services and will be
13 accredited by the Joint Commission of Accreditation of
14 Healthcare Organizations. The level of care provided
15 will be in accordance and specified in the American
16 Society of Addiction Medicine's patient placement
17 criteria and with the related administrative code.

18 The average stay will be between 30 and
19 90 days. The facility will only accept self-pay
20 patients and private health care insurance. There
21 will be no outpatient treatment. All treatment will
22 be inside of the premises and inpatient treatment only.

23 All services will be provided by experienced
24 and trained team of professionals, will be licensed by

1 the State of Illinois. In addition to a usual team of
2 professionals, we will have a full-time medical
3 director licensed as an addiction psychiatrist and a
4 licensed dietician. All of our staff will undergo
5 drug testing, and it will be a drug-free workplace.

6 Individual and group therapy will be given
7 in each resident's dormitory and will be tailored to
8 the patient's needs. In addition to the medical care
9 and addiction treatment, the facility will provide
10 wellness and spiritual programs that include
11 meditation, yoga, and massage. There will be a
12 state-of-the-art gym and fitness facility. The
13 environment of this facility will feel more like a
14 luxury spa than a treatment facility and will be
15 dedicated to healing's one's whole self.

16 The interiors and common areas of the
17 residents' dormitories will be renovated which will
18 include new furniture. We also will be upgrading the
19 bathrooms with higher-end finishes. Private and
20 semiprivate accommodations will be available.

21 Out-of-town patients will be picked up at the airport
22 by a luxury SUV. The facility will be marketed to
23 business executives, lawyers, doctors, celebrities,
24 professionals, government workers, and their family

1 members who are in need of treatment.

2 We feel that our proposal is in accordance
3 with the Kane County 2040 plan which designates this
4 area as an institutional private open space. This
5 designation allows for a variety of private and
6 institutional land uses.

7 In this case the facility has already been
8 constructed, and new buildings or expansion of
9 existing infrastructure is not proposed. There is no
10 proposed reduction of the existing open space area.
11 Proposed private institution use is consistent with
12 the institutional private open space land use category
13 in the Kane County 2040 plan.

14 The Kane County Division of Transportation
15 reviewed the amended June 22, 2015, traffic study and
16 compared it with its previous study. Everything
17 appears to be in line with what was previously
18 approved and has no additional comments at this time.

19 The Kane County sheriff views this facility
20 being used in a similar fashion as before, focusing on
21 helping remove a client from their previous environment
22 and assisting in their rehabilitation to become a
23 better person. He does not foresee a rise in crime or
24 call load that the sheriff's office would not be able

1 to handle.

2 The Forest Preserve District of Kane County
3 owns land adjacent to the subject site and has
4 received prior and official notice regarding the
5 proposed petition. The District does not believe the
6 proposed use will have a negative impact on the
7 adjacent forest preserve and has no comments regarding
8 the petition.

9 We -- which we will go in further detail in
10 a few moments -- have provided expert opinions which
11 include whether or not the proposed facility will have
12 any type of adverse effect on surrounding properties.
13 It is our expert's opinion that the use of this
14 facility as proposed is its highest and best use and
15 that the character and the property values will not be
16 affected by the proposed use. In fact, the
17 uncertainty of the current use is the fact that it's
18 been empty since 2012, in which it's been vandalized
19 seven times, that this will be an enhancement to this
20 property and its adjoining neighbors.

21 Also, in that study they've shown that
22 similar properties, one located in Rosecrance --
23 Rockford, which is a 96-bed facility on 50 acres, and
24 one called Timberland Knolls in Lemont, Illinois,

1 which is a 164-bed facility on 43 wooded acres has
2 shown that the presence of those facilities has not
3 adversely affected property values to adjoining land
4 owners.

5 It will have a single point of access to the
6 facility which will minimize the effect to the
7 surrounding property. And, also, there is also the
8 positive effect as to what it will do for our
9 community.

10 First of all, it will take a piece of
11 property which is not currently on the tax rolls and
12 put it on the tax rolls. School District 301 should
13 expect to receive 256,000 per year in taxes. The
14 total taxes for our community will be \$336,000.

15 It will also present jobs. The facility
16 will hire between 80 to 120 people. Those jobs are
17 high-paying jobs, including the medical director,
18 psychologist, therapist, counselors, registered
19 nurses, receptionists, maintenance people, security
20 workers, janitorial, and kitchen staff. These jobs
21 will be high paying and will also probably have people
22 who will want to and can afford and will also enhance
23 the property values by their interest in being close
24 to where they work.

1 It will also not impede the normal and
2 orderly development and improvement of the surrounding
3 property. There are vast open spaces which will be
4 continued. It's surrounded by the Kane County Forest
5 Preserve, and it's been shown that the -- evidence
6 will show that the traffic will be low volume. In
7 fact, it will be less than what was used when it was
8 previously the Glenwood School.

9 This is a situation in which neighbors have
10 been upset in the past and are also concerned by what
11 is going to happen with this facility.

12 As you all know, I'm a retired judge, and
13 this is what I do in retirement, which is not what I
14 anticipated. When I was contacted by my client, I
15 told them that I am not involved in this type of
16 activity. But after talking to them, and after
17 listening to them, and also recognizing that over my
18 23 years on the bench, of which three years was chief
19 judge, and the impact of what we can do in our
20 community with that untold, unspoken problem that we
21 have in high-end, high-income areas is that we in
22 Kane County have a drug problem.

23 Now, everyone recognizes that there's a drug
24 problem not just in Kane County but in the entire

1 United States, and everyone would like to do
2 something about it, but there is that statement "Not
3 my back yard."

4 When I was on the bench, I had an
5 opportunity to talk to people who would serve as
6 jurors, and people would actually contact me and go,
7 "Keith, I see on this jury application that I could
8 list a judge. Can I use your name and get out of jury
9 duty?" I would respond to them and say, "Why would
10 you want to get out of jury duty? It's part of your
11 public service. We have people fighting in
12 Afghanistan and putting their lives on the line for
13 you. We also have at some point in time a recognition
14 of our citizenship and also, being human beings, what
15 are we going to offer to the other people in this
16 world?"

17 Also, the interesting thing about life is
18 that not until you need a juror yourself for your case
19 in which you want 12 people to listen to your problems
20 and that you want them to make an independent decision
21 that you do not understand the importance of that duty.

22 Ladies and gentlemen, that duty does not
23 stop in the courtroom; it does not stop with soldiers;
24 it's an overall -- it's a community responsibility to

1 step up and bring services to our community that will
2 be beneficial.

3 This project is one in which it will have
4 zero or limited impact to the community. I firmly
5 believe that this project will not adversely affect
6 any of the properties values. The only adversity will
7 be the people who talk about it and create activity by
8 their talk which is not substantiated by any evidence.

9 Also, I have never heard anyone say that "I
10 have a problem living near the Mayo Clinic." What I'm
11 saying to you tonight -- and I'm proud to say it
12 because I wouldn't be involved in this if I didn't
13 believe that -- that this project is going to be one
14 of the top places in the country, one which will make
15 our community proud, one which is dedicated to meeting
16 the needs of everyone who are surrounding homeowners
17 to meet their needs so that we are a good citizen of
18 our community and a good neighbor.

19 Because it is a business decision by us to
20 come here, and the business decision will be to be at
21 the highest level because we are dealing with private
22 pay and people who will be paying substantial amounts
23 of money to have the top, top treatment and facility
24 if not just in this country but in the world.

1 We recognize that some people may disagree
2 with us, but we through this application -- and I
3 would suggest that this has probably been one of the
4 more extensive applications that have ever been
5 brought up -- we've done our homework. We've done our
6 homework in the legal areas as to the legal
7 ramifications as to what a denial possibly could be in
8 this area. We've done our homework in trying to
9 accommodate every need and every question that could
10 be asked.

11 So with that I'm now going to turn it over
12 to my cocounsel, Andrew Kolb, who will go over our
13 application.

14 MR. KOLB: I just want to start out by
15 thanking all of the members of the Zoning Board for
16 being here. Obviously, you heard from Keith Brown.
17 I'm Andrew Kolb. Both of us are of counsel with
18 Meyers & Flowers.

19 We also have Christopher Lannert here from
20 The Lannert Group; Monica Hon from Murer Consultants;
21 Ryan Bailey from Murer Consultants; Michael MaRous
22 from MaRous & Company; Hart Passman, a partner at
23 Holland & Knight to my right, another attorney;
24 Peter Poletti from Poletti Associates; John Sheaffer

1 and Jason Fowler from Sheaffer & Roland, Inc. ;
2 William Woodward from KLOA; Trina Diedrich from the
3 Illinois Department of Human Services, Division of
4 Alcoholism and Substance Abuse; and, lastly,
5 Jim Marcus, an independent consultant who we think
6 will really bring this together.

7 So that's our team of experts that we've
8 assemble here. All of these experts are here tonight
9 to answer questions for all of you on any specific
10 area reactively so that we can fully vet out issues
11 that the Zoning Board might have that haven't been
12 addressed to your satisfaction in our application
13 materials or there's some additional information you'd
14 like to see. So we have them all available; we have
15 them all here tonight, and we're happy that they're
16 here to be joining us.

17 We're also happy Maxxam Partners has chosen
18 Kane County for the potential investment of their
19 capital for this project. It's exciting to be a part
20 of it and I feel honored.

21 Just to walk you through our application, as
22 a matter of housekeeping I thought what we would do is
23 remind all of you what we have submitted in our
24 application binder. We also have some additional

1 exhibits we'd like to make part of the record, too,
2 before we get started.

3 So far our application consists of -- there
4 was a slide, if it could be pulled up, with the table
5 of contents, if possible. That's our witness list up
6 there now. I think it's one more. There we go.

7 We have submitted a number of materials.
8 The first is the actual application itself. It
9 details what we're seeking tonight. We are seeking a
10 special use under Section 25-8-1-2(dd) of the
11 Kane County zoning ordinance. Essentially, we are
12 asking for a special use based on similarity to an
13 existing permitted use, and Keith outlined all that
14 for you; I won't go into all that again.

15 Essentially a special use is a use that
16 everyone knows is something that's already allowed
17 under the zoning ordinance subject to conditions, and
18 the special use that we're asking is to say we are
19 similar to an existing use, which in this case
20 primarily is a hospital and a nursing home.

21 So when you look at those two potential
22 similar uses and you see the similarity, I think we
23 fall into both of those. So that is the zoning
24 entitlement. We're also seeking reasonable

1 accommodation of the Fair Housing Act, which clearly
2 applies to the situation given recent precedent.

3 As you all know, the property is subject to
4 an existing special use that was adopted on May 9th of
5 1989 for the Glenwood Academy. The property that
6 we're seeking a special use with respect to is located
7 at 41W400 Silver Glen Road in St. Charles.

8 Our application introduces the application
9 team, which Keith has done. It outlines the specific
10 uses for each of the proposed buildings, which Keith
11 walked through earlier. It also talks about the
12 similarity standard under Section 8-1-2(dd) which
13 allows for this petition to be brought before you this
14 evening, and I think it addresses the standards for a
15 special use. Specifically, there are a number of
16 standards which Mr. Berkhout outlined at the beginning.

17 The first is that the established
18 maintenance and operation of the special use will not
19 be unreasonably detrimental to or endanger the public
20 health, safety, morals, comfort, or general welfare.
21 And in that regard, in our application binder we took
22 a lot of time to write a written response for all of
23 you, so I won't belabor that. We certainly provided
24 you with the written report and letter of Mr. Curtis

1 from the retreat, and our expert Jim Marcus is here
2 tonight, too, to also speak to the issues that are
3 raised in Mr. Curtis' letter and address the other
4 issues such as security, voluntary -- when a patient
5 decides to voluntarily leave the facility, the
6 protocols in place, and a lot of misconceptions and
7 sensationalism that surrounds this type of use that in
8 reality does not exist.

9 I think the second standard, that the
10 special use will not be injurious to the use and
11 enjoyment of other property in the immediate vicinity
12 and will not diminish or impair property values in the
13 neighborhood, we actually retained three specific
14 witnesses to address these concerns.

15 We have fiscal impact studies and market
16 impact studies and land use opinions by Mr. MaRous, by
17 Mr. Poletti, and by Mr. Lannert. They use a variety
18 of techniques in reaching their opinions. They're
19 different. Some are qualitative; some are more
20 quantitative. I think when you read them together in
21 the packet you see that they're comprehensive. We
22 tried to give you a more comprehensive approach so
23 that you could see the different approaches to making
24 this analysis and the different evidentiary ways you

1 could reach the same conclusions, and all of our
2 experts on those three points are here tonight to
3 address all of your concerns, whether it be highest
4 and best use, whether it be diminution of property
5 values in the surrounding area, or the other relevant
6 factors. So we're happy to present them to you and to
7 talk about other facilities.

8 As Keith mentioned, we're looking at putting
9 about \$336,000 back onto the Kane County tax roll. A
10 quarter million of that goes to the school district
11 per year. That's a lot of money with 80 to 100 jobs
12 in the area. We're excited about the possibility of
13 bringing some real revenue into Kane County. That's
14 just the beginning. When all of those people invest
15 in the community with their homes and their families,
16 you can see a trickle effect that reaches the county
17 with far more impact.

18 The next standard, that the establishment of
19 the special use will not impede the normal or orderly
20 development of the property. We've got Mr. Lannert's
21 opinion; we've analogized it to the 2040 plan; we
22 believe there's definite consistency there.

23 That adequate utilities, roads, drainage, and
24 necessary facilities have been provided. With respect

1 to that, we have Sheaffer & Roland's two engineers
2 here, professional engineers here tonight to address
3 the engineering issues regarding wastewater and storm
4 water.

5 There were a number of issues raised in the
6 staff reports. We've already addressed those issues
7 and collected those permits, and I'll go through our
8 supplemental exhibits and get those into the record.
9 What we tried to do is get you all that information
10 for tonight's hearing. Even though we just got the
11 report, we turned it around quite quickly and we're
12 proud of that.

13 Lastly, that adequate measures have been
14 taken to provide ingress and egress, and we have our
15 traffic expert KLOA here to talk about those issues.
16 Simply put, the use is not as intense, and this is
17 very similar to what the prior use was, and we don't
18 anticipate traffic being impacted on Silver Glen or
19 any of the other arterial corridors.

20 Lastly, that the special use shall in all
21 other respects conform to the applicable regulations
22 in the district. I think that -- when we talk about
23 the 2040 plan and the other zoning ordinances, I think
24 we're -- we've covered that.

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1 So our rider is made up of a number of
2 materials. The application which I just walked you
3 through is Tab -- is the overall tab, the beginning
4 tab. In Tab 1 we provided you with an ALTA survey,
5 Kane DuPage Soil and Water Conservation District land
6 use opinion regarding environmental impact. We gave
7 you an Illinois Department of Natural Resources report
8 regarding land use and endangered species report to
9 show a minimal impact on environmental issues. We
10 certified the notice to adjoining property owners. We
11 have -- that's Tab 5. We provided you with an aerial
12 photo and a site plan, a concept plan, PowerPoint
13 presentation was at Tab 8 that we have available
14 tonight if you'd like to walk through it.

15 We have retained the law firm of Holland &
16 Knight in Chicago, a very prominent real estate firm,
17 to provide a legal opinion on the issue of similarity
18 and the application of the Fair Housing Act. And we
19 have their opinion provided at Tab 9. Hart Passman
20 next to me is here to speak to that if need be. Our
21 law firm, Meyers & Flowers also provided an opinion,
22 although I would defer to Hart as far as evidentiary
23 testimony goes tonight for those issues.

24 Murer Consultants provided a comprehensive

1 opinion regarding similarities to a hospital, and we
2 have Monica Hon and Ryan Bailey here tonight,
3 primarily Monica, who I think you'll find her
4 experience is quite remarkable to talk to issues
5 regarding similarity from an operational standpoint
6 and a licensure standpoint.

7 Again, we have our market impact study at
8 Tab 12 and our fiscal impact study at Tab 13 of
9 Mr. MaRous and Mr. Poletti respectively. Mr. MaRous
10 talks a lot about the highest and best use. He uses a
11 matched pair analysis to a facility in Park Ridge.
12 And Mr. Poletti with his fiscal impact study uses a
13 quantitative analysis based on comparisons to
14 two facilities, the Timberline Knolls facility in
15 Lemont and the Rosecrance facility in Rockford,
16 two very similar facilities located immediately
17 adjacent to residential areas to show that there is,
18 simply put, no diminution or negative impact upon
19 property values in the surrounding area as it pertains
20 to those facilities which were hand selected as most
21 similar to ours.

22 Sheaffer & Roland are here to talk about
23 wastewater and to address both wastewater and storm
24 water issues from an engineering standpoint, and we

1 have our traffic evaluation study, as well, at Tab 15.
2 We've included some photographs of the site.

3 Tab 17 is a digital submission of
4 everything, and then we have Mr. Curtis' opinion on
5 the retreat, and this is a very important opinion that
6 we wanted you all to consider regarding the reality of
7 no instances of an AWOL -- very few instances where a
8 patient is AWOL or decides to leave, and Keith really
9 touched upon a seminal point in our presentation is
10 that people are here voluntarily.

11 They're not here by a sentence from a court
12 or anything like that. If they want to leave, there's
13 a protocol for it. There's a system in place; there's a
14 predesignated place where they would like to be
15 dropped. There's simply no reason to go AWOL; they
16 can come and go as they wish. The program doesn't
17 work unless it's voluntary.

18 We submitted at Tab 19 our land use opinion
19 from Chris Lannert, as well, and Chris really touched
20 upon the 2040 plan compliance. And then lastly was
21 our application fee.

22 So that's our submission, or binder, and
23 then we have a number of additional exhibits. I'd
24 like the binder to be admitted into evidence as

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1 Exhibit P. Barring objection, we'd like to move it
2 into evidence.

3 CHAIRMAN WHITE: Is there a motion to accept
4 the binder as evidence for this hearing?

5 MEMBER BOWEN: So moved Mr. Chairman.

6 MEMBER STOVER: Second.

7 CHAIRMAN WHITE: Moved by Mr. Bowen,
8 seconded by Mr. Stover. In all favor say aye.

9 (Ayes heard.)

10 CHAIRMAN WHITE: Opposed same sign.

11 (No response.)

12 CHAIRMAN WHITE: Motion carries.

13 (Exhibit P marked for identification and
14 admitted into evidence, is retained by the Board.)

15 MR. KOLB: Thank you, Mr. Chairman.

16 We also have a number of supplemental
17 exhibits. I have copies for all of you.

18 (Exhibit P1 was marked for identification.)

19 MR. KOLB: Exhibit P1 -- what is labeled as
20 P1 -- I haven't moved it into evidence yet; I'll do
21 that at the end. But Exhibit P1 is our witness list
22 that was on the previous slide.

23 (Exhibit P2 was marked for identification.)

24 MR. KOLB: Exhibit P2 -- I tried to include

1 the résumés of some of our experts. We have
2 Trina Diedrich's résumé. If you recall, she's from
3 the Illinois Department of Resources Division of
4 Alcoholism and Substance Abusive. I have her résumé
5 as P2.

6 (Exhibit P3 was marked for identification.)

7 MR. KOLB: P3 is a letter from the Illinois
8 Department of Human Resources regarding the support of
9 our proposed facility. Exhibit P3, she can clarify that.

10 (Exhibit P4 was marked for identification.)

11 MR. KOLB: Exhibit P4 is a letter from
12 Michael Toulis we can touch on.

13 (Exhibit P5 was marked for identification.)

14 MR. KOLB: Exhibit P5 is Mr. Woodward from
15 KLOA's curriculum vitae or résumé.

16 (Exhibit P6 was marked for identification.)

17 MR. KOLB: P6 is a response that the law
18 firm of Meyers & Flowers wrote in response to the
19 administrative appeal that was filed by Mr. Carrara
20 earlier. There were a lot of issues regarding
21 similarity that were brought up in the context of that
22 appeal, and although that appeal did not turn on
23 issues regarding similarity and turned on procedural
24 aspects, we thought, nonetheless, we did a lot of work

1 to address some of those similarity issues, so we
2 wanted to admit that response into this case for your
3 consideration. I trust you all have read it in the
4 context of the appeal, but I just wanted to be formal
5 about it. So that's Exhibit P6.

6 (Exhibit P7 was marked for identification.)

7 MR. KOLB: Exhibit P7 is my colleagues from
8 Holland & Knight -- I actually wrote -- Hart Passman
9 and Steven Elrod wrote their own response in the
10 context of that same administrative appeal, so we have
11 P7 labeled as their exhibit.

12 (Exhibits P8 was marked for identification.)

13 MR. KOLB: P8 is James Marcus' professional
14 résumé and CV.

15 (Exhibit P9 was marked for identification.)

16 MR. KOLB: P9 is a copy of the memorandum
17 from Kane County specifically relating to storm water
18 and to wastewater. The memorandum raises a number of
19 concerns. It's dated December 1st, 2015, and we
20 supplied a number of materials, specifically a report
21 regarding storm water management facilities, as well
22 as copies the IEPA permitting, a Sheaffer & Roland
23 letter addressed to Mr. Berkhout dated December 10th
24 addressing a lot of the storm water issues, and then

1 McHenry Analytical Water Laboratory data lab results
2 for the water dating back historically, which I think
3 you all wanted. So we tried to aggregate all this
4 data for you so it was ready. It maybe just falls
5 into the purview of engineering, but nonetheless we
6 just wanted to label it as part of the record tonight
7 as P9.

8 (Exhibit P10 was marked for identification.)

9 MR. KOLB: Then P10 is the Health Department's
10 memorandum, and we addressed that in a subsequent
11 submittal, as well, so we'd like that to be -- a copy
12 of the IEPA water pollution control permit that you
13 had requested that was outstanding. We actually
14 provided that for you, so I have that as Exhibit P10.

15 (Exhibit P11 was marked for identification.)

16 MR. KOLB: Then moving along we have
17 Mr. Bailey's CV.

18 (Exhibit P12 was marked for identification.)

19 MR. KOLB: As well, we have Monica Hon's CV
20 from Murer Consultants.

21 (Exhibit P13 was marked for identification.)

22 MR. KOLB: And then lastly we have a letter
23 from the Campton Hills Police Department that was part
24 of the evidentiary record in a prior hearing with an

1 applicant who proposed, from my understanding, a
2 similar facility than what our client is proposing, no
3 affiliation with us whatsoever, and I give that letter
4 from the Campton Hills Police Department which is
5 labeled "P13."

6 There's an analysis of a number of
7 facilities nationwide that shows essentially the
8 conclusion being that there will be no undue burden on
9 the police department as a result of this and that
10 incidences are quite low historically based on a study
11 that was conducted in this context. So we want you
12 all to consider that, too.

13 So barring objection, I'd like to move all
14 of those exhibits P1 through P13 into the evidentiary
15 record in this case.

16 MEMBER STOVER: So moved.

17 MR. KINNALLY: Mr. Chairman, with your
18 permission, what is P12? I don't have that. I don't
19 recall that being identified.

20 MR. KOLB: Monica Hon's résumé is P12.

21 MR. KINNALLY: Thank you.

22 MR. KOLB: You're welcome, Mr. Kinnally.

23 CHAIRMAN WHITE: Any other questions at
24 this time?

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1 (No response.)

2 CHAIRMAN WHITE: Is there a motion to accept
3 the evidence?

4 MEMBER REGAN: I'd like to move that we
5 accept P1 through 13 into evidence.

6 MEMBER CAMERON: Second.

7 CHAIRMAN WHITE: Moved by Stover, seconded
8 by Cameron. All in favor say aye.

9 (Ayes heard.)

10 CHAIRMAN WHITE: Opposed, same sign.

11 (No response.)

12 CHAIRMAN WHITE: Motion carries.

13 (Exhibits P1 through P13 admitted into
14 evidence and retained by the Board.)

15 CHAIRMAN WHITE: You stated you have those
16 copies available for us at this time?

17 MR. KOLB: Yes, if I can approach.

18 CHAIRMAN WHITE: Please.

19 All right. Then I'll pass this along the
20 line for the Board members to review. Are you going
21 to be referring to these documents as you progress
22 through your testimony?

23 MR. KOLB: That's possible. I have an
24 additional copy, too, if somebody else wants it.

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1 CHAIRMAN WHITE: Are you ready to proceed?

2 MR. KOLB: Keith.

3 MR. BROWN: I believe at this time, in the
4 interest of time, our application would stand as it's
5 been presented. We do have our witnesses available,
6 and if the Board would like to ask questions of any of
7 our witnesses, we can put them under oath, and you can
8 ask those questions, and they would be subject to
9 cross-examination. The only thing I request is that
10 we do one witness at a time rather than going through
11 a potpourri of witnesses and asking a number of
12 questions.

13 So if the Board would like to have one of
14 our witnesses called, we would do that. And, also, we
15 would like an opportunity after the witnesses have been
16 called for us to have an opportunity to ask further
17 questions in rehabilitation.

18 That's our request unless you would like
19 to have us put everyone on, and I think this will
20 take days.

21 CHAIRMAN WHITE: No, that's not my intention.

22 Are there any questions from Board members
23 to the petitioner?

24 MEMBER STOVER: I have a couple.

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1 CHAIRMAN WHITE: Ms. Stover.

2 MEMBER REGAN: First of you and then I do
3 have a couple witnesses I would like to speak to.

4 It doesn't seem like my microphone is
5 working well. Maybe I'm not speaking into it. Can
6 you hear me out there? All right.

7 You mentioned having a private car that
8 would be taking people away from the facility should
9 they decide they wanted to leave. Is that something
10 that would be on the facility at all times, or you
11 would hire the private car to do so when they told you
12 sometime during the day or night that they wanted to
13 go home?

14 MR. BROWN: We are not going to own that
15 car. It would be contracted but the person would stay
16 on the premises until the car is upon the premises and
17 they can leave. We will have a protocol for that, and
18 that would be a part of the contract that we will have
19 with each individual patient.

20 MEMBER REGAN: So you know ahead of time?
21 You mentioned several times, and it's in here, too,
22 that when you interview these people to see if this
23 facility is right for them that you will know their
24 exit plan and whom to call and where they're going if

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1 they want to leave?

2 MR. BROWN: They will not be admitted
3 without an exit plan.

4 MEMBER STOVER: Is this privately owned? I
5 want to know, as a privately owned facility -- and
6 maybe this is a question one of you can answer me --
7 are you bound by the disability act that a private
8 building or facility is? In other words, the
9 Americans with Disability Act.

10 The reason I ask is probably for my own
11 curiosity, but, honestly, those buildings that are
12 pretty nice, there is some -- there are some nice wide
13 doors and buttons, but will you be accommodating the
14 disabled in all of these buildings even though it's
15 privately owned?

16 MR. BROWN: I'm going to defer to -- my
17 answer is yes, but I'm going to defer to Andrew for a
18 more specific answer.

19 MR. KOLB: Even though the facility owner has
20 the right to screen patients both from a protocol and
21 treatment standpoint and from an economic standpoint,
22 it's still a place of public accommodation, and so
23 compliance with the ADA would I think be necessary
24 with respect to the building codes.

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1 MEMBER STOVER: Okay. And I think I heard
2 you say one of your witness is someone from the health
3 department. Correct?

4 MR. KOLB: That's correct.

5 MEMBER STOVER: So I'll ask you but then
6 I'll ask that person, also. This is different from a
7 normal or a regular hospitalization situation because
8 we don't have operating rooms and such. It's a
9 different licensing arm of the law, and so is that the
10 person to ask about this, the person from the health
11 department? You also have someone here that can speak
12 to the licensure, though, don't you?

13 MR. KOLB: We have several people that can
14 field that question.

15 MEMBER STOVER: All right. Then I'll
16 ask them.

17 I think -- oh, you used the word accredited
18 by health organizations. So though you are licensed
19 through someone else, you have an accreditation, also,
20 that will be from a State health organization.

21 MR. BROWN: And also from the Joint
22 Commission.

23 MEMBER STOVER: Okay. You didn't mention
24 the word heroin. Is heroin addiction going to be

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1 something that's treated there?

2 MR. BROWN: Yes. I just excluded things but
3 heroin would be, yes.

4 MEMBER STOVER: And then the Fair Housing
5 Act. When you talked about the Fair Housing Act --
6 and I don't know if this is for you or someone else --
7 are you talking about fair housing as it pertains to
8 accommodations because it's a disability -- the people
9 that come in are disabled?

10 MR. BROWN: Yes. But I would like to defer
11 to one of our counsels for that question because he is
12 definitely one of the experts.

13 MEMBER STOVER: The reason I ask is because
14 like I said before with my question with accommodations
15 is I'm concerned -- and this may be personal more than
16 anything as to whether you will have the wide
17 doorways, the rails, the places they could be just
18 like anyone else, and you already answered that.

19 MR. BROWN: Yes. I believe so, yes.

20 MEMBER STOVER: Okay. I think that's it
21 because my other questions are for your other
22 witnesses.

23 MR. BROWN: Thank you.

24 CHAIRMAN WHITE: Any other questions of

1 Board members?

2 Mr. Regan.

3 MEMBER REGAN: I live in Plato Township, and
4 I've lived there 50 years, elected seven times out
5 there. The thing that's so basic about this is the
6 people in the neighborhood are afraid of this, and
7 they're definitely afraid of it because addicts are
8 addicts, whether you're heroin or whatever. If
9 somebody doesn't want to be there and they just decide
10 to leave sometime, that's what has the people
11 frightened about this whole thing. I mean, what's the
12 answer to that?

13 MR. BROWN: First of all, an untreated
14 addict that lives in your neighborhood is more
15 dangerous than someone who is going through treatment.
16 For us to believe that there are no people in our
17 neighborhoods even in this area that do not have drug
18 problems, they are living in a different reality.

19 Number two, we have the state-of-the-art
20 security. We also have made a representation that we
21 will -- those people when they want to leave, we will
22 give them an opportunity to go home. Some of these
23 people will be coming from out of state. They will be
24 delivered to the airport.

1 The other thing about this is that this
2 property, you can't see it from the road. It's a
3 quarter mile back. There's really nowhere to go.
4 There's not a gas station; there's not anything in
5 which someone who is wanting to leave would have
6 anywhere to go.

7 MEMBER REGAN: They do have homes in the
8 neighborhood.

9 MR. BROWN: They do have homes in the
10 neighborhood but you're assuming -- and this is not a
11 facility which is taking people who are convicted of
12 felonies for purposes of a jail sentence. It's
13 nothing like that. These are people who are there
14 willingly to be offered treatment.

15 We do have some experts who can also testify
16 more specifically on this based upon their experience
17 and also based upon other facilities throughout the
18 country when this happens and the likelihood of it to
19 happen.

20 What I can say, though, with our security
21 system, with the virtual fence that we have, and also
22 the security and the cameras that it is highly
23 unlikely that anyone would have the opportunity to
24 leave the property without our being involved in that

1 process and actually getting them, but, finally, we
2 will have protocol to take them off of the property.

3 I would also suggest that when the property
4 was Glenwood School that there was probably more of an
5 opportunity for people to leave to premises and have
6 an effect on the neighborhood which would be far
7 greater than anything that we will be offering with
8 our facility.

9 MEMBER REGAN: But I can tell you that's
10 their number one -- what I hear from them is that's
11 their number one fear. You'd have to -- I can't
12 convince them anyway, but anyway they -- and they
13 listen to you, and you have a good set of words.

14 But the fact is, if somebody just decides to
15 get out of there, and they're addicted to heroin, or
16 booze, or whatever their hang-up is, it's fearful.

17 And, of course, you did say that maybe these
18 people are all going to be high-paid people. Maybe
19 they'll buy some of those fancy homes out there.

20 CHAIRMAN WHITE: I failed to swear you
21 gentlemen in, so if you don't mind, please stand and
22 raise your right hands.

23 (Twelve witnesses sworn.)

24 MR. BROWN: I think we have a witness at

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1 this time who would be in a better position to answer
2 those questions.

3 MEMBER REGAN: Because a lot of the people
4 that are fearful are right here.

5 MR. BROWN: Oh, I'm sure. And I'm sure
6 they're going to be given an opportunity to speak, but
7 I'd like to call James Marcus who can address some of
8 these issues that you have.

9 CHAIRMAN WHITE: Feel free.

10 Mr. Marcus, if you'd come up here to the
11 witness booth. Sir, if I could get you up here in
12 front and ask you to take a seat.

13 Yes. As you take a seat, please state your
14 name and your relationship to this petition.

15 THE WITNESS: My name is James Marcus, and
16 I've been asked to come here to just express my
17 experience in the state of mind of patients in
18 treatment and the experience of patients in treatment.

19 AUDIENCE MEMBER: Speak up louder.

20 THE WITNESS: My name is James Marcus. I've
21 been asked to come tonight to share my own experience,
22 both my personal and professional experience in the
23 state of mind of a patient while they're in
24 treatment.

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JAMES MARCUS,

having been duly sworn, testified as follows:

EXAMINATION BY COUNSEL FOR MAXXAM PARTNERS

BY MR. KOLB:

Q Mr. Marcus, can you give everyone your background just for the record?

A I can say that I have an undergraduate degree from the University of Pennsylvania in psychology. I also have a master's degree in mental health counseling.

I also have my own personal story in recovery. When I was 24 years old, I went to treatment for addiction and later on through my own recovery worked in treatment centers. Started out working in the evenings on a men's unit for young adult males and supervising them, at the same time was full-time in my master's degree program working at night and eventually worked my way up to becoming a full-time therapist in an inpatient treatment center very similar to the facility that they're proposing here today. I then went on and started my own private practice in treating both addiction and mental health.

I'm now the clinical director of a consulting firm that helps families be assessed for addiction and be placed at the most appropriate

1 treatment facilities. I've traveled to many treatment
2 facilities around the country, know many facilities
3 intimately, and really can speak at great depth at
4 everything from the experience of being somebody in
5 treatment, all the way to working in treatment, and
6 placing families into treatment.

7 Q So, James, can you tell everyone what a
8 typical day is in your work experience working with
9 families? What do you identify as the issues, and how
10 do you try to help them?

11 A In my current position?

12 Q Correct.

13 A So in my current position, families come to
14 me when they have a loved one that's in crisis because
15 of addiction. And many families are extremely afraid,
16 under a lot of anxiety. They're very lost; they don't
17 know what to do, and the reality is right now our
18 country is in the middle of a crisis with addiction.

19 The other reality is when I was a kid I
20 would see movies about addiction that it was somebody
21 in a gang in the bad part of town, and the reality is
22 that I guarantee you just about everyone in this room
23 knows somebody that has been affected by this disease.
24 And, yes, it is a disease. We're dealing with people

1 that are sick. They're not bad people; they just need
2 treatment.

3 We basically will do assessments for these
4 families and develop a plan for them to place them in
5 the most appropriate setting and really support the
6 family throughout that entire process to try to give
7 them the best outcomes.

8 Q So, James, in the context of treatment
9 involving people who voluntarily want to be treated,
10 do you have opinions regarding this notion of, you
11 know, asking without leave or trying to get out of the
12 facility? What's your experience on this point?

13 A Sure. I can tell you -- and this is coming
14 from my heart. It makes me terribly sad to see the
15 fear that exists with people here around somebody
16 that's struggling with addiction as if -- and I can
17 say "we" because I'm a recovering addict -- that that
18 should be somebody that's feared, and that there
19 should be significant security systems, and that
20 everybody should be terrified. It makes me so sad
21 because that means that you're afraid of me and people
22 that I love and have treated and worked with.

23 And the reality is that there's really
24 nothing to be afraid of. My experience in working in

1 treatment is that actually once people get into
2 treatment, they're so deeply relieved that they're in
3 a place where there's somebody that cares about them,
4 when they get -- initially they go into detox, which
5 this facility will be offering, where they're given
6 medications to help with their cravings.

7 So there isn't some person that's out of
8 their mind craving for drugs because they're given
9 medications so that that's not an issue. They're then
10 slowly tapered off of those medications so that it's
11 as least painful of a process. Whereas, the people
12 out in your streets in your community right now, like
13 Keith had mentioned, are the ones that really we need
14 to be worried about because they don't have the
15 support and the services that they so desperately need.

16 But the people that are in treatment are
17 actually getting the medications that they need.
18 They're surrounded by an enormous staff of people that
19 are there to support them, and that's everything from
20 any medical issues that are going on, psychiatric
21 issues, as well as just their daily well-being and
22 emotional state.

23 And when people -- and there are times when
24 people for whatever reason don't want to be in

1 treatment, and you have a huge amount of staff that
2 are there to work with them and help them figure out
3 what is going on for them, what's coming up for them.
4 And if ultimately they choose that they don't want to
5 be there, this is not a locked facility, and none of
6 the facilities that I've worked in are locked
7 facilities, and they have every opportunity to leave
8 with their own dignity. And it usually consists of
9 something like calling a taxi or car service and going
10 to an airport and going home.

11 So this image that I've been sensing that
12 you have people running off in communities and
13 creating crimes and havoc and hurting people is just
14 absolutely not my experience.

15 Q What is your experience?

16 A My experience is both from being a patient
17 and working in treatment facilities that when people
18 are in treatment, they feel safe; they feel relieved;
19 they feel supported. They feel scared and sometimes
20 ambivalent about the process but absolutely not the
21 type of people that need to be feared.

22 And the stigma about addicts being some
23 criminal crazy person is incorrect and not a real
24 representation of the reality of my experience of

1 people in treatment.

2 MR. BROWN: There has been a -- with mental
3 health disorders, some people with mental health
4 disorders also have problems or are drug addicts.
5 Will you please tell us about the screening process as
6 far as a mental health disorder and the use of drugs
7 and purpose and how -- or whether or not those people
8 with significant mental health disorders would be
9 allowed at this premises?

10 THE WITNESS: Sure. So whenever somebody
11 enters into treatment even from the very first phone
12 call to the admissions staff, you begin a screening
13 process where you start gathering information from a
14 client and from their loved ones that know them.

15 And from the very beginning, you're trying
16 to screen out people that would not be appropriate for
17 your facility. So somebody that has really primary
18 mental health diagnoses would not be appropriate for
19 this facility and, therefore, wouldn't even be invited
20 to come in the first place and instead would be
21 referred out to a much more appropriate setting.

22 BY MR. KOLB:

23 Q What kind of setting would that typical
24 patient arrive at as opposed to the setting proposed

1 by the applicant?

2 A So it really depends on how acute the
3 individual's symptoms are. It could be anything from
4 being admitted to a psychiatric hospital to more of an
5 inpatient psychiatric treatment center, which is
6 similar to an addiction treatment center, but they
7 really focus more on psychiatric issues. Which my
8 understanding is this facility would not be that; this
9 would be really geared specifically to addiction.

10 Q So is it safe to say the screening process
11 involves a financial screening to make sure that the
12 patient can pay for the services voluntarily; it
13 involves a diagnostic screening to make sure that the
14 services you provide can actually treat the addiction
15 but also a psychological screening?

16 A Yeah. Absolutely you do -- really the first
17 five -- everything from the first phone call all the
18 way up is all about screening and assessing.

19 So the financial piece is huge. You don't
20 want a family to travel, buy plane tickets, come all
21 the way out, and then find out that they can't afford
22 your services. So you're going to run their
23 insurance, find out what insurance that they have, how
24 much personal assets they have to pay for treatment,

1 and make sure that nobody is walking into the door,
2 first of all, where they're financially not going to
3 be able to pay for the services.

4 But then, obviously, additionally you do a
5 full bio/psycho/social screening to make sure clients
6 are appropriate for your facility, and that includes
7 everything from medical issues, to psychiatric issues,
8 to what your substance abuse history is, how much you
9 used, what you used, have you ever been hospitalized
10 for any psychiatric disorders.

11 You're going to have a very good picture of
12 any clients that come to your facility, which is
13 really critical to having a conducive environment
14 that's appropriate for the client.

15 MR. KOLB: Mr. Regan, any questions?

16 MEMBER REGAN: No. Pretty good answers.

17 CHAIRMAN WHITE: Mr. Kinnally.

18 EXAMINATION BY COUNSEL FOR THE BOARD

19 BY MR. KINNALLY:

20 Q Who owns this facility? Who owns it?

21 A The facility?

22 Q Who owns it? Do you know?

23 A My understanding is that it's Maxxam, LLC.

24 Q Is it a leased facility? Does somebody

1 lease it back?

2 MR. KOLB: I can tell --

3 MR. KINNALLY: No, I want to ask him. If he
4 doesn't know, that's fine.

5 A No, I don't know.

6 CHAIRMAN WHITE: You need to speak into the
7 microphone, Pat.

8 Q Can you tell me, what percentage of people
9 voluntarily leave a facility that you worked at?

10 A I couldn't represent a firm study that gave
11 you those specific numbers.

12 Q So you don't know?

13 A I couldn't give you a solid number, no.

14 Q And you said that people do screening and
15 intake to figure out whether or not the person is
16 proper to go into an addiction facility; is that
17 right? Who does that?

18 A So initially it's usually done by an
19 admissions specialist. When there are some red flags
20 that, you know, things are reported about psychiatric
21 history, they usually will bring in the head of
22 psychology, the psychiatrist.

23 Most admissions in treatment centers are done
24 on a team basis. So you have the medical director, the

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1 psychiatrist, the clinical director, and the admissions
2 staff making decisions about your admissions. So
3 you're really working a collaborative effort. We call
4 it a multidisciplinary collaborative effort.

5 Q Is that done on the phone?

6 A Which part?

7 Q The part you just talked about.

8 A The collaborative effort is done usually in
9 person in staff meetings in the morning.

10 Q And where does that take place?

11 A At the facility.

12 Q So the people come there first to the facility,
13 and then they determine whether or not they can get in?

14 A No. The screening is done with the client
15 over the phone. Then that information is brought to
16 the staff at the facility to make a decision whether
17 or not a client is appropriate or not.

18 If there's, you know, red flags that are
19 coming up, then there's going to be follow-up by
20 specialists in whatever one of those fields that are
21 most appropriate and at that point decided whether or
22 not to be referred out or not.

23 Q And I see on your résumé that you were at
24 the Hanley Center. Is that right?

1 A Yes. That's correct.

2 Q Is that in Florida?

3 A Yes.

4 Q And I notice that the -- some of the owners,
5 they're from Florida, too; is that right?

6 A Yes. That's correct.

7 Q Did they contact you?

8 A Yes.

9 Q And do you have a license to do any therapy
10 in Illinois?

11 A No, I do not.

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

13 CHAIRMAN WHITE: Do the Board members have
14 any other questions at this time?

15 (No response.)

16 CHAIRMAN WHITE: Then I'll open it up to the
17 public.

18 Mr. Carrara, do you have any cross-examination?

19 MR. CARRARA: I do, Mr. Chairman. Thank
20 you. Just a few questions.

21 EXAMINATION BY COUNSEL FOR THE APPELLANT

22 BY MR. CARRARA:

23 Q Mr. Marcus, how many times did you meet with
24 the principals of Maxxam before providing your

1 testimony here this evening?

2 A Just tonight. Basically, before I came
3 tonight.

4 Q Do you know what experience they have in
5 running facilities of this type?

6 A No.

7 Q Are you going to be the manager or the
8 operational person of this facility?

9 A No. I don't intend on being involved in the
10 operation.

11 Q So do you have any personal experience as to
12 how this facility will operate, not just the
13 generality of facilities?

14 A The knowledge that I have about how this
15 facility will be run is based on the conversation that
16 I had this evening prior to this hearing to go through
17 both the layout of the facility, as well as basic
18 policies and procedures, as well as some basic
19 programming of how the facility will be structured.

20 Q So you mentioned the basic policies and
21 procedures. You haven't reviewed any detailed written
22 policies, for example, the screening intake that you
23 were testifying to earlier?

24 A I'm talking more about the general standards

1 of inpatient treatment is what I can speak to.

2 Q So you don't know how Maxxam will actually
3 screen its clients?

4 A Well, if they intend to be JCAHO accredited,
5 they're going to be held to a lot of standards that
6 are pretty much universal throughout the industry.

7 Q And none of those screening criteria or
8 policies and procedures that you talked about
9 generally for Maxxam are in any of the documentation
10 that's been submitted to the ZBA for their review;
11 correct?

12 A I'm not sure. I can't answer that.

13 Q Does your facility detox clients?

14 A I don't work at a facility. I simply am a
15 consultant for families, and I place people into
16 treatment into facilities.

17 Q So what is the Retreat?

18 A I don't know what the Retreat is.

19 Q In your discussions with Maxxam, who are you
20 actually having discussions with? What principal of
21 Maxxam?

22 A I was with Steven Marco, as well as with the
23 staff that sits on his counsel.

24 Q I'm confused. When you say "counsel," is

1 that his attorneys?

2 A I'm sorry. Yeah, the individuals that are
3 sitting at the desk in front of you.

4 CHAIRMAN WHITE: Are you finished,
5 Mr. Carrara?

6 MR. CARRARA: The only I guess further
7 question I have is, I haven't seen the exhibit that
8 may be his CV, so I haven't had the opportunity to
9 review that for cross-examination, but it seemed that
10 on the witness list that he was going to be testifying
11 as to the Retreat.

12 MR. KINNALLY: No, that's Exhibit 18. His
13 CV is Exhibit 8.

14 MR. CARRARA: I have no exhibits, so I
15 wouldn't know what they are, but I was referring to
16 the witness list. It says, "James Marcus, independent
17 validation of findings within the Retreat."

18 MR. BROWN: We will provide him a copy of
19 the CV at this time.

20 MR. KINNALLY: Mr. Chairman, the applicant's
21 petition which you admitted as Exhibit P1 contains in
22 Exhibit 18 an opinion from a gentleman named John Curtis,
23 who I believe is the individual that is at the Retreat
24 in Wayzata, Minnesota.

1 MR. CARRARA: Thank you.

2 So I guess, Mr. Chairman, just for a point
3 of clarification, if that is going to be expert's
4 testimony as part of the record, I would like the
5 opportunity to cross-examine him.

6 Mr. Marcus here has not -- has no personal
7 knowledge as to this letter or to the operational
8 facilities of Maxxam. So I'm not sure for what
9 purpose he's been brought here if he's not here to
10 establish the Retreat evidence that was submitted as
11 part of the package.

12 MR. BROWN: Mr. Chairman, he addressed the
13 question that was brought by one of the members of the
14 Board here, and that was the purpose of his testimony.

15 CHAIRMAN WHITE: Yes. I'm not sure that he
16 was here to testify on the documents that we have in
17 our binder from the Retreat.

18 MR. CARRARA: Then I guess the response to
19 that is he's testified in generalities, not as to how
20 this facility will operate.

21 So, again, I'm not sure what weight that
22 should be given in terms of his testimony as to this
23 facility and how it plans on operating under the
24 special use conditions that may or may not be granted

1 at some point in the future.

2 CHAIRMAN WHITE: And I believe he was
3 addressing the question Mr. Regan brought up on the
4 general conditions of these types of facilities.

5 Any other questions?

6 Is there anybody from the public or unit of
7 government that wishes to cross-examine this witness?

8 Please come forward to the podium, and
9 you'll need to be sworn in.

10 (Witness sworn.)

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

13 MR. MILLER: Joe Miller, 39W861 Barnside
14 Court, St. Charles, and I'm here both as a local
15 citizen, as well as I happen to be one of the trustees
16 of Campton Township.

17 CHAIRMAN WHITE: Okay. Thank you.

18 MR. MILLER: Thank you. Thank you again for
19 the opportunity. I just have two or three brief
20 questions, please.

21 EXAMINATION BY AUDIENCE MEMBER MILLER

22 BY MR. MILLER:

23 Q In your experience, sir, have you ever known
24 applicants to lie on their applications?

1 A When you say "applicants," you mean people
2 that are seeking treatment?

3 Q Yes, sir.

4 A Yes.

5 Q Okay. Do you have a sense of what portion
6 in your experience?

7 A I don't think I can answer that definitively.

8 Q Okay. But there is a sense, though, with
9 any application, whether it be credit, et cetera, there
10 are those who would lie on such applications. Okay.

11 You were talking about your experience
12 within facilities. What number of facilities in
13 general have you visited or have experience with?

14 A I've worked in one facility throughout my
15 time from being at the very low level all the way up
16 to being a therapist, but as my current role part of
17 my job is to actually go tour and visit facilities.
18 So I think I've been so far to maybe a couple dozen
19 treatment centers around the country.

20 Q Okay. In terms of over what time period?

21 A Which part?

22 Q Thank you for asking that clarification.
23 For the visiting portion.

24 A In a professional capacity that's been

1 probably the last year, but I've done that myself just
2 through my own experience, you know, over the last
3 many years, whether it's visiting people that I know
4 in treatment and things of that nature, but
5 professionally in the last year for that role.

6 Q Okay. You may not have the depth of time to
7 be able to answer this final question, but in your
8 experience, how many of those facilities have actually
9 changed their business plans since inception such that
10 they say this is my -- as a business we all target the
11 customers we want, target the customers we get, and
12 sometimes we also have the customers that we just
13 accept.

14 So we all start with a business plan of what
15 we would like to have, and that does have a tendency
16 to drift or morph over time. So do you have
17 experience with facilities whose target consumer in
18 this case has changed over time?

19 A I don't think I can answer that because I
20 don't know what people -- necessarily what their
21 initial target was. But what I can say is that,
22 unfortunately, finances tend to be what dictate the
23 type of clientele. So what types of treatment -- I
24 mean what type of insurance places accept; sometimes

1 there's extra fees on top of that; some places take
2 Medicare and not Medicare.

3 So there's different things that will sort
4 of dictate it. I don't know if that's answered your
5 question.

6 Q Okay. I guess a clarification on that, is
7 there a drive from your point of view, do you see a
8 drive to fill beds? I mean, in the sense of you're a
9 facility, if you have 120 beds, you might have a
10 target consumer that you want, but if you cannot find
11 that consumer and you've got 60 beds empty, can one
12 sense that -- of course, that they might start looking
13 lower on the totem pole from what they had originally
14 targeted?

15 A I don't think I can speak to other treatment
16 centers' intentions or ways of running their business.

17 MR. MILLER: Okay. Thank you.

18 CHAIRMAN WHITE: Can the petitioners answer
19 that question that he's raised about the business
20 model and the expansion and changing of the business
21 model? Is that -- do you have anyone here to speak
22 to that?

23 MR. KOLB: Well, it's a theme of our
24 application to stick to private pay and private

1 insurance patients. It's our entire economic model.
2 When you look at the cost of this facility and
3 operating a facility this upscale, if we were to
4 depend on the State of Illinois for reimbursement like
5 everyone else, the facility wouldn't last long at all.

6 It is completely a private-pay facility
7 that's non-State dependent. In fact, that's the last
8 type of patient that will make -- the feasibility
9 studies indicates 120 beds will be filled very
10 quickly, not necessarily -- not focused on State aid
11 at all really. It's strictly a private pay, and that
12 would include private policies of insurance. That's
13 our admission criteria.

14 MR. BROWN: I would also like to add to that
15 that this business model could not support public
16 reimbursement just because of the size of the property,
17 maintaining it, and the number of beds, it would be
18 impossible. So that's part of the answer, too.

19 CHAIRMAN WHITE: Joe, anything else?

20 MR. MILLER: What would be the what-if plan?
21 I mean, Glenwood thought they had it nailed, and, of
22 course, we know we're here now. Businesses start all
23 the time, and they don't hit their targets. What's
24 your Plan B?

1 MR. KOLB: Well, we question the legality of
2 a condition to a special use imposing private pay for
3 constitutional grounds. I think we have to be very
4 careful once we dive into that pool.

5 As far as a what-if contingency, I think --
6 for the operation to actually continue as viable, I
7 think we would have to shut the operation down.

8 State aid is far less than private pay, and
9 from what I understand from speaking with my client
10 and researching the matter -- and we have witnesses
11 here who can speak to this issue -- the State is dried
12 up for a lot of us or is significantly delayed.

13 So it's a private-pay facility, high-end
14 private-pay facility at that. I don't see it being
15 an issue.

16 MR. BROWN: Also, the Board -- and this is
17 within your discretion -- could give a special use to
18 the applicant only. And then, therefore, further down
19 the line if we are not in the business, then the
20 special use would be over with. So that would be a
21 protection to the community that we have a commitment
22 to this business plan.

23 MR. KOLB: That's a great point. So the
24 facility doesn't fall into the hands of another

1 subsequent operator who would change the business
2 model. We discussed this this afternoon of what
3 assurances we could give. When the special use
4 belongs only to the applicant itself, then that
5 problem wouldn't exist.

6 MR. BROWN: I also think that the market in
7 the entire United States in this type of facility is a
8 very strong market which will be driven to that --
9 this is not even a thought process that we're going to
10 have any economic issues here, but I do understand
11 what his concerns are. But, once again, you can have
12 this application -- the special use just to the
13 applicant.

14 CHAIRMAN WHITE: Do you understand what he's
15 proposing, Joe?

16 MR. MILLER: I do but if you could clarify
17 one point. So what you're saying is you would not
18 adopt either like a hotel or an airline model where
19 you know you have a fixed cost. Taking a plane from
20 Point A to Point B you have fixed costs. You get to
21 maximize what you can for the seats, and then you turn
22 around and you know you've got fixed costs, and
23 everything else on top of that is gravy.

24 So if you had beds to fill for 20 or 30 beds,

1 you're saying you would make a commitment not to fill
2 those beds? Is that what I understand you're saying
3 with lower pay patients?

4 MR. KOLB: Can you define lower pay
5 patients?

6 MR. BROWN: Actually, he's asking a
7 hypothetical question which I just don't believe
8 deserves an answer.

9 (Murmurs from the audience.)

10 MR. BROWN: It deserves an answer in this
11 sense: The question has way too many variables in it
12 for me to give an answer. That's what I mean deserving
13 an answer. I don't mean that to be insulting to him.

14 MR. MILLER: I don't take it that way.

15 CHAIRMAN WHITE: And we don't tolerate
16 outbursts in this setting. Hopefully you took notice
17 of the signs staked to the wall outside the courtroom.
18 We try to run these proceedings similar to a
19 courtroom. If you don't want to abide by those rules,
20 I'll ask you to -- I'll empty this room, and I'll
21 bring you in one at a time.

22 So please keep your jeers and cheers and
23 applause to a minimum -- actually, to nothing.

24 So go ahead and continue.

1 MR. BROWN: And, also, I would apologize,
2 too, because sometimes -- what I meant to say, it's a
3 hypothetical question which is actually one I should
4 object to be because it's impossible to give that type
5 of answer. So I apologize to the person who came up.

6 CHAIRMAN WHITE: Is there anyone else who
7 would like to question this witness? I remind you
8 that we're questioning this witness.

9 I'll take this gentleman in the front row
10 here, and I'll need to swear you in, please.

11 (Witness sworn.)

12 CHAIRMAN WHITE: Thank you. And state your
13 name and any address, please.

14 MR. SMITH: I'm Terrell Smith. I live at
15 3N925 Emily Dickinson Lane in St. Charles. I'm just a
16 neighbor.

17 EXAMINATION BY AUDIENCE MEMBER SMITH

18 BY MR. SMITH:

19 Q Can you refute a statement from the National
20 Drug Court Research Center that says that addicts who
21 are coerced into treatment stay longer and do better
22 than those who are voluntary admittees?

23 A Can I what?

24 Q Can you refute that from your experience?

1 A I don't think I can either agree or deny it.

2 Q In your experience, is recidivism among
3 voluntary addicts much higher or more lower than
4 addicts who are coerced into treatment?

5 A Again, I can't say that with certainty
6 either way.

7 Q In your experience --

8 MR. BROWN: Can I just say one thing?
9 There's an objection to the question. And the basis
10 of the objection is that this facility is not a
11 facility which is being used for purposes of
12 punishment or any court-ordered treatment. It's a
13 voluntary facility.

14 So anytime you talk about recidivism, you're
15 referring to someone who has committed a crime.
16 Therefore, I'm objecting to the relevancy of the
17 question.

18 MR. SMITH: Actually, I would respond that
19 the word recidivism refers to a person who returns to
20 the habit of drug addiction as opposed to a criminal
21 who is returning to a set of criminal acts. The
22 recidivism refers entirely to that point.

23 MR. BROWN: If that is the context of the
24 question, I withdraw the objection.

1 Q So in your experience, have you known the
2 occasion of voluntary addicts who obtained drugs for
3 use while they were in treatment?

4 A Yes.

5 Q Would you say that that's an uncommon
6 experience or a common experience?

7 A In my experience, I would say it's uncommon.

8 Q Do you have any knowledge of the statistics
9 about that from, for instance, the National Drug Court
10 Resource Center?

11 A No.

12 MR. SMITH: Thank you.

13 CHAIRMAN WHITE: You're welcome.

14 I'll take -- I recognize you in the back,
15 sir. Come forward.

16 (Witness sworn.)

17 CHAIRMAN WHITE: State your name and address
18 for the record, please.

19 MR. PALACIOS: Elias Palacios.

20 CHAIRMAN WHITE: Could you spell that for
21 the recorder, please?

22 MR. PALACIOS: E-l-i-a-s, Elias. P, as in
23 "Peter" -a-l-a-c-i-o-s.

24 CHAIRMAN WHITE: And then your address, please.

1 MR. PALACIOS: 40W812 Long Shadow Lane,
2 St. Charles.

3 CHAIRMAN WHITE: Please use the microphone.
4 Thank you.

5 MR. PALACIOS: 40W812 Long Shadow Lane,
6 St. Charles.

7 CHAIRMAN WHITE: Thank you. And your
8 comments -- questions.

9 EXAMINATION BY AUDIENCE MEMBER PALACIOS
10 BY MR. PALACIOS:

11 Q I am a neighbor and also a specialist in
12 substance abuse, international level of certification.
13 However, my question for you is, what are you going to
14 do if you find out later when the person was admitted
15 he's got a mental illness?

16 MEMBER REGAN: Hold that mic up.

17 CHAIRMAN WHITE: Is this the witness you
18 want to address that question?

19 A I'm not the appropriate person for that
20 because I don't work for the facility nor intend to
21 work for this facility.

22 Q Are you familiar with the Rule 2060 of --

23 A No.

24 MR. PALACIOS: All right. Any one of the

1 others? I don't know if I should channel the questions
2 to others.

3 MR. BROWN: We don't have any other
4 witnesses and so therefore --

5 CHAIRMAN WHITE: Are you making notes of
6 some of these questions that are going unanswered?
7 Okay. Thank you.

8 MR. PALACIOS: That's it.

9 CHAIRMAN WHITE: Ma'am, you had your hand up.

10 MS. GEORGE: Good evening my name is
11 Sue George. I reside at 4N218 Fox Mill Boulevard,
12 Campton Hills. I'm also a village trustee.

13 EXAMINATION BY AUDIENCE MEMBER GEORGE

14 BY MS. GEORGE:

15 Q I do have a question for you, Mr. Marcus.
16 Thank you, by the way, for being here and for being
17 candid with your answers. I just had a couple
18 questions.

19 One, are you being compensated for your
20 testimony tonight in any way?

21 A I'm being compensated -- I'm not sure you're
22 aware but I don't live here. I live in Florida. So
23 for my travel, my travel time, and expenses.

24 Q Has there been any discussions with Mr. Marco

1 or any of his staff members or representatives that
2 perhaps in the future based upon the development of
3 this facility that you would be compensated or be
4 permitted to have a higher acceptance rate perhaps or
5 in any way be compensated for being involved?

6 A No.

7 MS. GEORGE: Thank you. That's all I have.

8 CHAIRMAN WHITE: Sir, please come forward.

9 Please raise your right hand.

10 (Witness sworn.)

11 CHAIRMAN WHITE: State your name and address
12 for the record.

13 MR. CLARK: Sean Clark, 41W536 Hunters Hill
14 Drive, neighbor.

15 EXAMINATION BY AUDIENCE MEMBER CLARK

16 BY MR. CLARK:

17 Q Mr. Marcus, first, congratulations on your
18 rehab success story. That's great. But I just want
19 to clarify a couple things.

20 The process, the admissions process, you've
21 been involved with these admissions processes in --

22 A Well, at my current position I do
23 assessments for families to find the best placement to
24 put them in treatment, but I've also been in the

1 situation working in inpatient treatment and seeing
2 the process, as well.

3 Q Okay. But have you been involved in
4 actually getting these patients or prospective
5 patients admitted into a facility?

6 A Yes. I've been on part of the
7 multidisciplinary team.

8 Q And that multidisciplinary team is made up
9 of psychiatrists, doctors, clinical staff; correct?

10 A Usually, yes.

11 Q Is there anyone, in your opinion, that would
12 be qualified as a security expert with experience in
13 doing risk assessments?

14 A I don't understand the question.

15 MR. CLARK: Well, the question goes back to
16 some of the concerns that many of the citizens here,
17 including myself, have. As Mr. Regan pointed out, you
18 know, people are concerned about having 200 addicts
19 in the neighborhood. To me that speaks volumes that
20 they bring an individual, an expert witness up that
21 doesn't have any experience in security or risk. I
22 think it speaks to the spirit of the proposal.

23 Thank you.

24 MR. BROWN: If I can address that, we do

1 have other witnesses. Thank you.

2 CHAIRMAN WHITE: Yes. They can bring
3 witnesses forward to address those concerns.

4 MR. CLARK: Okay. I hope so. Thank you.

5 CHAIRMAN WHITE: Anyone else wish the
6 microphone at this time, questions of this witness?

7 Mr. Carrara.

8 MR. CARRARA: Two follow-ups having had the
9 opportunity to review his résumé.

10 EXAMINATION BY MR. CARRARA

11 BY MR. CARRARA:

12 Q Mr. Marcus, what type of medications are
13 usually dispensed at facilities?

14 A Obviously, different facilities have
15 different licensing and different levels of care, but
16 if you have a detox facility, then there's different
17 opiates or benzodiazepines that are used for either
18 alcohol withdrawal, benzo withdrawal, opiate withdrawal,
19 things of that nature.

20 The facility that I worked at, we also were
21 able to manage people with psychiatric illness, so we
22 also had psychiatric medications.

23 There's also medical issues. So people
24 maybe have different health conditions that they need

1 regular medications for, as well.

2 So it's a pretty wide range of medications.

3 Q So in the case of the Maxxam facility, it
4 will be doing detox or the highest level possible in
5 the state of Illinois. Will those medications you
6 just mentioned for that type of facility, are those
7 considered controlled substances?

8 A Honestly, I would like to defer specific
9 questions about this facility and medications and
10 things of that nature to somebody else. I think my
11 primary role is to speak to just my experience with
12 working with clients while in treatment.

13 MR. CARRARA: Is there somebody that's going
14 to be speaking on the medications at the facility?

15 CHAIRMAN WHITE: Do you have a witness to
16 come forward?

17 MR. KOLB: We do, yes.

18 CHAIRMAN WHITE: Thank you.

19 MR. CARRARA: That's all, Mr. Chairman.
20 Thank you.

21 CHAIRMAN WHITE: I didn't see any other
22 hands go up.

23 Board members have any questions at this
24 time, any additional questions of the witness?

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1 MR. BROWN: I do have follow-up.

2 CHAIRMAN WHITE: Okay. I have one hand in
3 the back.

4 Please come forward. Please raise your
5 right hand.

6 (Witness sworn.)

7 CHAIRMAN WHITE: Please use the microphone.

8 MS. FREIDA: My name is Ellen Freida, and I
9 reside at 41W670 Barbary Lane, Campton Hills.

10 EXAMINATION BY AUDIENCE MEMBER FREIDA

11 BY MS. FREIDA:

12 Q I was wondering if you are going to be
13 counseling your families and addicts and sending them
14 to Maxxam. I'm not sure what the name is. Are you
15 going to be sending people to this facility?

16 A We -- that will be entirely dependent on
17 seeing the operation completely up and running, being
18 able to verify myself that they've done all the things
19 that they say they want to do, that they've received
20 the JCAHO accreditation that I believe is very
21 important.

22 So, yes, if they are able to fulfill the
23 things that they're saying that they're able to do,
24 and they're verified by somebody like a JCAHO

1 accreditation, then I absolutely will.

2 I think the property seems to be really well
3 suited for treatment and would be a wonderful place to
4 send families, but it's hard to say until you really
5 see it, you know, come to fruition.

6 Q So you would be benefiting financially from
7 sending your patients to this facility?

8 A No. I don't get compensated by facilities.
9 That's the benefit of using a company like myself is
10 when we send families to treatment, but we don't do it
11 based on getting any kickbacks or compensation. So
12 there's no incentive for us of where we place our
13 clients.

14 Q So how are you compensated then?

15 A Our families pay us directly for our time in
16 doing assessments and giving them recommendations, but
17 as far as where we send people, that's entirely based
18 on what's clinically most appropriate.

19 MS. FREIDA: Thank you.

20 CHAIRMAN WHITE: Thank you. I didn't see
21 any other hands go up -- sir, do you have a follow-up
22 question?

23 And I just remind you you have been sworn.

24 MR. SMITH: Right. Terrell Smith,

1 3N925 Emily Dickinson Lane.

2 CHAIRMAN WHITE: Thank you.

3 EXAMINATION BY AUDIENCE MEMBER SMITH

4 BY MR. SMITH:

5 Q So from the question you were just asked
6 about compensation, does it not benefit your business
7 to have a greater number of opportunities of
8 facilities with different signatures which make it so
9 that you do have an opportunity to send a particular
10 client to a particular place, and is it not then in
11 your pecuniary interest to have as many facilities
12 available to you as possible?

13 A That seemed to be a very loaded question.

14 Q Well, no, it was simply just to clarify the
15 tone of the question that you were asked. You
16 answered it in a very specific way. It was a very
17 specific question.

18 A Okay.

19 Q But from the standpoint of the opportunity
20 that you have to benefit from the creation of this
21 facility, that would be there, would it not?

22 A The way I see it personally is that for me
23 there's such a huge demand right now for good
24 treatment -- there's a lot of bad treatment centers

1 out there -- that it would be a benefit to the
2 families that I serve for there to be a very high
3 level, very high standard treatment facility to send
4 my families to, and I hope that this facility becomes
5 that. But I'm lost in how you're seeing that it's a
6 direct benefit to me personally.

7 There's a lot of treatment facilities out
8 there. We have a lot of places we can send our
9 families, but what I know is that in this area, in
10 Illinois generally and the Midwest there's a huge lack
11 of good treatment. Most people have to go out of
12 state, lots of times to Florida, California, some
13 other areas, and most of our families from Michigan,
14 and Illinois, and some of these Midwest regions
15 unfortunately have to travel because they have no good
16 treatment options.

17 So the only real benefit that I would see is
18 having some better options in this region of the
19 country.

20 MR. SMITH: Fair enough. One more?

21 CHAIRMAN WHITE: Make it brief.

22 MR. SMITH: I will.

23 Q From the standpoint of someone who obtains
24 drugs when they're in treatment, in your experience,

1 where have they tended to obtain those drugs?

2 A I mean, do you want me to give you just
3 anecdotal stories of --

4 Q An anecdotal story or, if you will, you
5 divide it into, does it usually come from outside the
6 facility or inside the facility?

7 MR. BROWN: Can I ask a question?

8 MR. SMITH: You may.

9 MR. BROWN: You're talking about similar
10 facilities which are with nonoutpatient and also
11 facilities where it's completely in-treatment? So I
12 would like to make sure that we're not mixing apples
13 and oranges.

14 CHAIRMAN WHITE: And I believe you said you
15 had someone here to speak on the security of the
16 facility.

17 MR. BROWN: We do but I don't have a problem
18 with him answering --

19 MR. SMITH: The reason that I asked the
20 question was because for that person who speaks to the
21 issue of security, it lays the groundwork for that
22 since we have this witness who is talking is supposed
23 to be talking about what goes on inside facilities
24 even though it's not necessarily this facility.

1 A Obviously, the issue that comes up, to
2 answer that question, is that different facilities are
3 in different settings. So the facility that I worked
4 in was surrounded by a very urban setting where people
5 had a lot of access to things if they really wanted
6 to. It sounds like this is going to be much more of a
7 remote setting.

8 So, you know, maybe there's instances where
9 people are able to sneak things into the facility.
10 Usually, most facilities will do a very thorough
11 search, and 99 percent of the time they're able to
12 find the different things that people maybe
13 accidentally or intentionally brought in, and
14 sometimes it's brought from the outside or somebody
15 brings it in.

16 You know, there's no way to guarantee
17 100 percent that nothing is going to end up on a
18 campus, but from my personal experience -- this isn't
19 any research; this is just my story -- I find that to
20 be a very low -- that generally it's a very rare
21 situation.

22 Usually, people -- you know, if they've
23 gotten all the way to treatment, it doesn't make a
24 whole lot of sense. Usually, they're spending a lot

1 of money to be there, and they've taken a lot of time
2 to get there.

3 Does it happen? Sure. But it's not a
4 common thing personally in my experience.

5 MR. SMITH: Thank you.

6 CHAIRMAN WHITE: And I've got a couple more
7 hands coming up, so we'll go ahead and continue.

8 Sir, go ahead. Please raise your right hand.

9 (Witness sworn.)

10 CHAIRMAN WHITE: Please state your name and
11 address for the record.

12 MR. MEUCCI: Vince Meucci, 6N620 Crestwood
13 Drive, Campton Hills, Illinois.

14 EXAMINATION BY AUDIENCE MEMBER MEUCCI

15 BY MR. MEUCCI:

16 Q You keep referring to your families that you
17 deal with. When you talk to a family, I'm assuming --
18 and correct me if I'm building a situation here.

19 You're discussing with parents in regards to their
20 children or another family member in regards to their
21 addiction or their problem and deciding what facility
22 or what best treatment would be for that person or
23 that individual. Correct?

24 So it's more like a situation where -- let

1 me try and bring this down to something that I can put
2 out there.

3 Mom and Dad are concerned about their child
4 that has a drug addiction and would like to put this
5 the child into a facility. This child is now going to
6 a facility to be detoxed and break their drug
7 addiction. This child's not always going to be doing
8 what Mom and Dad says. They will end up in the
9 facility, they will be there, but is that truly their
10 will, or are they abiding by what's being directed to
11 them to go to this facility?

12 A Okay. So what I talk to families a lot
13 about and people in general is that usually there's
14 two types of motivation for people to seek treatment.
15 There's external motivation and internal motivation.

16 Many times initially addicts to be willing
17 to seek treatment tend to be more externally
18 motivated. So their wives are leaving them; they lost
19 their job; their families are fed up with them, things
20 like that.

21 So, yes, initially many times you tend to be
22 more externally motivated. It's rare that, you know,
23 everything good is going on in your life and you
24 decide to go to treatment. What tends to happen is

1 once they enter treatment, they're detoxed in a safe,
2 effective way, they begin to get some support and
3 start to feel better, more of that internal motivation
4 starts to kick in, and it becomes much more about they
5 want to continue feeling the way they're feeling and
6 not just because they want to get their life back, or
7 their job back, or whatever it may be.

8 I don't know if I exactly answered your
9 question, but I'm trying to do to the best I can.

10 Q To further that one more step now that
11 you've said this, have you experienced or are you
12 aware of patients that have gone in with this
13 motivation that have become defiant?

14 A Yeah, of course. I mean, people can ebb and
15 flow in their motivation and at times be defiant.

16 Q Defiant to the point where they will break
17 protocol to exit and -- to exit the facility without
18 the knowledge of security or the staff?

19 A Yes. That can happen.

20 MR. MEUCCI: Okay. That was my question.

21 CHAIRMAN WHITE: All right. Thank you.

22 And I did see one other hand go up?

23 Sir, come forward, please. Please raise
24 your right hand.

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1 (Witness sworn.)

2 CHAIRMAN WHITE: Please speak into the
3 microphone.

4 MR. RICHARDS: I will.

5 CHAIRMAN WHITE: State your name and address
6 for the recorder.

7 MR. RICHARDS: My name is Van Richards, and
8 I live at 39W965 Cutwood Lane. We call it both
9 Campton Hills and St. Charles. The mailman will come
10 to either designation.

11 CHAIRMAN WHITE: And your question. Please
12 speak into the microphone.

13 EXAMINATION BY AUDIENCE MEMBER RICHARDS

14 BY MR. RICHARDS:

15 Q Sir, as I understand it, you first met with
16 anybody from the Maxxam group this evening. Is that
17 correct?

18 A Yes. I received a phone call a few days ago
19 requesting for me to come up. I was given just a
20 brief explanation of what it would be, and then I came
21 a few hours early today and sat with some of the
22 people involved, and they kind of brought me up to
23 speed with the project and what it was that they
24 wanted me to do, which was really most specifically

1 just to kind of talk about my experience in working
2 with treatment and what the state of mind of clients
3 are in these facilities.

4 Q And did you have an opportunity to visit the
5 proposed site?

6 A No.

7 Q So you've never seen the site that this
8 hospital is planning to use?

9 A No. Only the exhibits and the pictures that
10 everybody saw today.

11 Q You saw the pictures. Have you met any of
12 the Maxxam Partners?

13 A Yes.

14 Q All right. Distinguished group. How many
15 of them have you met?

16 A Two.

17 Q Now, is it your understanding that they have
18 never run this type of facility before?

19 A Yes.

20 Q Yes, it's your understanding that they
21 have not?

22 A Right. My understanding is that they have
23 not run a treatment facility.

24 Q So this would be a first venture for them?

1 A That's my understanding.

2 Q Okay. Now, as I understand it, this is not
3 a locked facility. I don't know if that was a phrase
4 you used, but these are all voluntary patients; is
5 that correct?

6 A Right. What it means by not being a locked
7 facility is that you can't restrain somebody and force
8 somebody to be there, that if they want to leave, they
9 have the right to leave.

10 Q When the door is not locked, if halfway
11 through treatment a voluntary patient who was
12 initially motivated decides that they no longer wish
13 to participate and go back to drugs or something else,
14 they can just leave; is that correct?

15 A Yes.

16 Q Okay. And you have experience with those
17 types of facilities?

18 A Yes.

19 Q And as I understand it, you have made a
20 financial arrangement with Maxxam Brothers to come up
21 here on short notice and testify for their petition.
22 Is that correct?

23 A Yes.

24 Q All right. And that covers both your travel

1 and your time?

2 A Correct.

3 Q How much are you being paid?

4 A Do I have to answer that?

5 CHAIRMAN WHITE: No, you do not have to
6 answer that. He's answered the question that was
7 asked prior, so he's not under any obligation to
8 identify how he's deriving his income.

9 MR. RICHARD: Well, it goes to his interest
10 and bias that your Board can take into consideration.

11 CHAIRMAN WHITE: I think he's been grilled
12 on that a couple of times.

13 MR. RICHARDS: Thank you.

14 CHAIRMAN WHITE: We're starting to get into
15 some repetition here.

16 Sir, yes. Please come forward.

17 MR. CORPOLONTO: I have a question.

18 CHAIRMAN WHITE: Question for whom? I'll
19 need to swear you in.

20 (Witness sworn.)

21 CHAIRMAN WHITE: Please state your name and
22 address for the record.

23 MR. CORPOLONTO: Angelo Corpolonto,
24 C-o-r-p-o-l-o-n-t-o, 7N207 Fox Bend Drive, Campton

1 Hills, and I am a neighbor, and I live adjacent to the
2 property on Fox Bend.

3 EXAMINATION BY AUDIENCE MEMBER CORPOLONTO

4 BY MR. CORPOLONTO:

5 Q Could you address this JCAHO accreditation
6 process, and how long does it take, and will the
7 facility lose their operating ability if they do not
8 receive this accreditation?

9 MR. BROWN: We do have other witnesses that
10 will address that more directly.

11 CHAIRMAN WHITE: This may not be the witness
12 to answer that question, sir.

13 MR. CORPOLONTO: I withdraw the question.

14 CHAIRMAN WHITE: Well, we'll make note of it
15 that they address that when that witness comes forward.
16 Anyone else?

17 Sir, in the back, please come forward again.

18 And I'd just remind you that you are still sworn in.

19 Please state your name again.

20 MR. PALACIOS: Elias Palacios.

21 EXAMINATION BY AUDIENCE MEMBER PALACIOS

22 BY MR. PALACIOS:

23 Q Three questions. Are you a certified
24 addiction counselor?

1 A Yes. I'm a certified addiction
2 professional, which is the designation in the state of
3 Florida, which is the highest level of certification
4 for addition counseling. I also have the same
5 certification as you, the international --

6 Q Which? Your --

7 A ICAABC is the international one that I have,
8 and then I also have the state-specific in Florida,
9 which is the CAP.

10 Q The other question is, what model of
11 treatment are you going to use for this new treatment
12 center?

13 A Again, that's -- I'm not the right witness
14 to answer that question.

15 MR. PALACIOS: Thank you.

16 CHAIRMAN WHITE: You're welcome.

17 Anyone else?

18 (No response.)

19 CHAIRMAN WHITE: The applicants would like
20 to respond to some of these issues that had arisen.

21 EXAMINATION BY COUNSEL FOR MAXXAM PARTNERS

22 BY MR. BROWN:

23 Q You were asked a question concerning people
24 who may lie when they come into the facility. Is

1 there a verification process for an applicant or
2 someone who would go into a type of facility such
3 as this?

4 A What do you mean by "verification process"?

5 Q Such as, do you get copies of medical records?

6 A Yes. Absolutely.

7 Q And do you take a history?

8 A Yes. Absolutely.

9 Q All right. So when I say verification:
10 Outside of everything that they tell you, are there
11 certain things that you need to follow up on in order
12 to make sure that that information is correct?

13 A Yeah. We get -- anybody that comes into --
14 I'm just going to speak from my own experience. This
15 isn't specifically them; it's just treatment in
16 general.

17 My experience is that we collect as many
18 medical records as we possibly can, and then we also
19 speak to everybody that's been in this individual's
20 life because, yes, absolutely addicts especially when
21 they're scared may not tell the whole story, or part
22 of the story, or change the story, but when we're able
23 to speak to the participants, the siblings, the
24 friends, maybe their own therapist, their doctor, we

1 try to include everybody we possibly can. And,
2 generally, you get a pretty good sense of an
3 individual.

4 Q During that process -- and we talked about
5 the assessment for purposes of mental illness. Do you
6 have experience in that area?

7 A Yes.

8 Q And can you tell us what the variation process
9 or the assessment process would be very quickly?

10 A Well, sure. I mean, we do an individual
11 assessment with a client, and clients usually tend to
12 be, I would say from my own experience more
13 forthcoming with mental health, and they'll just share
14 basically their different symptoms, history of symptoms.

15 They're usually assessed by somebody that --
16 because of my designation, I would tend to do more of
17 the substance abuse assessments personally, but
18 usually on staff you would have a psychiatrist, a
19 psychologist, somebody that has that level of
20 education that can do a thorough mental health
21 assessment. Then you're also going to be getting any
22 medical records if they've been to therapists,
23 psychiatrists, have they been ever hospitalized for
24 any mental health disorders, any treatment, any

1 medications that they're currently on. You're going
2 to gather as much information as you possibly can.

3 MR. BROWN: I have no further questions.
4 Thank you.

5 CHAIRMAN WHITE: All right. I think -- any
6 other -- you've had your hand up before. I'll let you
7 and then we're going to close this -- saw you just
8 prior to me announcing. Come forward and please raise
9 your right hand to be sworn.

10 (Witness sworn.)

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

13 MR. PARASKEVAS: My name is Constancinos
14 Paraskevas. I live at 6N250 Palomino Drive right here
15 in Campton.

16 EXAMINATION BY AUDIENCE MEMBER PARASKEVAS
17 BY MR. PARASKEVAS:

18 Q Sir, just a few moments ago you made a
19 statement there's a lot of bad treatment facilities
20 out there. Correct? I just want to point out that
21 this is what we're afraid of.

22 Okay. And then you also made a statement
23 generally drugs do not get on campus. Okay? You used
24 the word "generally." Okay. This doesn't instill a

1 level of confidence in me.

2 A Okay.

3 Q So, I mean, try to -- try to put yourself in
4 my perspective, in my shoes in seeing something else
5 come into my neighborhood. How would you feel?

6 MR. BROWN: Can I as a point of reference
7 make an objection only because the fact it was our
8 witness, and I asked limited questions, and we would
9 request that any questions or statements be limited to
10 what I asked on redirect.

11 CHAIRMAN WHITE: Correct. You're going
12 outside the bounds of what the witness was asked to
13 respond to.

14 Q All right. Can you comment on what the
15 percentage is of drugs being brought onto the campus?

16 MR. BROWN: Once again, I would like to
17 object. That's beyond the scope of my redirect.

18 CHAIRMAN WHITE: I'm going to have to agree
19 with that. You're making him speculate on what this
20 facility may or may not do.

21 We may have -- are there going to be other
22 witnesses that will address the security issue and how
23 it affects the surrounding neighbors and what not?

24 MR. BROWN: We have witnesses that can

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1 address that.

2 CHAIRMAN WHITE: We understand your concern
3 on how the operation of this facility is going to
4 affect the surrounding residents. So we're trying to
5 get much of those facts brought forward, and we need
6 to do it in the proper manner.

7 So you're welcome to come up later and ask
8 that question to the specific witness that can answer it.

9 THE COURT REPORTER: Would you spell your name
10 one more time?

11 MR. VAN KERKHOFF: Will you please spell
12 your name?

13 CHAIRMAN WHITE: Sir, could I get you to
14 spell your name for the recorder?

15 MR. PARASKEVAS: First name is
16 C-o-n-s-t-a-n-c-i-n-o-s. Last name is
17 P-a-r-a-s-k-e-v-a-s.

18 CHAIRMAN WHITE: Thank you.

19 Sir, you'd like to come back up.

20 MR. MILLER: I'd specifically like to
21 address what was -- redirect.

22 CHAIRMAN WHITE: And you're sworn in.
23 Please state your name.

24 MR. MILLER: Joe Miller.

1 EXAMINATION BY AUDIENCE MEMBER MILLER

2 BY MR. MILLER:

3 Q So just so I'm clear, regardless of all of
4 the procedures that might be used, no application
5 process is 100 percent foolproof of having an
6 applicant lie and something sneaking through; is that
7 correct?

8 A That's correct.

9 MR. MILLER: That's it. Thank you.

10 CHAIRMAN WHITE: I didn't see any other
11 hands go up. Anything further?

12 MR. KOLB: We would just like to remind the
13 Zoning Board that Jim was brought in to give a unique
14 perspective of somebody who recovered as an addict and
15 who works with people in response to Mr. Regan's
16 comments that these people can pose a risk.

17 I thought if you could see someone who
18 himself went through this recovery and also works with
19 families every day in this recovery process you could
20 get a global perspective. There are a number of other
21 witnesses we have to address the specifics, but I
22 thought that's Jim's real value. That's why we
23 brought him up.

24 So we just want to remind everybody that

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1 that was his primary purpose was to address
2 Mr. Regan's comments about the sensationalism that
3 surrounds this type of treatment and recovery.

4 So next we would call Trina Diedrich as a
5 witness.

6 CHAIRMAN WHITE: Jim, you're excused.

7 And I think before we do that we're going to
8 take a short break, take a 10-minute break. I've got
9 about 10 after 9:00, so 20 after 9:00.

10 And unless we have some objections from
11 Board members, we'll continue this probably exceeding
12 10:00 as I initially stated. So we'll just have to
13 see how that plays out.

14 (Recess taken, 9:07 p.m. to 9:20 p.m.)

15 CHAIRMAN WHITE: I've got 20 after. So I'd
16 like to get everybody to take their seats so we can
17 resume the meeting.

18 I do also want to inform you that we've
19 turned the monitor on out in the overflow seating
20 area. So if anyone in the back of the room is having
21 difficulty hearing, you can step out and view the
22 proceeding on the monitor in the overflow area.

23 I'm going to call the meeting back to order,
24 and I believe the petitioners were about ready to call

1 another witness forward.

2 MR. KOLB: We would like to call on behalf
3 of the petitioner Trina Diedrich. I think she's in
4 the restroom.

5 CHAIRMAN WHITE: And I believe she just
6 walked in. Ms. Diedrich, if you wouldn't mind -- are
7 you prepared to take the witness stand?

8 THE WITNESS: I am.

9 CHAIRMAN WHITE: You may come over here and
10 sit in the witness stand if you so desire, please.
11 And I will remind you you've been sworn, but please
12 state your name and your relationship to this petition
13 for the record. As I've indicated, people in the back
14 of the room have been having a hard time hearing, so
15 please speak into the microphone.

16 THE WITNESS: Okay. My name is
17 Trina Diedrich, and I'm an independent consultant.

18 CHAIRMAN WHITE: Go ahead and proceed.

19 TRINA DIEDRICH,
20 having been duly sworn, testified as follows:

21 EXAMINATION BY COUNSEL FOR MAXXAM PARTNERS

22 BY MR. KOLB:

23 Q Hi, Trina. Thank you for being here.

24 Can you tell us, currently what is your

1 professional occupation and position?

2 A I work for the State of Illinois Department
3 of Human Services Division of Alcoholism and Substance
4 Abuse.

5 Q What does that department do?

6 A We fund, license, and monitor all of the
7 drug treatment centers in Illinois.

8 Q You said you fund licenses?

9 A Fund, license, and monitor all the
10 publically funded treatment centers in Illinois.

11 Q What did you do prior to working for the
12 Illinois Department of Human Resources?

13 A Department of Human Services.

14 Before working for the State of Illinois, I
15 was a drug counselor for several years, many years, 5
16 years -- 5 1/2 to be exact -- and I've been a social
17 worker since 1992.

18 Q So what does your job consist of on a
19 day-to-day basis for the Department of Human
20 Resources [sic]?

21 A My biggest part of my work right at this
22 moment is helping to develop programs that are seeking
23 to work with individuals who present with mental
24 illness and substance abuse disorders.

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1 Q And is it safe to say that you evaluate
2 these drug and treatment organizations throughout
3 our state?

4 A I'm very clear on this fact, and that is I
5 have no influence on funding, on monitoring with
6 compliance or licensure in my position currently or in
7 the foreseeable future.

8 Q And you're here in a personal capacity
9 tonight, are you not?

10 A Correct.

11 Q Okay. Can you tell us a little bit about
12 your personal experience?

13 A Sure. My father was an attorney in DeKalb
14 County; my mother was an art teacher for 20 years in
15 Rockford, Winnebago County. I went into drug
16 treatment at age 24, and I have been sober since that
17 time, which for anyone noting is over 23 years.

18 Q And what was your addiction?

19 A I was addicted to illicit drugs and alcohol.

20 Q And you've been recovered for 23 years;
21 correct?

22 A 23 years in about five months.

23 Q And as a case counselor or case coordinator
24 you've helped others with similar addictions?

1 A Every day.

2 Q Can you tell me some of the things you did
3 for those families?

4 A Well, I'll give you a recent example. I
5 work with a person who got my name because in the
6 recovery community where I live there are quite a few
7 people who know me because I've been in recovery for
8 so long and what they perceive as so long. I'm hoping
9 it will endure until the end of my life. A young lady
10 called me and said, "Trina, I need your help. I don't
11 know what to do. I relapsed. I had a year sober. I
12 injected heroin for the last two days. Both of those
13 days I was declared legally dead, and I was discharged
14 from the hospital because I did not have an ability to
15 go into residential or detoxification services. I'm
16 about to be homeless, and if I can't get into treatment
17 both I will die, and my two-month old daughter will
18 face death, as well, because we will be living on the
19 streets," and this is in a Chicago collar county.

20 I was able to reach out to some personal
21 friends of mine who work both in drug treatment, as
22 well as within the criminal justice system. I was
23 able to secure what is called a priority population
24 status for this young lady who is 25 years old, and

1 she entered into a detox program the next day.

2 Q You evaluate in your current position all
3 types of facilities for alcoholism and substance abuse
4 throughout the state; correct?

5 A I have, yes.

6 Q How many facilities would you say in your
7 position with the Department of Human Services have
8 you evaluated?

9 A Well over 100.

10 Q Is that the majority of facilities in
11 our state?

12 A It's more than two-thirds.

13 Q So out of 100 or so facilities that you've
14 evaluated and out of the -- well, let's back up.

15 In your role as a counselor and a case
16 coordinator, can you give us some sense of how many
17 people struggling with addiction that you've
18 personally helped?

19 A I humbly would not be able to give an
20 accurate number, but it's been probably into the
21 thousands.

22 Q Since it looks like 1992. Correct?

23 A Yes. '92.

24 Q So you've counseled and assisted thousands

1 of people with addiction problems as a case
2 coordinator, and in your time at Rosecrance as an
3 assessment counselor primarily at Rockford, and then
4 now your job is currently to evaluate facilities.
5 You've moved from the patients to the facilities; is
6 that correct?

7 A The evaluation that I do on facilities is
8 not regulatory in nature. It is program specific.

9 So the previous testimony was given in terms
10 of treatment centers that are not considered good
11 treatment, and that would be more of a subjective
12 opinion, and I have worked very closely in the last
13 13 years with Dartmouth College and Hazelden Betty
14 Ford Center in Minnesota to make sure that the
15 treatment in Illinois when possible, when funding is
16 allowed, those programs are meeting the benchmarks for
17 an evidence-based practice treatment.

18 Q Now, you heard Jim testify earlier -- you
19 were here during that testimony; correct?

20 A Correct.

21 Q You heard a lot of questions regarding the
22 risks that addicts pose to the surrounding community,
23 in this case a residential community that might be
24 nearby. Do you have any opinions regarding addicts

1 posing a risk to the general population in the course
2 of voluntary recovery?

3 A Absolutely. I've dedicated my entire adult
4 life to making sure that people get the treatment that
5 they need. I heard someone earlier talking about
6 someone choosing to walk away from treatment or leave
7 against medical advice and that necessarily being a
8 bad thing.

9 It's interesting to me that in the disease
10 of addiction people would have that stance that
11 someone -- it would be abnormal for someone to walk
12 away from a treatment that could save their life.

13 I have a personal opinion about that. My
14 mother was diagnosed in 2004 with late Stage 3 ovarian
15 cancer. After several years of battling a horrible
16 disease that took her life eventually, about four years
17 in she said, "I'm not going to do anymore treatment,"
18 and she walked away from treatment. And that was her
19 choice. She walked away. She had the best year that
20 she probably could have ever had given the circumstances
21 of having poison, radiation, and all of the other
22 cancer drugs in her body.

23 So it is not that much different for people
24 who have an obvious physical disease like cancer,

1 ovarian cancer specifically, to walk away from
2 treatment that could save their life.

3 Q So is it safe to say that people that walk
4 away -- in your experience with thousands of patients
5 you've seen since 1992, over a long period of time, do
6 you have any sense of a percentage of those patients
7 that you would consider to be at risk? Do you have an
8 opinion regarding whether the public should be
9 concerned about the risk of a recovering addict while
10 in treatment at the facility proposed by the applicant?

11 A I have an opinion about that, yes. People
12 should be afraid of drug addicts and criminals who are
13 out in the streets of large cities like Chicago who do
14 not have access to treatment and where treatment is
15 not available. The people who commit crimes -- as
16 hopefully most of the people in this room know,
17 80 percent of the inmates in prisons are people that
18 are there for a drug offense, and it's not because
19 they were in treatment; it's because they were not
20 able to get treatment.

21 They had to leave the state to find
22 treatment elsewhere, but the treatment was not found,
23 and eventually what normally will happen is someone
24 gets arrested, then they get arrested again, then they

1 get arrested again, and then they go to prison for a
2 very long time.

3 Q You brought up Chicago as being an urban
4 area where these type of drug problems occur. Do you
5 have any opinions or knowledge regarding drug addiction
6 in our area, along the I-90 corridor, for instance, or
7 anywhere locally here?

8 A Many people may know that Chicago is
9 basically the heroin capital of the world for illicit
10 distribution, and I-290 is considered what we call the
11 heroin highway because of the sheer amount of heroin
12 that is coming in from Mexico and makes its way to
13 Chicago and from Chicago to other large cities
14 throughout the United States.

15 Kane County is a collar county, as we would
16 call it, in Illinois, and it shoulders right up
17 against DuPage County, Lake County, other counties,
18 DeKalb County, of course, Kendall County. The amount
19 of overdoses now in these areas has exceeded the
20 amount of fatalities from automobile accidents.

21 So currently in the United States the number
22 one cause of death in young adults is related to drug
23 overdose, substance abuse overdose. In DuPage County,
24 I can't recall exactly the month, but it was in the

1 spring of 2015, in DuPage County there were over
2 36 deaths due to opiate overdose, and in Cook County
3 in one weekend there were 83 overdoses directly from
4 heroin.

5 Q Do you believe this problem extends to our
6 Kane County corridor, as well?

7 A Yes. Absolutely, uh-huh.

8 Q Do you have any specific knowledge regarding
9 our county indirectly?

10 A I do have that knowledge on paper which is
11 not in front of me, and I regret to say I can't recall
12 the exact numbers.

13 Q But you disagree with the notion that drugs
14 are not in our community or the problem isn't rampant
15 in Kane County?

16 A I would adamantly disagree with that
17 statement. I have eight nephews and nieces. They all
18 live in this area, and I come from a very long line of
19 people who were born and raised in Illinois, and I can
20 attest from both my personal experience, as well as
21 the experiences of my sisters and my nieces and
22 nephews that addiction is all around you all the time.
23 And I take great pride in knowing that I individually
24 personally can help people who live in more rural

1 areas like Kane County.

2 Kane County at one point, if you look at
3 surveys, aerial photographs from the beginning of the
4 20th century is farmland. It's all farmland. My
5 sisters' houses are built on former cornfields. And
6 all of the things that we love about being near
7 Chicago and having a major metropolitan area, all of
8 the things that are wonderful about being near a large
9 city are also things that make it very difficult to
10 have a society in which you have a disassociated
11 population who is unable to access quality care.

12 Q So, Trina, I've heard you say before that
13 people don't leave a facility like the one proposed by
14 Maxxam randomly. What do you mean by that when you
15 say that?

16 A So when people go into substance abuse
17 treatment, after having a thorough assessment, having
18 family members come in and give collateral information,
19 people have to make a decision whether they're going
20 to get help or whether they will not get help.

21 If someone goes to the extreme of admitting
22 that they have an addiction, and they further go to
23 the commitment of entering residential treatment, that
24 person is very unlikely to leave against advice. And,

1 further, they're -- I cannot think of an example in my
2 20-plus years in this field where someone left against
3 medical advice from a facility and hid out in a
4 neighbor's bathroom or under their house.

5 People who are going to leave treatment are
6 going to leave treatment, and the best and most
7 effective way to leave treatment is with assistance,
8 with a safe plan to get back to where you came from.
9 It does not involve a massive criminal plot that
10 someone undertakes to make sure that they get out into
11 the community to blend in.

12 They want to get away from the community
13 because they've now made the choice they are not going
14 to seek drug treatment and they are leaving. And we
15 have to make sure when they leave, they have a safe
16 and effective way to leave.

17 Q Thank you.

18 You talked a little bit about -- well, you
19 heard testimony earlier regarding the possibility of
20 patients who are seeking treatment at the facility
21 bringing drugs into the facility, or sneaking drugs
22 into the facility, or somehow getting drugs in the
23 facility while in the course of treatment. Although
24 we only treat adults, the implication was made if a

1 child was put there by a parent, they may be there
2 somewhat involuntarily, which really isn't the
3 scenario with treating just adults over the age of
4 18, but do you have a percentage of time maybe people
5 will actively try to bring drugs into a voluntary
6 facility that's private pay and quite expensive?

7 A Well, the private pay and quite expensive
8 piece I don't have as much experience with because
9 there are really maybe a handful of them in the entire
10 state of Illinois. However, I can tell you that,
11 again, when people make the commitment to come into a
12 substance abuse treatment facility, they're coming in
13 there to get help in getting better, to overcome the
14 struggle that they face with addiction. It's not
15 their best interest to sneak drugs in.

16 Does it happen? I'm sure it does. I have
17 not, ever one time in my entire adult career found
18 someone in drug treatment who had drugs on them.

19 I was a drug treatment counselor for
20 adolescent females at a recovery home in Rockford,
21 Illinois, for Rosecrance, and I will tell you that we
22 had -- the worst situation that happened while I was
23 the lead counselor is that two suburban girls from the
24 collar counties of Chicago jumped off the first floor

1 roof because they were trying to get a smoke break,
2 and there was no smoking allowed.

3 So that was the extent of drug use.

4 Nicotine is a drug, so I guess in that way you could
5 say they were drug seeking because they jumped off a
6 first-floor roof to get a cigarette.

7 Q But other than that instance, in your entire
8 career have you heard of this happening regularly or
9 at all?

10 A I have not actually witnessed it happening.
11 I have been part of teams that admit people. When the
12 witness was talking about searches, we search every
13 single inch of their personal property. Their property
14 is often taken from them and put in a storage unit,
15 and they can't access it until after they're done with
16 treatment. But personally I have not ever come across
17 an individual who had illegal substances or alcohol.

18 Q Now, you testified you work for the division
19 of alcoholism and substance abuse; correct?

20 A Correct.

21 Q Is that the State agency that inspects
22 facilities like the one proposed by Maxxam?

23 A It is.

24 Q Can you tell the Zoning Board and the

1 members of the public a little bit about what those
2 inspections entail? How often do they occur? What
3 kinds of things is the State looking for in the course
4 of reviewing these types of facilities?

5 A Well, again, I would like to be very clear,
6 I'm here not as an employee of the State of Illinois.
7 So this area of expertise is a little bit difficult
8 for me to talk about without using my official
9 knowledge that I have and will have forever because I
10 have my PhD in this area.

11 Q So limit your testimony to your personal
12 experience then.

13 A Okay. That would be better.

14 Q Not as an agent of the State.

15 A So in the development of an organization,
16 from the very first time it sits down to make the
17 blueprint or the business plan of becoming a drug
18 treatment agency or any other health care agency,
19 they're presented, just as this fine board is tonight,
20 with a board or a government entity that has to
21 approve what they do.

22 And in Illinois, as well as in the United
23 States, there's a huge movement, which I'm a part of,
24 that says when you build a treatment center or when

1 you open a treatment center for someone, whether it's
2 with a mental illness or an addiction, there has to be
3 someone in recovery at the table. Because while you
4 may have the best intentions, you have not lived with
5 addiction. You may be a family member, but you are
6 not an addict.

7 So that is where my certification as a
8 recovery support specialist, as well as my PhD in
9 organizational development from Benedictine
10 University, which I'm sure many people know is in
11 Lisle. All of these things that require someone with
12 experience to come to the table have a huge impact,
13 and that impact is that treatment is administered in
14 such a way that licensing, regulation, and inspection,
15 compliance monitoring, whatever you want to call it,
16 have to take place.

17 And in the state of Illinois they do take
18 place at exceptional treatment centers such as
19 Rosecrance in Rockford, Illinois, such as Betty Ford,
20 Haymarket, there are countless treatment centers that
21 go through a very rigid certification licensure process
22 just to meet the State requirements. And most of them
23 go further by getting Joint Commission accreditation
24 because it will make them more reputable; it will give

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1 them a certain ability to bill different insurance
2 companies, et cetera. But there is no shortage of
3 regulation in the drug treatment area.

4 Q How often are the inspections by this agency?

5 A The State of Illinois does substance abuse
6 inspections at least one time every three years, and
7 many times someone may call in a complaint against a
8 provider, and those complaints are taken very
9 seriously, and an inspection team would be sent out
10 very quickly.

11 Q How quickly?

12 A Depending on the violation -- so if it was
13 something that was paperwork or oversight in that way,
14 they may do a desk audit and see if it can be resolved
15 without a site visit team. But if something dealing
16 directly with a patient's care was uncovered, that site
17 visit team would be probably within two to three weeks,
18 depending. It really depends on the situation.

19 Q Could a complaint be filed by a neighboring
20 property owner, for instance, or does it have to just
21 be limited to someone who is a family member or a
22 patient in the facility?

23 A The complaint can come from anywhere and
24 often does come from a member of the community.

1 Q So is it safe to say that the general public
2 has a remedy, for instance, if there was some issue
3 that they raised or complaint they wanted to make with
4 the facility through your State agency?

5 A Absolutely. There's a 24-hour phone number,
6 which I don't know what the phone number is. Again,
7 this is not my area of expertise with my agency, and I
8 have nothing to do professionally with licensure
9 compliance, funding, and monitoring. That's in a
10 different bureau of my division.

11 Q Is there anything else you'd like to add
12 regarding some of the questions you heard earlier?

13 A Well, I know the Chair said he'd like to be
14 gone by 10:00 so --

15 (Laughter.)

16 CHAIRMAN WHITE: We're not bound to that.

17 A (Continuing.) My father was an attorney,
18 and my mother was an art teacher, so I have opinions.

19 I can tell you that every single person in
20 this room, and some of the people that are here now,
21 and people that have left are my coworkers, my
22 neighbors, my loved ones, my family, my friends. I am
23 the face of addiction, and I am someone who has been
24 in long-term recovery, and I'll do everything in my

1 power, if you call me at work or on my personal
2 time -- which I have gone on more than I can count on
3 personal interventions. I'm a trained interventionist.
4 I don't even use that certification because I have so
5 many personal people that contact me because they know
6 I'm a recovering addict. If you have a problem, if
7 you have a niece, a nephew, if you have a daughter, if
8 you have a son, if you have a brother or sister,
9 mother or father, I am that person. I am that person.

10 I have a PhD that I earned over the course
11 of five years. I have a master's degree in human
12 service administration that I got at National-Louis in
13 Chicago. I have an undergraduate degree from
14 Benedictine college in Kansas.

15 So my forefathers, so to speak, were
16 farmers. I'm a seventh generation farmer from DeKalb,
17 Illinois. My great, great grandparents were the first
18 farm in Illinois to have -- in DeKalb County, Illinois,
19 to have electricity on their farm, and there was a
20 schoolhouse called the Diedrich Schoolhouse.

21 So I take great pride and have a huge amount
22 of respect for family members who have gone through
23 the struggle, which is a lifelong struggle of
24 addiction. But I can tell you one thing, I didn't do

1 it alone. When I got clean, I went into treatment at
2 24 years old. I would never have made it in my life
3 today if someone wouldn't have said, "Trina, you need
4 substance abuse treatment and you need it today. You
5 can go the easy way; agree to go. Or go the hard way;
6 agree not to go and watch your life fall apart. You
7 will lose your job; you will lose your family; you
8 will lose all of the money that you've made in your
9 young life, and all of that will go away."

10 It took them about five hours to convince me
11 that the better thing for me to do would be to go to
12 treatment. I spent six weeks in an inpatient
13 facility. It was one of the best treatment centers in
14 Illinois. It had to go -- it was part of Rockford
15 Memorial Hospital at the time and it no longer exists.

16 So I'm very open, honest, up front with the
17 fact that I'm in recovery. I have been. I will
18 always be in recovery. I will only not drink or drug
19 today because tomorrow I have no clue what's going to
20 happen. But I can say just for today, one day at a
21 time, I know that there are people in this audience
22 and people in the community who have had a loved one
23 who have had an addiction or who have had an addiction
24 and a mental illness. I am that person.

1 I'm not going to hurt you. I love you, my
2 sisters and brothers in recovery love you, and that's
3 what it is about. This endeavor is to change people's
4 lives and to give them an opportunity to have a life
5 and to have a future.

6 Back to the girl that I helped with the
7 2-month-old baby. I don't think that you would worry
8 so much about me going to help a 2-month-old baby, and
9 that is what this facility will give people the
10 opportunity to do.

11 CHAIRMAN WHITE: Any other questions?
12 Mr. Carrara, do you have any cross-examination?

13 MR. CARRARA: Mr. Chairman, if I may,
14 obviously, I haven't had the ability to review her
15 curriculum vitae, again, so I'd ask that I get a copy
16 of that exhibit and potentially the Illinois
17 Department Human Services Division of Alcohol letter.

18 So I'd suggest maybe go to the general
19 public and I'll follow up shortly thereafter.

20 CHAIRMAN WHITE: I'll take this gentleman
21 right up front. I see there's a number of hands.
22 We'll get to you.

23 Have you been sworn in?

24 (Witness sworn.)

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1 CHAIRMAN WHITE: Please state your name and
2 address for the record.

3 MR. NEVILLE: My first name is Aubrey,
4 A-u-b-r-e-y. The last name is Neville, N-e-v-i-l-l-e.
5 I live at 39W714 McDonald Road in Campton Hills, and
6 I'm a newcomer compared to Jerry. I've only lived out
7 there 40 years.

8 I am really confused. I've listened and I'm
9 going to -- I'm going to try and be delicate, but I've
10 listened to this lady tell us about a baby, and her
11 recovery, and all of these problems, but then I listen
12 to Keith over here telling us this is going to be a
13 high-end facility, and a high-end facility doesn't
14 have people who live on the street with children
15 coming to it.

16 So I'm confused. What did that have to do
17 with what Keith was telling us earlier this evening
18 what this facility was going to be?

19 CHAIRMAN WHITE: Is there a question in
20 there?

21 MR. NEVILLE: Yes. What is it? Is it women
22 on the street coming in with babies, or is it going to
23 be high-end, Keith?

24 MR. BROWN: Well, I'm not the witness at

1 this time.

2 MR. KOLB: I think Aubrey is missing the
3 other 14 or so points the witness made regarding the
4 State's role in the division, regarding the inspections
5 that take place, regarding the threat that the general
6 public has a perception that there's a threat to
7 someone getting treatment, being out -- escaping from
8 the facility, the issue regarding really the rarity of
9 someone bringing drugs into the facility that --

10 MR. NEVILLE: But it does --

11 MR. KOLB: I'll finish because you were
12 confused, so I'm trying to help you -- the certified
13 recovery support, the specialty role and regarding the
14 site inspections that take place by the Division of
15 Alcohol and Substance Abuse, and also her personal
16 experience regarding what it is to be a recovering
17 addict herself, what it is to work with thousands of
18 recovering addicts, and what type of threat they
19 really pose to the general public.

20 Because that's what the objectors are
21 bringing as a theme here is that these people pose
22 danger, and our first two witnesses tonight are to
23 address that concept for all of you. So that's
24 Trina's role plus her role with the State.

1 MR. BROWN: Maybe I could ask a question
2 which could help clarify it.

3 EXAMINATION BY COUNSEL FOR MAXXAM PARTNERS
4 BY MR. BROWN:

5 Q Does drug addiction go beyond economic -- to
6 all economic levels?

7 A Every person at every level.

8 Q And some of the stories that you shared,
9 were there people who could afford a facility like
10 this that would have similar stories that you talked
11 about tonight?

12 A Absolutely.

13 MR. BROWN: Thank you.

14 CHAIRMAN WHITE: Next person, please. We'll
15 just start right here in the front.

16 And you spoke earlier, so you are sworn in.

17 MR. MEUCCI: 6N620 Crestwood Drive.

18 MR. BROWN: I'm sorry. I didn't catch
19 his name.

20 MR. MEUCCI: Vince Meucci. Congratulations
21 on your recovery. I actually -- 32 years has been my
22 distance from my addiction. I was placed into a paid
23 facility by my parents. So, basically, what I'm going
24 to do right here, if I could get through the nerves on

1 this is put a foundation on my questions before.

2 I was placed into a facility, paid facility,
3 high-end that was located in Niles -- the facility is
4 no longer there -- for cocaine. The facility I was at
5 was -- the youngest was 15, the oldest was 20, 21. I
6 was 16.

7 One of the days while I was there I was in
8 front of the line in gym class, and two of the students
9 behind me punched me in the jaw so I could fall onto
10 the teacher that was in the front of the line so they
11 could do their what they called runs. It was a weekly
12 event that kids, clients of this rehab would do. At
13 least once a week there was a run or there was
14 restraint from the teachers to the kids.

15 The kids were there -- a lot of them were
16 there on their own to recover. My recovery wasn't
17 because of the facility I was at, it was facing
18 reality and finding one of my friends passed away in
19 the basement, and then before I was 18 I buried
20 another four friends. So my reality was -- it wasn't
21 the program; it was just life. I gave it up; I quit
22 it; it's way behind me. I don't even sweat it at this
23 point. I don't say I'm in recovery because it's gone.

24 But the point I'm making is just out of

1 boredom these patients were creating the crime scene
2 that you're saying does not happen. But it did.
3 Two cracked teeth, concussion just so these two could
4 get out of the school. They got out of the school;
5 they made it to Golf Mill and were arrested breaking
6 into one of the stores and accosting a teenage cashier
7 in one of the stores to acquire money to get a cab to
8 get back to Chicago.

9 So your experience -- my experience, yes, it
10 does happen even in the paid facilities. What goes
11 through the minds of the drug addicts or the patients,
12 nobody knows. I question it to this day. I mean,
13 really, why was I picked on in that situation because
14 standing at the front of the line closest to the
15 teacher that was blocking their exit.

16 So, yeah, it's -- I'm a carpenter, as well,
17 and I go by the basis locks are to keep the honest
18 people out. So two security guards for 120 beds, you
19 know, I'm a project manager; I have six buildings. I
20 have four security guards hired to watch those
21 buildings. I still on a weekly basis had to call the
22 police in to arrest people inside the building for
23 stealing copper right out of the building so they can
24 go off and buy whatever their drugs were at the time.

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1 But, I mean, to hear the statements you're
2 making -- and I'm sure you've done a lot of people a
3 lot of good, but, again, it's all based on an
4 individual basis. And that one individual that does
5 get out, and what they do when they do get out in a
6 violent way or -- I don't know the word I was using
7 before -- in a rebellious way or a defiant way is a
8 big risk.

9 As he said, we're are afraid. We are
10 afraid.

11 CHAIRMAN WHITE: Okay. Thank you, Vince.
12 What's the age criteria for your facility?

13 MR. BROWN: It's an adult facility, not a
14 youth facility.

15 CHAIRMAN WHITE: Okay. Thank you.

16 There was a number of hands that came up.
17 I'm going to choose someone that hasn't spoken yet.
18 The man standing on the back wall, if you'd come
19 forward, please.

20 And you have spoken so you are sworn in.
21 Please state your name again for the record.

22 MR. SMITH: Terrell Smith, 3N925 Emily
23 Dickinson Lane.

24 CHAIRMAN WHITE: Thank you.

1 MR. SMITH: In the portrayal that you have
2 given us of a person who is an addict, you have made a
3 specific appeal that we think of addicts being as
4 people like you.

5 One of the questions that I would ask is,
6 are the people that we are necessarily concerned about
7 merely the addicts that are inside the facility, or
8 are they perhaps the people who are providing drugs to
9 those people from outside the facility?

10 The facility, as you can see from the
11 illustration, is not secure, and the virtual fence
12 with the thermal imaging is easy to fool. I hunt hogs
13 in the dark with thermal imaging, the best thermal
14 imaging you can have and it's not secure.

15 So if I'm a person, a Lindsay Lohan, a nice
16 enough, nonviolent person inside the facility --
17 right? -- and I decide to get some drugs because I'm
18 not so committed to my treatment right now, where am I
19 going to get those drugs? I'm going to call somebody,
20 and they're going to come from Aurora, or West Chicago,
21 or whatever, and they're going to be sitting out there
22 in the woods.

23 Yes? No? Any thoughts, any experiences
24 related to that?

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1 THE WITNESS: No.

2 CHAIRMAN WHITE: I will say you're making a
3 lot of assumptions in your question, your response.
4 So we try to deal with facts in this hearing.

5 MR. SMITH: Well, in this particular case
6 this is exactly my experience from a facility just
7 like this that was built behind my house in Columbus,
8 Ohio.

9 So it's the sort of thing where we have this
10 portrayal of it's nice people that are addicts, and I
11 don't disagree in particular. But it's not just about
12 being afraid of the addicts; it's about being afraid
13 of the drug suppliers who are providing the drugs to
14 them because there's a lot of that entertainment that
15 goes on.

16 CHAIRMAN WHITE: Okay. Thank you.

17 Did you want to respond, Keith?

18 MR. BROWN: Well, there are situations where
19 someone is sentenced to go to certain facilities, and
20 I would hope that we could differentiate between that
21 type of sentencing -- one of the problems here is
22 we're mixing apples and oranges, and everyone is going
23 to have a horror story.

24 In fact, sitting on the bench for 23 years I

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1 could probably share many horror stories that are out
2 there. The relevant portion of this is whether or not
3 it's a similar facility as to what we are proposing.
4 That's the only thing I would have to say.

5 THE WITNESS: I would just like to add that
6 drug dealers don't make a habit of hanging out in a
7 forest surrounded by a treatment center.

8 MR. SMITH: Actually, they get called.

9 CHAIRMAN WHITE: We'll go to the next person.

10 Ken, please come forward -- Mr. Shapiro --
11 oh, I'm sorry.

12 Please raise your right hand.

13 (Witness sworn.)

14 CHAIRMAN WHITE: Please state your name for
15 the record.

16 MR. BLECKER: My name is Harry Blecker,
17 B-l-e-c-k-e-r. I live at 8N105 Ickenham Lane in
18 Campton Hills. I'm also the president of the Village
19 of Campton Hills.

20 EXAMINATION BY AUDIENCE MEMBER BLECKER

21 BY MR. BLECKER:

22 Q This is a question you may want to or may
23 not be able to answer, but in your position with the
24 State, can you tell me if hospitals and rehab

1 facilities are licensed differently or treated
2 differently under the law?

3 A I cannot.

4 Q You told us a very heart wrenching story of
5 a young lady that had a problem, and I hope she's
6 doing well today. Could you tell me how Maxxam, a
7 high-end facility, would have helped this person?

8 A Maxxam directly -- if you're implying that
9 this person can't get into treatment there because
10 they don't have private-pay status, fortunately, in
11 the United States there are things called priority
12 populations. She was a priority population for
13 several reasons. One, she is IV heroin. Two, she was
14 a new mother postpartum, 2-month old child. Three,
15 she was potentially homeless. Four, she was involved
16 with the criminal justice system at a very low rate;
17 she had a small drug charge. And she was also
18 involved with the Illinois Department of Children and
19 Family Services.

20 So on many levels she qualified for assisted
21 treatment. So she would have gotten publicly funded
22 treatment if, in fact, that is the decision that she
23 would have made.

24 Q That truly doesn't answer the question

1 because a gentleman from Maxxam here, representing
2 Maxxam said they will not take any public money.

3 A That's correct.

4 Q So what you're telling me, then, is that
5 Maxxam would not have helped this lady?

6 A I can't speak to whether they would or they
7 would not have.

8 MR. BROWN: Actually, we would stipulate
9 that she would not be qualified to come into our
10 facility.

11 Q So, unfortunately for that lady, she
12 couldn't go to one of the proposed best facilities in
13 the country?

14 A There are over 22 million Americans residing
15 in the United States that do not get treatment every
16 year because of various reasons. One of them is
17 because they don't have the ability to pay. So I
18 don't believe that it's a really -- I think it does go
19 back to the apples and oranges. It's not the same
20 comparisons.

21 Q No, that goes back to the fact that Maxxam
22 isn't treating people that truly need it and it
23 absolutely --

24 A So are you putting it at a level of scale on

1 who needs treatment?

2 Q Well, all people need treatment, and I'm not
3 going to deny that, but you're telling us a story, and
4 you can't tell me that putting this facility in our
5 community is going to help this person or any of the
6 other people that you were talking about from the
7 inner cities or the collar counties.

8 They all do need treatment. I agree to
9 that. There's no question about it. But how is
10 Maxxam going to help these people?

11 A They're going to fund your tax base in this
12 county and in the surrounding counties, and those tax
13 dollars, if you're not aware of how much of your tax
14 dollar goes to pay for publically funded treatment,
15 then I encourage you to investigate that further.

16 Q Well, if you check into the records,
17 according to Maxxam's own records, it's not going to
18 be a whole lot of money.

19 CHAIRMAN WHITE: Do you have a question,
20 Harry?

21 MR. BLECKER: Next question.

22 Q Of the thousands of people you've counseled --
23 and I applaud you for that; that is absolutely
24 fantastic; I applaud you -- how many of these people

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1 would have been able to go to Maxxam?

2 MR. BROWN: I would object because we're not
3 an entity that's accepted a single person.

4 MR. BLECKER: Well, she told us --

5 CHAIRMAN WHITE: How would she know the
6 answer to that?

7 MR. BLECKER: Well, if she's counseling
8 these people, she knows their history. She knows
9 their incomes. She's intimately involved with them
10 and their families. She may not be able to give me an
11 accurate to-the-person number. Give me an estimate.
12 Was it 1 percent? Was it 10 percent, 50 percent, 75,
13 100 percent?

14 CHAIRMAN WHITE: As I stated earlier, we try
15 to deal in facts here. So I'm not going to force the
16 witness to make assumptions on a leading question.

17 MR. BLECKER: Okay. Thank you, Mr. Chairman.

18 CHAIRMAN WHITE: The gentleman way in the
19 back standing, please come forward.

20 (Witness sworn.)

21 CHAIRMAN WHITE: Please state your name for
22 the record and your address.

23 MR. BARLOW: Vincent Barlow, 41W650 McDonald
24 Road in Elgin.

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1 First of all, I want to thank you for what
2 you shared but I want to -- as you're defending the
3 possible customers, I want to defend the people in
4 this room.

5 We are not sensationalists who are trying to
6 be the negative to stop something good. We're not.
7 We're good people who happen to like our community,
8 and we happen to like the area where we live.

9 I live within 50 yards of this proposed
10 center. Now, I have a concern because I travel, and I
11 have a wife and daughters who stay home.

12 I've worked at a treatment facility. I was
13 a -- back in the '70s I worked at a treatment
14 facility, and one night some of the guys break out,
15 and they break into a drugstore, and they steal Sterno
16 and aftershave because they couldn't get to the
17 alcohol. And that's how we found them, buzzed out on
18 Sterno and aftershave.

19 Now, I'm not saying all these people in this
20 place are going to do that. But what do I do when I'm
21 leaving for a trip. What do I tell my daughter? Do I
22 go buy a Rottweiler? Do I take my daughters and my
23 wife to a gun class so if someone does show up in the
24 first or second house, me and my neighbor, that they

1 can break into to get what they want to fix their --
2 get a buzz?

3 All I want to know is, you guys get to go
4 back to Florida or wherever you came from. We get to
5 stay here. You all are going to leave. Once you get
6 your checks, you're leaving. But the rest of us --
7 all of the people in this room, we're staying here.
8 But you won't be here.

9 And you said you could call me anytime. If
10 two weeks -- two weeks after my house gets broken into
11 and something terrible happens to my family, that's
12 way too long to wait. I know how long it takes just
13 for the cops to get to my house.

14 MR. KINNALLY: Mr. Chairman, this is out of
15 order.

16 MR. BARLOW: My question is this: She is
17 telling us these stories of how we should be
18 compassionate towards people who have needs, and I am
19 asking all of you the same thing, you be compassionate
20 towards us instead of calling us sensationalists and
21 people who are fear mongers. We are not. We want to
22 protect the life of our families, and we're not
23 getting sufficient things but telling us stories that
24 are very compelling but they're not for this

1 situation.

2 So all I'm saying is I'm asking for the same
3 compassion you're asking for. I care about people
4 with drug problems. I work with them, I've cared for
5 them, and I give money to situations where that helps
6 with them.

7 CHAIRMAN WHITE: That goes back to the
8 security question, and I'm hoping that they're going
9 to bring this issue up more clearly.

10 MR. BROWN: Can I just clarify something?
11 Because he was saying "all these people," and he's
12 pointing to me.

13 I'm a lifetime Elgin resident who is living
14 near Sherman Hospital. I also live within, I believe
15 two or three blocks of a place in which people live in
16 a halfway house. I also have a second home in Chicago
17 in which I'm a block away from a rehab center.

18 I'm just clarifying that because they're
19 being personal about people coming back from Florida
20 or wherever.

21 I do respect what you're saying about being
22 protective of your children and everything, but I
23 would hope that this is not a personal attack on the
24 people who are bringing these petitions because we

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1 will all be trying to tell our personal stories.

2 I would like to stay to the facts of this
3 petition.

4 MR. BARLOW: If you want to the stay to the
5 facts, then you wouldn't have brought up --

6 CHAIRMAN WHITE: Excuse me, sir. He was
7 speaking.

8 MR. BROWN: I think what's being done is
9 that it's not in context, and I did ask a question to
10 pull it back in that there are people who have high
11 incomes who have similar problems, and that was the
12 extent of the testimony.

13 But we would like to keep it to the issues
14 that are involved in the petition itself. Thank you.

15 THE WITNESS: And I think I made it pretty
16 clear that I'm a seventh generation DeKalb County born
17 individual, and I forewent a 13-year-old birthday
18 tonight in Glen Ellyn so that I could be here.

19 So I do keep it local and that is my story.

20 MR. BARLOW: I do appreciate that but I live
21 50 yards from the place, and I need to know that when
22 I leave it's safe.

23 CHAIRMAN WHITE: Thank you.

24 (Applause.)

1 CHAIRMAN WHITE: This is starting to get
2 confrontational, and I mentioned earlier that if I
3 hear anymore outbursts, I'll ask you all to step out,
4 and we'll take you in one at a time. This isn't a
5 popularity contest. We're here to hear testimony on
6 this issue.

7 MR. KINNALLY: Mr. Chairman, can I ask a
8 couple of questions so we can get back on focus here,
9 please?

10 CHAIRMAN WHITE: You may.

11 EXAMINATION BY COUNSEL THE BOARD

12 BY MR. KINNALLY:

13 Q Ma'am, you're Ed Diedrich's daughter; is
14 that right?

15 A Oh, boy. Yes, I am.

16 Q Good lawyer. I knew him very well. Thank
17 you for coming here tonight. I just had a couple of
18 points.

19 Your testimony tonight has nothing to do
20 with how a facility like Maxxam would be licensed;
21 isn't that true?

22 A That is true.

23 Q You don't know anything about that? That's
24 not your job; that's not what you do; isn't that fair?

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1 A Could you restate what it is --

2 Q Well, you said you had nothing to with
3 licensing, funding, or monitoring these types of
4 facilities?

5 A That's correct.

6 Q And I believe you said at the beginning that
7 you're here tonight as an independent consultant. Can
8 you tell the Board what that means?

9 A It means since I have been fortunate enough
10 to achieve a doctoral designation, I am called on by
11 individuals and by corporations, as well as -- well, I
12 guess large hospital would be a corporation -- to give
13 them information specific to substance abuse and
14 mental health issues and programming.

15 Q All right. And, Ms. Diedrich, you prepared
16 a letter which is Exhibit P3 dated November 17th,
17 2015. Do you recall that letter?

18 A I do.

19 Q Okay. And you wrote this letter on the
20 stationery of the Illinois Department of Human
21 Services. Is that who you work for?

22 A It is.

23 Q And if I understand this correctly, you're
24 the public service administrator for that organization.

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1 A That is actually a job classification. My
2 official title is mental illness substance abuse
3 manager.

4 Q Okay. So why would you put on here public
5 administrator? Would you tell us why?

6 A Sure. At the State level our employment
7 falls into specific categories. Public Service
8 Administrator VI tells other people within the system
9 what level of employment, I'm a professional staff
10 person, et cetera. And my other job title is
11 extraordinarily long, and it is not very easy for
12 people to understand what I mean when I put my title
13 and my licensure status.

14 Q All right. One of the things that you say
15 in this letter which is in the last paragraph, you
16 talk about, "The State of Illinois does not have group
17 homes that are used for substance abuse treatment."
18 Do you recall that?

19 A Yes.

20 Q And the State of Illinois does not like to
21 use group homes for that particular substance abuse
22 treatment; isn't that true?

23 A That's correct.

24 Q In fact, they fought against that?

1 A That's correct.

2 Q In two cases?

3 A Two cases, yes.

4 MR. KINNALLY: And just one final area, with
5 your permission, Mr. Chairman.

6 Q You don't know much about this particular
7 facility and who is going to staff it; isn't that a
8 fair statement, ma'am?

9 A I would say I don't know about the staffing
10 pattern that you mentioned, but the first part I'm not
11 really able to answer.

12 Q Well, do you have any information that you
13 can share with the Board as to who will be the people
14 that will comprise the staff there?

15 A I don't -- I do not have that information.

16 Q And just one final area.

17 You can't tell us how long it will take
18 Maxxam to obtain a license if they are able to obtain
19 a license from the State of Illinois to operate this;
20 is that true?

21 A I cannot.

22 Q Okay. And they don't have a license
23 currently, to your knowledge?

24 A I am not aware.

1 Q And they do not have any accreditation from
2 the Joint Commission at this time, as far as you know;
3 isn't it true, ma'am?

4 A I believe the Joint Commission or JCAHO only
5 deals with real existing organizations.

6 Q And since they don't have a license from
7 the State, they wouldn't be accredited by JCAHO,
8 would they?

9 A I can't speak to that.

10 MR. KINNALLY: Thank you, ma'am.

11 No further questions, Chairman. Thank you.

12 CHAIRMAN WHITE: Mr. Miller. And I'd ask
13 you to keep your questions brief -- it is getting
14 late -- and to the point.

15 MR. MILLER: Understood.

16 Thank you for being here, as well, and for
17 the service that you provide to the people, the
18 residents of the State of Illinois. So thank you.

19 EXAMINATION BY AUDIENCE MEMBER MILLER

20 BY MR. MILLER:

21 Q I had a question regarding within the
22 thousands of people that you yourself have counseled.
23 How many of those would be fitting the profile of what
24 has generally been described by the Maxxam Partners as

1 their clientele?

2 A I just want to make clear for you that I am
3 not in any way, shape, or form saying I counseled
4 thousands of people.

5 Q Okay. So you gave a general number of --

6 A No.

7 Q You stated you visited over 100 facilities.
8 Did I get that correct?

9 A That's approximate, uh-huh.

10 Q Okay. Of those facilities, what proportion
11 of those were going to be considered high-end
12 facilities of the same type that has been described by
13 the Maxxam Partners?

14 A I don't classify organizations by whether or
15 not they're high-end, low-end, middle-end. That's not
16 the purpose of my visit.

17 Q Okay. So then would you have a comment in
18 terms of -- I've heard much made of the term
19 community, and I'm a little confused by this because
20 at some point we're told about cars taking people
21 remote; we're talking about a facility that needs to
22 serve the community which I recognize is a gap. But
23 in your experience or do you have experience with
24 high-end people -- are they more likely to seek

1 treatment within their actual home community, or do
2 they often try to get both a physical and emotional
3 break from their community and therefore attend
4 facilities elsewhere when they have the means?

5 A I'm sorry but it is late. If you could tell
6 me exactly what your question was, that would be
7 helpful.

8 Q That was kind of it. It was a matter of
9 let's say you have a patient that they have a means to
10 attend a high-end facility. Are they more likely to
11 seek that help locally or to go somewhere else outside
12 of their community?

13 A That's certainly an interesting research
14 area. I do not have the answer to that question.

15 Q Of the 23 facilities in Illinois that also
16 do detoxification, are you aware that 22 of them are
17 basically either colocated with or adjacent to
18 hospital facilities?

19 A I can't speak intelligently about that
20 matter.

21 Q Are you aware that the one remaining
22 facility is basically in a -- if you'd call it more
23 urban area which is serviced by better infrastructure?
24 Is that something that's familiar to you?

1 A No.

2 MR. MILLER: Then just a final question to
3 clarify. This is for your list of questions -- you
4 said you were kindly offering to get a list of
5 questions.

6 You've raised an interesting point about --
7 when you talked about permitting and people filing a
8 complaint. I recognize you said that you do not have
9 the expertise in that area, but since you were kind
10 enough to offer to take these questions, I was
11 wondering about how likely is a complaint actionable
12 leading to a withdrawal of a permit. So I would find
13 that to be an interesting question.

14 Thank you.

15 CHAIRMAN WHITE: Next person. The gentleman
16 up front.

17 MR. CLARK: Thank you. Again, Sean Clark.
18 I also just have some housecleaning items. I am part
19 of the Campton Township Plan Commission, as well. I
20 just want to make sure that's on the record.

21 EXAMINATION BY AUDIENCE MEMBER CLARK

22 BY MR. CLARK:

23 Q Thank you, also, for sharing your story,
24 as well.

1 Based on your experience here tonight, I
2 know when you were speaking you said you're not
3 familiar at least in your experiences with people
4 walking out of facilities. Correct?

5 A I did not say that.

6 Q Oh, I'm sorry. Refresh my memory. Because
7 there was a point in your testimony, I believe when
8 you were talking about people walking or wanting to
9 leave or escaping --

10 MR. KOLB: Objection; form.

11 CHAIRMAN WHITE: I didn't hear the
12 objection.

13 MR. KOLB: Does he have a question?

14 CHAIRMAN WHITE: Do you have a question?

15 MR. CLARK: Yes.

16 Q When you said -- here's your quote. "They
17 don't leave randomly. When they leave a facility, it
18 doesn't involve a criminal plot." You were kind of
19 talking about that. In your experience, I believe you
20 said you've never had anybody leave a facility or just
21 walk off. Is that correct?

22 A That's not what I said.

23 Q That's not what you said? What did you say?
24 Can you help me? I'm sorry.

1 A I would have to have actual copies of
2 transcription of what I testified to to repeat that.

3 CHAIRMAN WHITE: Are you trying to get to a
4 question?

5 MR. BROWN: I thought she said she didn't
6 have any direct knowledge.

7 MR. CLARK: Thank you. I thought there was
8 some sort of testimony in there down that path based
9 on her recollection.

10 Q I'm not trying to put words in your mouth;
11 I'm going by what I heard, which leads me to the
12 question. Are you aware of any requirement in the
13 state of Illinois for these facilities to report when
14 somebody leaves a facility, or walks off, or escapes?

15 A I'm not. The treatment system -- and people
16 get sometimes confused about whether or not you can --
17 and we I think made great evidence tonight that
18 substance abuse treatment in the state of Illinois is
19 voluntary. So if someone can walk in, they can walk
20 out, and there's not a lot that anyone will be able to
21 do if they finally make the decision to leave
22 treatment. It happens in all types of medical
23 treatment facilities, happens in hospitals, in
24 emergency rooms all day every day.

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1 Q I don't think you answered my question. My
2 question was, is there a requirement for these
3 facilities to report --

4 A Which facilities?

5 Q -- when that happens? Substance abuse
6 treatment facilities. Are they required to report to
7 the State when one of their patients currently
8 receiving treatment in their facility leaves the
9 facility?

10 MR. BROWN: Can I just say something? We
11 have two other witnesses who are actually directly
12 more qualified that could answer those questions.
13 That would be Monica Hon and Brian Bailey, and we
14 would offer them as testimony on this subject.

15 CHAIRMAN WHITE: Will they be available
16 tomorrow?

17 MR. BROWN: I hope so. Yes.

18 CHAIRMAN WHITE: Then I'd ask you to move on
19 if you have another question of this witness.

20 Q Just -- this has come up a little bit I
21 think with the previous witness, as well, as far as
22 sharing his experiences with walk-offs. Are there any
23 statistics on that matter as far as patients just
24 leaving treatment and walking off?

1 A There are statistics available at the
2 Federal level by the Substance Abuse and Mental Health
3 Service Administration. I do not have them with me.
4 If you would like to go on their website, SAMSA.gov,
5 you can research immediate data per Federal government
6 by state.

7 Q Okay. Then the next question, are you aware
8 of any statistics where -- and this might be more
9 suitable for your other witnesses -- where people have
10 left treatment and then gone on to commit a crime?
11 Because that continues to be a theme here, as well.

12 A I have no direct knowledge of any research
13 or data in specific --

14 MR. CLARK: That's why I asked the question
15 if it was required. And I've done my own independent
16 research, and I haven't found any requirements out
17 there. It's hard to find any real statistics out there.

18 With the Board's permission, I did find some
19 statistics. Ironically, I found it on the website
20 luxuryrehab.com, and according to their information,
21 57 percent of the people receiving drug rehab were
22 rearrested within a 12-month period.

23 CHAIRMAN WHITE: And we have no knowledge of
24 this website or the basis of it, so it's immaterial.

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1 MR. CLARK: With the Board's permission, I'd
2 like to submit this. This is information that I
3 submitted with the package that went before the
4 Campton Township Commission, our recommendation. May
5 I submit that as evidence to the Board for review?

6 MEMBER STOVER: May I ask a question of him?

7 CHAIRMAN WHITE: You may.

8 MEMBER STOVER: In light of the fact this
9 could be apples and oranges, were those people
10 committed to those places, or were they voluntary
11 rehab centers?

12 MR. CLARK: As a point of context, the
13 luxury rehab website, they were touting that as a
14 success. Because they say that, you know, the
15 57 percent were receiving -- 57 percent of the people
16 receiving drug rehab were rearrested within a 12-month
17 period, down from 75 percent for those that didn't
18 receive the rehab.

19 MEMBER STOVER: Okay. But there's still so
20 many facts that we don't know about that research.

21 MR. CLARK: That's right. And just as a
22 point of reference, this data was compiled by the
23 Justice Research and Statistics Association.

24 CHAIRMAN WHITE: I have no idea who those

1 are. I'm not going to allow the testimony be
2 submitted. You've stated a number of facts that you
3 believe are correct but we can't verify that.

4 Did you have another question for this
5 witness?

6 MR. CLARK: No. Thank you.

7 CHAIRMAN WHITE: Thank you.

8 Next person to testify.

9 (No response.)

10 CHAIRMAN WHITE: Seeing none -- is the --
11 Mr. Carrara, go ahead.

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

13 EXAMINATION BY COUNSEL FOR THE APPELLANT

14 BY MR. CARRARA:

15 Q Ms. Diedrich, is it fair to say that the
16 Illinois Department of Human Services is not
17 supporting this facility? Correct?

18 A I cannot speak to that.

19 Q So the letter you wrote on the Illinois
20 Department of Human Services letterhead is for what
21 purpose?

22 A I believe that letter was an inquiry on
23 specific methadone clinics in the State of Illinois,
24 and how they operate, and what sort of role they play

1 in the substance abuse treatment continuum.

2 Q So I guess I'll use Mr. Brown's
3 characterization, we're comparing apples to oranges in
4 the case of your letter because your letter deals only
5 with the outpatient methadone facilities; correct?

6 A I don't know what you mean by "deals with."

7 Q It says, "The facility being discussed has
8 all four programs, but the treatment center being
9 proposed does not provide outpatient methadone
10 treatment."

11 A So yes, that -- I mean, the information that
12 I was given was that this is not an outpatient
13 treatment facility.

14 Q Did you meet with anybody from Maxxam to
15 discuss their facility?

16 A This evening I did, yes.

17 Q Who did you meet with?

18 A Mr. Marco.

19 Q And how long did you meet?

20 A Not long.

21 Q 10 minutes, 15 minutes?

22 A I honestly -- it's probably less -- it's
23 less than 45 minutes for sure. There were a group of
24 people.

1 Q So tonight was the first time you met with
2 somebody from Maxxam?

3 A Yes.

4 Q But your letter goes back to November 17th.

5 A Correct.

6 Q So who did you discuss this facility
7 about outpatient methadone clinics prior to
8 November 17th?

9 A Who did I discuss the facility with?

10 Q Who requested your letter?

11 A That would be Steven Marco. Mr. Marco. I
12 did not meet with him. I've never met him in person
13 until today -- until tonight.

14 Q But, again, the State of Illinois, I think
15 you were clear, has taken no position on this
16 facility. Correct?

17 A That's correct.

18 Q So this is your --

19 A I should say -- excuse me -- my -- the
20 letter that you continue to reference is not saying
21 whether or not the State of Illinois supports or does
22 not support a specific treatment center.

23 Q But you're suggesting that there is a need
24 for this facility?

1 A Not this facility in particular but
2 substance abuse treatment.

3 CHAIRMAN WHITE: Do you need a copy of the
4 letter to refresh your memory? We have copies.

5 THE WITNESS: That's always good.

6 CHAIRMAN WHITE: Go ahead and give her one.

7 THE WITNESS: Thank you so much.

8 MR. CARRARA: Did you need to take a moment
9 to refresh your memory?

10 THE WITNESS: No. I'll go per your questions.

11 Q So you testified I think in some great pains
12 that you're here on a personal level, not on your
13 professional level. Correct?

14 A Yes.

15 Q So then why have you submitted a letter on
16 the Illinois Department of Human Services letterhead
17 as opposed to your consulting letterhead?

18 A Well, I don't have consulting letterhead,
19 and at the time that I was asked this information, I
20 consulted with multiple counsels for the State of
21 Illinois, and this is a very general letter with
22 regard to outpatient methadone clinics, and I write
23 letters to this description quite often.

24 Q And, again, it's -- from your meeting with

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1 Mr. Marco and your discussions, the facility is not an
2 outpatient methadone facility; correct?

3 A It's not a facility right now at all.

4 Q A proposed facility?

5 A It's not a proposed outpatient facility, no.

6 Q So then what weight or what purpose does
7 this letter have for the ZBA here this evening?

8 A I don't know.

9 MR. CARRARA: Thank you. That's all I have,
10 Mr. Chairman.

11 CHAIRMAN WHITE: Any other questions?

12 I've got a gentleman standing up in the
13 back. Please come forward. You've been up numerous
14 times. I will allow you one question.

15 Please state your name for the record.

16 MR. SMITH: Terrell Smith.

17 Didn't Mr. Marco testify that he had only in
18 the last several days first communicated with Maxxam?
19 How is it that he came to ask this witness to generate
20 this letter on November 17th?

21 MR. BROWN: Objection. Mr. Marco never
22 asked this witness to write this letter. It's facts
23 not into evidence.

24 MR. SMITH: That was her testimony. That

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1 was the only basis of it.

2 CHAIRMAN WHITE: Mr. Marco hasn't testified
3 to that.

4 MR. BROWN: I think he's mixing up
5 witnesses.

6 CHAIRMAN WHITE: I think you may be mixing
7 witnesses.

8 MR. SMITH: That was her testimony just a
9 moment ago that Mr. Marco asked her for the letter.

10 MR. BROWN: It's the wrong Marco.

11 MR. SMITH: Oh, that would explain it.

12 CHAIRMAN WHITE: It's Marcus. Are you
13 referring to the prior witness that came before us?
14 Different person.

15 MR. SMITH: That was the question.
16 Thank you.

17 CHAIRMAN WHITE: Thank you.

18 And the gentleman in the back. And here,
19 again, you've addressed us prior. I'll allow you one
20 question at this time. Please state your name for the
21 record.

22 MR. PALACIOS: Elias Palacios. My question
23 for you is for you -- thank you for your work.

24 CHAIRMAN WHITE: Please use the microphone.

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1 EXAMINATION BY AUDIENCE MEMBER PALACIOS

2 BY MR. PALACIOS:

3 Q Thank you for your work.

4 I would like to ask you one question. This
5 question is, you generated the letter in November, and
6 then it seems like you came and testified on your own
7 experience as requested by this proposed facility.
8 Did you get paid for that?

9 A No.

10 MR. PALACIOS: Thank you.

11 CHAIRMAN WHITE: Can you repeat your answer?
12 We didn't hear you.

13 THE WITNESS: No.

14 CHAIRMAN WHITE: One hand came up. We're
15 about ready to adjourn this for this evening. Sir,
16 did you want to ask a question? In the back of the
17 room you raised your hand.

18 MR. DAN MILLER: I'm coming.

19 CHAIRMAN WHITE: Please raise your right
20 hand to be sworn.

21 (Witness sworn.)

22 CHAIRMAN WHITE: Please use the microphone.
23 State your name and address for the record.

24 MR. DAN MILLER: Dan Miller, Dan L. Miller

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1 because Miller -- there's a lot of millers around. I
2 live on Long Acre Drive in Campton Hills 6N 686.

3 CHAIRMAN WHITE: Go ahead. What's your
4 question?

5 MR. DAN MILLER: I might as well try and
6 throw a wrench --

7 CHAIRMAN WHITE: Please speak into the
8 microphone.

9 MR. DAN MILLER: I'm sorry. I might as well
10 throw a wrench into the sewer or at least a little
11 different slant on this whole thing. I was here, you
12 know, how many months ago when we started all of this.

13 CHAIRMAN WHITE: Excuse me, sir, but do you
14 have a specific question? This is the first hearing
15 on this petition.

16 MR. DAN MILLER: Okay. Well, Marco Company
17 is going to make a pile of money on this and we know
18 that. This is high-end. All they have to do is come
19 out and say this will be high-end. That's no
20 guarantee that this is going to be high-end any better
21 for the drug addicts than any other facility, and they
22 probably use that same reasoning for the other
23 facility he's at.

24 CHAIRMAN WHITE: I'm not following what's

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1 your question, sir.

2 MR. DAN MILLER: Now you're saying --

3 CHAIRMAN WHITE: You're becoming

4 confrontational, and I will ask you to take your seat
5 if you don't come up with a specific question.

6 MR. DAN MILLER: Well, I'm just saying that
7 when this thing started before --

8 CHAIRMAN WHITE: This is the first hearing
9 on this petition, sir.

10 MR. DAN MILLER: The whole thing last time
11 when we started all of this was that we were being
12 property owners over there, and the big concern was
13 for me -- and I'm sure some of the people here was how
14 it would affect our property. And so that was the
15 focus back then. And I have -- I have not heard
16 anything to tell me anyway what action is being taken.

17 CHAIRMAN WHITE: Okay. They have witnesses
18 that can come forward to address that. We have that
19 testimony in our packet that's been provided to the
20 Board. We have --

21 MR. DAN MILLER: So my one question would
22 be, does the County -- at this point have they worked
23 a deal with the Marcum [six] Company?

24 CHAIRMAN WHITE: That's an improper question

1 and I'm not going to respond to it, and I'd ask you to
2 take your seat, sir.

3 MR. DAN MILLER: All right. Thank you for
4 nothing.

5 CHAIRMAN WHITE: Any other questions?

6 Ma'am.

7 (Murmur from the audience.)

8 CHAIRMAN WHITE: Now, one more word, sir,
9 and I'll have you removed from the room.

10 (Witness sworn.)

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

13 MS. BECKER: My name is Patricia Becker. I
14 live at 6N860 Gilmore Drive, Campton Hills.

15 CHAIRMAN WHITE: Do you have a question?

16 EXAMINATION BY AUDIENCE MEMBER BECKER

17 BY MS. BECKER:

18 Q I hear a lot of talk about how drugs and
19 alcohol affect a wide range of people, socioeconomical
20 classes and yet we seem to be focusing a lot on high-
21 end, and I just would like to understand the difference
22 in apples and oranges that people are talking about
23 and what a high-end facility means. Because I think
24 if you're addicted to something, you're addicted to

1 it, and how is that different -- or why should we as
2 residents feel better that this is high-end?

3 A Well, the only answer that I can really give
4 you respectfully and with a great deal of thought is
5 that in the United States people have a wide range of
6 health care options. Some people can afford extremely
7 expensive treatment. Some people can afford a medium
8 type of treatment, and some people -- until the
9 Affordable Care Act came into play, some people could
10 not afford any health care, and that would include any
11 type of treatment.

12 So at this point it is maybe an
13 uncomfortable topic, but it takes place every day in
14 the United States. People are able to access care
15 wherever they enter the system.

16 Q So is high-end care a difference of how the
17 patient gets treated? What I'm trying to ask is, are
18 there different drugs administered to somebody in a
19 high-end facility to help them get through their detox
20 versus a lower-end facility? Is there a different
21 level of counseling that goes on? I don't understand.

22 A In the State of Illinois and mostly across
23 the United States high-end facility is not a License 4
24 category that we monitor or that we regulate. That's

1 just a term that's being used I think for people to be
2 able to relate to this particular location of
3 facility.

4 MS. BECKER: Thank you.

5 CHAIRMAN WHITE: Thank you.

6 Petitioner allowed to respond.

7 MR. BROWN: Just a couple follow-up
8 questions.

9 EXAMINATION BY COUNSEL FOR MAXXAM PARTNERS

10 BY MR. BROWN:

11 Q You wrote this letter of November 17, 2015,
12 which was to whom it may concern on your letterhead.
13 Isn't it true that during your direct examination we
14 never asked you a question about the letter itself?

15 A I don't recall a question.

16 Q The letter itself was limited to approved
17 methadone programs in Illinois; correct?

18 A That's correct.

19 Q And all of your testimony here today was not
20 in your official capacity with IDHS, even though you
21 have those credentials, but your testimony which
22 talked about the things that we've heard was your own
23 personal opinion; correct?

24 A Correct.

1 Q Not as a representative of IDHS; correct?

2 A That's correct.

3 Q And even though we did not ask you any
4 questions, you could answer questions as to this
5 letter and your official capacity; is that fair
6 to say?

7 A That would be fair to say, yes.

8 Q Because you wrote this letter with full
9 authority and also asked legal counsel if you could
10 write this letter; correct?

11 A Multiple levels of legal counsel.

12 MR. BROWN: Thank you.

13 CHAIRMAN WHITE: Go ahead, Andrew.

14 EXAMINATION BY COUNSEL FOR MAXXAM PARTNERS

15 BY MR. KOLB:

16 Q Mr. Kinnally asked you whether you had any
17 knowledge regarding the licensure for a facility like
18 the one proposed by the applicant?

19 A Correct.

20 Q And you indicated you do not?

21 A Yes.

22 Q But you do know about the Division of
23 Alcohol and Substance Abuse site inspection process;
24 correct?

1 A Yes.

2 Q And you provided extensive testimony
3 regarding that site inspection process; did you not?

4 A If I recall, yes.

5 Q And that's different than licensing, is it
6 not?

7 A Compliance monitoring?

8 Q Correct?

9 A Very different, yes.

10 Q One is to get a license to open, and the
11 other is to stay open with compliance?

12 A Yes.

13 Q And my questioning to you dealt with
14 compliance, didn't it?

15 A Compliance, yes. And I would just like to
16 add as an aside -- I know you were trying to wrap it
17 up -- that to me I would travel to the end of the
18 earth to talk about recovery and the benefits.

19 I have owned two homes since I've been on
20 this planet, and I have health insurance. I have a
21 great job, I have a car, I buy my own groceries, and
22 at one point in my life none of that would have been
23 possible or be true.

24 So I think that I would like everyone to

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1 know that I would travel to anywhere if I could spread
2 the message of hope that treatment works and that's
3 why I'm here. I mean, that's my commitment to my
4 fellow brothers and sisters and families in recovery.

5 CHAIRMAN WHITE: Thank you.

6 Mr. Carrara.

7 MR. CARRARA: Yes. Mr. Chairman, I guess I
8 would ask that if apparently this letter that has no
9 purpose for the ZBA because she didn't provide any
10 testimony on it that it be stricken.

11 MR. BROWN: If he wants to ask questions as
12 part of our application, and she's here for
13 cross-examination, I guess if he wants to ask her a
14 question now, he can. But it is part of our
15 application, and all we have to do is put it in our
16 packet and have our witnesses for inquiry if the Board
17 wishes.

18 CHAIRMAN WHITE: Did you have a question for
19 her on it?

20 MR. CARRARA: I believe I did. I think her
21 answer was she has no idea why the letter is part of
22 the application. Thank you.

23 MR. BROWN: We make a decision what's in our
24 application, though. Thank you.

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1 CHAIRMAN WHITE: I think we're going to
2 adjourn this meeting at this point in time, and I'd
3 ask for motion to continue to tomorrow tonight.

4 MEMBER BOWEN: So moved, Mr. Chairman.

5 MEMBER REGAN: Second.

6 CHAIRMAN WHITE: Moved by Mr. Bowen,
7 seconded by Mr. Regan. All those in favor say aye.

8 (Ayes heard.)

9 CHAIRMAN WHITE: Opposed, same sign.

10 (No response.)

11 CHAIRMAN WHITE: Motion carries. Tomorrow
12 night we'll meet here at 7:00 p.m. and try to come to
13 a conclusion tomorrow night.

14 (Off the record at 10:43 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 22nd day of December, 2015.

My commission expires: October 16, 2017

 _____

Notary Public in and for the
State of Illinois

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