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

Date: January 19, 2016

Case: Kane County Zoning Board of Appeals

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BEFORE THE KANE COUNTY BOARD OF APPEALS

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

-----x

PUBLIC HEARING - VOLUME III

St. Charles, Illinois

Tuesday, January 19, 2016

7:01 p.m.

Job No.: 99173

Pages: 321 - 487

Reported by: Paula M. Quetsch, CSR

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Report of proceedings held at the location of:

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

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

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PRESENT:

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

ON BEHALF OF THE APPLICANT MAXXAM PARTNERS, LLC:

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

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

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ON BEHALF OF THE KANE COUNTY BOARD:

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

ON BEHALF OF THE APPELLANT:

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

ALSO PRESENT:

MARK VAN KERKHOFF, Zoning Enforcing Officer
KEITH BERKHOUT, Secretary

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P R O C E E D I N G S

CHAIRMAN WHITE: I have 7:00. I'll call the meeting to order.

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: Present. We have a quorum.

This evening we are continuing the public hearing on Petition No. 4364, which is a special use request in the F Farming District for a private pay

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1 alcoholism and substance abuse treatment facility
2 located at 41W400 Silver Glen Road, Section 19, of
3 Campton Township and in Section 34 of Plato Township.
4 The applicants are Maxxam Partners, LLC.

5 Many of you have probably been here the last
6 two meetings we had. We're going to follow a similar
7 procedure of the last meeting. We will have the --
8 petitioner will present witnesses which will be
9 allowed to be cross-examined. During the
10 cross-examination, though, I would like to limit
11 that to any units of government. If someone is here
12 representing a unit of government, we can
13 cross-examine after the individual has presented
14 testimony, and then we will hold questions from the
15 public until after all of the witnesses have made
16 their presentation. Otherwise, this thing could
17 drag on until midnight.

18 We'll try to conclude the hearing this
19 evening around 10:00. We'll see how things go. We
20 do have another meeting scheduled for Thursday at
21 this same location if it's necessary. So we'll just
22 have to see how the process goes this evening.

23 I have some business to take care of before
24 I begin. So is there a motion from the Board to

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1 accept the orders to compel?

2 MEMBER BOWEN: So moved, Mr. Chairman.

3 MEMBER REGAN: Second.

4 CHAIRMAN WHITE: Moved by Mr. Bowen,
5 seconded by Mr. Regan. All in favor say aye.

6 (Ayes heard.)

7 CHAIRMAN WHITE: Opposed, same sign.

8 (No response.)

9 CHAIRMAN WHITE: Motion carries.

10 We'll go ahead and begin. Is the petitioner
11 ready to bring witnesses forward?

12 MR. BROWN: Yes, we are. Our first witness
13 will be Bill Woodward.

14 CHAIRMAN WHITE: Yes. Please come up to
15 the witness booth, and then I'll have to swear you
16 in, sir.

17 (Witness sworn.)

18 CHAIRMAN WHITE: Please state your name and
19 your affiliation with this petition for the record.

20 THE WITNESS: William Woodward with KLOA,
21 traffic engineer.

22 CHAIRMAN WHITE: Thank you. And please
23 speak directly into the microphone. We have some
24 people that are hard of hearing.

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WILLIAM WOODWARD,

having been duly sworn, testified as follows:

DIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER

BY MR. BROWN:

Q Sir, would you please tell me, what's your occupation?

A I am a traffic engineer, senior consultant, KLOA out of Rosemont, Illinois.

Q And how long have you been affiliated with KLOA?

A I've been with KLOA for almost 11 years now.

Q And very briefly, could you give me a little bit of your educational and professional background which would qualify you to testify here today?

A Sure. I have a bachelor of science in civil engineering with a focus on transportation from the Illinois Institute of Technology, and I've been in the traffic engineering profession for 16 years now.

Q Your company, KLOA, did perform a traffic study for the property located at 41W400 Silver Glen Road in unincorporated Kane County?

A Yes.

Q And you're familiar with that report?

A I am.

1 Q And can you tell me, what is your
2 understanding for the purpose of this facility?
3 What's the future purpose of this facility?

4 A The future purpose of the facility is a drug
5 rehabilitation center that would -- the
6 rehabilitation of patients.

7 Q Are there certain assumptions which you
8 relied upon as far as number of personnel or use
9 of -- number of clients that would be using the
10 facility in the future?

11 A Yes. It was our understanding that there's
12 120 beds or patients that could be handled at one
13 point. The employee shifts would basically be
14 broken down into three major shifts per day with
15 staggering hours. We were given some employee
16 statistics as to how many employees were expected
17 during those shifts.

18 The residents or the patients would have
19 limited visitors. It's our understanding that the
20 visitors would be limited to the weekends only when
21 staff was down to a little bit less. Patients do
22 not have vehicles. The outside services are
23 minimal, if at all. The staff is typically there to
24 take care of the patients, so they will not have

1 outside sources coming in on a usual basis, and any
2 deliveries to the facility would be outside peak
3 hours, typically approximately three per day.

4 Q Okay. This is on Silver Glen Road. As far
5 as traffic volume, how would you describe the
6 traffic volume on that road at that location?

7 A The traffic volume along Silver Glen Road is
8 low. There's about 2500 vehicles -- excuse me --
9 about 2200 vehicles on a daily basis.

10 Q Have you been able to make a comparison of
11 the traffic pattern there compared to 2011 if it's
12 increased or decreased?

13 A Yes. Based on counts that were done in 2011
14 and counts that were recently done in 2015, the -- I
15 would say traffic volume is about 500 vehicles less
16 than -- 500 vehicles less now in 2015 than it was
17 in 2011.

18 Q After you have -- after your company has
19 prepared this report, have you made certain
20 conclusions as a result of your investigation?

21 A Yes. We have.

22 Q What are those conclusions?

23 A Well, prior to conducting the evaluation, I
24 reached out to the Kane County division of

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1 transportation to find out what their requirements
2 would be for a facility such as proposed and what
3 they'd like to see within our traffic evaluation.

4 The Kane County division of transportation,
5 from our understanding, approved this traffic
6 evaluation, and they have no further comments at
7 this time.

8 The proposed development is compatible, if
9 not a lesser traffic volume than the former use.
10 The peak hour traffic is expected to be low and will
11 not have a detrimental impact on public land or its
12 surrounding network. It's estimated that less than
13 30 trips both in and out combined less than peak
14 hours.

15 The access itself on Silver Glen provides
16 one lane in and one lane out. That one lane out is
17 under stop sign control. That will continue to be
18 adequate. Silver Glen has a westbound turn lane, a
19 deceleration lane that will also continue to be
20 adequate.

21 No additional roadway or traffic control
22 improvements are needed to accommodate the proposed
23 volume of traffic, and it is our understanding that
24 the Kane County division of transportation concurs

1 with these findings.

2 Q Do you believe that the ingress and egress
3 of that location for the proposed use that's being
4 proposed here today, would there be any undue
5 congestion in the area based upon that use?

6 A No, I do not believe that.

7 MR. BROWN: I have no further questions.

8 CHAIRMAN WHITE: Thank you.

9 Board members have any questions of the
10 witness at this time?

11 Mr. Carrara, do you have anything at
12 this time?

13 MR. CARRARA: I do. Thank you,
14 Mr. Chairman.

15 CROSS-EXAMINATION BY COUNSEL FOR THE APPELLANT
16 BY MR. CARRARA:

17 Q Mr. Woodward, what was the peak volume time
18 period in your report?

19 A Peak hour?

20 Q Yes.

21 A Based on the counts -- based on the counts,
22 the 24-hour counts that were done, the peak hours
23 were shown to be between 6:45 a.m. and 7:45 a.m.,
24 and the evening was between 4:30 and 5:30.

1 Q And you testified that those -- that peak
2 count was in the 20s?

3 A I don't understand the question "in the 20s."

4 Q I think under questioning you testified as to
5 what the peak counts were going to be on this roadway,
6 and I'm just trying to clarify what that was.

7 A What we're saying is that the site itself
8 we're estimating to generate less than 30 vehicles
9 coming in and out total combined during those peak-
10 hour periods.

11 Q So on page 3 of your report you suggest that
12 you were told staffing levels in that peak period
13 would be 40 employees. So if there's going to be at
14 least 40 people showing up to work, how do the trip
15 generations equal less than the number of employees
16 actually coming to the facility?

17 A As I mentioned, the employee shifts are
18 unchanged. The employee shifts would be staggered.
19 The primary shift would be from the 8:00 a.m. to
20 4:00 p.m. period, but it's possible that some
21 employees may arrive at different hours during the
22 day during that time period. That was our
23 understanding.

24 Q So it's true most of the people that are

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1 reporting for work at 8:00 a.m. would be actually on
2 the roads before their 8:00 a.m. time period or in
3 the peak hour that you were suggesting?

4 A It's possible, yes. Sure.

5 Q So then it's accurate to say that peak
6 amounts would actually be higher than what you
7 testified to at least for the number of employees
8 going to this site?

9 A If it would be -- you mean less than the
10 30 that we've estimated?

11 Q More than 30 if 40 people are showing up for
12 work at 8:00 a.m.

13 A Yes. If they all show up at the same
14 time, yes.

15 Q Does your traffic count take any effect on
16 potential police or ambulance calls to this facility?

17 A No.

18 Q And why is that?

19 A It's not something we typically do in a
20 traffic study.

21 Q So from a traffic or -- as part of your
22 traffic study, safety is part of that concern;
23 correct?

24 A We look at the access and the surrounding

1 roadways, yes.

2 Q And the surrounding roadways in this
3 facility that would be accessed by police and fire
4 are what type of roadways?

5 A Are what -- I'm sorry?

6 Q What type of roadway would the police and
7 fire that would be responding to this facility, what
8 types of roadways are they?

9 A The roadways that are by it, Silver Glen,
10 Bowes, Corran.

11 Q And what type of road is that? Is that a
12 four-lane road?

13 A They're two-lane roads.

14 Q Are there shoulders?

15 A I believe so.

16 Q Paved or unpaved?

17 A I don't know that.

18 Q Did you go out and drive the facility to see
19 the types of roadways?

20 A Yes, I have.

21 Q You just don't recall what types of roads
22 they were?

23 A That's correct.

24 Q So when the police and fire are responding

1 to this facility, how many schools would they
2 potentially be passing in responding to this facility?

3 A I do not know.

4 Q Are school zones ever considered as part of
5 a traffic study and an impact of a facility?

6 A Yes.

7 Q Did you consider them in this facility?

8 A No.

9 Q Why was that?

10 A We did not do an analysis of the situation.

11 Q So is there a -- is there a point in time
12 that police or fire responses would become an impact
13 on a facility or the roadways?

14 A I have never analyzed them like that in the
15 15 years I've been doing this, 16 years.

16 Q Have you ever done traffic analysis for
17 hospitals?

18 A Yes, I have.

19 Q And --

20 MR. BROWN: Objection. This is not a
21 hospital for this purpose. It's not relevant for
22 that type of question. He's mixing apples and
23 oranges.

24 CHAIRMAN WHITE: I would agree.

1 MR. CARRARA: Again, Mr. Chairman, if you'll
2 allow me some latitude, they're saying they're
3 similar to a hospital as part of their application,
4 and I want to ask the witness as part of his review
5 of hospitals if responses from medical or police are
6 ever a part of their analysis.

7 MR. BROWN: Mr. Chairman, he's inferring
8 like we're going to have ambulances going there
9 every day, and that is not the case. This is a
10 facility in which that would be an unusual
11 occurrence and I'd like to -- in all due respect, I
12 know he has a right to cross-examine, but we would
13 like to finish this today and keep to relevant
14 issues. Thank you.

15 CHAIRMAN WHITE: I'm going to agree with
16 petitioner, Kevin.

17 BY MR. CARRARA:

18 Q Did the petitioner tell you how many
19 estimated trips they would anticipate from fire or
20 police to this facility?

21 A No.

22 CHAIRMAN WHITE: Will the petitioner have
23 someone coming forward to address that question?

24 ///

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1 (Petitioner's Exhibits J5 and J6 marked
2 for identification and retained by the Board.)

3 MR. KOLB: The petitioner submits two
4 additional exhibits we'd like to have considered by
5 the Zoning Board of Appeals which I've marked
6 Exhibit J5 and Exhibit J6 respectfully.

7 I think both of these reports -- one is from
8 the Campton Hills Police Department showing EMS
9 visits of an average of approximately 5 to 10 calls
10 per year on average and the fire protection
11 district, as well, indicating certain issues with
12 respect to access on McDonald Road as being
13 unnecessary.

14 So we'd ask as part of the evidentiary
15 material these be considered by the Zoning Board,
16 that they consider these two reports.

17 MR. KINNALLY: Mr. Chairman, could we know
18 which exhibit numbers he's talking about?

19 MR. KOLB: If I could approach, I could pass
20 these out to the Board.

21 CHAIRMAN WHITE: Please do. Thank you.

22 MR. KINNALLY: Thank you.

23 MR. KOLB: The reports will summarize, in
24 essence, that this particular facility has

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1 significantly less on-site traffic than a traditional
2 hospital. Albeit that we are applying as a use
3 substantially similar to a hospital with respect to
4 zoning, with respect to this aspect EMS visits are
5 rare, and so we don't consider EMS to be a
6 consideration necessarily as far as traffic
7 congestion goes, which is the standard that we're
8 all supposed to be addressing at this public hearing.

9 MR. CARRARA: Mr. Chairman, in response to
10 that, I wasn't given copies of the exhibits, so I
11 can't respond to the exhibits. However, I would ask
12 that, has the Chair also provided to the ZBA members
13 the resolution of the Campton Hills Village Council
14 which has up-to-date, accurate trip counts from
15 police and fire from the information they FOIA'd?
16 One of those was in excess of 2600, which happens to
17 be a facility that was initially in the application
18 of Maxxam but was later removed from the application
19 process.

20 MR. BROWN: Objection. This is our case.
21 This is not their opportunity to present any
22 evidence, and we would like to stay with our case
23 because we would like to finish tonight. Thank you.

24 CHAIRMAN WHITE: And I'll accept that

1 testimony if it comes forward, Kevin, but I haven't
2 seen it yet.

3 MR. CARRARA: I believe it was submitted
4 through staff, and it was suggested that that would
5 be made part of the record of the ZBA hearing process.

6 CHAIRMAN WHITE: Staff was given a copy of
7 the letter as far as I'm aware, but I'm going to
8 leave it up to the Campton Hills Village to present
9 that as testimony, and they have not brought that
10 forward yet, their resolution.

11 MR. CARRARA: So I guess for a point of
12 clarification then, the Chair is not recognizing any
13 submittals as part of the record of testimony if
14 it's not presented through a witness here at the
15 actual public hearing?

16 CHAIRMAN WHITE: It hasn't been presented.
17 Normally those resolutions, they are submitted by a
18 representative from the unit of government or whoever
19 is making that presentation or that resolution. We
20 have copies of it. I have seen copies of it, but it
21 hasn't been entered into the record as of yet.

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

23 BY MR. CARRARA:

24 Q Mr. Woodward, have you reviewed any of the

1 information and the exhibits that were just tendered?

2 A No.

3 Q Have you reviewed them this evening?

4 A No.

5 Q Similarly I haven't reviewed them because I
6 wasn't given copies, but at some point in time my
7 question was, does traffic from police and fire ever
8 impact your analysis of the traffic study?

9 A I can't recall it ever, no.

10 Q Is there a point when you would consider in
11 your professional opinion when the number of calls
12 per month or per year would be considered something
13 that would rise to the level of a safety concern in
14 a traffic report?

15 A It would play on many factors depending on
16 location and so forth, but yes, that could play as a
17 factor, yes.

18 Q And what would those factors be?

19 A Proximity to certain institutions or, you
20 know -- not necessarily a police car, or fire, or
21 ambulance, but, you know, we would look at if it's
22 in proximity to a railroad crossing, things like
23 that as far as safety goes, if it's within a school
24 zone, that type of thing.

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1 Q And I think you testified earlier there are
2 school zones, but you didn't make them a part of
3 this analysis for your report?

4 A That's correct. We did not do a full
5 traffic impact study. We did an evaluation.

6 Q And at some point would -- beyond I think
7 you mentioned the railroad crossings and the school
8 crossings, would there also be an impact on the
9 surrounding neighborhood and the citizens that drive
10 in the neighborhood?

11 A Yes. Sure.

12 Q Did you make any determinations whether
13 there would be any impact on the neighborhood from
14 the call volumes at the proposed facility?

15 A The call volumes? No.

16 MR. CARRARA: Mr. Chairman, I believe that's
17 all I have at this point. I would ask that I get a
18 copy of the exhibit so I could maybe potentially ask
19 some follow-up questions on those exhibits.

20 MR. KOLB: I believe we made a substantial
21 number of copies. If there's an extra --

22 MR. KINNALLY: Do you want to use mine? But
23 I want it back when you're done. I just need it
24 back. Mark said he already sent you one of them,

1 but go ahead and use it.

2 I just have one question with your
3 permission, Mr. Chairman.

4 CHAIRMAN WHITE: Mr. Kinnally, please speak
5 into the microphone.

6 CROSS-EXAMINATION BY COUNSEL FOR THE COUNTY
7 BY MR. KINNALLY:

8 Q Sir, it's my understanding that you're here
9 tonight to speak to the criteria in the zoning
10 ordinance which is E, which has to do with providing
11 ingress and egress and minimization of traffic
12 congestion to this particular facility. Is
13 that right?

14 A Yes. That's correct.

15 Q One of the Board members asked previously
16 about the fact that there's only one road that goes
17 into this facility. That's kind of unusual for a
18 120-acre parcel, isn't it? I mean, it's not a farm.

19 A Right.

20 Q Okay. Usually, you'd have more than one way
21 to get in and one way to get out; is that fair?

22 A Yes.

23 Q Does that concern you at all that there's
24 not another way to get out of the -- this facility

1 other than just the one road?

2 A No. From the standpoint that it's not going
3 to have a lot of inhabitants that will have vehicles
4 and so forth. It's not a high traffic generator.

5 Q And can a fire truck turn around on this
6 property?

7 A Yes.

8 Q Okay. You're sure of that?

9 A Within the property like circulation?

10 Q Right.

11 A Yes.

12 Q Wouldn't it be better if the facility had
13 another entranceway, in your opinion?

14 A Well, a back door is always encouraged, yes.

15 Q Well, it would promote ingress and egress;
16 right? That's what the criteria is.

17 A It's not uncommon for neighborhood
18 subdivisions, per se, or gated communities to have
19 one main access, and then usually you have some type
20 of a back door that's gated and locked and used by
21 emergency vehicles. So it's not uncommon for an
22 entire subdivision to be served by one access
23 throughout a normal day, normal year.

24 MR. KINNALLY: Thank you. I don't have any

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1 further questions, Mr. Chairman.

2 CHAIRMAN WHITE: Thank you.

3 Do the Board members have any questions at
4 this time?

5 Ms. Stover.

6 MEMBER STOVER: Yes. There is at least a
7 road right-of-way to the back of the property, and I
8 guess I don't know if my question is for you or if
9 it's for someone within the County. I know it's not
10 been groomed but it's there. Did you view that
11 while you were there?

12 THE WITNESS: No. I did not. We did not
13 review that.

14 MEMBER STOVER: So I guess my question might
15 be for either Keith or for you. Is that a
16 dedicated -- does it run with the land? Is it an
17 easement, or is it an old road? Is it still usable
18 should the partners decide and should the County
19 decide that that made more sense?

20 Because it's -- you know, if you're going
21 this way, it's directly across from it, and it would
22 be ingress and egress then. Can that be used on the
23 property?

24 MR. VAN KERKHOFF: I'd defer to the

1 petitioner. Our understanding is it is an easement
2 all the way up to McDonald Road unimproved.

3 MR. BROWN: We don't feel, one, it's needed.
4 First of all, this was a school for youth for years,
5 and I do not believe that it was part of the
6 requirement and it's never been a condition.

7 Secondly, if you come up to that entrance,
8 you will find that it's open field. It's a very
9 open field; it's almost where you could drive on the
10 grass and those types of things.

11 I think the other point that was brought up
12 is that this is a facility where people will have
13 inpatient facility. They will not be driving there.
14 They will not be dealing with cars.

15 And another factor, as well -- well, I will
16 just say there is an easement.

17 MR. KOLB: I would just add that the fire
18 department in the exhibit that we presented indicated
19 that use of that easement area was unnecessary for
20 EMS vehicles. So we went right to the source on
21 this one, and I think the Zoning Board should take
22 that into consideration.

23 CHAIRMAN WHITE: All right. Any more
24 questions from Board members?

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1 (No response.)

2 CHAIRMAN WHITE: Mr. Carrara, do you have
3 something to follow up after this?

4 MR. CARRARA: I'm sorry. I was just going
5 to return the exhibits. Thank you, Mr. Chairman.

6 CHAIRMAN WHITE: Are there any units of
7 government present this evening that would like to
8 question this witness?

9 I will need to swear you in. Please raise
10 your right hand.

11 (Witness sworn.)

12 CHAIRMAN WHITE: Please state your name and
13 your unit of government you're representing.

14 MR. MILLER: Joe Miller, M-i-l-l-e-r, and
15 I'm a trustee with Campton Township.

16 CHAIRMAN WHITE: Please speak into the
17 microphone, Joe.

18 MR. MILLER: So Joe Miller and I'm a trustee
19 with Campton Township, and by your nodding I'm
20 assuming it's a lot clearer now.

21 So as a point of view clarification, please,
22 as I understood the exchange earlier you were
23 stating that the units of government would have an
24 opportunity to present information. As it stands

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1 right now, if I understand the document that was
2 being referenced, it's an old version of way back
3 when Maxxam -- you know, before Maxxam.

4 So it's an old document regarding the number
5 of emergency callouts. So when would units of
6 government have the opportunity to present newer
7 information?

8 CHAIRMAN WHITE: Do you have questions for
9 this witness pertaining to the traffic volume and
10 ingress and egress?

11 MR. MILLER: Yes, I do. But it is relative
12 to the number of calls, so kind of a Catch 22. If I
13 cannot reference the number of emergency phone calls
14 from legitimate sources that I FOIA'd, then the
15 questions are somewhat irrelevant because you'll
16 say, "No, we don't have the information."

17 So I'm trying figure out the where and when.

18 CHAIRMAN WHITE: So you have written
19 testimony you want to present?

20 MR. MILLER: Yes.

21 CHAIRMAN WHITE: Concerning the number of
22 calls that you have gathered from some source?

23 MR. MILLER: Yes, from multiple sources with
24 copies from those sources.

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1 CHAIRMAN WHITE: I'll allow you to distribute
2 them at this time. So you can reference them.

3 MR. MILLER: Thank you. I appreciate that.
4 Marworth, Waverly, Pennsylvania -- all of
5 these I looked at were high-end luxury centers.

6 CHAIRMAN WHITE: Do you have copies available?

7 MR. MILLER: Yes, I do have copies.

8 MR. BROWN: We would like a copy.

9 MR. MILLER: Copies would have to have made.
10 My apologies on that. It's a lot of paper, and I'm
11 trying to conserve paper. So the County is a lot
12 better able to make copies than I am.

13 But we're talking about 170 total --

14 MR. BROWN: I have an objection before he
15 moves on.

16 His questions are being based on hearsay.
17 It's based on hearsay; it's based on something he
18 probably took off the Internet.

19 And, also, if he's going to be using
20 information in which he's asking the declarant to
21 verify or not verify, he has to be able to present
22 the source of his information. It's impossible for
23 us to cross-examine these documents. And, also -- I
24 mean, I'm sure he picked them up, but it's not like

1 he picked up a learned treatise and brought it in
2 here where you can say that that's verification.

3 Information off the Internet is usually not
4 admissible, and we would object especially in light
5 of the fact he doesn't even have a copy for us to
6 even see what he's reading from.

7 MR. MILLER: I can pass these through to
8 you. These are not copies off the Internet. These
9 are direct communications from bodies of government
10 for these facilities by which they, the fire
11 department, the police department, and the emergency
12 medical services have provided me the data that says
13 the number of calls to those facilities on an annual
14 basis.

15 CHAIRMAN WHITE: But how you do we verify
16 that? That's the question.

17 MR. MILLER: Well, I mean, how can we verify
18 anything? Certainly, sir, you can turn around and
19 make your own phone calls and say is this --

20 CHAIRMAN WHITE: The petitioners have
21 witnesses that have come forward this evening and in
22 the past that would allow for cross-examination. We
23 don't have that ability for the evidence that you're
24 presenting this evening to cross-examine the sources

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1 of that information. That's the point he's bringing.

2 MR. CARRARA: Mr. Chairman, if I may. First
3 of all, the last two exhibits that were just
4 tendered by Maxxam were records of local governments
5 that you have taken into the record.

6 Secondly, these are public records and
7 are certified. They are for evidentiary purposes
8 deemed subject to notice by the ZBA.

9 CHAIRMAN WHITE: What public records are
10 certified, Kevin? The one that he's intending to
11 present?

12 MR. CARRARA: The FOIA'd records have been
13 certified by the governmental bodies that have
14 issued them as part of the process.

15 CHAIRMAN WHITE: Were they FOIA requests?

16 MR. MILLER: Yeah, they're FOIA requests.

17 MR. BROWN: Are they certified?

18 MR. MILLER: I can get them certified.

19 MR. BROWN: Thank you.

20 We would object to him discussing this any
21 further. Thank you.

22 CHAIRMAN WHITE: I'm going to have to agree
23 with him. If you can do it by tomorrow -- excuse
24 me -- Thursday, we may have another meeting Thursday.

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1 Are there any questions that you would like
2 to ask this witness that don't relate to the
3 information that you have?

4 MR. MILLER: No. Not at this time. Thank you.

5 CHAIRMAN WHITE: Please raise your right
6 hand and be sworn.

7 (Witness sworn.)

8 CHAIRMAN WHITE: Please state your name and
9 your unit of government.

10 MR. BLECKER: Name is Harry Blecker,
11 president of the Village of Campton Hills.

12 As referenced by one of the attorneys, we
13 have information from several facilities, one which
14 was previously named in the petition that we'd like
15 to submit into evidence tonight.

16 These are actual reports from these
17 facilities. They're not off the Web; they've not
18 been FOIA'd. Our police chief called, and they
19 responded with actual reports for each facility
20 that's on here, three facilities. I would like to
21 distribute this to the Board.

22 CHAIRMAN WHITE: You're speaking of
23 facilities as in other rehabilitation facilities?
24 Is that what you're referring to?

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1 MR. BLECKER: Yes, sir. These are all other
2 rehabilitation facilities.

3 Tomatillo, Florida --

4 CHAIRMAN WHITE: Is your police chief here --
5 is the individual who collected the information
6 present this evening?

7 MR. BLECKER: No, he's not.

8 MR. BROWN: Actually, I would just like to
9 say something.

10 At great expense we have a number of
11 witnesses that are here and have been here now for
12 the third time, and these aren't even questions.
13 And, also, there will be an opportunity for them to
14 present evidence. We would like to have the
15 opportunity to put on our case for our application
16 so we can make a prima fascia case and then open it
17 up for this type of evidence.

18 I'm not objecting to the fact that they have
19 the ability to do that. What I'm objecting to is
20 the time and expense that we are using at this point
21 for us to get our case in.

22 CHAIRMAN WHITE: Do you have a question for
23 this witness?

24 MR. BLECKER: No. But this report was

1 mentioned already at this hearing, and I think it
2 would be imperative for you to read this report if
3 you're going to talk about it.

4 MR. BROWN: I'm not objecting to the fact
5 that you can read it. I'm objecting to anyone
6 bringing up things or making statements that are not
7 questions of this witness.

8 CHAIRMAN WHITE: That's the point we're at
9 in this process is we're asking for cross-examination
10 of the witnesses. You will be allowed to submit
11 that testimony at a later time.

12 MR. BLECKER: Thank you.

13 CHAIRMAN WHITE: Is there anyone else here
14 that wishes to ask questions of this witness?

15 (No response.)

16 CHAIRMAN WHITE: Seeing none, you're excused.

17 MR. BROWN: I had one question on redirect.

18 CHAIRMAN WHITE: Go ahead.

19 MR. BROWN: Actually, it might be two.

20 REDIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER

21 BY MR. BROWN:

22 Q You were asked questions about the traffic
23 at peak hours and employees coming in. Do you
24 understand that there is a staggered schedule for

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1 employees, and some of them are part-time? In
2 making this report was there ever an assumption that
3 everyone would show up at the same time?

4 A No.

5 MR. BROWN: Okay. Thank you. That's the
6 only question I have.

7 CHAIRMAN WHITE: Okay.

8 MR. KOLB: We just move to admit the exhibits
9 we presented into evidence.

10 MEMBER STOVER: So moved.

11 MEMBER CAMERON: Second.

12 CHAIRMAN WHITE: Moved by Ms. Stover, seconded
13 by Ms. Cameron. All those in favor say aye.

14 (Ayes heard.)

15 CHAIRMAN WHITE: Opposed, same sign.

16 (No response.)

17 CHAIRMAN WHITE: Motion carries. And the
18 witness is excused.

19 (Witness excused.)

20 MR. KOLB: Next we'd call Chris Lannert.

21 CHAIRMAN WHITE: Please raise your right hand.

22 (Witness sworn.)

23 CHAIRMAN WHITE: Thank you. Please state
24 your name for the record and your relationship with

1 this petition.

2 THE WITNESS: My name is Chris Lannert, and
3 I am the planning consultant/landscape architect for
4 this petition.

5 CHAIRMAN WHITE: You need to get right up to
6 the microphone.

7 THE WITNESS: Is that better? Thank you.

8 My name is Chris Lannert. I am the planning
9 development landscape architect for this project.

10 CHRIS LANNERT,
11 having been duly sworn, testified as follows:

12 DIRECT EXAMINATION BY COUNSEL FOR THE PETITIONER
13 BY MR. KOLB:

14 Q Good evening, Mr. Lannert. What is your
15 professional background and education? If you could
16 overview that briefly for everyone.

17 A Well, I recognize many people in the room,
18 and I hope they recognize me, too. I've been
19 practicing professionally in Kane County for
20 approximately 25 to 30 years. I'm a graduate of
21 Michigan State University in landscape architecture
22 and regional urban planning. I'm a past board
23 member and chair of the Department of Professional
24 Regulations for the State of Illinois. I'm also the

1 past president and board member of the American
2 Society of Landscape Architecture in Washington, DC.
3 I'm just now finishing my term as past president of
4 the local chapter of American Society of Landscape
5 Architects here for Illinois.

6 I've done a number of different things that
7 you're all familiar with, Mill Creek, Prairie
8 Crossing, Fox Chase, Eaglebrook, Randall Square, and
9 many, many county projects. Many projects that
10 surround this particular site my firm and myself
11 have been involved in, and we were originally the
12 planners for the original Glenwood School, which was
13 the second land application system approved within
14 Kane County.

15 Q What's your education?

16 A I'm a graduate of Michigan State University.

17 Q You're a Kane County resident?

18 A Yes, I am.

19 Q All right. Is it correct that you were
20 retained to perform an analysis of whether the
21 proposed alcohol and substance abuse treatment
22 facility, whether or not it will impede the normal
23 and orderly development and improvement of
24 surrounding property for uses in the district?

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1 A Yes. That was my assignment.

2 Q How long did it take you to you complete
3 this assignment?

4 A Oh, I probably completed it over six to
5 seven months.

6 Q And over that six- to seven-month period,
7 can you recall some of the materials that you
8 reviewed in anticipation of your testimony and
9 formulation of your expert report submitted with the
10 petitioner's application?

11 A Yes, I can. I did a number of things with
12 which we do on all of our projects. I drove the
13 area; I got a copy of the aerial photograph; I got
14 the surrounding municipal jurisdictional ordinances
15 from the various communities, Village of Campton
16 Hills, the City of Elgin, as well as Kane County. I
17 looked at jurisdictional limits, again, produced all
18 of that information on the aerial photo which I
19 brought with me tonight that in a larger scale was
20 attached to the report and formed opinions based
21 upon what that background information presented to me.

22 Q And with approximately 30 years of
23 experience in Kane County working with developments,
24 is it safe to say that you're very familiar with

1 this property and the surrounding area?

2 A I'm very familiar with this property and the
3 surrounding area.

4 Q Can you describe the property in its current
5 configuration and the types of uses that surround
6 the property and the adjoining areas?

7 A Well, yes, I can. I'm sure many of you in
8 the room are also familiar with it. The site is
9 approximately 120 acres. It is internal and set
10 substantially off of Silver Glen.

11 When we first did the special use for the
12 school for boys, we presented it as a concept that it
13 was framed within one of the outdoor rooms. We
14 classify the outdoor rooms as those rooms which were
15 part of the farmstead that was originally purchased
16 for the property, and between the hedge rows there
17 were a number of different areas to locate the site.
18 We chose the one that we chose for the Glenwood site
19 because it was buffered on all sides with those
20 hedge rows, as well as natural drainage ways.
21 Additionally, that was the best place to locate it
22 as it relates to the land application system which
23 other experts will testify to.

24 If you look specifically at the property, of

1 the 120 acres, approximately 20 percent of it is
2 occupied by the footprint of the facility itself,
3 and the balance of it is either open space in terms
4 of buffers and/or the application of the sewer
5 system, which, again, as I spoke, was the land
6 application system.

7 Technically, if you look on my report, the
8 acreage I believe is 34 acres for the footprint
9 itself. So I was generalizing when I was saying
10 about 20 percent is footprint and the other 80 percent
11 is open space.

12 The reason I point that out is that
13 regardless of the fractional acreages in terms of
14 how we measure, the facility buffers itself because
15 it's inwardly oriented and is defined by what that
16 footprint has been over time.

17 In addition to that, and as has happened
18 recently, the Kane County Forest Preserve has bought
19 a large piece of property surrounding this facility,
20 which was a benefit to the County to purchase that
21 site because of a large annexation which was pending
22 through Elgin which would have developed the
23 surrounding property with much more intently
24 residential uses with sewer and water as opposed to

1 the rural well and septic system, which is germane
2 to the village's property as well as the surrounding
3 Kane County property.

4 So that purchase has been made and surrounds
5 the property and that's -- approximately 11 percent
6 of the property is controlled by Kane County. The --
7 excuse me -- 40 percent of the property is controlled
8 by the County, which includes the forest preserve;
9 50 percent of the property is controlled by the
10 Village, and 10 percent is controlled by the
11 corporate limits of Elgin.

12 I reference that as it relates to this
13 aerial photograph. If you haven't seen it from the
14 report, in the color coding the blue is the Elgin
15 corporate limits; the orange is the Village of
16 Campton Hills, and then the uncolored portions of
17 the aerial photograph other than the green color
18 which was applied to that substantial Kane County
19 holdings which, again, buffers the property after
20 the time it was approved as the Glenwood School is
21 the other composition that makes up 100 percent of
22 the land I studied and come to this assignment.

23 Q And can you hold that overview again? What
24 is it that you're holding there?

1 A This is an aerial photo of the subject site.
2 The red-and-white dashed line around the outside is
3 a mile-and-a-half study limit that we studied as part
4 of this. That encompasses about 4500 acres, and what
5 we did is we looked at the specific land uses and the
6 zoning within that context in order to develop an
7 opinion as to whether or not it impacted the potential
8 future development of the surrounding area.

9 MR. KOLB: All right. We'd ask to mark that
10 aerial photo as Exhibit J8 and admit it into evidence.

11 (Exhibit J8 marked for identification and
12 retained by the Board.)

13 CHAIRMAN WHITE: It's already been admitted
14 in your petition. I don't know that we need to --

15 MR. KOLB: That's fine.

16 CHAIRMAN WHITE: It's just a blown-up
17 version of what we have in the petition.

18 MR. KOLB: Very good.

19 BY MR. KOLB:

20 Q So, Mr. Lannert, do you have any opinions
21 with regard to future development trends in the area
22 where Maxxam is proposing the alcoholism and
23 substance abuse treatment facility?

24 A Yes. My opinion is that the facility will

1 not have any impact on the development of the area.
2 And the basis of that opinion is really, as I just
3 spoke, the Village of Campton Hills controls about
4 50 percent of the land within the area surrounding
5 this particular property. So the Village controls
6 the development of that land, all of the land which
7 is outlined in the orange and shaded in the orange.

8 The balance of the property, very little of
9 it is under County jurisdiction, and of those areas
10 very few of those areas are zoned farming. Most of
11 them are zoned estate residential, which is what the
12 character of that area is out in that particular
13 part of the county. And the balance of the area and
14 the largest contiguous property owner is the forest
15 preserve, and that is open space land. It still has
16 some residual leftover zoning from the City of Elgin,
17 but that's not applicable because in the 30 years
18 I've been in the county I've not been aware of the
19 county forest preserve ever selling land or
20 developing land once they purchase it. They hold it
21 as open space, which is what their charter calls for.

22 Q So there's no impact upon surrounding
23 development; correct?

24 A The physical attributes of the municipal

1 jurisdictions I just described is one of those
2 limiting factors which does not provide for that,
3 and the other limiting factors are the soil
4 conditions, the drainage, and the vegetation on the
5 120 acres has such restrictions and set-asides in
6 terms of the land application that you would not be
7 able to process -- my opinion is you wouldn't be
8 able to process a plan through the development staff
9 which would be approved because of the limiting
10 natural conditions that exist on the 120 acres.

11 So if the footprint wanted to be enlarged,
12 it would be a difficult application to get approved
13 by the County staff.

14 Q So there's zoning restrictions; there's
15 municipal restrictions; there's zoning; and there's
16 also soil restrictions, and you believe that these
17 restrictions naturally will not impede the orderly
18 development -- they act as constraints on development;
19 is that correct?

20 A It will not. Orderly development has
21 occurred within this area from the time it was first
22 granted the special use, and it had no impact as
23 that special use, and it's my opinion it will not
24 have any impact as relates to this continuation of

1 this special use.

2 Q Is this proposed use by the applicant in
3 furtherance of the 2040 plan?

4 A Yes, it is.

5 Q Can you describe how?

6 A Well, yes. The new plan calls for healthy
7 lifestyles within the county, and this really provides
8 an opportunity for the rehabilitation of citizens
9 which might have a need to use it. And it is very
10 consistent with the application of the open space
11 plan which was our previous goal from the previous
12 2020 plan, and now it's been incorporated into the
13 implementation of the 2040 plan as I generally
14 read it.

15 MR. KOLB: Nothing further.

16 CHAIRMAN WHITE: Do the Board members have
17 any questions at this time?

18 (No response.)

19 CHAIRMAN WHITE: Mr. Carrara, do you have
20 any questions?

21 MR. CARRARA: I do. Thank you, Mr. Chairman.

22 CROSS-EXAMINATION BY COUNSEL FOR THE APPELLANT

23 BY MR. CARRARA:

24 Q Does the type of facility have any bearing

1 on whether it will impact or impede the normal and
2 orderly growth?

3 A I don't know if I understand the context of
4 the question. You mean because it is an alcohol and
5 substance abuse facility?

6 Q No. I think in general you suggested that
7 there were certain restrictions placed upon the
8 property by zoning classifications, land uses, and
9 the like.

10 A What I was hoping to convey is that within
11 the 120-foot lot that this facility sits on, that
12 the lot in and of itself buffers and restricts any
13 impact on adjoining properties.

14 Q So then the listed uses, whether those are
15 permitted or special uses for this parcel have no
16 bearing on the orderly growth in the future?

17 A No. The site -- the site in and of itself
18 buffers any use even though this is a very specific
19 use defined to what you see is what you get. But
20 even if it was a different use than what's being
21 petitioned today, the site is so well located and
22 buffered, as I said, with the drainage, and the
23 soils, and the set-aside for the land application
24 system, it would be very difficult to find a use for

1 this particular piece of property that would impact
2 the surrounding area.

3 And it's already been controlled. I mean,
4 Elgin controls it, the forest preserve controls it,
5 and the Village of Campton Hills controls it.
6 There's very little land left to be impacted by any
7 development.

8 Q I believe in response to Mr. Kolb's question
9 you suggested that this use is in line with the
10 2040 plan. Is that correct?

11 A Yes. In a general way it was my testimony.

12 Q So let's get past the general way. What
13 does the comp plan show as a use for this parcel?

14 A I believe it shows an institutional use.

15 Q And what is the definition of uses that
16 should be in the institutional use?

17 A Well, the comprehensive plan doesn't get
18 into the actual listing of the uses. That's what
19 the zoning ordinance ends up doing. But as I read
20 the plan -- it's been a number of months since I've
21 done that -- it really ends up as it relates to my
22 characterization of having it fit within the
23 2040 plan is that it ends up letting us, the residents
24 of Kane County, practice a healthy lifestyle, and I

1 envision this as one of those applications for the
2 people that need this particular type of service.

3 Q But, again, the comp plan identifies this as
4 being institutional private open space; correct?

5 A Correct.

6 Q Now, in the comp plan under the institutional
7 private open space definition -- if you don't have
8 it, I'd be happy to provide it for you is -- is
9 there a definition of a use for an alcohol or
10 substance abuse treatment program as an
11 institutional private open space use?

12 MR. KOLB: Objection; asked and answered.
13 He indicated the zoning code handles that.

14 CHAIRMAN WHITE: I'm going to agree with him.

15 MR. CARRARA: Mr. Chair, can I give him this
16 exhibit, please?

17 CHAIRMAN WHITE: Yes, you may.

18 MR. KINNALLY: What number is this,
19 Mr. Chairman, with your permission?

20 MR. CARRARA: It is listed as Exhibit A3.

21 MR. KINNALLY: Exhibit A3?

22 MR. CARRARA: Yes.

23 MR. KINNALLY: What is it? Do we know what
24 it is?

1 MR. CARRARA: It's the page out of the
2 2040 comp plan indicating institutional private open
3 space.

4 MR. KINNALLY: I have it. Thank you.

5 MR. CARRARA: I believe there should be some
6 extra copies. I'm just waiting for them to get to
7 the end of the table.

8 MR. KINNALLY: We have it. Thank you.

9 And this is in the comp plan?

10 MR. CARRARA: Correct.

11 MR. KINNALLY: Thank you.

12 BY MR. CARRARA:

13 Q Mr. Lannert, have you had an opportunity to
14 review that?

15 A I remember reading this in making my report.

16 Q Okay. Could you take a moment just to refresh
17 your memory and read the institutional private open
18 space provision in the middle of the page?

19 A Verbatim?

20 Q You don't have to read it out loud. I just
21 want you to refresh your memory to make sure it's
22 the same thing you remember reading.

23 A I remember reading this specifically.

24 Q Okay. Anywhere in that provision do you see

1 the premise that the institutional private open
2 space would be considered for a for-profit drug and
3 alcohol rehabilitation center?

4 A Not specifically. But, again, in the
5 comprehensive plan it does not have to.

6 Q And what do you mean by that, sir?

7 A The comprehensive plan is not the place
8 where you list the specific uses to be zoned and
9 implemented throughout the county.

10 Q Is it true, though, that you just earlier
11 testified that this plan has been going on in
12 Kane County for over, I think you said 50 years, the
13 comprehensive plan and the enumerations it's gone
14 through?

15 A Kane County has been very diligent and their
16 planning efforts for probably more than 50 years,
17 and they update their plan as it calls for. Again,
18 they're very thorough in that process.

19 Q But is it generally used that the comp plan
20 will set the basis for what the uses are in terms of
21 how the zoning ordinance will try to keep pace with
22 the comp plan?

23 A Yes. That is the function of a
24 comprehensive plan, and the County does a very good

1 job of implementing those plans.

2 Q So does Kane County's ordinance have a
3 provision calling for alcohol or drug rehabilitation
4 facilities in its listed uses?

5 A No. As you can see within the testimony of
6 other experts and in the application that has been
7 filed, they're saying it's similar in use to what is
8 being proposed here, and that is a statement and a
9 procedure that the County staff has endorsed as a
10 part of their review.

11 Q Sir, when you mentioned you reviewed experts'
12 reports, what expert reports did you review?

13 A I read all of the reports that are part of
14 the application.

15 Q Are you referring to legal opinions by
16 Holland & Knight and Meyers & Flowers as part of
17 that permitted use?

18 A Those documents, as well as the appraisal
19 reports.

20 MR. CARRARA: Mr. Chairman, for point of
21 clarification, I believe there was correspondence to
22 you earlier today stating that those were not expert
23 opinions, and those witnesses would not be testifying.
24 So I would ask that if there's any reference to the

1 Holland & Knight or Meyers & Flowers opinions that
2 that be removed from the application, as those are
3 not experts' opinions, as they will not be providing
4 testimony.

5 MR. BROWN: Actually, there's no relevancy
6 to this witness at this time. If he wants to make
7 that objection, he can do that at some other point.
8 Once again, we'd like to finish this hearing.

9 MR. CARRARA: Mr. Chairman, he based his
10 opinion just a couple seconds ago on the opinions
11 that he classified as expert opinions as part of his
12 testimony.

13 MR. BROWN: Actually, I can clear it up.
14 Would your opinions change if you did not
15 use that information as a basis for your opinion?

16 THE WITNESS: No. I used them as a
17 reference, not to form my opinion.

18 CHAIRMAN WHITE: Move on, Kevin.

19 BY MR. CARRARA:

20 Q So you're saying, then, in essence, it's
21 your professional opinion that an alcohol and drug
22 treatment facility complies with the definition of
23 an institutional private open space in terms of the
24 land plan?

1 A Yes. That is my opinion.

2 Q When you were testifying just a few moments
3 ago about the surrounding properties and the like,
4 what did you define as the properties to the north?

5 A The properties to the north are occupied by
6 the corporate limits of Elgin, as well as the
7 corporate limits of Campton Woods, and then there's
8 a portion of Kane County farm that is a remnant --
9 and this is all along McDonald Road to the north.

10 Q And how far are those residences from this
11 facility?

12 A Well, it depends on what dimension you want
13 in terms of classifying from this facility.

14 Q Sure. That was a bad answer -- question.
15 Let me rephrase that.

16 Are there residential properties that
17 directly abut this facility to the north?

18 A The -- there are residential properties that
19 abut the facility to the north. They're zoned, you
20 know, farming. The residential homes are actually
21 zoned as estate, and there is approximately 800 feet
22 of separation from the north property line to the
23 back of those homes.

24 There's probably another 3- to 400 feet from

1 the property line south to the nearest residential
2 building which is part of this facility.

3 Q And in your report you make certain analyses
4 of Campton Hills and some of the others promoting
5 open space and large lot developments and the like?

6 A As I understand, my experience in terms of
7 the Village of Campton Hills -- and we've done
8 numerous subdivisions which are part of the village --
9 they pride the rural estate atmosphere of the
10 community, and they incorporated in order to protect
11 those rural large lot values.

12 Q And do you think that a commercial facility
13 or a 120-bed for-profit drug and rehabilitation
14 facility is incompatible with that rural large lot
15 system?

16 A Well, it's a mischaracterization to call it
17 commercial. It certainly does not have those types
18 of intensity of uses which you're trying to imply
19 exist.

20 This is a rural, country complex. It was
21 originally the Glenwood School For Boys. This is a
22 very compatible reuse of that unused, untaxed
23 facility within the county totally surrounded by the
24 county. It's an underused asset and should be put

1 on the tax roll.

2 Q Were you as part of your opinion asked to do
3 any analysis on taxes?

4 A No. In the report it makes mention that
5 there will be tax proceeds generated to the County
6 and to other jurisdictional authorities as a result
7 of this going from nontaxable to taxable. So that
8 would be a benefit from a planning perspective that
9 would be a benefit, but I did not do any tax impact
10 analysis.

11 Q So at what point in time does this for-profit
12 use in your mind become commercial?

13 A I don't really see from a use standpoint
14 that this alcohol and substance abuse facility is
15 ever going to cross that line in terms of a
16 commercial use.

17 Q So if the dorms and the beds are all filled
18 to maximum capacity, and there's 120 people there,
19 plus whatever staff and the like, you don't -- it's
20 your professional opinion that you don't consider
21 that commercial in nature, and that is compatible
22 with large estate lots?

23 A That would be -- that would be one -- that
24 would be 10 acres per person. I would call that

1 pretty rural. Not all the lots are 10 acres or more
2 with single-family dwellings on them within the area.

3 CHAIRMAN WHITE: You need to wrap up, Kevin.

4 MR. CARRARA: Just one moment. Thank you,
5 Mr. Chairman.

6 I believe that's all I have. Thank you,
7 Mr. Chairman.

8 CHAIRMAN WHITE: Thank you. Any units of
9 government?

10 Mr. Kinnally.

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

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

14 Q Can you tell the Board historically when the
15 special use was granted for the Glenwood School?
16 Was that 1989?

17 A I believe it was 1989.

18 Q Did you testify at that time?

19 A Yes, I did.

20 Q Did you testify at that time with an opinion
21 that that facility met Criteria C of the Land Use
22 Zoning Ordinance 4.8 of the county?

23 A Yes, I did.

24 Q So your testimony then is consistent with

1 your testimony today?

2 A And it's worked.

3 Q Can you tell the Board -- I'll be brief --
4 what has changed with respect to the jurisdictional
5 limitations since 1989 concerning Campton Hills,
6 Elgin -- I believe it's Campton Hills or Elgin.

7 A Well, the biggest -- the biggest change is
8 that, number one, the Village of Campton Hills has
9 incorporated. Back in '89 it was not. So,
10 therefore, all of that -- 50 percent of the land
11 that they control their own destiny on has been
12 firmly affixed. And Elgin hadn't had the
13 opportunity to sneak down into the area in 1989; it
14 was still mostly rural and farming.

15 But the testimony in terms of that special
16 use within that outdoor room surrounded by the open
17 space was still consistent, and as is shown today,
18 it has not impacted future development and/or
19 corporate expansion within that zone.

20 Q So in the last -- since 1989, your testimony
21 with respect to the special use for the Glenwood
22 School For Boys, as well as your testimony with
23 respect to this application is the same?

24 A It's consistent, yes.

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

2 CHAIRMAN WHITE: Is there anyone else
3 wishing to ask questions of this witness?

4 And are you representing a unit of
5 government, sir?

6 MR. JOHANSEN: Yes. Richard Johansen,
7 Campton Township clerk.

8 (Witness sworn.)

9 CROSS-EXAMINATION BY AUDIENCE MEMBER

10 BY MR. JOHANSEN:

11 Q Mr. Lannert, you stated that this facility
12 will have no impact on surrounding development.
13 Does impact on surrounding development include use
14 by the public of the surrounding forest preserve?

15 A Yes, it would.

16 Q Can my family have a picnic in the forest
17 preserve next to this facility and feel secure?

18 A Well, you'll be able to. But right now the --
19 as I understand, the forest preserve is really
20 restoring that as a prairie and doesn't really have
21 any active forest preserve types of uses. So while
22 that's possible in the future, there's really no
23 place for you to picnic at this juncture.

24 Q Does the public have the right to use that

1 forest preserve?

2 A Absolutely.

3 Q Can they walk in that forest preserve now?

4 A I'm sure they can.

5 Q And will they be able to do that when this
6 facility exists if it comes to pass?

7 A Yes, they will still be able to do that. In
8 fact, the future would hold more development
9 potentially on the forest preserve land if this had
10 not been implemented at this time.

11 Q There would be more of the public that would
12 be able to use the forest preserve once this
13 facility is there if it's there?

14 A Again, I don't speak for the Kane County
15 Forest Preserve. They handle their property
16 very well.

17 Q Okay. Well, if that's the case and you're
18 saying that this is safe for the public to use with
19 that facility, why does that facility have guards,
20 infrared cameras, and door-secure passes?

21 A Well, I think, again, that speaks more to
22 the operation, and that wasn't really part of my
23 analysis, but I think that is really how they're
24 going to function and manage the use of their

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1 proposal.

2 MR. JOHANSEN: Thank you.

3 CHAIRMAN WHITE: Anyone else wishing the
4 podium?

5 I'll just remind you, Joe, that you're
6 sworn in.

7 MR. MILLER: Yes, sir.

8 CHAIRMAN WHITE: Please state your name for
9 the reporter.

10 MR. MILLER: Joe Miller.

11 CROSS-EXAMINATION BY AUDIENCE MEMBER

12 BY MR. MILLER:

13 Q So within your report were you aware of and
14 did you review the Campton Township land use plan as
15 part of your report?

16 A Yes, I did.

17 Q I did not find it referenced in your
18 document, and there's often confusion between
19 Campton Hills the village and Campton Township, two
20 separate entities.

21 A And what was your question?

22 Q So did you review the Campton Township land
23 use plan?

24 A No, I did not.

1 Q Okay. Thank you.

2 And you stated before that in the 2040 Kane
3 County plan that you thought this was basically
4 compatible with a healthy community?

5 A I believe it is a feature of a healthy
6 community in terms of the services that it will
7 provide, and that's the link I used to say that I
8 believe it is consistent with that plan.

9 Q Okay. And were you provided with any
10 documents by or evidence by the petitioner that
11 would indicate that the patrons of business of such
12 a facility would come primarily from Kane County?

13 A No, I was not. I was basing my opinion on
14 all of the work that we've done with Rosecrance up
15 in Rockford. I've expanded their facility and sited
16 their facility for their expansion up in the
17 Rockford area which is mentioned in Mr. Poletti's
18 report. So I'm familiar with these types of
19 facilities.

20 Q Okay. But that one happens to be not a
21 detox facility, and this one happens to be a detox
22 facility?

23 A They are slightly different in terms of what
24 the facilities offer but similar in terms of the

1 types of services they provide for the communities.

2 Q Do they both purport themselves to be high-
3 end facilities?

4 A This one appeared to be much more high end
5 than Rosecrance's facility.

6 Q So if we considered the Rosecrance facility
7 to be, for lack of a better term, a lower level, one
8 would expect it to be marketed to clientele outside
9 of the area, therefore, not necessarily just serving
10 the community?

11 A The Rosecrance facility that I had
12 experienced up in Rockford was a different facility
13 than this one. So I don't want to characterize them
14 as being the same. The Rosecrance facility in
15 Rockford was expanding their facility from downtown
16 Rockford out to the county area, services a much
17 more local population there in Rockford and deals
18 more with an adolescent population than this
19 facility is proposed to handle.

20 So while they're similar in use, don't
21 characterize my testimony as similar.

22 MR. MILLER: Thank you.

23 CHAIRMAN WHITE: Anyone else?

24 MEMBER STOVER: Just one question.

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1 Would there be really any way at all to
2 quantify where these people are coming from, whether
3 it's in Kane County or out of Kane County?

4 THE WITNESS: Not to my knowledge.

5 CHAIRMAN WHITE: Okay. I saw someone else
6 stand to be recognized or ask for the podium. Are
7 you here representing a unit of government, sir.

8 AUDIENCE MEMBER: No, I'm not.

9 CHAIRMAN WHITE: I would ask that you hold
10 your testimony until the end then. All these
11 witnesses will be available, and we hope to get
12 through this witness list and then allow the public
13 to ask questions at the end.

14 AUDIENCE MEMBER: Very well.

15 CHAIRMAN WHITE: I didn't see anyone else
16 asking for the podium, so you're excused Mr. Lannert.

17 (Witness excused.)

18 MR. CARRARA: Could we have Exhibit A3
19 entered into evidence?

20 CHAIRMAN WHITE: Mr. Carrara, you want it
21 entered into the testimony that has been submitted
22 this evening, is that what you're asking?

23 MR. CARRARA: Yes.

24 MEMBER STOVER: So moved.

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MEMBER HEINRICH: Second.

CHAIRMAN WHITE: Moved by Ms. Stover,
seconded by Mr. Heinrich. All in favor say aye.

(Ayes heard.)

CHAIRMAN WHITE: Opposed, same sign.

(No response.)

CHAIRMAN WHITE: Motion carries.

And this is just a copy of a page out of the
2040 land use plan?

MR. CARRARA: That is correct.

(Exhibit A3 was admitted into evidence.)

MR. KOLB: We call Michael MaRous.

(Witness sworn.)

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

THE WITNESS: My name is Michael S. MaRous.
I'm president of MaRous & Company, and I have been
engaged to prepare a value impact study based on the
proposed development.

MICHAEL M. MA ROUS,
having been duly sworn, testified as follows:

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

Q Mr. MaRous, can you tell us some of your

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1 background, education, and experience?

2 A I graduated from University of Illinois
3 Champaign-Urbana in the school of finance with a
4 specialization in urban land economics. I have been
5 a real estate appraiser -- this is my 40th year. I
6 was awarded the MAI designation approximately 35 years
7 ago and have been on many national committees and
8 president of the Chicago chapter. I was also
9 invited into the Real Estate Council about 16 years
10 ago, president of the Midwest chapter of that
11 organization, have sat on their national board and
12 have sat on their executive board.

13 I've probably appraised 12,000 properties,
14 most in the Chicago metropolitan area, \$15 billion
15 worth of value, many, many properties in Kane County,
16 including this building when the County was acquiring
17 this from a private developer, including the county
18 courthouse, the new one when they had a damage claim
19 based on the construction of that facility.

20 I have done one of the major developers in
21 this area, Shodeen, we probably looked at 20 of
22 their properties. We've appraised thousands of
23 acres of land, including some mixed-use development
24 such as Thornwood and other major developments in

1 the area.

2 Over my career I've had the opportunity to
3 look at many value impact-type studies, including
4 those that are potentially more egregious such as
5 landfills, waste transfer, and then some such as
6 religious institutions, commercial facilities,
7 senior facilities, medical-type facilities, hospital
8 expansion, senior facilities.

9 That briefly summarizes it.

10 Q Have you prepared any value impact studies
11 or market impact studies for any municipalities?

12 A Yes, quite a few and have done -- probably
13 worked for over 75 municipalities or public bodies
14 in the state and actually three years ago was
15 engaged by Campton Hills to look at the proposed
16 Kiva project at that time.

17 Q And can you tell everyone here today, what
18 is a market impact study or a valuation impact study?

19 A It basically looks at the proposed plan and
20 looks at basically the positives and the negatives
21 and weighs those -- the proposals, and it looks at
22 then the professional studies, and it looks at any
23 of the activities.

24 As an example, generally, one of the concerns

1 is activity -- traffic, noise, intrusion, change of
2 character of development, something that may set a
3 future precedent.

4 But then it also looks at the activity -- the
5 investment in the community, the potential of job
6 growth, the support of the community infrastructure,
7 and, obviously, not only the compensation or payment
8 for real estate taxes, but also sales taxes and
9 building permits, et cetera. And it also goes to
10 the foundation of the infrastructure of the community.

11 What is done generally will look at those
12 impacts and looks at practically does somebody want
13 to live next to an expressway; does somebody want to
14 smell the farms of a pig farm, so to speak; does
15 somebody want to hear the explosions of a rock
16 crushing facility, or is the new road a benefit
17 because it provides a transportation link, or does
18 the new commuter railroad do the same thing, or does
19 the expansion of the airport.

20 So it looks at those practical uses. We
21 look at, when necessary, sound studies. In other
22 areas that we are not an expert in, we look at the
23 experts such as you heard tonight with traffic and
24 where they study the specifics in the changes in the

1 character and the ability to handle the changes.

2 One of the issues that we're seeing today,
3 we're in the Midwest; we're the center of the
4 country; what's one of the hottest things going?
5 Logistics. The problem with logistics is you have
6 70-foot trucks that are noisy and they create
7 issues. So Elwood, which is a community south, has
8 done very well, except instead of cars they have
9 70-foot trucks. It's not a very harmonious place to
10 residentially live.

11 So a situation we look -- try and look at
12 similar situations and to see once something has
13 been introduced by sales activity, by marketing
14 times, by buyer demand, has that been impacted
15 positively or negatively. And we also look at
16 situations in the community or an approximate
17 residence what the value would be, assuming it's in
18 the current situation as we did here, assuming that
19 the proposed use or a similar use is approved.

20 We also look at the history. And the
21 situation, I think everybody knows there's been a
22 school there since plus or minus 1989, 125,000 feet,
23 multiple buildings facing inward on 120 acres.
24 Subsequent to that Campton Hills has incorporated;

1 Elgin has taken over more area, but a huge benefit
2 of 500-plus acres that have been purchased and
3 assembled for open space for a forest preserve.

4 What else has changed? Randall Road has
5 exploded. I remember coming out, taking my kids to
6 Girl Scout camp on Randall Road. It's changed, been
7 mega, mega development, and it's changed the
8 character.

9 So these are some of the things we looked at
10 in preparing this report consistent with how we do
11 every impact study. We've probably done over
12 100 both for applicants and also for objectors.

13 Q So before we get to your opinions regarding
14 market impact analysis, let's talk a little bit
15 about the current Glenwood site.

16 Do you have opinions regarding the fact that
17 that site may be an attractive nuisance?

18 A It's an interesting question because in my
19 experience, uncertainty or gray, such as the
20 Crosstown Expressway or other projects that were
21 never built that loomed over or vacant schools
22 sitting in the middle of a residential neighborhood
23 create uncertainty to a neighborhood and in my
24 opinion have a negative impact.

1 In this situation you have a closed campus
2 for four years. And we've appraised probably over
3 50 grade schools, middle schools, high schools, and
4 parts of colleges, and uncertainty is a huge
5 negative. In this situation you've got a vacant
6 building. Buildings deteriorate if they're not
7 maintained and they sit vacant, they're not used.
8 We can also attest to what this is doing to our
9 buildings this past week this type of weather. It's
10 just what happens.

11 So there's a perception and there's an
12 uncertainty of what's going to happen. There's
13 generally more vandalism. The care is not usually
14 to the same level as it is when it's maintained for
15 a use.

16 Q Do you have an opinion that the applicant's
17 proposed use as an alcoholism and substance abuse
18 treatment facility is the highest and best use for
19 this type of property in its current configuration
20 and given the demand for its current use?

21 A The answer is yes. Again, we have been
22 involved in the appraisal of many obsolete schools,
23 including the Elgin -- I think it's called
24 Country Day for the City of Elgin right at 25 and

1 I90. Schools -- again, if we look at like gas
2 stations if you go back to the '50s, '60s, '70s, they
3 change. Demand changes; the economics change; the
4 cost of education has gone nothing but up. And this
5 property has been on the market and exposed to the
6 private schools, to the specialty schools, to the
7 religious schools, to the boarding schools, and they
8 have not been able to consummate any deals for those
9 uses. There's other facilities on the market in the
10 metropolitan Chicago area, and the economics, the
11 funding is tough. It's tough to compete and there
12 just has been no demand.

13 So this is a use, unfortunately, that there
14 is demand because of a wellness situation in probably
15 our country for this type of use, and a lot of the
16 facilities -- and I'm not an expert in that but we
17 can see, again, it's like senior facilities -- a
18 push towards modernization.

19 Q The prior use as the Glenwood School, do you
20 have any knowledge whether that was a for-profit
21 real estate tax exempt use as compared to what the
22 applicant is proposing?

23 A It was tax exempt. It was not for profit.

24 Q Do you believe there would be financial

1 benefits to taxing bodies by use of this formerly
2 not-for-profit facility for conversion into a
3 for-profit facility, both in terms of real estate
4 taxation, high-impact jobs, et cetera?

5 A The simple answer is yes, but I have not
6 done an economic study. But clearly it was at zero
7 before. Now the projection is somewhere in the mid
8 \$300,000 range with no impact on the school services
9 in the community, which is generally the biggest
10 cost of any type of development.

11 Obviously, they are also going to require
12 significant amounts of labor to run this facility,
13 some of it quite skilled at high income levels.
14 That generally translates to a very positive
15 economic impact.

16 The economic impact of generally any
17 successful medical facilities up to a hospital is
18 usually a huge economic benefit to a community.

19 Q So in determining market impact, I'd like to
20 just touch on some of the factors that you look at
21 in determining fair market value and market impact.

22 Is it safe to say that you look at trends in
23 development in the area?

24 A Correct.

1 Q You also look at by right zoning and
2 alternative uses?

3 A Correct.

4 Q And market supply and demand for the
5 surrounding properties and the property itself?

6 A Yes.

7 Q Effects of uncertainty in the market based
8 on dormant or unused real estate?

9 A Absolutely.

10 Q Other physical conditions of development
11 such as buffer areas and other factors that play in?

12 A Yes.

13 Q All right. The standard that we're all here
14 to talk about is whether or not -- and this is the
15 standard for a special use -- whether or not the
16 applicant's proposed use will be injurious to the
17 use and enjoyment of other property in the immediate
18 vicinity for the purposes permitted nor will the use
19 proposed substantially diminish and impair property
20 values within the neighborhood.

21 Do you have any opinions regarding the
22 applicability of that standard to the applicant's
23 proposed use?

24 A Based on the proposed high-quality,

1 professionally run development, based on what I've
2 studied, based on all the facts that I have
3 considered, in my opinion it will not have a
4 negative impact on value.

5 Q And by "negative impact," you're referring
6 not only to the Forest Preserve District property
7 but all the neighboring surrounding property owners?

8 A That's correct.

9 Q And by negative impact value you would in
10 layman's terms mean that the property values would
11 not diminish in your expert opinion given 30 years
12 in the industry?

13 A Almost 40 now but -- scary as that may be.
14 The answer is no, no negative impact.

15 MR. KOLB: Nothing further.

16 CHAIRMAN WHITE: Board members have any
17 questions at this time?

18 (No response.)

19 CHAIRMAN WHITE: Does the County have any
20 questions they'd like to ask?

21 MR. KINNALLY: I do. Thank you, Mr. Chairman.

22 CROSS-EXAMINATION BY COUNSEL FOR THE COUNTY

23 BY MR. KINNALLY:

24 Q Mr. MaRous, you said that you were retained

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1 by Campton Hills to do an analysis with respect to
2 the Kiva facility?

3 A I was.

4 Q And when was that?

5 A That was right about three -- a little over --
6 it was November or December of 2012. I believe the
7 report was probably published in late '12 or
8 early '13.

9 Q You testified at that particular time?

10 A I did.

11 Q Just so the Board knows, the Kiva facility
12 is the same facility that we're talking about here
13 tonight?

14 A That is correct.

15 Q And did you give opinions at that time
16 during those hearings with respect to a valuation
17 impact study?

18 A I did.

19 Q And what were your opinions then?

20 A The same opinions that I have tonight,
21 looking at the economics, looking at the proposed
22 development, looking at trends in the area that
23 there would be no negative impact.

24 Q And who did you work for?

1 A I was hired by the Village of Campton Hills.

2 Q All right. Now, it's my understanding that
3 you are here testifying tonight not only on
4 Criteria B, which Mr. Kolb asked you about but also
5 Criteria C, which is the special use will not impede
6 the normal and orderly development and improvement
7 of surrounding property. Is that right?

8 A That's correct.

9 Q Okay. And you're assuming in your opinions
10 tonight that this -- the highest and best use for
11 this particular facility is the one proposed by the
12 petitioner?

13 A That's correct.

14 Q And the assumption you're making in all of
15 your opinions under Criterion B and C is that this
16 facility will be a high-quality, professionally run
17 facility; correct?

18 A Absolutely.

19 Q And you do not know any of the background
20 with respect to those who are going to operate this
21 facility, do you not?

22 A I know general background in the hospitality
23 industry but not -- and with some health care
24 experience but not specific to their expertise in

1 this field.

2 Q It's your testimony that the people that are
3 proposed to run this facility are not familiar to
4 you in the operation of a drug treatment and
5 substance abuse facility; is that true?

6 A That's correct.

7 MR. KINNALLY: Thank you. I have no further
8 questions. Thank you, Mr. Chairman.

9 CHAIRMAN WHITE: Mr. Carrara.

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

11 CROSS-EXAMINATION BY COUNSEL FOR THE APPELLANT
12 BY MR. CARRARA:

13 Q Who did you discuss the general background
14 with of this facility?

15 A Primarily Steven Marco.

16 Q Okay. Did Mr. Marco explain what type of
17 facility was being proposed?

18 A Yes.

19 Q Did he explain what level of care they were
20 going to be providing at this facility?

21 A In a way termed to me or filtered to me,
22 correct.

23 Q And what is that?

24 A That it's basically 24-hour care for adults

1 that have alcohol or substance abuse provided to the
2 highest level to help them overcome this generally
3 with a time period of 30 to -- 30 to 90 days with
4 basically a 24-hour schedule including the sleep,
5 with exercise facilities and other specialties to
6 help them work through this issue.

7 Q Would it be fair to say that you understand
8 that highest care would also involve the
9 detoxification of patients at the facility?

10 A Yes.

11 Q Would you agree that detoxification at
12 facilities such as the one proposed by Maxxam is
13 rare in Illinois?

14 MR. KOLB: I would object.

15 CHAIRMAN WHITE: I would agree, Kevin. You
16 need to keep your points to question of the witness.

17 BY MR. CARRARA:

18 Q Would the level of care have any impact or
19 would you consider that to be an external factor
20 which would either be positive or negative in your
21 analysis?

22 MR. KOLB: Same objection.

23 CHAIRMAN WHITE: Mr. Marco is present this
24 evening. So you will have a chance to ask questions

1 of how the facility is going to be operated.

2 MR. CARRARA: That wasn't the question,
3 Mr. Chairman. Maybe I can try to be a little more
4 specific.

5 BY MR. CARRARA:

6 Q I believe you testified earlier that you
7 look at certain external factors when determining a
8 price. Some of those can be positive, and some of
9 them can be negative; is that a fair characterization?

10 A That's correct.

11 Q Would the level of care or services that are
12 offered at this facility be a factor that you would
13 have considered in your market analysis?

14 A The answer is yes and I considered
15 professional high-quality care in my analysis.

16 Q You've been to all the hearings; correct?
17 You've been sitting in the audience listening?

18 A Yes, I have.

19 Q Did you hear testimony earlier in one of the
20 hearings that in Illinois there are 23 facilities
21 that do detoxing of patients, and 22 of them are in
22 hospitals? Do you recall that?

23 A I recall the testimony. I don't recall the
24 exact number. Your number sounds consistent with

1 what I heard.

2 Q Okay. Thank you.

3 Is it fair to say, then, that facilities
4 that conduct detoxification are generally within
5 hospitals if 22 out of the 23 of them are?

6 A In Illinois. But my understanding is there
7 are other facilities throughout the country. It's
8 not my expertise, but, obviously, I've heard of a
9 significant facility in Minnesota. Most of us have
10 heard of the Betty Ford Clinic.

11 But, again, this isn't my expertise, and
12 health care is continually changing to best
13 practices, so I can't really comment on what the
14 future holds as to what the best care practices are
15 going to be.

16 Q So you don't consider whether a facility
17 that will be doing the highest level of care, as you
18 mentioned, the detoxification, should be close to a
19 hospital, as an example, whether that's an external
20 factor that would be positive or negative on your
21 market impact?

22 A Again, that's kind of a medical question,
23 but in valuing real estate, we look at proximity all
24 the time. We look at medical office buildings; we

1 look at transportation linkages. We look at the
2 ability to get health care, and it's a continually
3 changing world, as we see with the home health care
4 providers and the rehab centers, AthletiCo,
5 et cetera.

6 So I think you have an area of Kane County
7 that's having significant growth. I think its
8 proximity to medical care, obviously, that proximity
9 is important. As to can it be covered with having
10 attending physicians on staff, I really don't know.

11 MR. CARRARA: May I approach, Mr. Chairman?

12 CHAIRMAN WHITE: Yes, you may.

13 (Exhibit A1 marked for identification and
14 retained by the Board.)

15 Q Sir, I'm handing you what's been marked as
16 Exhibit A1. Do you recognize that document?

17 A Yes. This is the document that Mr. Kinnally
18 asked about a few years ago -- I mean a few minutes
19 ago that I did in late 2012 and published in January
20 of 2013 for the Kiva proposed development.

21 Q And that was your prior market impact study
22 that you mentioned?

23 A That's correct.

24 Q If you can, could you look to page 13 of

1 that report?

2 CHAIRMAN WHITE: Are your questions going to
3 be based on this petition, not on Kiva's.

4 MR. CARRARA: It's going to be based on his
5 professional opinions he previously gave specific to
6 this property's location.

7 A Yes. I see 13 and it seems to have some
8 yellow highlighting on it.

9 Q And that highlight starts on the paragraph
10 that begins with "Other alternatives." I just did
11 that to try to help speed the process. Do you
12 see that?

13 A I appreciate that. Yes.

14 Q Could you do me a favor and read the last
15 sentence in that paragraph?

16 A "The nearest hospitals are also approximately
17 20 minutes away. Therefore, it is unlikely that the
18 buildings would be considered for adaptation for a
19 retirement community or any other use that requires
20 proximity to emergency medical care."

21 Q So back in 2013 it was your professional
22 opinion that this facility was not proximate enough
23 to a hospital if that use needed hospitalization?

24 MR. KOLB: Objection.

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1 MR. BROWN: Objection. Because this is
2 talking about a retirement community, not in that
3 context.

4 MR. CARRARA: "Or any other use."

5 MR. BROWN: Then it's too vague and I
6 believe that would be improper.

7 CHAIRMAN WHITE: I'm going to agree, Kevin.
8 (Murmurs from the audience.)

9 CHAIRMAN WHITE: I don't see what you're
10 trying to do here.

11 MR. CARRARA: Mr. Chairman, if I can, I'll
12 make the record.

13 What I'm specifically trying to do is this
14 individual gave an opinion that this property was
15 not proximate enough to hospitals for a use that it
16 deemed important. He just testified -- I asked him
17 if he considered this use to be important in
18 considering impact on properties for the proximity
19 to the health care. He hasn't maintained a similar
20 position in his current report which is part of the
21 application. So I'm delving into the differences
22 between his opinions as to the proximity of hospitals,
23 which is relevant as to the potential negative
24 impact for his market analysis.

1 CHAIRMAN WHITE: Does it have any bearing on
2 your market analysis?

3 THE WITNESS: It was part of my consideration
4 but really relating more to alternate uses such as
5 retirement facilities that require that proximity.

6 BY MR. CARRARA:

7 Q So you don't consider the use being the drug
8 and alcohol treatment facility and detoxification of
9 patients to be a use that needs to be proximate to a
10 hospital?

11 A I would really defer to medical experts to
12 properly handle it. My answer would be I think it's
13 important where they have medical support either
14 proximate or on-site. In the perfect world maybe
15 next to a hospital. It's a possibility but every
16 use can't be next to a hospital.

17 Q Beyond this assignment and the assignment in
18 Exhibit A1, how many impact studies have you done
19 for substance abuse centers?

20 A I was actually approached by both Rosecrance
21 and their objectors for a proposed facility on
22 Ashland Avenue in Chicago, and I turned them both
23 down because I didn't feel there was any negative
24 impact, but I was approached by the objectors first.

1 I have done work for the expansion office
2 building of Hinsdale Hospital. I've done work in
3 proximity to Lake Forest Hospital for Presbyterian
4 Homes, but no substance abuse facilities.

5 Q So then you haven't done any impact analysis
6 that dealt with detoxification of patients beyond
7 the current assignment?

8 A In the 2012/2013 assignment, correct. And,
9 actually -- but, again, I did independent research
10 as to the proposed Rosecrance in the city, found no
11 negative impact after looking at other facilities on
12 Dearborn Street in the Gold Coast and others, and I
13 didn't complete the assignment because I found no
14 negative impact. So I did an assignment but never
15 completed it.

16 Q And that facility was the same as the Maxxam
17 facility?

18 MR. BROWN: I'm sorry. That's vague. When
19 you said "the same," I would request that you be
20 more specific.

21 Q You've generally mentioned some Rosecrance
22 facility in the city. We have no idea what the
23 basis of that facility was, or what it was asking
24 for, or what entitlements it was seeking, or whether

1 it was a special use or a permitted use, or the
2 like. So was the Rosecrance facility exactly the
3 same as this Maxxam facility?

4 A Generally, no real estate is exactly the
5 same. The use was for drug and alcohol rehab on a
6 major arterial for approximately I believe 25 to
7 40 residents and equivalence of a 12- to 20-unit
8 apartment building-type building, and that was the
9 use of a much higher density probably on a lot less
10 than a half acre as opposed to 120 acres with a
11 land-to-building ratio of about 4 to 1, as opposed
12 to this one which is a 2 percent utilization of the
13 site. But the proposed use was the same.

14 Q It was for detoxification of patients at
15 that facility?

16 A Correct.

17 Q And that facility was located where? In a
18 rural setting in Chicago?

19 A No, it was located on Ashland Avenue in the
20 city of Chicago on a relatively small lot on the
21 north side.

22 Q Have you reviewed any research, published
23 articles on the pricing effects of substance abuse
24 centers as part of your market analysis?

1 A I didn't find -- the answer is I attempted
2 to review. I've been on both the editorial boards
3 of the Appraisal Journal and Real Estate Issues,
4 which are probably the two most esteemed valuation
5 magazines in the world. I did not find anything
6 that was consistent with this proposed use.

7 Q So -- I'm sorry -- your answer was you were
8 not able to locate any published research on the
9 impacts of pricing from substance abuse treatment
10 centers?

11 A The answer was I was not. I've also been
12 cited and reviewed the book by Randall Bell which is
13 called Real Estate Damages with a second edition
14 soon to come out that I also will be named in, and
15 there's nothing in either of those books that goes
16 to this point with a similar situation to the subject.

17 Q So it's also fair to say that you didn't
18 review any study or research specifically on impacts
19 of detoxification centers on property values;
20 correct?

21 MR. BROWN: I would request if he's going to
22 make this type of reference in his cross-examination
23 that he can make a specific reference. He's just
24 throwing softballs out there, and there's no

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1 indication that there's even anything in existence.

2 So I'm just asking you to ask a more
3 specific question that he can respond to. And we're
4 willing for him to answer it. But right now it's
5 just a vague, unsubstantiated question.

6 MR. CARRARA: Correct. I'm asking if he
7 looked at any published research when he did the
8 market analysis that he prepared for your
9 application.

10 MR. BROWN: My point is cross-examination of
11 this type is not proper cross-examination. He
12 cannot impeach the witness. He's just trying to
13 throw things out there that he cannot prove.

14 MR. CARRARA: I'm just asking him what he
15 looked at as part of this analysis.

16 MR. BROWN: My objection --

17 MR. CARRARA: If he didn't look at anything,
18 that's all he's got to ask -- to say, "No, I didn't
19 look at any."

20 CHAIRMAN WHITE: Did you -- all right.
21 Answer the question.

22 MR. BROWN: Can I just say -- he cannot look
23 at something that's not in existence.

24 CHAIRMAN WHITE: I heard that from his answer.

1 MR. BROWN: All right. Thank you.

2 A So the answer is that I did research in all
3 the credible areas that I thought would be credible,
4 and I found nothing that was credible either way.

5 BY MR. CARRARA:

6 Q There's only one private facility in
7 Illinois that does detoxification of patients. Why
8 did you not use that facility as the basis for your
9 market impact analysis?

10 MR. BROWN: Can we request that he name the
11 facility, please?

12 MR. CARRARA: Sure. It's actually named by
13 one of your experts. It's Cromwell -- if you hold
14 on a second, I'll get your expert's report, but it's
15 the Cromwell Interventions in Woodridge.

16 THE WITNESS: Woodridge-Lemont, I believe.

17 BY MR. CARRARA:

18 Q Lemont is Timber Knolls. This is the
19 Cromwell Interventions. I believe you may have
20 looked at that as part of your impact analysis
21 report.

22 A I did and research was done, but I didn't
23 find anything that I could determine made a decision
24 either way.

1 Q So you decided to not use your matched-pair
2 analysis on properties near the Cromwell facility,
3 which is a drug treatment facility that detoxes
4 clients? You decided to use the closed Park Ridge
5 facility?

6 A Correct.

7 Q Why wouldn't you use a current operating
8 facility for a matched-pair analysis?

9 A Because I didn't feel the data was as good
10 for the Woodridge facility. I had data and
11 experience with the Park Ridge facility over a
12 30-year period, intimate, both when I was a public
13 official, chair of public safety, and also having a
14 house in the area of that facility.

15 Q So you felt a closed facility that did not
16 detox or do drug treatment was a better facility to
17 compare to the Maxxam facility?

18 A Absolutely not. My matched pair was done
19 when that facility was ongoing and operating and was
20 impacted by that facility. And that also involved
21 essentially teenagers on a site that is 10 percent
22 of the size of the subject as opposed to having
23 30 percent of the body, but the intensity was
24 significantly more than the subject facility. Plus,

1 it wasn't surrounded by 500-plus acres of forest
2 preserve.

3 Q But was the specific use a drug and
4 treatment facility that detoxified patients?

5 A It's an interesting question. It wasn't for
6 that use, but there was significant issue with drug
7 and alcohol for adolescents where there was
8 treatment going on. But it was not the same
9 intensity, and it wasn't for adult use such as the
10 subject proposed use.

11 Q And that facility closed back in 2011?

12 A That's correct. Correct.

13 Q And you mentioned you didn't think the data
14 was good enough on the Woodridge facility. What
15 data did you review?

16 A I reviewed sales transactions of houses in
17 the area that were proximate, those that weren't.
18 But, again, as I recall there were other issues as
19 highway that had some potential impact, and,
20 obviously, market conditions from '08 to '13 had to
21 be sorted out of any of this analysis when we're
22 looking at value impact studies.

23 Q So you feel the Woodridge facility, its
24 proximity in a more urban environment was not a good

1 comparable to the Maxxam facility?

2 A No.

3 Q You felt the Park Ridge facility was a
4 better comparable?

5 A No, not at all. That's not what I said. I
6 didn't feel the data was as good during the time
7 study. For that reason I didn't use it. I used the
8 Park Ridge and then I looked at a house in the
9 Silver Glen development that was on the market. I
10 looked at it assuming the development wasn't there
11 and assuming it was there and bracketed the price of
12 375 -- 365 to \$385,000, and it subsequently sold for
13 375,000 in the last couple months, several months.

14 Q We'll get to that in a little bit. I'm
15 specifically trying focus on why you didn't like the
16 data. You said that there was a window that you
17 reviewed. What window was that? Did you go from
18 the past 5 years, past 10 years? What data from the
19 operating facility did you not think was good enough
20 for the ZBA to consider?

21 A The data generally considered was probably
22 from 2008 through mid- to late 2015. When we did
23 the study, I didn't find the data that I thought was
24 reflective enough, so I didn't use that and I

1 stopped.

2 Q Was the data showing an impact or a decrease
3 in pricing that you didn't like?

4 A I'll explain it again. It didn't reflect
5 anything conclusive. If it reflected a decrease, I
6 would have used it. I wasn't there to try and prove
7 positive; I was trying there to prove the reality of
8 the situation. It wasn't conclusive so I didn't
9 use it.

10 Q So if it's -- these were arm's-length
11 transactions that you were reviewing, correct, from
12 2008 to 2015?

13 A That brings up a good point, Counsel. A lot
14 of them weren't arm's length. Some of them were
15 foreclosures; some had other impacts. That --
16 again, we had to find similar houses to be able to
17 make the adjustments. The data wasn't good enough
18 in my opinion, but I keep telling you that and you
19 keep asking.

20 Q Beyond the matched-set analysis, would there
21 have been a better technique to evaluate that data,
22 to take into account those foreclosures or the other
23 issues you just discussed?

24 A Foreclosures are tough to adjust for. When

1 the data is not pure, we can't make it up, so we
2 have to have supportable adjustments. They weren't
3 there, in my opinion, in that situation. There was
4 nothing conclusive either way.

5 Q Did you perform any regression analysis on
6 that data?

7 A I did not.

8 Q So how do you know if it was good or bad if
9 you didn't perform the analysis?

10 MR. KOLB: Objection. He's already
11 testified as to the foundation for the information
12 that he didn't consider the data to be credible.
13 He's indicated the basis of his opinion. I think
14 this is a circular argument.

15 CHAIRMAN WHITE: I'd like you to move on,
16 Kevin.

17 MR. CARRARA: Mr. Chairman, he suggested he
18 looked at data. He did it for the matched-pair
19 analysis. He didn't like the data. I asked if
20 there's any other techniques.

21 MR. KOLB: Objection. He said it wasn't
22 reliable due to proximity to a local highway and
23 other factors including economic conditions. It's
24 not that he liked the data or didn't like the data

1 or was trying to bend the data.

2 MR. CARRARA: Did he do an analysis under a
3 regression model?

4 MR. KOLB: He answered that question no.

5 Q Why did you not do that?

6 A Anybody that understands regression realizes
7 if you have bad data, you get bad results. Without
8 good data you can't do a regression analysis unless
9 you manipulate the numbers. We're not going to
10 manipulate the numbers and use a technique that's
11 not appropriate.

12 Q Are there any other techniques that would
13 have been appropriate?

14 A In my opinion, no.

15 Q On page 2 of your report, you list certain
16 assumptions that you base your opinion on; correct?

17 A Which report, Counsel?

18 Q Your current report.

19 A You mean under the executive summary with my
20 bullet points?

21 Q Page 2 it says, "These conclusions are based
22 on the following assumptions."

23 A Yes.

24 Q The first one is that the facility be well

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1 maintained and managed; correct?

2 A That's correct.

3 Q If the facility is not well maintained and
4 managed, would that be a negative impact on
5 surrounding property values?

6 A In my experience, anytime a property is not
7 well maintained and managed, it is not a positive
8 attribute for the adjoining properties, whether it
9 be a shopping center, your next door neighbor, an
10 apartment building. It's fairly consistent that
11 improperly maintained and managed is a problem.

12 Q And I think you answered in questions to
13 Mr. Kinnally before, the petitioner in this case,
14 Maxxam Partners, has no history in managing or
15 maintaining these type of uses. Correct?

16 A I would try and --

17 MR. KOLB: We would defer to -- we have
18 other witnesses to address that topic.

19 CHAIRMAN WHITE: How the operations will be
20 run?

21 MR. KOLB: Sure.

22 CHAIRMAN WHITE: Move on, Kevin.

23 MR. CARRARA: But he's basing his testimony
24 on an assumption. I want to delve into what that

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1 assumption is.

2 CHAIRMAN WHITE: Well maintained and managed
3 as is stated in his --

4 MR. CARRARA: By whom?

5 BY MR. CARRARA:

6 Q By whom, sir?

7 MR. BROWN: As we said, we have other
8 witnesses that will provide that information.

9 A By whoever operates it, Counsel.

10 MR. KOLB: I think the applicant can concede
11 that if a property falls into a state of disrepair
12 and if a property is completely mismanaged, it would
13 impact market value. I don't think that's open for
14 debate. I think it's obvious to me.

15 MR. KINNALLY: Mr. Chairman, he's already
16 admitted that about 10 minutes ago.

17 CHAIRMAN WHITE: Yes. Let's move on.

18 Q Your second assumption is any significant
19 number of police, fire, and ambulance calls result
20 in arrangements for, in quotes, "silent responses"?

21 A Correct.

22 Q Did you confirm with the sheriff's office
23 that he would not use lights or sirens at responding
24 in calls at a point when they are significant?

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1 A I didn't confirm or negotiate anything with
2 anybody in the County or any public safety.

3 Q So you have no idea whether there is the
4 ability to have these silent responses at this
5 facility; correct?

6 A My understanding that it could be done, but,
7 again, I did not negotiate silent responses. I
8 would leave that to the people that are running the
9 facility and the County.

10 Q And how did you come to that understanding?
11 Did somebody tell you?

12 A That's two questions I'll try and answer.
13 Anytime we get involved with any proposed
14 development, including running refrigerated trucks
15 next to a grocery store in a residential neighborhood,
16 anytime or proximate to a senior home next to
17 single-family we're concerned about emergency calls,
18 whether there's an expansion of a railroad line and
19 they have the potential to have three whistles every
20 time they go through the town.

21 We looked into it. I discussed it with
22 Mr. Marco as a concern.

23 Q So I'm not sure that answered my question
24 and I'll ask it again.

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1 How did you come to the understanding that
2 there would be the ability to have silent responses?

3 MR. BROWN: Actually, that's asked and
4 answered, and if he doesn't like the answer that's
5 his problem. I'm sorry. He's answered the
6 question. We'd like to have this hearing finish
7 today.

8 CHAIRMAN WHITE: Move on. He did answer it.

9 Q On page 18 of your report, you claim there
10 will only be a maximum of 5 to 10 police or fire
11 calls per year at this facility; correct?

12 A That was information provided to me by
13 ownership. I'm not claiming anything.

14 Q So if there were more than 5 or 10 calls,
15 could that be a substantial impact on property
16 values?

17 A The clear answer of it depends as to how
18 frequent, what's the activity, are they running the
19 full sirens and lights, what type of use.

20 Obviously, 5 to 10 is one a month or less,
21 which is very infrequent. I would have to consider
22 it and consult with experts before I could really
23 answer that question.

24 Q So is there a number in your mind? Is it

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1 10, 15? Is it 40 calls? At some point in time,
2 when does that become significant that you think
3 additional study or analysis should be done on
4 property values?

5 CHAIRMAN WHITE: He just stated that he
6 would have to consult with experts in the field
7 before he would make his analysis on that.

8 MR. CARRARA: He's the expert, Mr. Chairman.
9 I'm asking him, if there's a number, what that number
10 is before he would consider it to be substantial.

11 CHAIRMAN WHITE: You're asking him to make
12 assumptions.

13 MR. CARRARA: Mr. Chairman, I'm not asking
14 him to make assumptions. I'm asking him the basis
15 for his report.

16 He used a number. I'm suggesting if that
17 number changes, is that going to impact his
18 professional opinion. That is a reasonable question
19 in light of his statement.

20 MR. KOLB: I'm going to object based on
21 asked and answered. He indicated that he would have
22 to have more information in the form of this
23 hypothetical as to what time the calls occurred,
24 what was the level of intensity with regard to

1 lights and sound, sirens, et cetera.

2 It's an incomplete hypothetical that calls
3 for speculation.

4 (Exhibit A9 marked for identification and
5 retained by the Board.)

6 Q Mr. MaRous, I've just handed you a group of
7 documents Exhibit A9. Those are certified FOIA
8 responses to a number of facilities similar to the
9 Maxxam facility.

10 One of them you mentioned earlier in your
11 testimony, the Timber Knolls residential treatment
12 facility in Lemont, Illinois. Do you see that, sir?

13 A Correct.

14 Q Do you see that there were police calls
15 totaling 213 for the year?

16 A I to.

17 Q Do you see there were fire calls of 167 for
18 the year?

19 A I do.

20 Q Would numbers that large have an impact on
21 potential -- on property values?

22 MR. KOLB: Objection. Are those telephone
23 calls or site visits?

24 MR. CARRARA: Those are actual visits, as

1 you can see in the supporting documentation. Those
2 were calls out to the facility by police and fire,
3 and they responded to the address.

4 I will say, though, these records do not
5 have the ability to capture neighbors who may call
6 and complain about the facility. These are only
7 responses to the facility itself, but we think these
8 numbers are important enough for the ZBA to
9 consider.

10 You may answer now, Mr. MaRous.

11 A So the answer is this is approximately a
12 little more than -- a call every other day for
13 police and a call a little less than every other day
14 for fire. The combination equals over one a day.
15 That would be significant and would probably impact
16 my conclusion.

17 Q So is it fair to say that your analysis
18 based on a facility that only had 5 to 10 a year,
19 but these similar facilities -- some of them have
20 been mentioned by the petitioner in its other
21 experts' reports -- that are over 100 and in some
22 cases over 200 have the ability to have a
23 substantial impact on property values of the
24 surrounding neighborhood?

1 A Again, I would need more information as to
2 the lights, the impacts on traffic. There's a
3 traffic expert here tonight. As to the noise,
4 obviously, traffic and noise and lighting are a
5 concern. So this is a significantly different
6 number that's higher than the information I was
7 provided with. I can't really make a conclusion.

8 Q In light of that, do you think it would be
9 prudent, then, to potentially go back and redo your
10 market impact analysis based on accurate numbers of
11 similar facilities cited by the petitioner?

12 MR. BROWN: Can I just make -- one, we just
13 got this today, and I understand that it's something
14 that goes both ways, but there's not even a
15 definition as to what "callout services" is. It may
16 be a telephone call.

17 As I'm looking through this for the first
18 time and flipping through pages, assist ambulance,
19 illegal parking. I mean, there's quite a few things
20 that are here. And, actually, they have every right
21 to bring in an expert and bring in these people, but
22 he's never seen this document before, and we're
23 talking about these other facilities.

24 I just would reiterate this is our

1 application. This is something for our evidence to
2 present. I understand he has a right to
3 cross-examination, but this is cross-examination by
4 ambush.

5 MR. KOLB: I'm not sure what "citizen
6 assist" means, either, what "station information"
7 means as far as a call or stray animals. I'm not
8 sure we have any stray animals on-site. A lot of
9 these calls seem unrelated to what we would consider
10 to be the applicant's facility.

11 MR. CARRARA: Mr. Chairman, that's why I
12 asked the question whether in light of this
13 information it would be prudent that Mr. MaRous goes
14 back, does an analysis of the data of similar
15 facilities, the facilities that are cited by Maxxam
16 so he can prepare a market impact analysis to see if
17 there's a substantial impact.

18 At this point in time, he's giving you a
19 market impact analysis based on 5 to 10 calls a
20 year, which this FOIA'd information shows is
21 unrealistic. Again, there may be a few stray calls
22 here and there, but that's their right to do the
23 analysis on the data. But it's fair for the ZBA to
24 consider this information in light of this expert

1 report that there is no impact based on 5 to 10. He
2 suggested there may be on call levels of this
3 volume, but he hasn't done the review.

4 I would suggest that this would be the
5 pertinent time for Mr. MaRous to go back and do his
6 review and bring back another market impact
7 analysis. That can be done whether that's Thursday
8 when we're here again -- he can do the analysis and
9 get back to you by Thursday.

10 MR. BROWN: I'm sure they would like to
11 because that's delay, delay, delay. They've
12 actually brought in their own expert in the appeal
13 process which was actually dismissed by the court.
14 They have every right to bring in their witnesses.
15 We will cross-examine them very thoroughly. But
16 this is our witness. We are expending great
17 resources to have a number of people here, and this
18 is our third occasion, and we would like to finish
19 our witness as it pertains to our application.

20 His cross-examination and especially
21 bringing it up and not having the foundation with an
22 expert to even explain what these terms mean in this
23 document is unfair, would never come into a court of
24 law -- I know these are not the same aspects of it.

1 He's a very skilled attorney; I really respect him
2 but this is improper.

3 MR. CARRARA: Mr. Chairman, this is data
4 that was produced. Mr. Brown may not like the
5 results just as he suggested, but I'm not limited in
6 my cross-examination solely to the testimony that
7 Mr. MaRous gave this evening. I'm limited to go
8 back to his expert report that is part of the
9 application.

10 His expert report is based on 5 to 10 calls
11 a year. We've since learned that that is an
12 unrealistic --

13 CHAIRMAN WHITE: We haven't learned that.
14 It may be unrealistic. He's answered the question
15 that he would need to do additional study if these
16 numbers were actual numbers for this facility.

17 MR. BROWN: I guess what I'm saying is that
18 it would be unfair for us to have -- whatever
19 documents that they present that we have our
20 witnesses review it for their purposes and then come
21 back on another day.

22 This is a process which I'm saying our
23 clients are expending great amounts of money to be
24 here. We are here in good faith; this is our third

1 day. And these questions, as I stated before, if
2 this was actually a court of law, you would not be
3 able to bring it in because an expert witness would
4 be given an opportunity to review this ahead of
5 time. This is an ambush.

6 MR. CARRARA: That's not my choosing,
7 Mr. Chairman. The procedures were set up in this
8 fashion.

9 Again, he has the ability to rebut any
10 cross-examination questions he wants. So he can
11 rehabilitate his witness if he feels that these
12 numbers are inaccurate or wouldn't impact his
13 analysis.

14 MR. KOLB: Well, I would have to ask him about
15 each instance that's listed here such as handicap
16 parking violations, 911 hang-ups, 911 misdials,
17 K9 stray dogs, nothing to do with a police violation.

18 CHAIRMAN WHITE: You've brought in contrary
19 information which the ZBA is now aware of, and we
20 can make that decision from what's been submitted as
21 testimony. We understand that the testimony that
22 the witness has presented was based on a certain set
23 of numbers. You're saying that the numbers may be
24 incorrect. We understand that. Now you're asking

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1 him to come up with a new analysis based on numbers
2 that he's not familiar with that you've presented.

3 MR. CARRARA: Mr. Chairman, I haven't asked
4 him for it. I suggested it would be prudent that
5 the ZBA ask for additional follow-up. If the ZBA
6 chooses to not do that, that's the ZBA's choice.

7 Thank you, Mr. Chairman.

8 CHAIRMAN WHITE: Yes. You need to move on.

9 MR. CARRARA: I'd ask that Exhibits A1 and
10 A9 be admitted into evidence.

11 MR. BROWN: Object. I don't think this is
12 the appropriate time for him to put this into
13 evidence. If he wishes to lay a foundation after
14 we've presented our evidence, I have no objection.
15 At this time this is our witness.

16 MR. CARRARA: There's no reason to do
17 foundation on public records that are certified.

18 MR. BROWN: It's the timing of it. This is
19 our application. We wish to finish this today --
20 tonight.

21 MR. CARRARA: You can finish it today or
22 tonight potentially. That has no bearing whether
23 this is entered into evidence as part of the record
24 here this evening.

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1 MR. KOLB: It's also prejudicial because
2 it's completely misleading. I count at least
3 12 categories that have nothing to do with 911 calls.

4 MR. BROWN: Actually, I'll change that. Can
5 you give us a chance to review the document so we
6 can see if it's properly certified and also take a
7 look at the full documents before they're admitted
8 into evidence? We have not had an opportunity --
9 we've given full opportunity to see our entire
10 application for months to the other side. We are
11 seeing it now. I'm a speed reader but I can't read
12 that in the next two seconds to give you a proper
13 application.

14 So we would ask this to be deferred to
15 later. Thank you.

16 CHAIRMAN WHITE: That would be in order.
17 Move on, Mr. Carrara.

18 MR. CARRARA: Just for clarification
19 purposes, I'm in agreement with that. When is
20 "to later?"

21 CHAIRMAN WHITE: Not now.

22 MR. BROWN: We would like to ask --

23 CHAIRMAN WHITE: We'd like to get through
24 the rest of the witnesses this evening, Mr. Carrara.

1 MR. CARRARA: I understand.

2 CHAIRMAN WHITE: We have another meeting
3 scheduled.

4 MR. BROWN: We would like to finish this
5 witness tonight. Thank you.

6 MR. CARRARA: Well, there's the problem,
7 Mr. Chairman. They're going to want to come back
8 and delve into this information that's before the
9 witness.

10 MR. BROWN: We've already presented our case
11 in chief. This is his desire to delve into the
12 witness.

13 With all due respect, we want to finish
14 this. If every one of these hearings were to go in
15 this fashion, nothing would get done in Kane County.

16 This is an unusual process but we are here,
17 we are here in good faith, but without giving this
18 an advance and the fact that he's given his opinions,
19 he can go hire his own expert witness and say
20 everything to the opposite. I'm not encouraging him
21 to do it, but if he wants to, he can. But to do it
22 this in this process is a point of delay, make our
23 client spend more money, and it is not proper due
24 process.

1 MR. CARRARA: Mr. Chairman, in response to
2 that, you may want to seek advice of your counsel,
3 but you're starting to run into potential Meyer
4 violations of full cross-examination of the
5 witnesses and the potential exhibits that are in
6 front of the witnesses. I'm not trying to delay the
7 process. If they want additional time, I'm just
8 asking for a clarification of what that time is.
9 That's all I ask.

10 MR. BROWN: Actually, if he would have given
11 it to us ahead of time and said this is something he
12 may use, I wouldn't have that objection. But right
13 now what he's really -- what time is it? It's 10
14 after 9:00. You wanted to finish at 10:00, and we
15 have a myriad of other witnesses to call. This is
16 his third day here, and we are here in good faith.

17 CHAIRMAN WHITE: You need to move on, Kevin.

18 MR. CARRARA: Mr. Chair, in response to
19 that, it's not unheard of that public hearings of
20 such a magnitude go on for more than a few days, and
21 it's not unheard of that experts would be called to
22 give opinions on things, and it wouldn't also be
23 unheard of that staff would do additional research
24 into --

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1 MR. BROWN: We're objecting. You said move
2 on and he's still arguing the point. We would like
3 to -- please.

4 MR. CARRARA: So was it entered into evidence?

5 CHAIRMAN WHITE: It has not been at this
6 time. No, it has not been at this time.

7 MR. CARRARA: Are you reserving ruling
8 subject to their response?

9 CHAIRMAN WHITE: We'll see if they wish it
10 to be. I'm not going to make any --

11 (Murmurs from the audience.)

12 CHAIRMAN WHITE: We don't need any outbursts
13 from the crowd.

14 MR. BROWN: Actually, I will say this: If
15 you want to give us another hearing to come back and
16 take a look at it for purposes of admissibility.
17 But to do that tonight -- this looks like a 200-page
18 document -- it's impossible.

19 MR. CARRARA: Again, I'm not suggesting he
20 has to do it tonight. He just said he wants to come
21 back another date. I'm just trying to get an idea
22 of the date so we're all on the same page.

23 MR. BROWN: We do not wish to present this
24 witness on another date, but if he wishes to admit

1 this in his case in chief or at some other point
2 after we've had the chance to review it, that's
3 another question. This is actually being used for
4 cross-examination, which in a court of law, for the
5 purposes of how he's doing this, it would be improper.

6 I understand the rules of evidence here are
7 a lot looser, but at this point they're being abused
8 and for purposes of delay. And as I said before,
9 not giving -- I mean, they could come up with any
10 document in the world, write on a piece of paper and
11 try to cross-examine at this point.

12 So we just want an opportunity to review it.
13 If it was a two-page document, I'd be done.

14 CHAIRMAN WHITE: Mr. Kinnally.

15 MR. KINNALLY: This all goes to whatever
16 credibility and whatever weight you want to give
17 this information. So the witness is here for
18 cross-examination now, and it just goes to the
19 weight of the testimony. Whether it's 5 calls,
20 10 calls, 200 calls at some place in Lemont, those
21 are all things that you will weigh in your
22 determination.

23 Whether these documents get admitted now or
24 later, I don't think it makes any difference.

1 They're here before us and I just don't -- if they
2 need time to study it, give them time to study it.
3 But at this particular point, Mr. MaRous is here for
4 cross-examination and whatever those calls are -- I
5 don't know what they're -- it goes to the weight to
6 be given them and the credibility that you're going
7 to assign, if any, to his report that he did now and
8 the one he did a couple years ago.

9 That's all there is to it.

10 CHAIRMAN WHITE: Mr. Carrara, do you have
11 anything else?

12 MR. CARRARA: Yes, Mr. Chairman.

13 BY MR. CARRARA:

14 Q What was the reason you didn't choose any
15 other drug treatment facilities when you were doing
16 your matched-pair analysis?

17 A Most of them were in more urban locations that
18 had many more conflicts, much more traffic, much more
19 noise, much more intensity of use that really weren't
20 comparable to the subject proposal where you're
21 talking the buildings sit on approximately 2 percent
22 of the land site and surrounded by 500 acres --
23 500-plus acres of forest preserve. Plus, it had been
24 a facility that was formerly a school for many years.

1 So the urban ones, in my opinion, were not
2 comparable.

3 Q Did you review any outside of the urban
4 footprint in Illinois?

5 A No.

6 Q Is there a reason why you didn't look at the
7 facilities in rural portions of Illinois?

8 A I didn't find any that were similar, and at
9 some point you have to stop the search because each
10 of these research takes significant amount of time,
11 and the fee wouldn't increase; it would exponentially
12 increase and the timing would never get done.

13 Q So have you ever heard of a facility called
14 Gateway in Caseyville, Illinois?

15 A No.

16 Q Would you agree with me that proximity to a
17 country club is generally considered a positive
18 factor on property values?

19 A Well, I'm a golfer so generally it is unless
20 it's closed like many have been or have the potential
21 of being closed like many in suburban Chicago have,
22 and then the grounds lay fallow. But it's generally
23 an amenity because it's open space somewhat similar
24 to the 500-plus acres of the subject forest preserve.

1 Q In your matched-pair analysis, I believe you
2 made mention a number of times that the Park Ridge
3 facility that you used was close in proximity to a
4 country club. Correct?

5 A That's correct.

6 Q So that would have a positive impact on the
7 property values that you were using as your data set
8 to pick your matched pairs?

9 A For both the target and control. So both
10 sets of comparables, yes. They're both impacted by
11 the country club.

12 Q Is it fair to say that the baseline tenent
13 of a matched-pair analysis is that both properties
14 are equal but for one factor?

15 A In a perfect world that's the baseline.
16 Generally, there will be slight dissimilarities,
17 whether it be square footage, modernization, lot
18 size, et cetera.

19 CHAIRMAN WHITE: Kevin, you really need to
20 wrap this up.

21 MR. CARRARA: I'm sorry, Mr. Chairman. I'll
22 try to be as quick as I can.

23 Q Did you provide any of your data to the
24 County so we could look at the data sets that you

1 didn't choose as part of the matched set?

2 A I haven't provided my file nor have I been
3 asked for my file by anybody. Usually, when a party
4 wants my file, they request it. I have had no such
5 request.

6 Q So is one of the problems that's known in
7 the industry with matched-pair analysis a phrase
8 called cherry picking where the appraiser can
9 specifically look through a large sample size, pick
10 the two matched pairs that they want as part of the
11 analysis?

12 A That's improperly done just as cherry picking
13 in any analysis. Whether it's picking sports teams
14 or picking youth teams, it's inappropriate.

15 Q So when you're lining up the factors to do
16 your matched analysis, if there's missing information,
17 would that skew potentially the result?

18 A It could, yes.

19 Q In your Matched Pair No. 2 on page 23 of
20 your report, it appears that the property that's
21 listed as not adjacent to the youth campus doesn't
22 list the square footage. Isn't square footage
23 usually a pretty important factor when considering
24 and appraising property?

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1 A I was familiar with that house on Elmore, and
2 it was approximately 3,000 square feet, but I didn't
3 have the exact size. It's two-story, ten-room,
4 four-bedroom, three-bath. It was a large house.

5 Q But we don't know the square footage because
6 it's not in the data you provided; correct?

7 A I just answered based on your question it's
8 approximately 3,000 square feet.

9 Q Would you agree that Park Ridge is an urban
10 environment, and it's somewhat landlocked, and
11 there's very minimal land available for development?

12 A It's a suburb generally considered "Leave It
13 To Beaver's" neighborhood, but it is more urban than
14 the subject area, and it is generally landlocked,
15 and most redevelopment takes place with tear-downs,
16 similar to many other suburbs such as Glen Ellyn,
17 Downers Grove, Hinsdale; we can go down the list.

18 Q But yet in the Park Ridge facility that you
19 cited, it was basically taken from a use that you've
20 kind of said is similar to the Maxxam use, but that
21 was turned into a park; correct? And you were
22 basically -- I think sat on the City council and the
23 mayor -- it was one of your goals, I believe, to get
24 this turned into a park.

1 A That is actually incorrect. The park district
2 is a separate taxing body. This transaction happened
3 five or six years, maybe seven, eight years after I
4 was out of public office.

5 So it wasn't one of my goals when I was
6 alderman and mayor. This was a youth campus and had
7 been for 50 years, and we had no plans to ever
8 change that use.

9 So I think you mischaracterized it, but it
10 was bought initially by the park district, half of
11 it, and a residential developer the other half of
12 it, and the park ended up taking more, and they have
13 been working on it, but it still has not become
14 a park.

15 CHAIRMAN WHITE: You're beginning to stray,
16 Kevin. I need you to really wrap this up.

17 Q On page 10 of your report, you define the
18 surrounding property to the Maxxam facility; correct?
19 There's a color drawing and the like?

20 A Yes.

21 Q You leave off properties to the north. Why
22 is that?

23 A It's just what that map reflected. If we go
24 to page 9, it shows properties to the north. This

1 is not in the exhibit in the report.

2 Q Do you have an opinion on whether the Maxxam
3 facility will impact those residential properties to
4 the north?

5 CHAIRMAN WHITE: I believe he's already
6 answered the question a long time ago.

7 Q Earlier I think you potentially testified
8 that uncertainty or wasting assets would be
9 characteristic of what the current property is?

10 A The current subject property?

11 Q Yes.

12 A Yes.

13 Q Is it fair to say in your 2013 report you were
14 roughly estimating the property value at 6 million,
15 and in your current report you're estimating the
16 property value at 9.7 million. So in the course of
17 roughly two years the property has appreciated in
18 value close to \$3 million. Is this really a wasting
19 asset if it sits vacant?

20 A It's two different questions. One has to do
21 with value; one has to do with trend of development.

22 In 2012, early 2013 this area was incredibly
23 oversupplied with vacant land. It still is. But the
24 absorption and velocity of the residential development

1 was very slow, and there was minimal demand for uses
2 that could take advantage of this facility. They
3 just weren't out there. They couldn't get funding,
4 and there was a supply of other facilities, as I
5 explained with the Elgin Day School as one example
6 and numerous others listed in my report.

7 So the market improved, no question.

8 CHAIRMAN WHITE: Two more questions, Kevin.

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

10 Q Did you review the impact study that was
11 provided by the other expert? I think it's
12 Mr. Poletti. I don't want to butcher his name.

13 A I read Mr. Poletti's report after mine was
14 completed. I hadn't seen it before.

15 Q And what type of analysis did Mr. Poletti
16 use in determining his values?

17 A I didn't review -- I didn't do a technical
18 review. I just looked at it to see what it was
19 after. I believe he had a matched pair. He may
20 have had a regression analysis. I don't recall.

21 MR. BROWN: I'm going to object to this line
22 of questioning.

23 MR. CARRARA: That's all I have, Mr. Chairman.
24 Thank you.

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1 CHAIRMAN WHITE: We're going to take a
2 short -- any other questions from Board members?

3 (No response.)

4 CHAIRMAN WHITE: County have any questions?

5 (No response.)

6 CHAIRMAN WHITE: We're going to take a short
7 recess, probably 10 minutes and we'll resume. I've
8 got 25 after.

9 (Recess taken, 9:24 p.m. to 9:35 p.m.)

10 CHAIRMAN WHITE: If everybody could find
11 your seats, we'll call the meeting back to order.

12 We'll go ahead and call the meeting back
13 to order. Were there any more questions for this
14 witness?

15 MR. BROWN: Can we request something? Because
16 we have some witnesses that will not be available on
17 Thursday, and even though I haven't spoken to
18 Mr. MaRous about his availability on Thursday to
19 come back, I think -- he is available. Okay.

20 THE WITNESS: Sadly, yes.

21 MR. BROWN: But we did have a witness that
22 absolutely we would like to get on tonight and is
23 not going to be available. So if we could take the
24 opportunity and then have cross-examination reserved.

1 CHAIRMAN WHITE: I'll allow one question,
2 Mr. Blecker.

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

5 Q Earlier in your testimony you had mentioned
6 the County was going to receive approximately
7 280-some-odd thousand dollars in tax revenues, most
8 of that going to the schools and have no impact on
9 the school whatsoever because there would be no
10 children.

11 In your studies did you look at the impact
12 on the police and fire departments that will be
13 servicing this, particularly Campton Hills being the
14 closest proximity and not receiving any taxes at all
15 for this -- for our participation and our
16 requirements to go out there?

17 A Good question. I think my number was
18 mid-300s because I think in my report I had like
19 335, and clearly plus or minus 50 percent goes to
20 the school district, which is a significant benefit
21 to the community itself. And does the remaining --
22 and I don't know what Campton gets, whether it's
23 5 to 10 percent. So say it's 10 percent, 30,000.
24 Does that cover their costs? I haven't seen a cost

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1 benefit of it.

2 It would be something to be looked at.

3 Obviously, compared to the youth campus or the boys
4 school where they were getting nothing, this is a
5 significant positive. But I didn't do that study,
6 and I don't know if it would cover it.

7 Q You realize Campton has no tax? There's no
8 village levy. We get nothing and we have to supply
9 police protection. Because although it's county, I
10 understand that the County has limited officers on
11 duty out there. So wouldn't you think that would be
12 a major, major factor?

13 A I didn't do that study. But the other question
14 was something that's out of sync -- I mean, a republic
15 body can generally levy taxes, and I wasn't aware
16 they could never levy taxes to cover their costs.

17 Q The Village of Campton Hills is a nonhome
18 rule community. We cannot levy taxes without a
19 voter referendum.

20 CHAIRMAN WHITE: Okay. Mr. Blecker, you've
21 made your point.

22 MR. BLECKER: Thank you.

23 CHAIRMAN WHITE: I'm going to excuse the
24 witness at this time to allow for our next witness.

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1 (Witness excused.)

2 MR. BROWN: Thank you. We would like to
3 call Laura Garcia.

4 CHAIRMAN WHITE: Please raise your right
5 hand to be sworn. Please stand to be sworn.

6 (Witness sworn.)

7 CHAIRMAN WHITE: Please state your name and
8 your relationship to this petition and speak into
9 the microphone, please.

10 THE WITNESS: My name is Laura Garcia, and I
11 was asked to come tonight to speak on the experience
12 I have with the Division of Alcohol and Substance
13 Abuse.

14 CHAIRMAN WHITE: Okay. You may be seated.

15 LAURA GARCIA,
16 having been duly sworn, testified as follows:

17 EXAMINATION BY COUNSEL FOR THE PETITIONER

18 BY MR. BROWN:

19 Q Thank you, Ms. Garcia. Could you please
20 tell us what your educational background is?

21 A Yes. I have a master's degree from DePaul
22 University in psychosocial studies. My focus was on
23 parenting education and support, and I am currently
24 pursuing a second master's degree from Governors

1 State University.

2 Q Currently you are the director of clinical
3 programs at Salvation Army Harbor Light Center in
4 Chicago, Illinois; is that true?

5 A True.

6 Q But in the past, from 2001 to 2004 you were
7 a substance abuse program monitor for the State; is
8 that true?

9 A That's true.

10 Q In that position with the State, what were
11 your responsibilities?

12 A I was a program manager in the division of
13 alcoholism and substance abuse. My responsibility
14 was to audit substance abuse treatment programs
15 across the state of Illinois. Anyone who holds a
16 license for substance abuse treatment is monitored
17 by staff from the division.

18 Q In that process, on how many occasions or in
19 how much locations or occasions would you happen to
20 monitor one of these facilities?

21 A I would say I monitored about 75 substance
22 abuse treatments.

23 Q Furthermore, your current facility is also
24 monitored by the State; correct?

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1 A That's correct. I get audited by the State.

2 Q And that monitoring, what would that entail?

3 A The division -- the State of Illinois has an
4 administrative code titled "2060." This code is
5 basically the guidelines for all substance abuse
6 treatment programs.

7 So when the State comes and audits my
8 program, I have three levels of care. I have an
9 inpatient residential program and we have 20 beds.
10 I have an intensive outpatient program -- an
11 outpatient program, but we also provide housing. So
12 I have an average of 200 adult males living in the
13 facility.

14 When the State comes and audits the
15 facility, they look at everything from ownership of
16 the program, a board of directors, personnel,
17 clinical files. They ensure that we are following
18 the codes to the T.

19 So they pretty much monitor everything we do
20 in the program.

21 Q You've been hearing a lot of testimony today
22 or at least discussion concerning emergency personnel
23 coming to a facility. In your experience and
24 especially your experience at the facility you're

1 currently at, how often do you get emergency
2 personnel?

3 A Very seldom. In my facility, again, we have
4 an average of 200 adult males living in our facility.
5 The number of calls made to 911, the estimate is
6 about five to eight a year, and the reason for that
7 is if you have an average of 200 people living in a
8 facility, you're going to have people with asthma;
9 you're going to have people with diabetes; you're
10 going to have people with cancer, chronic medical
11 problems. So, usually, we call 911 for someone who
12 needs medical care.

13 Q Now, you do have some specific background in
14 the licensure procedure for an inpatient drug and
15 alcohol facility; correct?

16 A Yes, I do.

17 Q As to the ownership of a facility, is there
18 a licensure procedure as to ownership?

19 A Absolutely. The ownership has to be
20 disclosed 100 percent because there are specific
21 requirements for personnel. You can own a substance
22 abuse treatment program, but in addition you have to
23 have a medical director; you have to have personnel
24 requirements, a licensed social worker, certified

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1 counselors. So the State has established guidelines
2 to determine who is the owner, who is the counselor,
3 who is the doctor, who is the medical director, and
4 who is support staff.

5 Q Now, you just made a differentiation between
6 medical staff and the ownership. Those are
7 two different roles; correct?

8 A Yes.

9 Q So you would -- I'm sorry. Go ahead.

10 A Yes. Absolutely, unless a doctor decides to
11 open a substance abuse treatment program, but the
12 majority of substance abuse treatment programs are
13 privately owned.

14 Q So the day-to-day provisions of medical care
15 is under the duties of whom?

16 A The medical director.

17 Q And under the rules for the State, how
18 often -- or is it a part-time or full-time job that
19 they require the licensure for that position?

20 A I'm sorry?

21 Q Is that person -- can they be half time, or
22 do they have to be full-time as far as the physician
23 as medical director?

24 A The medical director? It can part-time.

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1 Q Under the proposal that's being made here,
2 are you aware of that person's capacity of they're
3 being hired part-time or full-time?

4 A I was informed that they'll be hired
5 full-time.

6 Q You kind of touched on this a little bit,
7 but there is monitoring of the facility after the
8 licensure?

9 A Yes. Once you become licensed -- and just
10 to clarify, the license is the State license.
11 It's -- the facility is licensed by the State, but
12 the State owns the license.

13 So they monitor -- when you submit the
14 application, you have to meet all the requirements.
15 Once you're licensed, that license has to be renewed
16 every three years. At a minimum the State will
17 audit you every three years at a minimum.

18 Every time you want to renew your license,
19 you have to submit additional information to make
20 sure that you're still in compliance with, you know,
21 disability codes, you still have a medical director
22 with a valid license, and you still have -- you're
23 still pretty much following the 2060 guidelines.

24 Q How does the licensure process here in the

1 State of Illinois protect the people of the
2 community as a whole?

3 A Well, if you don't have -- the State -- I
4 mean, these laws are in place, this rule is in place
5 to protect the community and to protect the clients
6 that come into the substance abuse treatment
7 facility. Everything from quality assurance to
8 staff being licensed, all of those are in place to
9 protect the clients, to provide quality services but
10 also to protect the public.

11 As everyone knows, licensed staff and
12 counselors are mandated reporters. So in that sense
13 you have people paying attention to what's going on
14 in the substance abuse treatment program.
15 Therefore, it impacts the community.

16 Q Not only are there State compliances, but
17 there are also Federal compliances. Does this
18 agency also monitor Federal compliances?

19 A All Federal guidelines that have to be
20 followed, confidentiality, HIPAA, all those things,
21 the rule has outlined them for us.

22 Q Are there licensure requirements as to the
23 dispensing and securing of medications?

24 A Yes.

1 Q Could you outline those, please?

2 A Yes. Absolutely.

3 When you have an inpatient residential
4 program where people are going to be living there,
5 you have to screen for what medications are people
6 prescribed. There has to be a secure, locked room,
7 lockbox only. There are staff that are assigned to
8 monitor, either to dispense or to -- dispense or
9 just monitor where the medication is. There is a
10 chain of custody, you can say, and it has to be --
11 we have to observe if people take their medication.

12 So there are a lot of things in place. We
13 also have to keep logs. Clients have to initial in
14 the log every time they take their medication, and
15 staff has to initial next to them to verify that
16 they have seen the client take the medication.

17 Q So if a -- some medication was not properly
18 secured, according to State regulation that would
19 affect the licensure?

20 A Oh, absolutely, uh-huh.

21 Q Now, there's also an accreditation process
22 that's out there, the Joint Commission of Health,
23 CARF, which is the Commission of Accreditation of
24 Rehabilitative Facilities, and also COA, which is

1 the Council of Accreditation. Could you tell me in
2 general what those three organizations represent and
3 how that would be important in the matter
4 involved here?

5 A Yes. The three accreditations that you just
6 described basically are higher standards of client
7 care even beyond what the State requires. Those are
8 the three accreditations that the State recognizes.

9 They are pretty much -- because they are
10 above what the State requires, if you have those
11 accreditations, the State will give you dean status.
12 You're being monitored now by the State and also by,
13 let's say, for example, CARF, and they will come in
14 and do a thorough audit. They will give us the
15 report, and then we will present it to the State.

16 And the State continues to monitor certain
17 things like the medical director, for example,
18 personnel, making sure that staff is still licensed,
19 but pretty much what it means is that you have
20 surpassed the standards of care in the State of
21 Illinois and you're providing quality care.

22 Q It's my understanding that the ownership and
23 the management of this company is trying to -- will
24 be trying to achieve the accreditation for all

1 three of those organizations I mentioned before. Is
2 that some significance to you?

3 A Oh, absolutely. Absolutely. Because, again,
4 not only will they be complying with the State
5 requirements; they're going beyond the standards of
6 care, which is the best practice.

7 Q Getting back into the issue between ownership
8 and that of the personnel who are operating the
9 facility, is there any requirement for any type of
10 experience in this type of area on behalf of
11 ownership --

12 A No.

13 Q -- as far as the licensure procedure?

14 A Not in terms of ownership. It's, for
15 example, I report to my director, who is the agency
16 director. She has no experience in substance abuse;
17 that's why she hired me. I'm the director of
18 clinical programs, so I supervise licensed social
19 workers and certified counselors, and that is what
20 the State requires.

21 The State requires that anyone who is
22 providing the clinical services, the counseling, the
23 individual therapy, the group sessions, that they
24 meet -- they have to be licensed or certified by the

1 State to provide these services.

2 Q Would it be fair to say that ownership is
3 more on the business side, the finances, and the
4 operations of the physical plant and those types of
5 things?

6 A Sure. Absolutely.

7 Q And unless the ownership has some type of
8 license or is a licensed medical doctor, they would
9 not be involved in the day-to-day operations
10 directly with recipients?

11 A That's correct.

12 MR. BROWN: One second.

13 I have no further questions.

14 CHAIRMAN WHITE: County have any questions
15 at this time?

16 MR. KINNALLY: I do. Thank you.

17 CROSS-EXAMINATION BY COUNSEL FOR THE COUNTY

18 BY MR. KINNALLY:

19 Q Ma'am, why are you here?

20 A I worked for the State of Illinois for
21 four years. I've been in the field of substance
22 abuse for quite a while. I was asked to speak about
23 my experience regarding how substance abuse
24 treatment providers are monitored and the rules that

1 we have to follow.

2 Q And when were you contacted?

3 A I was contacted last week.

4 Q Did the owner of Maxxam contact you?

5 A No.

6 Q Do you know who he is?

7 A I was introduced to him today.

8 Q And my understanding is that you're kind of
9 the person that runs the programs where you work.
10 Is that right?

11 A That's correct. I no longer -- I've been
12 very fortunate to -- I'm a director now, so I don't
13 provide direct services. I don't counsel our
14 clients; I supervise the supervisors of the
15 counselors.

16 Q Can you tell the Board here at this facility
17 where there's 200 men, how many people do you
18 supervise?

19 A I supervise four managers.

20 Q Are they social workers?

21 A Yes. They are social workers. Those social
22 workers supervise an estimated -- we have right now
23 about 50 staff.

24 Q And did you look at the application that was

1 submitted by Maxxam Partners here?

2 A Submitted to you?

3 Q Submitted to the Board, not to me.

4 A No, I did not.

5 Q Because I was looking through it, and I've
6 looked through it a few times. I don't see anything
7 in here where they talk about any programs they're
8 going to run. There's nothing in there. Is that
9 unusual?

10 A No. It's not unusual if you're familiar
11 with substance abuse treatment.

12 Q No, none of us are. That's why we're here.

13 A Actually, the State of Illinois division of
14 alcoholism and substance abuse, if you go on their
15 website, you can't just open a program and say, "I'm
16 going to tailor it to my needs or what the clients
17 want." There are specific guidelines, and there are
18 really only two types of programs that the State
19 will license you for that will require a permit like
20 this, and that is a treatment license or an
21 intervention license.

22 So you can be very creative as a therapist,
23 as a provider, but the bottom line is that you have
24 to meet the requirements either for a treatment

1 license or for an intervention license.

2 Now, can I just elaborate what that means?

3 What that means, for example, when you are -- for

4 example, in my program I have an intensive

5 rehabilitation program which is a Level 3.5. It's

6 the second one to the highest. And what that means

7 is I have to provide 25 hours of treatment to the

8 clients that are in my program. I have 24-hour

9 monitoring of the clients. Even when they're asleep

10 they are being monitored. They are not allowed to

11 go anywhere in the facility by themselves. And it's

12 not because they are dangerous; it's because they

13 require a lot of support, many of them.

14 So the program is -- they have to meet

15 specific guidelines. Then after that they could be

16 as creative as they want.

17 Q I understand that, ma'am. I'm sure the

18 Board appreciates all that information, but we don't

19 even have a business plan in here to tell us how

20 many people are going to work there, or who is going

21 to work there, how they're going to store these

22 drugs that Mr. Brown asked you about, things of that

23 nature.

24 MR. BROWN: I guess I appreciate his

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1 question, but I think the point is that's the duties
2 of the State of Illinois, not a zoning board, and I
3 think that's what we're trying to emphasize.

4 MR. KINNALLY: I appreciate that. I'm just
5 trying to get information here. I'm trying to figure
6 out who is on first, and that's all I'm trying to do.

7 BY MR. KINNALLY:

8 Q One final area, ma'am.

9 Can you tell this Board, these accreditation
10 agencies, these three agencies, can you tell the
11 Board how long it takes to get accreditation? Is it
12 a week, a month, or a year? Can you help us out
13 with that?

14 A The last one I was a part of it took us
15 about six months to begin the process, and we were
16 accredited after one year. You do have to have a
17 license for two years.

18 Q So you have to have the State license first?

19 A Yes, you to.

20 MR. KINNALLY: Thank you, ma'am. Thank you
21 for your information.

22 Thank you, Mr. Chairman.

23 CHAIRMAN WHITE: Board members have questions?

24 MEMBER STOVER: I have a question -- a

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1 couple of them.

2 Can you briefly tell us what the three extra
3 accreditations you were talking about -- because you
4 are using -- you said CARF would. What are they?

5 A I'm really bad at -- CARF, JACHO, and the
6 last one is -- if you could help me out. But those
7 are the three, CARF, JACHO, and CARF is primarily
8 the one that substance abuse providers pursue.

9 MEMBER STOVER: Within those three separate
10 accreditations, do they have guidelines as the State
11 does as to, let's say staff ratio to patients, or is
12 the level of care something different they do, more
13 hours they watch them? What is it?

14 THE WITNESS: The reason you have to be
15 licensed first is because that is already established
16 by the State.

17 MEMBER STOVER: Within the license?

18 THE WITNESS: Within the license. So, for
19 example, for a group setting you cannot have more
20 than 16 clients in the group setting. So the
21 majority of counselors will not have more than
22 16 patients assigned to them.

23 For a detox program you have to have two staff
24 monitoring at all times. So they establish that in

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1 the guidelines already.

2 MEMBER STOVER: That's within the State
3 guideline?

4 THE WITNESS: Yes.

5 MEMBER STOVER: These other accreditations
6 will be a level above that, but you can't speak to
7 that tonight? What makes them better? What do they
8 do differently?

9 THE WITNESS: What makes them better is they
10 pay attention to the quality -- they pay more
11 attention to the quality of care, individualized
12 care. Are you identifying the needs of the patient;
13 are you identifying their strengths, their
14 weaknesses? Are you -- you know, within your
15 program is your -- they look very closely at quality
16 assurance, reviewing of the files to ensure that the
17 clients have been seen on time, treatment plans are
18 complete and accurate and individualized.

19 So, basically, they're looking to make sure --
20 they're coming behind and saying, "Did you do
21 everything that the State requires, but did you go
22 the further step and actually individualize care."

23 MEMBER STOVER: Thank you.

24 THE WITNESS: Uh-huh.

1 CHAIRMAN WHITE: Mr. Carrara, do you have
2 any questions?

3 MR. CARRARA: I do. Thank you, Mr. Chairman.

4 CHAIRMAN WHITE: And I would ask that you
5 keep it brief.

6 CROSS-EXAMINATION BY COUNSEL FOR THE APPELLANT
7 BY MR. CARRARA:

8 Q How many doctors will be on staff Monday
9 through Friday?

10 A I'm only familiar that there will be
11 full-time staff. So I'm assuming that the doctor
12 will be 40 hours a week. I'm not familiar with
13 their schedule.

14 Q I'm sorry. You said the medical director
15 will be there for 40 hours a week or eight hours
16 a day?

17 A Again, I don't know the schedule of the
18 doctor, but I'm assuming it will be 40 hours a week
19 if they're full-time.

20 Q So you're not here to testify, then, based
21 on staffing of this facility?

22 A I'm here to testify based on what the
23 minimum requirements of the State, what the State
24 requires, and that is at a minimum a part-time

1 medical director.

2 Q So there's just a minimum that a doctor be
3 present part-time. What is part-time under the
4 State guidelines?

5 A Part-time under State guidelines is an
6 average of 20 hours a week, 25 hours a week.

7 MR. BROWN: Actually, I misspoke. I said
8 the word part-time. It's half time, actually, which
9 is different, and that was my fault. The statute
10 refers to half.

11 BY MR. CARRARA:

12 Q So for half time I guess we determine that
13 it will be a doctor is only required by State
14 guidelines to be on-site 20 hours a week.

15 A Correct.

16 Q And you -- and you don't know what the
17 doctor staffing will be at the Maxxam facility?

18 A I don't.

19 Q Do you know how many nurses will be on-site
20 at the Maxxam facility?

21 A I don't.

22 Q Do you know how many therapists will be
23 on-site at the Maxxam facility?

24 A No, I don't.

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1 Q Do you know how many social workers will be
2 on-site at the Maxxam facility?

3 A No.

4 Q Do you know will these people work weekends?

5 A Again, I don't.

6 Q Are there any minimum guidelines for the
7 number or the hours for nurses to be on-site?

8 A If you have a detox program -- and, again,
9 it's the State guideline -- you have to have two
10 staff on duty 24 hours a day.

11 Q And those staff are required to be a doctor?

12 A I'm -- no, they're not required to be a
13 doctor.

14 Q Are they required to be a nurse?

15 A No, they're not required to be a nurse.

16 Q Are they required to have any medical
17 training?

18 A They're required -- and I'm -- can I look at
19 this? Because I haven't looked at this in a while.

20 Q Sure. If you could tell us what you're
21 referring to just so we can --

22 A Yes, I will.

23 CHAIRMAN WHITE: What is the document you're
24 referring is what he's asking.

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1 THE WITNESS: You can download this offline.
2 This is the State's guidelines which is the
3 Administrative Code 2060.

4 BY MR. CARRARA:

5 Q Which specific section are you referring to?

6 A I'm about to tell you.

7 MR. KOLB: For the record, I have copies of
8 the relevant administrative code section regarding
9 licensure and all of the other questions that are
10 likely to be asked.

11 MR. BROWN: We'd like to hand them out to
12 the Board.

13 CHAIRMAN WHITE: That would be find.

14 A (Continuing.) So it's 2060 405. And the
15 importance -- it's very important that I clarify
16 that it depends on what the treatment facility is
17 going to be outlining.

18 For example, during the night if you're
19 monitoring 24 hours a day, what you're going to be
20 doing is you're going to be doing bed checks. Is
21 the client in bed, is he -- is everything okay? And
22 during the day it depends on what they're going to
23 be providing.

24 So they reference in 2060 405 that you have

1 to have at least two staff, personnel will provide
2 24-hour observation, monitoring, and treatment, one
3 of whom shall meet the staff qualifications
4 specified in Section 309.

5 So if during the day the staff that is going
6 to be providing treatment services, they have to be
7 licensed or certified. If they're going to be
8 providing recovery coaching, then they don't have to
9 be certified, but more than likely they will be
10 State certified as a recovery support specialist.
11 If they're just going to be monitoring them
12 overnight, they will probably not have a licensed
13 staff to do that, but they will have a support
14 staff. That is just my experience not saying that
15 this is what the program is going to have.

16 Q And that's only if there's going to be a
17 detox patient that they're monitoring 24 hours a day?

18 A For the detox, yes, because that would be a
19 treatment license.

20 Q So for people who aren't under a detox care,
21 are there any requirements that there be staffing
22 for the individuals?

23 A Yeah, again, depending on the services that
24 you're going to be providing. If you're providing

1 treatment, you will have to -- you will have to have
2 enough staff to -- one staff an average of 16 clients.

3 Q Is that 24 hours a day, or is that during
4 work hours when they're there doing the counseling?

5 A Are you talking about detox or any other
6 level of care? Because there are four levels of care.

7 Q Understandable. And they're trying to get --
8 Level 4 is what Maxxam is doing; correct?

9 A Correct.

10 Q And part of their program is going to be
11 detox; part of it won't be? Correct?

12 A Correct.

13 Q And I think we've determined the minimum
14 staffing for a detoxing is you have to have one
15 person who has some kind of training under
16 Section 309 24 hours a day?

17 A Correct.

18 Q For all the other people at the facility who
19 aren't there for detox, we assume they're giving
20 some level of care 1 through 3, I would suspect.

21 A Yes.

22 Q What requirements are there for doctors for
23 those individuals? Are there any?

24 A Yes, there are. Everyone who comes into the

1 facility has to complete a biopsychosocial
2 assessment or an assessment. The doctor has to
3 review that the client has met the criteria to be
4 admitted to the level of care. The doctor has to
5 confirm the diagnosis even when there is a licensed
6 social worker signing that this client meets the
7 criteria and has been diagnosed with a substance
8 abuse problem. The doctor has 72 hours, I believe,
9 for -- yes, 72 hours for an inpatient program to
10 confirm it.

11 So the doctor has to -- is definitely
12 involved in that. The other part of that is once
13 the client is admitted into the program and the
14 treatment plan is developed, the doctor has to once
15 again review the treatment plan and sign off on the
16 treatment plan.

17 Q But there is a requirement that a doctor be
18 at the facility 24 hours a day?

19 A Not 24 hours a day.

20 Q I think we determined it was half time I
21 think is all that's required of the doctor.

22 A That's the minimum.

23 Q So for other -- these other patients, what
24 is the staffing level required for nurses?

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1 A Sure -- for nurses?

2 Q Yes.

3 A Oh, gosh. Again, depending on what they're
4 going to do. I don't believe you have to hire a
5 nurse for a detox center.

6 Q Okay. So all you have to do is hire a
7 specialist?

8 A If you're going to be providing treatment
9 during the day, you have to hire a licensed social
10 worker, or a licensed LCPC, or a certified staff.

11 Q And those are the people who are seeing them
12 as part of their treatment programs; correct?

13 A Correct. Correct.

14 Q So after, I guess let's call it 5:00 when
15 the normal workday kind of ends, how many staff will
16 be on-site to deal with the people who are not detox?

17 MR. BROWN: Actually, we'd like to keep the
18 questions as to what are the licensing requirements
19 for staff. She's giving her opinions as to what is
20 the licensing. The opinions are based on the State
21 of Illinois laws which ensure to have the community
22 safe by compliance with those. So we'd like to have
23 the questions limited to the licensing.

24 CHAIRMAN WHITE: Do you have someone to

1 bring forward that can address staffing at the
2 facility, proposed staffing?

3 MR. BROWN: Well, there's two parts to this.
4 We do have someone that can touch upon that, but
5 when you're in a zoning process -- I understand
6 there's a level for the public to know, but this is
7 for zoning, and you're actually getting into an area
8 that is really limited to the State of Illinois as
9 to licensing. And what we are saying is we are
10 going to be compliant with the licensing, and,
11 actually, even beyond that we are going to have the
12 highest accreditation that we possibly can.

13 So when we're going -- and I think -- and I
14 recognize the public and their concerns and
15 everything, but I think your role in zoning, when
16 you get too far into the staffing, you're taking on
17 responsibilities which actually are with another
18 agency.

19 But we'll have someone who can testify from
20 a standpoint of type of people and the background of
21 some of the people who will be involved here, which
22 will be some of the best in the country. I mean,
23 this facility, as has been stated right from the
24 beginning, is going to be one of the top facilities

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1 in the country, and we are looking to bring in the
2 best quality care that can be had.

3 But to say tonight in this process as to --
4 in fact, obviously, since we don't even have the
5 zoning, it's not a situation where you would have
6 these people hired and on staff at this point.

7 But her expertise, her background is as to
8 the licensure. So to ask questions of her beyond
9 that is something which -- I mean, I will state
10 right now she's not part of making a plan for my
11 client as far as what that staffing should be, but
12 she can talk about what are the standards for the
13 State of Illinois and for Federal standards.

14 CHAIRMAN WHITE: And, Laura, Mr. Brown has
15 stated they are going to seek the highest
16 accreditation possible. Can you answer the question
17 that Mr. Carrara has asked about the staffing
18 requirements for the highest level of accreditation?

19 THE WITNESS: They mirror the State of
20 Illinois. I can't -- I cannot remember exactly if
21 there is even a requirement for staff-to-client
22 ratio. So I cannot answer that question right now.

23 CHAIRMAN WHITE: Mr. Carrara.

24 MR. CARRARA: Thank you.

1 BY MR. CARRARA:

2 Q And I was quickly trying to look at
3 Section 405 that you mentioned earlier.

4 A Yes.

5 Q That for detoxification refers you back to
6 Section 309 for the staffing licensure requirement;
7 correct?

8 A Correct.

9 Q Is there any other staffing licensure
10 requirement for nondetox patients in this packet of
11 information that you have and the ZBA has?

12 A For nondetox?

13 Q Yes.

14 A Okay. The staffing requirements are for
15 detox and for all levels -- again, there are only
16 two licenses; there's a treatment license and
17 intervention license. These are the staffing
18 requirements for all of the licenses.

19 So if I have -- and I do have -- an
20 intensive outpatient program where the clients are
21 no longer living there, these are still the same
22 requirements that my staff have to meet. They have
23 to be licensed or certified.

24 Q And that's only if they're providing clinical

1 services; correct?

2 A Correct. That's only if they're providing
3 clinical services.

4 Q So if they're not providing clinical services,
5 that means they don't have to have any training or
6 requirements under this license?

7 A The State leaves that up to the provider.
8 Once you're licensed as a provider, you set the
9 standard for the support staff.

10 Q So it's fair to say, then, as an analogy, if
11 I'm not providing clinical services at the Maxxam
12 facility, I could be the one responsible for watching
13 the patients?

14 A You could but you would probably -- I mean,
15 if I hired only noncredentialed or nonlicensed staff,
16 I would probably not meet the State requirements.
17 Because for every level of care there's a minimum of
18 treatment hours that you have to comply with.

19 Like I said, in the inpatient program you
20 have to provide 25 hours of treatment, and if you
21 don't provide 25 hours of treatment, you're not in
22 compliance with the license. In order for you to do
23 that, you have to have a licensed staff or a
24 certified staff.

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1 Q And I think we're in agreement that's during
2 the day when they're getting their therapy -- and,
3 please, I'm not trying to use the wrong terms. But
4 I'm suggesting, again, after the 5:00 whistle blows,
5 there's no requirement in the State that the people
6 at the facility have to have any training under the
7 State licensing guidelines; correct?

8 A Correct. But then CARF would kick in, and
9 that wouldn't be the best practice. The best
10 practice would be -- because they look at everything
11 from supervision to training. If staff have to be --
12 even without the license and certification, they
13 have to know confidentiality guidelines; they have
14 to be familiar with substance abuse treatment. So
15 they have to be prepared to respond to the needs of
16 the clients when the clinical staff is not.

17 Q But, as you said, that's solely up to the
18 petitioner, Maxxam; it's not a State requirement?

19 A It's not a State requirement.

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

22 CHAIRMAN WHITE: Board members have any
23 other questions?

24 MEMBER HEINRICH: Yes. I have one.

1 The unit we're talking about is -- I think
2 it's 12 different units with 10 people in each unit.
3 In staffing, what would come to your mind in
4 something like -- 12 -- or 10 -- 12 different
5 individual buildings with 10 people in each?

6 THE WITNESS: You know, my facility, we have
7 men living there for -- we have men living there.
8 There are about 200 men in the facility. It really
9 depends on the program. And if you are trying to
10 pursue the CARF accreditation, if you are going to
11 have a State license, you're going to be very
12 mindful and prepared.

13 But I personally -- I don't see it as a
14 problem.

15 MEMBER HEINRICH: Thank you.

16 CHAIRMAN WHITE: And are there any units of
17 government that wish to cross-examine this individual?

18 Mr. Blecker. And I would ask you to keep
19 it brief.

20 MR. BLECKER: I promise. I actually only
21 have one question.

22 CROSS-EXAMINATION BY AUDIENCE MEMBER

23 BY MR. BLECKER:

24 Q In your testimony you indicated that your

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1 facility has 200 men at any given time?

2 A Right.

3 Q Of these 200 men, how many are currently in
4 intensive detox?

5 A None.

6 Q So the number of incidents where you needed
7 either medical attention or police intervention was
8 only 4 to 5 a year, but none of them were for any
9 medical purposes for intensive detox or anything
10 like that?

11 A That is correct.

12 Q Have you ever had any attempted suicides in
13 your facility?

14 A No, we haven't. We've been very fortunate.
15 We screen for suicide and homicide ideation. That
16 is, again, part of the biopsychosocial. We have
17 counselors who from the very beginning collect this
18 information. So if we do have a client that is at
19 risk, they will not be admitted to the program.

20 MR. BLECKER: One other quick question -- no,
21 that's it. Thank you very much.

22 CHAIRMAN WHITE: Thank you. Anyone else?

23 Mr. Miller.

24 MR. MILLER: Thank you. I'll make it brief.

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CROSS-EXAMINATION BY AUDIENCE MEMBER

BY MR. MILLER:

Q In terms of the licensure, in terms of transgressions, is it a process with the State such that if an entity makes a transgression, is it immediate pull the license, or is there a process, and could you possibly address process?

A Sure. Absolutely. There are established protocols for clients and even community members to file a grievance and report the provider to the division of alcoholism and substance abuse. I was involved in several investigations.

So there are those protocols in place, and that's why the license is so important. Because if you have a license, then you have the State to come out and investigate.

So, yes, there are those protocols in place. But what occurs typically is they will call, or they will write and ask for an investigation, and the monitor, whoever is responsible -- every substance abuse license is assigned to a monitor. That report will go to the monitor, and then the monitor will immediately come out.

It also depends on what the complaint is

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1 about. If you have a client calling and saying, you
2 know, "I didn't like the food they served," they're
3 not going to come out. But if you have someone
4 reporting that they don't have a medical director,
5 the State will come out immediately. So it really
6 depends on the complaint that the client or the
7 staff or the community are reporting.

8 Q Okay. Putting aside the complaints for food
9 and I think what we would all consider to be minor
10 transgressions, is there a period of time by which
11 that process typically unfolds?

12 A Again, it depends. It depends on what the
13 transgression is.

14 Q Okay. But it could take -- in the case that
15 you cited, a medical director, no medical director,
16 what would be -- in terms of the -- it would have to
17 be investigated; would there be recommendations?

18 A Because the license is owned by the State,
19 my auditor could show up tonight at 3:00 a.m. They
20 don't have to give us advance notice. They could
21 just show up at any time. So they don't need to
22 give us advance warning.

23 Q But in terms of then the impact of the
24 license is what I'm trying to drive at. So somebody

1 shows up at 3:00 in the morning. They say, "Oh, my
2 goodness." Then there's, of course, a process to go
3 through and appeals and such. So I'm trying to get
4 a sense of how long that process might actually take
5 before the State would then intervene in a
6 meaningful manner.

7 A Sure. Once the States intervenes, it would
8 take them two weeks to pull the license. I've seen
9 them pull a license in two weeks. So it's not a
10 very long period of time.

11 Q Okay. So you actually have seen licenses
12 pulled before?

13 A Absolutely. The treatment provider has to
14 comply with what is the governing law. This is the
15 law. This isn't a protocol. This is the law and if
16 they don't comply, the State has the right to pull
17 the license.

18 MR. MILLER: Okay. Thank you.

19 (Member Moga left the proceeding.)

20 CHAIRMAN WHITE: Anyone else wishing to
21 question this witness?

22 MS. ANDERSON: Do you have to be part of a
23 government body?

24 CHAIRMAN WHITE: I would ask that you would

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1 be, yes. Do you have one question?

2 MS. ANDERSON: I do.

3 CHAIRMAN WHITE: Please come forward.

4 Please raise your right hand to be sworn.

5 (Witness sworn.)

6 MS. ANDERSON: Yes, my question will be

7 nothing but the truth.

8 CHAIRMAN WHITE: Please state your name for

9 the record and your address.

10 MS. ANDERSON: Laura Anderson, 3N890 Emily

11 Dickinson Lane, Campton Hills.

12 CROSS-EXAMINATION BY AUDIENCE MEMBER

13 BY MS. ANDERSON:

14 Q Hi, Laura.

15 A Hi.

16 Q Do you want me to call you Laura or Ms. Garcia?

17 A Laura is fine.

18 Q Okay. Laura to Laura.

19 I know that the State has a lot of licensing
20 requirements for the two levels, whether you're giving

21 treatment or not, and this facility is considered

22 treatment. What are the medical -- what's the

23 medical equipment required for a treatment facility?

24 Do you know or do you have any knowledge or any

1 experience in a detox facility?

2 A The medical equipment in terms of what the
3 State requires?

4 Q What kind of life support do they need to
5 supply in a treatment facility?

6 A There really is no guideline in terms of
7 what life safety equipment there would have to be in
8 the facility. There has to be protocols established
9 that are monitored by the quality control department
10 because the State mandates all licensed providers to
11 have a quality assurance component, and the quality
12 assurance component would be the one that determines
13 what needs to be in place.

14 Because every provider is different. Some
15 facilities are extremely large like my facility.
16 Some facilities are very small. Some treatment
17 providers are very small. So the State doesn't have
18 those requirements in place because they can't
19 burden the smaller providers.

20 Q Okay. So they don't require a proximity to --
21 if they're a small facility, they don't have a
22 requirement for proximity to a higher level of
23 medical care for life support?

24 A No, they don't require proximity. What they

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1 require are written language agreements where they're
2 meeting with or have linkage with local hospitals,
3 with local public health facilities. Clients in
4 this level of care will need -- they have to have
5 those linkage agreements in writing, and they have
6 to be updated on an annual basis.

7 MS. ANDERSON: Okay. Thank you very much.

8 CHAIRMAN WHITE: I'm going to discontinue
9 any other questions from the public at this time.
10 As you notice, we lost one of our ZBA members, so
11 I'm going to have to ask that we recess at this time.

12 Are there any other questions from Board
13 members of this witness or of the County?

14 MR. KINNALLY: No, Mr. Chairman.

15 CHAIRMAN WHITE: You're excused, Laura.

16 THE WITNESS: Thank you.

17 (Witness excused.)

18 CHAIRMAN WHITE: And then we need a motion
19 to table until next Thursday evening at 7:00.

20 MEMBER BOWEN: So moved, Mr. Chairman.

21 MEMBER REGAN: Second.

22 CHAIRMAN WHITE: Moved by Mr. Bowen,
23 seconded by Mr. Regan. All in favor say aye.

24 (Ayes heard.)

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1 CHAIRMAN WHITE: Opposed, same sign.

2 (No response.)

3 CHAIRMAN WHITE: Motion carries.

4 AUDIENCE MEMBER: I can't be here and I want
5 to talk. I think I have every right as a person in
6 the community where you're going to possibly allow
7 this company to come in and havoc. I have a problem
8 with what you're doing.

9 CHAIRMAN WHITE: We've lost one of our
10 members. He's not here.

11 AUDIENCE MEMBER: Can't he read the
12 transcript? Don't we have a right?

13 CHAIRMAN WHITE: Well, I've already recessed
14 so I'm sorry.

15 AUDIENCE MEMBER: Well, you should have
16 asked the question first. Don't put your hand up to
17 me; you're not a cop. You should have asked the
18 question first if anybody couldn't be here for the
19 next meeting so you could have people ask questions.

20 CHAIRMAN WHITE: Can you have one of your
21 neighbors ask your questions?

22 AUDIENCE MEMBER: What's the matter with me?

23 CHAIRMAN WHITE: Nothing but do you have
24 someone that could be here to ask your question?

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AUDIENCE MEMBER: That's not the point.

CHAIRMAN WHITE: We're willing to listen to the questions, and anyone can bring it forward. So if you have a question that you want answered, ask one of your neighbors.

AUDIENCE MEMBER: It may not be brought up in the manner I'd like to present it.

CHAIRMAN WHITE: That could be very true.

AUDIENCE MEMBER: I'm sure it is very true.

(Off the record at 10:25 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 27th day of January, 2016.

My commission expires: October 16, 2017



Notary Public in and for the
State of Illinois

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