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# Transcript of Public Hearing Petition 4364 - Volume 13

**Date:** January 26, 2017

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

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BEFORE THE KANE COUNTY ZONING 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 No. 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) :

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PUBLIC HEARING - VOLUME XIII  
St. Charles, Illinois  
Thursday, January 26, 2017  
7:04 p.m.

Job No.: 131278  
Pages: 1808 - 1942  
Reported by: Paula M. Quetsch, CSR, RPR

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PUBLIC HEARING, 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, Registered Professional Reporter, and a  
Notary Public in and for the State of Illinois.

1 PRESENT:

2 ANN MICHALSEN, Vice Chairwoman

3 TRACY ARIS, Member

4 MARC FALK, Member

5 MARY LAKE, Member

6 WENDY MELGIN, Member

7 MARGUERITE MILLEN, Member

8

9 ON BEHALF OF THE APPLICANT MAXXAM PARTNERS, LLC:

10 ANDREW E. KOLB, ESQUIRE

11 VANEK, LARSON & KOLB, LLC

12 200 West Main Street

13 St. Charles, Illinois 60174

14 (630) 513-9800

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16 ON BEHALF OF THE KANE COUNTY BOARD:

17 PATRICK KINNALLY, ESQUIRE

18 KINNALLY FLAHERTY KRENTZ LORAN

19 HODGE & MASUR, PC

20 2114 Deerpath Road

21 Aurora, Illinois 60506

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1 ON BEHALF OF OBJECTOR JOLINE ANDRZEJEWSKI:

2 KEVIN M. CARRARA, ESQUIRE

3 RATHJE WOODWARD, LLC

4 300 East Roosevelt Road

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6 Wheaton, Illinois 60187

7 (630) 668-8500

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9 ON BEHALF OF FOX RIVER AND COUNTRYSIDE

10 FIRE RESCUE DISTRICT:

11 KENNETH SHEPRO, ESQUIRE

12 KENNETH SHEPRO, COUNSELOR AT LAW

13 33W542 Army Trail Road

14 Wayne, Illinois 60184

15 (630) 377-7372

16

17

18 ALSO PRESENT:

19 MARK VANKERKHOFF, Zoning Enforcing Officer

20 KEITH BERKHOUT, Secretary

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C O N T E N T S

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Closing Argument By Mr. Shepro	1871
Closing Statement By Mr. Kolb	1916
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E X H I B I T S

(Retained by the Board.)

EXHIBITS	ID	EVD
Exhibit K Maxxam Partners, LLC, Responses to Follow-Up Questions from Kane County Staff Meeting of March 2, 2015.	1815	1816
Exhibit L Tyrrell Handout	1860	1860
FIRE DISTRICT EXHIBITS	ID	EVD
Exhibit 6 Chief Nixon Letter	1869	1871

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P R O C E E D I N G S

VICE CHAIRWOMAN MICHALSEN: Good evening everyone. We're going to get started.

Mr. Secretary, if we could have a roll call.

MR. BERKHOUT: Aris.

MEMBER ARIS: Here.

MR. BERKHOUT: Falk.

MEMBER FALK: Present.

MR. BERKHOUT: Lake.

MEMBER LAKE: Here.

MR. BERKHOUT: Melgin.

MEMBER MELGIN: Here.

MR. BERKHOUT: Michalsen.

VICE CHAIRWOMAN MICHALSEN: Here.

MR. BERKHOUT: Millen.

MEMBER MILLEN: Here.

MR. BERKHOUT: Barbosa.

(No response.)

VICE CHAIRWOMAN MICHALSEN: Thank you.

Seeing as how we have a quorum, we will be able to proceed this evening if everyone would please stand for the Pledge of Allegiance.

(The Pledge of Allegiance was recited.)

VICE CHAIRWOMAN MICHALSEN: Good evening to

1 the petitioner, representatives of units of local  
2 government, adjacent property owners, and other  
3 interested parties.

4 The public hearing this evening is for  
5 Maxxam Partners, LLC, Petition No. 4364 for a  
6 Special Use in the F Farming District for a Private-  
7 Pay Alcoholism of Substance Abuse Treatment Facility.  
8 It is a continuation of the public hearing opened on  
9 Tuesday, January 10th, 2017. We thank everyone who  
10 attended the previous hearings.

11 Tonight's public hearing, as well as any  
12 subsequent public hearings, if needed, are to hear  
13 new evidence pertaining to the petition, allow  
14 questions of the petitioner regarding new evidence,  
15 and receive public comment regarding the new  
16 evidence.

17 There is no need to repeat submittal of  
18 evidence, testimony, or comments already presented  
19 in previous hearings except to the extent that it is  
20 directly relevant to new evidence presented in these  
21 additional hearings.

22 First item, we have a small housekeeping  
23 matter. I'm going to turn it over to Mr. VanKerkhoff  
24 for an exhibit.



1 MR. VANKERKHOFF: Yes. Good evening,  
2 members of the Zoning Board. In the previous hearings  
3 and the testimony from Mr. Marco he referred to a  
4 submittal to staff in response to some questions  
5 that were from some initial meetings prior to submittal  
6 of their petition and then is referred to again at  
7 the last hearing when the Board asked some clarifying  
8 questions about it. So staff would like to recommend  
9 that the actual document being referred to be entered  
10 into the record just to clarify in terms of what the  
11 contents were and were not included in the document.

12 So I'll tender this up in just a minute, but  
13 it's labeled "Maxxam Partners, LLC, Responses to  
14 Follow-Up Questions from Kane County Staff Meeting  
15 of March 2, 2015." This was sent to me via e-mail  
16 around March 12th in follow-up. So with that I'll  
17 bring this up to the Board.

18 VICE CHAIRWOMAN MICHALSEN: Thank you.

19 MR. KINNALLY: That will Exhibit K.

20 (Exhibit K marked for identification.)

21 VICE CHAIRWOMAN MICHALSEN: Do we have a  
22 motion to accept the responses to follow-up questions  
23 from the staff meeting of March 2nd, 2015, into  
24 evidence as Exhibit K?

1 MEMBER FALK: I'll move it.

2 MEMBER ARIS: I'll second.

3 VICE CHAIRWOMAN MICHALSEN: All those in  
4 favor say aye.

5 (Ayes heard.)

6 VICE CHAIRWOMAN MICHALSEN: All those  
7 opposed, same sign.

8 (No response.)

9 VICE CHAIRWOMAN MICHALSEN: Motion carries.  
10 It will be in the record.

11 (Exhibit K admitted into evidence and  
12 retained by the Board.)

13 VICE CHAIRWOMAN MICHALSEN: At this time we  
14 will continue on with public comment on the new  
15 evidence and the conditions that have so far been  
16 discussed at these hearings.

17 May I have a show of hands for how many people  
18 would like to make comments at tonight's meeting?

19 (Show of hands.)

20 VICE CHAIRWOMAN MICHALSEN: Excellent. I'll  
21 go ahead and swear all of you in at the same time.

22 (Whereupon, the witnesses were thereupon  
23 duly sworn.)

24 VICE CHAIRWOMAN MICHALSEN: Thank you.

1           Would someone like to step forward and start  
2 the evening off?

3           MS. ZWIER: Good evening. My name is  
4 Maureen Zwier. Can you hear me okay?

5           MEMBER FALK: No. Sorry. We want to hear you.

6           MS. ZWIER: My name is Maureen Zwier. My  
7 address is 41W660 Fox Bend Drive, Campton Hills. I  
8 live approximately one-third mile as the crow flies  
9 or the unsecured resident walks off or onto the  
10 property.

11           I along with many people here have had  
12 personal experiences with a family member going  
13 through drug and/or alcohol rehab. I am aware of  
14 the need for and happy outcomes of rehab facilities.

15           First, I would like to raise a concern about  
16 the emergency response time for outlying remote areas  
17 of the Fox River and Countryside Fire Protection  
18 District. It is my recollection that the questions  
19 posed to the fire chief on Tuesday referred to the  
20 response time to the proposed facility from Stations  
21 No. 1 and 2 and the stations involved in mutual aid  
22 agreement.

23           I would like to know or at least have the  
24 Board think about the potential increased response

1 time to an unknown emergency in a remote area of  
2 Fox River and Countryside's district. It seems to  
3 me that we are dealing with a life-threatening --  
4 when we are dealing with a life-threatening  
5 situation, then the worst case scenario should be  
6 taken into consideration. If I remember correctly,  
7 the potential increase in response times to  
8 residents of the community, especially the outlying  
9 areas, was never mentioned.

10 Second, I would like to point out that only  
11 two of the nine conditions Maxxam has listed are  
12 enforceable only because they need to be completed  
13 prior to occupancy. No. 1 is on record as being  
14 enforceable. However, if Maxxam reneges on their  
15 condition and does not donate the Narcan, what's the  
16 judge going to do, evict 96 to 120 rehab patients?  
17 I truly doubt it. So only 22 percent of the  
18 conditions are truly enforceable.

19 Now, I'd like to bring your attention to  
20 some of the blatant inconsistencies between what  
21 Maxxam Partners, LLC, is asking for and what they  
22 are promising in their condition list, specifically  
23 Item No. 2.

24 First, as you are aware, Maxxam Partners, LLC,

1 is asking for a 96- to 120-bed facility on this  
2 agriculture-zoned property. Second, Item No. 2  
3 clearly states there will be no new construction or  
4 expansion of the campus without repeating more long  
5 and drawn-out proceedings. Maxxam's request for  
6 96- to 120-bed special use permit and the promise of  
7 no planned construction or expansion seems to be  
8 clearly at odds with one another. I'm asking, which  
9 is it, 96 to 120 beds or no new construction?

10 There are eight residential dwellings at the  
11 Glenwood School. To fit 96 to 120 patients into the  
12 dwellings, Maxxam Partners, LLC, would have to  
13 squeeze 12 to 15 adults into tiny units designed for  
14 six children and two adults. If we look at the  
15 floor plan provided, it shows three rooms housing  
16 two children, not adults, and a two-person house  
17 parent area. This would seemingly permit a maximum  
18 occupancy of eight individuals. Eight individuals  
19 in each of the cabins comes to a maximum 64 patients,  
20 not 96 to 120.

21 Stretching things a bit perhaps Maxxam could  
22 convert the area designated as recreation room,  
23 kitchen, utility room, and mechanical room into  
24 another two-person area. Then each dwelling would

1 house 10 individuals at a very tight squeeze. This  
2 would allow for a maximum of 80 patients and campus,  
3 well short of the proposed 96 to 120 patients. Yet  
4 they explicitly state that they are not proposing  
5 expansion or new construction.

6 For Maxxam to fit 96 patients, they would  
7 have to lodge 12 adults per dwelling. For them to  
8 fit 120 patients, they would have to lodge 15 adults  
9 per dwelling. Again, dwellings designed for children,  
10 not adults.

11 My last contradiction refers to their business  
12 objective. Throughout their written applications  
13 and over the course of this long public hearing  
14 process the petitioner has described creating a  
15 luxury high-end rehab facility. I feel very certain  
16 that requiring 15 adults to live in a dwelling that  
17 is designed for six children and two adults and  
18 expecting them to use Jack-and-Jill bathrooms is not  
19 considered high-end or luxurious by any stretch of  
20 the imagination.

21 None of this should give you any confidence  
22 that is Maxxam has an actual business plan for this  
23 rehab facility. Maxxam Partners, LLC, has failed to  
24 do its due diligence process right in front of you

1 in these hearings.

2 I have clearly pointed out that Maxxam  
3 Partners, LLC, cannot do what they propose according  
4 to the conditions they propose to follow. Based on  
5 Mr. Marco's repeated "No comment" when asked about  
6 these concerns, it could appear that Mr. Marco and  
7 Maxxam Partners has a hidden agenda or simply do not  
8 have any experience with rehab facilities.

9 As an aside, Mr. Marco under oath stated he  
10 was a fourth-generation real estate developer  
11 specializing in luxurious leisure properties. Now,  
12 I ask all of you, what do you honestly think serves  
13 the residents of the proposed facility and the  
14 people of Kane County better, granting a zoning  
15 exception for this property, enabling Maxxam Partners  
16 to do what they please, or stopping this now once  
17 and for all?

18 Thank you.

19 VICE CHAIRWOMAN MICHALSEN: Thank you.

20 Who would like to speak next? Please step  
21 forward.

22 MS. HARTMANN: I'm Patricia Hartmann. I'm a  
23 farmer in the area. I've lived there for 72 years;  
24 my husband, as well, 72 years, both on the same farm

1 for 54 years, him a little longer. He did marry the  
2 girl next door.

3 I'm speaking I guess from the point of rural  
4 wisdom, common sense, and knowing the area because  
5 I've been there my entire life. Within a half mile  
6 radius as shown, it includes one-third of our farm,  
7 and the line for a half mile runs right in front of  
8 our barn and house. So we're in the area.

9 I'm concerning myself with some of the zoning  
10 things. It also overlaps into the criteria that  
11 you've talked about, some of the things that won't  
12 work out. We didn't have as much chance to speak at  
13 previous hearings, but I'd like to speak to some issues  
14 right now representing the people from our area.

15 A, the first criteria was that the  
16 establishment, maintenance, or operation of the  
17 special use would not unnecessarily be detrimental  
18 or endanger public health, safety, morals, comfort,  
19 or general welfare.

20 Public health, I'm very concerned about the  
21 water situation. It is septic and well. This is a  
22 big institution; they're going to be doing detox and  
23 dealing with drugs. This particular location is in  
24 a wet area, and if you look at the geographical maps,



1 you will see that there are a lot of springs, wet  
2 areas. In fact, Stony Creek starts in our farm. It  
3 goes into Otter Creek, Ferson Creek, to the  
4 Fox River. So you have a lot of springs and  
5 wetlands in the area.

6 As far as safety is concerned, it's an open  
7 campus, no fence. When you talk about feeling safe  
8 and secure for them as well as us, it doesn't meet  
9 the criteria.

10 About comfort, comfort for them, comfort for  
11 us, there is a perceived fear or real fear,  
12 depending on who you talk to, because of the nature  
13 of the facility. But, also, we're concerned about  
14 them. We hold no prejudices against them, but we  
15 know they need to be closer to a hospital, a medical  
16 center, to the services that a village might provide  
17 and have the correct type of water treatment. And  
18 you won't find that out in an F1 zoning area.

19 Going on to Letter B, that the special use  
20 would not be injurious to the use and enjoyment of  
21 other property in the immediate area for purposes  
22 already permitted and not substantially diminish or  
23 impair property values, again, common sense.

24 The property to the north is a family with

1 six young children. Another family also borders the  
2 property. There is a forest preserve that they talk  
3 about that surrounds it. In my opinion a forest  
4 preserve is meant to be studied, to be preserved to  
5 be enjoyed by all, not considered a buffer for a  
6 private business for profit.

7 Also, property values. Again, common sense.  
8 Knowing the location, I know what's going to affect  
9 the property values of the rural residents as well  
10 as the farms in the area, which includes ours. And  
11 there was a study that was done that said our property  
12 value would change between 8 and 20 percent going  
13 down. They came up with some study, but they weren't  
14 like this area. South Plato Township and Campton  
15 Hills is different. It's a semirural farming area  
16 not appropriate for this type of business.

17 Also, in Letter B it mentioned is this the  
18 highest and best use for this property. Again,  
19 common sense says to me it should be what it is.  
20 It's a boarding school but it could be a college  
21 field campus; it could be a retirement facility; it  
22 could be a study center. My husband and I even came  
23 up with the idea it would be good for the forest  
24 preserve to have and then incorporate it into the

1 existing forest preserve and use it as a study center  
2 and then for outdoor education outreach programs for  
3 the local schools and colleges. Just some other  
4 possibilities that could work for this property.

5 It also says in Letter B, "The site does not  
6 appear visible from nearby residential properties."  
7 I look out my front window and I see it every day.  
8 Every trip I make down Burlington Road, especially  
9 Dittman Road and McDonald Road, I see it every day.

10 Going on, I mentioned as previously, that  
11 fits with the same one, forest preserve, not  
12 buffers. Neither should my farm land be a buffer  
13 for this property.

14 On Letter D it says that, "The establishment  
15 of a special use will not impede the normal and  
16 orderly development and improvement of surrounding  
17 property for uses permitted in the district."

18 We're finding that newcomers don't want to  
19 live here. Some of the old-timers don't know if  
20 they want to stay here. We, however, will be staying.  
21 We've been here our entire lifetime. My ancestry  
22 goes back to the Germans that came on the boat that  
23 settled on McDonald Road, the Swedes that settled on  
24 Kettle Road. We are a part of the land in this

1 area, and we are concerned about Campton Hills and  
2 south Plato Township, and we encourage you to say  
3 no. This is F1 farming, let it be.

4 Thank you.

5 VICE CHAIRWOMAN MICHALSEN: Thank you for  
6 your comments.

7 Do we have another member of the public who  
8 would like to speak?

9 Yes, step forward. And if you could state  
10 your name.

11 MS. FREDA: My name is Ellen Freda, F-r-e-d-a,  
12 and I live in Hedgerow Farms. It's just below where  
13 that map ends but I'm very close.

14 Anyway, I want to thank you for reading  
15 apparently the 1500-or-something pages of what must  
16 have been very dry -- it was dry to sit here  
17 listening to it for -- well, 15 times, I don't even  
18 know. But I thought I'd put a face on a voice to  
19 some of the things that you read because I did  
20 testify quite a few times.

21 I'm the woman who talked about the  
22 neighborhood. I talked about how we have -- I'm a  
23 den leader. I was a den leader for 10 years, and I  
24 had den meetings out in my back yard. We had bonfires,

1 we had -- our neighborhood has hay rides, and bonfires,  
2 and visits from the Easter bunny, and visits from  
3 Santa Claus, and community picnics where we talk about  
4 what we're going to do with the funds that we raise,  
5 how we're going to handle the cutting of the common  
6 areas and such.

7 We, all of us here, are volunteers. We're  
8 the people that volunteer in the schools; we're the  
9 people that teach CCD and Sunday school, myself for  
10 10 years. I was the head -- I was the fundraising  
11 chair for two boy scout troops and I had -- you  
12 might have read I had \$26,000 worth of evergreens  
13 spread on my front lawn for several weekends a year,  
14 and I never worried about them. We're a community  
15 that doesn't even have streetlights. We roll up our  
16 sidewalks when the sun goes down -- if we had  
17 sidewalks. We have ditches.

18 But that's who we are. Most of us have either  
19 been here generationally like the woman who just  
20 spoke or took time in their young lives to look for  
21 an area that they found that they thought it was the  
22 best place to raise kids, good schools, open spaces.  
23 Most homes are on maybe an acre or more. And we  
24 looked and looked and looked, and we sunk every dime

1 we had into the place that we live in now.

2 And I've raised two boys there, and I spoke  
3 at the Kane County Board meeting and explained to  
4 the Board how my husband and I had just mailed our  
5 last mortgage payment, and now our home was ours  
6 entirely, and this is our retirement fund. This is  
7 our biggest retirement fund that we have.

8 You have to forgive me, I'm really nervous.  
9 I'm sorry.

10 VICE CHAIRWOMAN MICHALSEN: You're doing fine.

11 MS. FREDA: So that's who we are. That's who  
12 we all are. If we could -- many of us are people of  
13 not a whole lot of resources, but I keep hearing over  
14 and over again that -- the objectors and their lawyers  
15 sit over here. Well, I think if you took a hand --  
16 show of hands, especially two Tuesdays ago, from all  
17 of the people that were here and the overflow out  
18 there that they would all raise their hands and say  
19 they're objectors. And if they could financially  
20 afford it, you would have 150 to 200 lawyers sitting  
21 over here, and we'd probably have to rent out the  
22 Arcada to have these proceedings.

23 But we are all -- most of the people here I  
24 would imagine are objectors. We don't have lawyers,

1 so what we do is we sit here and we listen to the  
2 testimony, and then we talk to you, and we do the  
3 best that we can.

4 And sometimes we sit here, and we hear some  
5 things that are quite negative aimed towards us. We  
6 were scolded by one of the ZBA Board members at the  
7 final meeting before they took their vote. She  
8 looked out at us and said, "I don't know what you  
9 people are so worried about," as if we had no reason  
10 to believe that our home values would diminish, that  
11 our comfort and general welfare would diminish.  
12 Because we sat and we heard people testify that when  
13 you bring something like this into a neighborhood,  
14 crime rates do go up, and housing values do drop  
15 based on your proximity anywhere from 8 to 15 percent  
16 was some of the figures.

17 We sat through the Kane County Board meeting  
18 where a well-orchestrated group, a well-coordinated  
19 group of people were brought in by luxury limousine  
20 bus with coordinated T-shirts that said, "Can I be  
21 your neighbor," and we listened to their uplifting  
22 stories about how they had beaten alcoholism or  
23 drugs. And I wanted to go up to them afterwards and  
24 say, you know, "Congratulations," and "Yes, I would

1 love to be your neighbor."

2 They had the T-shirts "Can I be your  
3 neighbor" as if for some reason we wouldn't allow  
4 it. I wanted to go up and say, "The house next door  
5 for me is for sale, and the one two doors down is  
6 for sale. I would love to be your neighbor because  
7 you truly are someone who is inspiring."

8 We also sat and listened to people who were  
9 sworn in as witnesses and gave their opinions. And  
10 then one of the lawyers from the plaintiff -- I'm  
11 not sure what we call him.

12 VICE CHAIRWOMAN MICHALSEN: Petitioner.

13 MS. FREDA: Petitioner -- sorry --

14 VICE CHAIRWOMAN MICHALSEN: That's okay.

15 MS. FREDA: -- said to one of the witnesses  
16 for one of our lawyers -- he quizzed him about his  
17 expertise, and the man said that he taught real  
18 estate valuation at various schools, I think it was  
19 colleges. And he said, "Well, you know what they  
20 say, those who can, do, and those who can't teach."

21 I don't know how many are here tonight, but  
22 I can imagine there are teachers here. They're my  
23 neighbors. I teach CCD, I spent a lot of time in  
24 the schools volunteering to run flash cards with



1 kids that are behind and to help with the reading  
2 program for kids that are behind. It's all volunteer.

3 My brother is -- I have to say that Mr. Kolb  
4 did apologize but only after I came up during the  
5 break and said, "I think you owe these people an  
6 apology." And he did but I don't think that would  
7 have come if I hadn't come up and demanded it.

8 Mr. Kolb, my brother has an MBA from Michigan;  
9 he has a master's of product development from  
10 Northwestern; he is now -- he wrote -- with one of  
11 his other professors they wrote a mandatory third-year  
12 class in the business school, the Mendoza School of  
13 Business at Notre Dame. He also chairs and runs the  
14 Entrepreneurial Center, one of the top in the nation  
15 for graduate students that want to start their own  
16 business, all funded by the Irish Angels who are all  
17 alumni from Notre Dame. I dare you to go up to him  
18 and say, "Well, you know what they say, Mr. Miller,  
19 those who can, do; those who can't teach." But  
20 that's another thing we had to sit through.

21 VICE CHAIRWOMAN MICHALSEN: If you could  
22 address your comments to the Board. We did read the  
23 transcripts; we have read all of the exhibits and  
24 petition documents. So if you have further comments

1 on the evidence and the conditions --

2 MS. FREDA: Okay. I'll cut it short.

3 We're not asking the Board to change the rules  
4 to somehow stop these people from helping people.

5 We are asking the Board to look at the fabric and  
6 the nature of this location and see that these  
7 people might benefit from having a Walgreen's there  
8 and being able to go in and get their prescriptions  
9 and at 11:00 or 12:00 at night run and get their  
10 baby Tylenol because their kid is spiking a fever or  
11 an occasional bottle of milk or even a bottle of  
12 wine, but this area is not suited for a Walgreen's,  
13 and this area is not suited for a high-end, money  
14 making business. That's all we're saying.

15 We're asking that you not hurt our general  
16 welfare and comfort level by changing the nature of  
17 our area so that someone can come in and make an  
18 awful lot of money to the detriment of the citizens  
19 of this beautiful area.

20 Thank you.

21 VICE CHAIRWOMAN MICHALSEN: Thank you for  
22 your comments.

23 Sir, in the back. If you'd like to come  
24 forward, and if you could state your name for the

1 record.

2 MR. WAGNER: Sure. My name is Bob Wagner.  
3 I am a resident of Campton Hills. My address is  
4 39W570 Kevin Court.

5 A little bit of background about me. I'm a  
6 professional engineer. I'm retired now. I've lived  
7 in the 39W570 address for about 30 years. I built  
8 the house. It's on a 3-acre estate-zoned piece of  
9 property. The back of my house sits on a little bit  
10 of a hill, and I can see Silver Glen Road from the  
11 back of my house looking out my family room window.  
12 We are neighbors of the Glenwood School property,  
13 and it's about roughly a mile west of the house.

14 Why am I telling you this? I don't know you  
15 from Adam. I see a bunch of new faces, but it's very  
16 important to me that you understand my circumstances  
17 and that I want you to know that the zoning of the  
18 Glenwood School directly affects me and my family.  
19 Understood? Okay.

20 I've been following the proceedings concerning  
21 Glenwood for a number of years, starting with the  
22 Kiva bid on the property. After the last meetings,  
23 revisits, I'm still wondering why we're here  
24 rehashing all this except that I see new faces.

1 None of the nine items currently in question have  
2 anything to do with the fundamental issue. The  
3 property is not zoned for the use that Maxxam has  
4 in mind.

5 So what are we here discussing? Absent of  
6 any clear direction from the County Board or the  
7 Zoning Board, please let me offer my thoughts.

8 First, Maxxam is trying to tell you that the  
9 facility proposed is similar to a hospital. I don't  
10 think so. Let me remind you that hospitals require  
11 a doctor or doctors present 24/7. That's all the  
12 time, not just 40 hours per week. Maxxam I believe  
13 on the record says that their doctor will be present  
14 for 40 hours only. This means that their staff will  
15 be obligated to call 911 for any and all emergencies,  
16 medical or otherwise. This is going to have the net  
17 effect of creating a lot of high-speed emergency  
18 vehicle traffic.

19 In our State the overwhelming majority of  
20 detox facilities are located in close proximity to a  
21 hospital. This is for a reason. Hospitals are  
22 typically located on a four-lane road where emergency  
23 traffic can be more safely accommodated. Maxxam is  
24 really trying to stretch reality in my opinion by

1 saying this facility is similar to a hospital. Not  
2 too many hospitals I know of are built out in the  
3 cornfields hidden from public view without emergency  
4 facilities of their own.

5 Second, Glenwood School is situated on what  
6 was originally zoned as farmland. Entrance to the  
7 school is on Silver Glen just west of Corron Road.  
8 When the school started operation, we noticed almost  
9 daily emergency calls to the school at all hours of  
10 the day or night. There were usually multiple vehicles  
11 involved, typically driving down Silver Glen Road at  
12 high speed with lights and sirens going. Remember,  
13 I'm looking out the back window seeing this. It  
14 happens. Now, while the school -- when the school  
15 closed in 2012, we noticed immediately that the  
16 emergency calls down Silver Glen were dramatically  
17 reduced.

18 Now, I want to tell you just as an aside  
19 over the time period that we've lived in the house  
20 the community has changed. We now have a fire  
21 protection district which we didn't have when we  
22 built our home, and we are now being served by the  
23 Campton Hills Police Department which we didn't have  
24 when we moved in. So that's a little bit different.

1 But my point is, even then, when it was a school,  
2 there were a lot of emergency calls going down that  
3 road. My wife says 300 easy.

4 Now, while a school is not a detox facility,  
5 we know they will still have to call 911 in the event  
6 of an emergency. Silver Glen Road is a two-lane road  
7 with no shoulder and a 45-mile-an-hour speed limit.  
8 It is primarily no passing from Randall west of  
9 Burlington. It supports residential car traffic,  
10 and it has cyclists and pedestrians also using it.  
11 It does not have a bike lane or a sidewalk.

12 From a safety standpoint, high-speed  
13 emergency traffic subjects the residents to  
14 unnecessary risk. It's a fact. I believe that the  
15 anticipated 300 calls approximate per year is an  
16 underestimate of what will really occur if zoning  
17 for this facility is approved.

18 There's another risk with any emergency  
19 calls to the proposed facility. On average we heard  
20 last night or night before last that an emergency  
21 call ties up an ambulance for about three hours port  
22 to port. You say two, I say three; we'll argue  
23 that. During this time the vehicle is not available  
24 to service existing residents. Is that fair to us?

1 I don't think it's fair to residents that we be  
2 expected to carry this burden to assist Maxxam,  
3 which is a for-profit business.

4 Third, both sides of the proposal have  
5 opinions on the effect the facility will have on  
6 property values. I believe that the opinions of the  
7 majority of current taxpaying residents should hold  
8 the most weight. We certainly have by far the most  
9 at stake. What recourse do we have if properties  
10 values go down? The burden of proof is on Maxxam,  
11 and they have not convinced me that my property  
12 value won't be adversely affected if a drug detox  
13 facility becomes my neighbor. I ask you to consider,  
14 would you buy a home next door to this facility?

15 Maxxam has stated that their facility has  
16 security systems planned to prevent any problems.  
17 However, the exact nature of the security systems  
18 has not been specified. I understand no fencing has  
19 been proposed to confine the patients while at the  
20 facility. While it is true that the facility is  
21 required to meet State licensing and operating  
22 standards, I have to say it all sounds great on paper.  
23 I'd like you to consider the number of substandard  
24 nursing homes that technically meet Illinois licensing

1 requirements.

2           What happens if things don't go as planned  
3 for Maxxam? The Glenwood School at this location  
4 didn't go as planned. Then they closed and left a  
5 vacant property. Do we end up with another vacant  
6 property or with a substandard facility with problems  
7 that's no longer profitable to Maxxam? What can we  
8 expect? More zoning requests and ever lowered  
9 standards? I have difficulty believing a high-end  
10 luxury detox facility with an open campus can ever  
11 be successful in the northern Illinois winter. If I  
12 had a drug problem and I could afford high-end  
13 treatment, I'd rather go to Florida or Arizona.  
14 Wouldn't you?

15           Maxxam says they'll only accommodate a high-  
16 end pay-for-service clientele, but I see Medicaid  
17 and Medicare regardless and certainly in their  
18 future plans if things don't work out as planned and  
19 they can't fill their beds. I'm very suspicious of  
20 a real estate developer having the necessary expertise  
21 to set up and run a detox facility.

22           Trying to salvage the property is admirable,  
23 but the effort is being misdirected by folks looking  
24 at a quick buck. There are many other potential uses



1 for the facility that don't involve risk to the  
2 residents. A school, a church retreat, a business  
3 training facility, those are all acceptable  
4 alternatives within the current special use permit.

5 The Glenwood Academy is just trying to cut its  
6 losses without regard to the existing homeowners. I  
7 believe one could make the argument that the special  
8 use permit was ill-conceived. Now the property sits  
9 vacant, and as far as I'm concerned, that's not the  
10 existing homeowners' problem. We could accept a  
11 school, or a church facility, or a green space, all  
12 currently permitted by the existing special use  
13 zoning. The requested rezone is not in any way a  
14 benefit to the existing residents.

15 I'm glad Mr. Marco has been here for this  
16 hearing, but I know he's not a detox facility  
17 operator. I believe one might question his team's  
18 commitment. Billy Zane, who is an actor not here,  
19 Phil Harper, an actor not here, Steven Holtsford, a  
20 doctor not here are listed as Maxxam team members.  
21 Presumably Dr. Holtsford I believe is an emergency  
22 room guy down at Delnor, had been, is on the team to  
23 offer his expertise in establishing and running a  
24 detox facility. I'm not sure if any of the others

1 have any expertise or why they're not here to present  
2 in support of the petition, but I do remember hearing  
3 that the facility proposed is a first effort for  
4 Maxxam. They have no other facilities on which for  
5 us to base an estimate of their expertise or authority.  
6 But they are expecting us to place our faith with  
7 them in spite of the lack of expertise on their part.

8 One of the Zoning Board members, I don't  
9 remember who it was, asked about a business plan.  
10 I'm very suspicious that there isn't a business plan.

11 I do remember the Maxxam team bussing in a  
12 lot of folks to speak in favor of the Maxxam  
13 facility last March. So they obviously know how to  
14 present when they're trying to influence an outcome.  
15 I heard then that a lawsuit might be tendered if the  
16 County did not approve the petition. I'm left  
17 wondering what led to the County's vote to rescind  
18 the zoning denial.

19 Just a bit of history for you new people.  
20 This is not the first time that an attempt has been  
21 made to utilize the Glenwood School as a for-profit  
22 at the expense of the current homeowners. For those  
23 with short memories, please remember that in 2012 the  
24 Village of Campton Hills rejected the Kiva proposal

1 for a similar detox facility. The Glenwood property  
2 is vacant, and it looks like a cheap, quick, and dirty  
3 opportunity for an outsider to make some money. I  
4 just don't feel it should be at the community's  
5 expense.

6 I should also point out that the Kane County  
7 Zoning Board of Appeals denied Maxxam's petition  
8 last year in February and that the Kane County Board  
9 also denied the petition last year in March. I  
10 thought this was a very clear message. It's very  
11 disappointing to me to have to revisit this petition,  
12 but I do understand that some folks can't take no  
13 for an answer and will resort to bullying tactics to  
14 get their way. I believe a clear message has already  
15 been sent regarding this property, and the latest  
16 effort by Maxxam is just wasting time and legal  
17 resources.

18 Some closing thoughts. This is not about  
19 the need to rehabilitate addicts or alcoholics nor  
20 is this about discrimination with respect to these  
21 folks. What it is about is that a for-profit  
22 facility does not fit the zoning of our residential  
23 rural farming community. You are being asked to  
24 rezone a property in order to benefit a business at

1 the expense and safety of the existing residents of  
2 this rural community.

3 The Zoning Board and the County Board I  
4 believe are being bullied by the threat of a lawsuit  
5 into selling out the existing residents and  
6 disregarding their investment in their homes and  
7 properties. Kane County has an obligation to  
8 protect the existing residents not to cave to the  
9 wants of outside businesses.

10 I would ask you to do the right thing and  
11 deny this petition. Thank you very much.

12 VICE CHAIRWOMAN MICHALSEN: Thank you for  
13 your comments.

14 Who would like to speak next? Have you  
15 previously been sworn?

16 MS. ABEAR: Yes.

17 VICE CHAIRWOMAN MICHALSEN: If you can state  
18 your name for the record.

19 MS. ABEAR: My name is Patti Anne Abear. It's  
20 A-b-e-a-r, looks a lot different than it sounds. I  
21 live way less than a mile. I'm in the neighboring  
22 neighborhood to the proposed special use permit  
23 property.

24 Before I start -- I have two prepared brief

1 comments, concerns that I'd like to share, but before  
2 I do that, I've been here for many of these meetings,  
3 as everybody else has been, so I just wanted to say  
4 thank you to the Zoning Board, to the attorneys, the  
5 government officials, to Mr. Marco, everybody that's  
6 present. I know everybody that's here has spent a  
7 tremendous amount of time, a tremendous amount of  
8 energy. There is emotion all over the place; there's  
9 time, effort, and I just wanted to say thank you to  
10 everybody for putting that time and effort forward  
11 and giving everybody a chance to say what they'd  
12 like to say as it relates to this.

13           The first comment I have is in regards to  
14 Condition No. 8 and No. 4. As many are aware, JCAHO,  
15 or the Joint Commission of Healthcare Organizations  
16 Accreditation, is a condition of reimbursement for  
17 certain insurers, including Medicaid and other  
18 commercial payers. I'd like to share some data from  
19 the National Survey of Substance Abuse Treatment  
20 Services. This survey was conducted in 2012 and  
21 published in December 2013 by the Department of  
22 Health and Human Services.

23           If you look at the subset of 4,450 private  
24 for-profit addiction treatment programs that

1 voluntarily responded to the survey, it was reported  
2 that only 20.6 percent were accredited by CARF,  
3 which is the Commission of Accreditation of Rehab  
4 Facilities, and only 13.7 or 611 of the 4,450 were  
5 accredited by JCAHO, which is the Joint Commission  
6 for Healthcare Organizations.

7 Accreditation matters. While it absolutely  
8 cannot guarantee success, it's the absolute best  
9 indicator of quality that we have.

10 Mr. Kinnally previously stated that Conditions  
11 No. 4 and No. 8 are likely not enforceable. I'm not  
12 sure how to decipher Maxxam's claim in No. 8 that  
13 they will make reasonable efforts to get these  
14 accreditations.

15 I also find that it's interesting that JCAHO  
16 is a condition of reimbursement for Medicaid and  
17 other commercial payers. If Maxxam isn't going to  
18 accept these patients, do they really even need these  
19 accreditations? Looking at the survey results,  
20 1.4 out of every 10 like facilities in the U.S. have  
21 this JCAHO accreditation. Attorney Kolb stated in a  
22 previous meeting that private pay patients are the  
23 only patients included in Maxxam's business plan.  
24 This causes me pause and it brings many questions to

1 the forefront.

2 Just hypothetical questions; I'm not looking  
3 for answers tonight.

4 Is the private-pay-only a model of convenience?  
5 Is the private-pay business model negating Maxxam's  
6 need for quality accreditation? Is private pay an  
7 easy way to discriminate against the less fortunate  
8 Medicaid population? Or is the private-pay model a  
9 simple single focus on profits? Just a few questions.

10 The second concern I have that I'd like to  
11 share is a very personal concern. After listening  
12 to Chief Nixon's testimony, I felt compelled to add  
13 this to my comments.

14 I am the daughter of an alcoholic. My father  
15 would have been benefited from a safe, well run,  
16 accredited, quality-driven and outcomes-based  
17 facility. An added bonus would have been one that  
18 was close to my house.

19 There's a couple significant shortcomings  
20 that I see in the proposal for the special use that  
21 we're discussing. First, there is a significant  
22 concern for patient safety when you look at the  
23 resources that are available to our fire and EMS  
24 departments and the size of the district.

1           Second, there is considerable distance and  
2 significant travel time to a hospital for any  
3 medical emergencies. If I cannot in good conscience  
4 support this for my dad, I can't support this for  
5 others in the community for the same reasons.

6           At any time in the future, would our community,  
7 our county, or our first responder districts be at  
8 risk for a delay in lifesaving medical care knowing  
9 what we know now? We really might need to think  
10 about this.

11           For the reasons I shared this evening and  
12 those shared by the countless neighbors present  
13 tonight, present for the last 14 meetings, I ask the  
14 Zoning Board of Appeals to deny this request for  
15 special use once and for all. I thank you for your  
16 time, and I thank you for the opportunity to share  
17 my thoughts and concerns this evening.

18           VICE CHAIRWOMAN MICHALSEN: Thank you for  
19 your comments.

20           Who would like to speak next? Can you step  
21 forward in the back there, sir? And if you could  
22 state your name for the record please, sir.

23           MR. DOMINICK: Stephen Dominick.

24           VICE CHAIRWOMAN MICHALSEN: Thank you.



1           MR. DOMINICK: Why gamble on an inexperienced  
2 operator and an inexperienced organization who may  
3 have the best of intentions -- and I have no doubt you  
4 have the best of intentions -- to put in a facility  
5 at a community-sensitive location where reasonable  
6 accommodations by the community may not be possible  
7 due to distance from hospitals, and strained budget,  
8 and limited size of local emergency services  
9 available, and where there will be absolutely no  
10 opportunity for the facility clientele I believe at  
11 least to interact with the community because of the  
12 rural nature of this facility?

13           The stated mission of the County Board --  
14 you are not the County Board -- but is to serve the  
15 people who live and work in Kane County. The  
16 applicant and presumably many of the clients do not  
17 or will not live or work in Kane County. Other  
18 residential facilities operated by experienced  
19 organizations in the area are sited on hospital  
20 grounds. You have to ask yourself the question why.  
21 Gateway and Silver Cross are just a couple I would  
22 mention.

23           As to the wastewater issue raised and  
24 dismissed, I don't believe it should be. Although

1 currently not regulated as drinking water contaminants  
2 or hazardous waste, it should be noted that most drugs  
3 are very, very difficult to remove in wastewater  
4 treatment because they are developed principally to  
5 survive in the human gastrointestinal tract.  
6 Typically only 50 percent of the compound is removed  
7 in the common type of wastewater sewage, and that's  
8 the aerobic sludge process. What they have is probably  
9 a version of that. The rest of this possibly -- I'm  
10 not going to say it will but possibly could end up  
11 in the aquifer.

12 I would propose an annual test on the  
13 aquifer be done specifically for developing a  
14 running history on the concentrations in the aquifer  
15 of drugs that are being used by the facility. An  
16 organic profile of the aquifer should be done before  
17 the facility is opened to establish a baseline. I  
18 believe one day -- and this is only for protection --  
19 one day these potential drug contaminants will be  
20 regulated in drinking water. They probably will be  
21 regulated in Europe before they'll be regulated here  
22 because we're always a little bit behind in the  
23 U.S. We may think we're ahead but we're not. And  
24 my expertise is in water treatment and wastewater.

1 I have a few comments on the conditions.

2 No. 1 probably should just be deleted or  
3 withdrawn by the petitioner mainly because it brings  
4 up comments that could be construed as pay to play,  
5 and it has been by others, and why should he be part  
6 of that.

7 For accountability reasons, No. 2, a condition  
8 should be made that any site plan amendment should  
9 be done by the Zoning Board with public hearings and  
10 opportunities for public comment again.

11 And No. 5, for accountability reasons  
12 conditions should be made that security plans need  
13 to be reviewed by the neighbors as well as the  
14 County Board, and the relevant County agency  
15 approving it should be identified now.

16 And, finally, to the testimony that  
17 neighboring property values will increase if this  
18 facility is opened, you know, who knows. Or will  
19 they decrease? Again, who knows. It's a gamble.  
20 Like I said at the beginning, why gamble.

21 If the property tax revenue received from the  
22 facility is X amount, if it goes down, then that's a  
23 gamble. Will it go down more than the X amount you  
24 receive? That would -- if it does, will it

1 necessitate down the road a countywide property tax  
2 increase?

3 Thank you.

4 VICE CHAIRWOMAN MICHALSEN: Thank you, sir.

5 I believe I saw someone -- yes, you, sir.

6 If you could state your name for the record.

7 MR. ZWIER: Certainly. Jeff Zwier, again,  
8 related to the person before, Z-w-i-e-r, living  
9 quite close to the facility about a third of a mile  
10 away.

11 Thank you very much for the opportunity to  
12 speak to you tonight. I had the opportunity to  
13 speak to the previous Board, as well, and I want to  
14 say thank you specifically for your public service.

15 Each of us has our own concerns and our own  
16 needs in terms of looking after our family, looking  
17 after our neighbors. You've been entrusted to look  
18 after the land, probably the most permanent thing  
19 that any of us is ever going to interact with, and a  
20 legacy that is going to impact not only everyone in  
21 this room but their descendants, the businesses and  
22 organizations that move in and out of Kane County.  
23 Quite frankly, a very, very long legacy is going to  
24 depend on the decision that you make in your

1 recommendation to the County Board and the County  
2 Board's ultimate vote on this petition.

3 I'd like to ask you to vote no on this  
4 petition and here is why.

5 I'm not an expert at real estate development;  
6 I'm not an expert at private-pay substance abuse  
7 facilities; I'm certainly not an expert at zoning or  
8 land use. If I were sworn to testify against -- or  
9 testify on behalf of any of those topics as an  
10 expert witness, due to my lack of knowledge I would  
11 probably have to say "No comment."

12 Why would I have to say that? Well, usually  
13 saying "No comment" is something that you say when  
14 either the answer that you would give would reveal  
15 that your knowledge is insufficient to answer the  
16 question or that your answer may be in conflict with  
17 a position, opinion, or goal that you stated  
18 previously. "No comment, I refer you to the record."

19 The record that we've heard from a lot of  
20 people here tonight goes to the point of the  
21 petitioner's conditions that they would have for  
22 this petition being successful, and they go to the  
23 six criteria that you have to make a decision on  
24 this extended marathon of sessions that have covered

1 this issue. You're familiar with the law. I'm not.  
2 I'm not going to read you all six conditions  
3 A through F. You know them. Some people have read  
4 them already for you tonight. I will simply say  
5 that the evidence has been out there. I'll refer  
6 you to the record.

7 The evidence that says on the first condition  
8 that we talked about adverse impact and public  
9 safety, we've heard from Chief Nixon. We've heard  
10 from the fire protection district's president.  
11 We've heard about what funding we don't have. We've  
12 heard about what resources we don't have. We've  
13 heard about the uncertainty about the security  
14 provisions for the facility, and we've heard a lot  
15 of things that are going to be great but not a lot  
16 of details. When we get to the details, "No comment."

17 We've heard about some debates on property  
18 values. In the last sessions that were run before  
19 the prior Board submitted evidence was a study by  
20 Dr. Bernie Waller that indicated over a very long  
21 peer-reviewed process in 2014, looking at 194,000  
22 transactions, 36 facilities, 309 variables on property  
23 value that that peer-reviewed study, not lawyer-  
24 reviewed but peers of Dr. Bernie Waller who would

1 know something about that expertise base that I  
2 don't, so I'm trusting their peer review, that  
3 property values would be reduced by 8 to 17 percent  
4 adjacent to facilities like this.

5 We also heard a lot about the benefits of  
6 these facilities, and, you know, certainly I as well  
7 as everyone else in this room has had our lives  
8 touched by addiction, alcoholism in our families, in  
9 our friends, in our associates, and we know the  
10 benefit of these facilities when they're done right,  
11 when they're put in the right place, when they're  
12 staffed by the right people, when they have adequate  
13 resources from community emergency response, when  
14 they have the appropriate infrastructure to make  
15 sure that patients can be transported to emergency  
16 services in a safe manner, when the community is not  
17 adversely impacted or has the opportunity to access  
18 the facility for purposes that may be of detriment  
19 to the patients. We heard some testimony about the  
20 desirability of some of the substances that are  
21 here, and we've also heard testimony about the  
22 difficulties in securing a frontier around this  
23 facility in a way that ensures the safety of both  
24 the community and the residents.

1           These are all the things that the six criteria  
2           that are in the Kane County ordinances around land  
3           use are meant to address, and I think that all of  
4           the information that you've been given throughout  
5           these hearings, and the former Board has been given,  
6           and the County Board has been given are sufficient  
7           to make a legally sound, unbiased decision that this  
8           is not a petition that should be accepted.

9           So I'm asking you to reject that position --  
10          to reject this petition. And I'm also asking you,  
11          would you trust a loved one's care for substance  
12          abuse, or addiction, or mental illness since the  
13          proposition here is for dual diagnosis to someone  
14          who when you ask how will their care proceed says,  
15          "No comment"?

16          Thank you for hearing our testimony on this  
17          as members of the community, and thank you for your  
18          public service in looking after the interests of our  
19          community and land use.

20          VICE CHAIRWOMAN MICHALSEN: Thank you, sir.

21          Who would like to speak next? Please come  
22          forward. And if you could state your name for the  
23          record.

24          MR. TYRRELL: My name is Mike Tyrrell,



1 T-y-r-r-e-l-l. I'm a resident of Campton Hills and  
2 also a trustee of the Village of Campton Hills.

3 I have a prepared statement here with a little  
4 bit of material that goes with it. I offer copies  
5 of what I have to presentation if it so pleases  
6 the Chair.

7 VICE CHAIRWOMAN MICHALSEN: Sure.

8 Mr. VanKerkhoff?

9 MR. TYRRELL: I'll give a moment for the  
10 Board to receive copies because I will make some  
11 references to exhibits that are there.

12 Madam Chairman, members of the Board, thank  
13 you for this opportunity to speak with you today.

14 I'll start by drawing your attention to one  
15 of the attachments in here which is page 5 of the  
16 Murer document and specifically to paragraph 3. It  
17 is in this document submitted by the petitioner the  
18 data references resources of the U.S. Department of  
19 Health and Human Resources Substance and Mental  
20 Health Administration.

21 It states that there are 22 facilities in  
22 Illinois that provide hospital inpatient  
23 detoxification services, and only one existing  
24 nonhospital facility is listed as licensed by the

1 Illinois Division of Alcoholism and Substance Abuse,  
2 that being in Woodridge, Illinois.

3 Twenty-three substance abuse facilities are  
4 listed in this memo. Yet only one is not a  
5 hospital-associated facility. That is 96 percent of  
6 the identified Illinois treatment facilities listed  
7 in the consultant's report for the petitioner are  
8 hospital-based facilities. Even the often referenced  
9 benchmark rehabilitation facility Betty Ford in  
10 California is on the campus of the Eisenhower Hospital.  
11 I've given you a copy of the map showing you the  
12 Betty Ford and the Eisenhower Hospital complex in  
13 Rancho Mirage.

14 MEMBER FALK: Mr. Tyrrell, sorry to  
15 interrupt. Are you speaking on behalf of the  
16 village, or are you speaking as a resident? We just  
17 want to clarify that.

18 MR. TYRRELL: I can speak as a member who  
19 has taken a position as the Village trustee.

20 MEMBER FALK: Thank you.

21 MR. TYRRELL: Why is this significant? I  
22 invite you to drive from the Wasco fire station to  
23 Glenwood, then on to Delnor Hospital. It is a route  
24 of 14.9 miles and 27 minutes. I drove it.

1           As the minutes and the miles tick by, imagine  
2           that you or a loved one is a patient in need of this  
3           emergency care. Why are 96 percent of the substance  
4           abuse rehabilitation centers colocated with hospitals?  
5           Very simple answer, it's the response time to  
6           emergency treatment. Should not those patients in a  
7           rehabilitation program be also entitled to the best  
8           care in an emergency?

9           In the six essential considerations and  
10          findings of fact upon which you will make your  
11          decision, the first states that, "The establishment,  
12          maintenance, or operation of the special use will  
13          not be unreasonably detrimental or endanger the  
14          public health, safety, morals, or comfort and general  
15          welfare. I'll focus in on public health and safety.

16          Whether you are the rehabilitation patient  
17          making that long time-critical trek to the hospital  
18          or an existing area resident in need of emergency  
19          ambulance service, you are both competing for  
20          emergency services that are already strained.

21          Is not the patient or the existing resident  
22          at unreasonable risk in those conditions? Is it not  
23          an endangerment to the Maxxam patient as he or she  
24          competes with ambulance services on a 27-minute-plus

1 trip to the hospital?

2 Now let's turn our attention to the  
3 petitioner's application for zoning map amendment  
4 and/or special use. I've included that information,  
5 a copy of the petitioner's application.

6 On page 2 of the zoning use information, the  
7 petitioner stated the designation is for institutional/  
8 private open space. Now please turn to the page and  
9 section from the County 2040 plan which defines  
10 institutional/open space, private open space, quote,  
11 "Important scientific cultural and educational  
12 opportunities are listed." I've given you an  
13 abbreviated statement here, but you have a full copy.

14 However, within the County's 2040 under that  
15 definition for which the petitioner has applied,  
16 there is not a hint anywhere of medical, hospital,  
17 or substance abuse listed in those uses. The  
18 proposal simply does not meet that criteria.

19 Who is Maxxam, LLC? They are a Delaware --  
20 as you've heard, a Delaware registered LLC with less  
21 than two years by their own statements, has  
22 absolutely no prior or current activity in any  
23 aspect of the medical, patient care, substance abuse,  
24 or alcohol rehabilitation. There is nothing in the

1       résumé submitted by Mr. Marco to indicate otherwise.  
2       No staff, no history, and a string of "No comments."

3               What you have is a lot of promises, promises  
4       not backed by any prior history. Last year the ZBA,  
5       Kane County development committee, and the full Board  
6       denied the special use petition after a marathon of  
7       hearings covering many weeks. The petitioner has  
8       offered no new testimony, he has rested his case,  
9       and you have a load of "No comments".

10              The ZBA has been presented with  
11       nine conditions, eight of which have been recognized  
12       as old submissions from the 2016 process. Only the  
13       offer of Narcan supply is new, and that is of  
14       questionable value for the purposes of a zoning  
15       consideration.

16              As was testified in the last meeting,  
17       Attorney Kinnally had identified that had four -- or  
18       five of those conditions were not enforceable.  
19       Nothing new that bears repeating, nothing new. Why  
20       should there be any consideration of a different  
21       decision other than that which has already been  
22       established by the ZBA, the development department,  
23       and the Kane County Board on this special use?

24              I, we, ask you to reaffirm based on nothing

1 new denial of a special use. Thank you for your time.

2 VICE CHAIRWOMAN MICHALSEN: Thank you, sir.

3 At this time do we have a motion to accept  
4 the handout into evidence?

5 MEMBER LAKE: Motion to move the handout  
6 into evidence.

7 VICE CHAIRWOMAN MICHALSEN: Do we have a  
8 second?

9 MEMBER MILLEN: I'll second it.

10 VICE CHAIRWOMAN MICHALSEN: All those in  
11 favor say aye.

12 (Ayes heard.)

13 VICE CHAIRWOMAN MICHALSEN: Opposed, same sign.

14 (No response.)

15 VICE CHAIRWOMAN MICHALSEN: We will accept  
16 this into evidence as Exhibit L.

17 (Exhibit L marked for identification and  
18 admitted into evidence, is retained by the Board.)

19 VICE CHAIRWOMAN MICHALSEN: Would anyone  
20 else like to speak?

21 Yes, sir.

22 MR. JOHANSEN: Richard Johansen, Campton  
23 Township clerk.

24 I would like to comment on the third item,

1 Condition 3, that the facility will not provide  
2 outpatient treatment of methadone patients or any  
3 other program that solely administers medication on  
4 an outpatient basis.

5 Briefly, I note that I don't know what the  
6 word "solely" means in this context because it seems  
7 artful so that they can administer medication on an  
8 outpatient basis if it is combined with some other  
9 form of service. It's also not a new condition  
10 since they already promised that in the first  
11 nine hearings. I attended all of the prior public  
12 hearings.

13 I want to read the definition of what is  
14 being proposed in this location in contrast with the  
15 bland Condition 3 where they describe what they  
16 won't be doing. It's what is proposed on this  
17 remote and underresourced farm-zoned parcel that  
18 concerned the prior ZBA, the development committee,  
19 and the County Board when they voted no. The  
20 sentences of Condition 3 are not new. Nor do they  
21 change the facts.

22 I am quoting from their own application when  
23 I describe what they are proposing, which is a Level 4  
24 medically managed detox and rehabilitation, quote,

1 "inpatient, subacute residential substance abuse  
2 treatment for patients whose acute biomedical  
3 emotional behavioral problems are severe enough to  
4 require primary medical and nursing care services."

5         Again, from their own application they will  
6 be providing medically managed detoxification  
7 on-site, and their application materials describe  
8 treating dual diagnosis patients, meaning those  
9 suffering from both a diagnosed mental health condition  
10 and an addiction.

11         If you've ever known anyone who has detoxed,  
12 gone through addiction recovery yourself, or even if  
13 you've just read about it, medically managed detox  
14 is regarded as the most difficult first step in the  
15 process of breaking an addiction. It does not matter  
16 that the petitioner will not be providing services  
17 or dispensing controlled substances on a solely  
18 outpatient basis. There is no question but that the  
19 petitioner will be administering controlled  
20 substances on an inpatient basis and during the most  
21 acute period of the addiction of withdrawal and  
22 recovery process.

23         Nothing in the petitioner's Condition 3  
24 changes the fact that the Kane County zoning ordinance



1 specifically restricts businesses licensed by the  
2 State of Illinois to dispense controlled substances  
3 to the RB, B1, and B3 Districts and does not permit  
4 them on F District ag-zoned parcels. Nothing about  
5 it makes what they are proposing any less at odds  
6 with the specific restrictions of businesses like  
7 this to the RB, B1, and B3 Districts.

8 Thank you.

9 VICE CHAIRWOMAN MICHALSEN: Thank you, sir.

10 Do we have anyone else who'd like to speak?

11 Mr. Blecker.

12 MR. BLECKER: Good evening. Harry Blecker,  
13 president, Village of Campton Hills.

14 Madam Chairman, members of the Board, I  
15 purposely waited until residents had a chance to speak  
16 because they covered most of the facts quite a bit  
17 more eloquently than I can. But I'd like to thank  
18 you for your diligent work in reviewing the previous  
19 hearings and taking your valuable time to listen to  
20 the new testimony over the past three hearings.  
21 Thank you very much.

22 I have been sitting here editing my prepared  
23 statement so that I don't take up too much of  
24 your time.

1           First thing I'd like to talk about is  
2           Condition 2, which according to Mr. Kinnally is  
3           enforceable. It gives the residents of village of  
4           Campton Hills, Campton Township, Plato Township, and  
5           Kane County no guarantees that the largest facility  
6           of this type in Illinois will not turn into a mega  
7           facility and become one of the largest in the  
8           country. That will be at the whim of some ZBA in  
9           the future.

10           Condition No. 5, which is enforceable, begs  
11           the question, who is going to review and approve  
12           this plan? Will there be a public hearing, and will  
13           the residents have input?

14           Question No. 7 is meaningless, as I am sure  
15           the State of Illinois will require all license  
16           approvals before they would allow anybody to open a  
17           facility of this type.

18           While we've been told that Conditions No. 6  
19           and 9 are not enforceable, the inconsistencies between  
20           these two have not been addressed.

21           Condition No. 6 states, "The special use is  
22           for Maxxam Partners, LLC, and is not transferrable  
23           to any other entity." Condition 9 says, quote,  
24           "Maxxam Partners, LLC, or its successors," end quote.

1 Which is it, Maxxam Partners only or its successors?

2 As Mr. Marco stated, he intends to be in charge  
3 permanently. Why is this even included?

4 I have a list of facts which have already  
5 been presented, so I'm going to skip over them  
6 except for one.

7 The impact of this facility on the Kane County  
8 sheriff's department and the Village of Campton Hills  
9 police department has never been addressed by Maxxam  
10 or their representatives.

11 This past Tuesday you heard from a  
12 Dr. Charlie Cappell questioning the methodology and  
13 conclusions of the report submitted by the  
14 petitioners as to the impact of home values in this  
15 area. Dr. Cappell's extensive résumé and experience  
16 make him more than qualified to analyze the questions  
17 and conclusions of this report. It should be noted  
18 that while Dr. Cappell is a resident of the village  
19 that I, to the best of my knowledge, no other official  
20 from the Village has asked Dr. Cappell to prepare this  
21 information. I have also confirmed that no objectors  
22 asked Dr. Cappell for his analysis. Dr. Cappell's  
23 report was prepared independently without the  
24 influence from the Village or objectors. I would

1 ask you to give this the heavy weight it deserves.

2 It has been stated that the Village and its  
3 residents are suffering from "Not In My Back Yard"  
4 syndrome. This is absolutely not true. The  
5 Village's concern is for the public health, safety,  
6 morals, comfort, and general welfare of not only its  
7 residents but also the safety and comfort of the  
8 residents of the proposed facility. Let me put this  
9 forward to you to think about when you consider your  
10 recommendation to approve or not.

11 A person in the village has a heart attack  
12 or a stroke. If the one ambulance which the village  
13 residents pay for is on a call at the proposed  
14 Maxxam facility, this person will have to wait for  
15 mutual aid to come to their assistance. The aid will  
16 have to come from Elburn, Pingree Grove, South Elgin.  
17 It has been testified that this mutual aid will add  
18 tens of minutes to the response time. It is a medical  
19 fact that the minutes can mean the difference between  
20 life, death, or devastating long-term disability. How  
21 do we explain this delay to the victim's loved ones?

22 To show the Village is concerned with the  
23 patients of Maxxam as well as the village residents,  
24 let's turn this scenario around.

1           What if a patient at Maxxam -- if a patient  
2           at Maxxam has a heart attack or a stroke, and the  
3           nearest ambulance is on a call in the village? Now  
4           this patient has to wait the additional tens of  
5           minutes for mutual aid. How does Maxxam explain to  
6           their loved ones how a patient in their care died or  
7           suffered long-term disability because they were  
8           located in a semi-rural area with limited services?

9           In closing, I'd like to address Mr. Marco's  
10          testimony. To many questions Mr. Marco answered "No  
11          comment" or "Refer to the record." The questions he  
12          chose to answer gave us questionable history to his  
13          involvement with high-end luxury hotels, many of  
14          which are located in other countries. I question  
15          how developing high-end hotels translates into the  
16          ability for developing and running a detox center.

17          While answering other questions, Mr. Marco  
18          told us it was his intent to develop the biggest,  
19          most luxurious, most professional, most effective  
20          treatment center in the country. As we all know,  
21          even the best of intentions do not always translate  
22          into reality.

23          I ask you to vote no on this proposition.  
24          Thank you for your time.

1 VICE CHAIRWOMAN MICHALSEN: Thank you.

2 At this time we're going to take a short  
3 recess. It's just before 8:20, so we'll come back  
4 at 8:30. Thank you.

5 (Recess taken, 8:21 p.m. to 8:34 p.m.)

6 VICE CHAIRWOMAN MICHALSEN: If everyone can  
7 please find their seat, we'll go ahead and get  
8 started again.

9 Thank you very much. At this time I would  
10 like to ask, is there anyone else from the public  
11 who would like to come up and speak?

12 (No response.)

13 VICE CHAIRWOMAN MICHALSEN: And do we have  
14 any units of local government who would like to speak?

15 Mr. Shepro.

16 MR. SHEPRO: Thank you, Madam Chairman,  
17 Kenneth Shepro on behalf of the Fox River and  
18 Countryside Fire Protection District.

19 At our last gathering Chief Nixon testified,  
20 among other things, with respect to the issue of a  
21 second access road to the property and I think -- it  
22 was also questioned about an earlier letter that had  
23 been put into evidence from our former Chief of  
24 operations, Carl De Leo, dated December 23rd of 2015.

1 Chief Nixon has prepared an additional letter  
2 addressing the issue of the secondary access which I  
3 would ask to mark as Fire District Exhibit 6. I have  
4 tendered a copy to Mr. VanKerkhoff, and I believe he  
5 is distributing it now. I've also shown this to  
6 Mr. Kolb, and I believe that he has no objection to  
7 this letter.

8 (Fire District Exhibit 6 marked for  
9 identification.)

10 MR. SHEPRO: As indicated, the purpose of  
11 the letter is to clarify the position of the  
12 district with respect to the secondary access road.  
13 The Chief says, among other things, "As fire chief,  
14 during my testimony on January 24th I was asked for  
15 my professional opinion on the concept of having a  
16 secondary means of access to the property.

17 "My response was based upon having a second  
18 driveway as an ideal situation during a hypothetical  
19 natural emergency such as a tornado strike. I was  
20 not asked about making such a driveway a condition  
21 of approval for the property.

22 "I was also asked about the December 23rd  
23 letter from Chief of Operations Carl DeLeo. In that  
24 letter he refers to the possible use of the old

1 driveway to McDonald Road. I agree with the  
2 conclusion of that letter indicated that it would  
3 not be required.

4 "As a professional planner you are aware that  
5 these types of conditions for a secondary access are  
6 typically established when a facility is originally  
7 constructed. This was not the case. The position of  
8 the Fox River and Countryside Fire Rescue District  
9 remains unchanged from our previous letter, that is  
10 DeLeo's letter December 23rd saying it would not be  
11 required.

12 "As the letter of Chief DeLeo points out,  
13 since the old driveway was never used, we do not  
14 feel it is a necessary requirement. Accordingly, we  
15 conclude that the absence of a second entrance will  
16 not hinder our operations. It is our feeling that  
17 the money spent to make this improvement would be  
18 better served if put toward enhancing fire district  
19 emergency medical services equipment.

20 "Sincerely, John R. Nixon, Fire Chief, Fox  
21 River and Countryside Fire Rescue District."

22 I would ask that that letter be accepted  
23 into evidence.

24 VICE CHAIRWOMAN MICHALSEN: Do we have a



1 motion to accept Fire District Exhibit 6 into evidence?

2 MEMBER ARIS: I move we accept the letter.

3 VICE CHAIRWOMAN MICHALSEN: Any second?

4 MEMBER MELGIN: I'll second.

5 VICE CHAIRWOMAN MICHALSEN: All those in  
6 favor say aye.

7 (Ayes heard.)

8 VICE CHAIRWOMAN MICHALSEN: All those  
9 opposed, same sign.

10 (No response.)

11 VICE CHAIRWOMAN MICHALSEN: The motion passes.  
12 The letter is accepted into evidence.

13 (Fire District Exhibit 6 admitted into  
14 evidence and retained by the Board.)

15 MR. SHEPRO: Thank you, Madam Chairman.

16 Mr. VanKerkhoff indicated that if I had any  
17 closing comments that perhaps now would be as good a  
18 time as any to make them. They are very brief.

19 VICE CHAIRWOMAN MICHALSEN: Certainly.

20 MR. SHEPRO: Really I think that the testimony  
21 of our witnesses and that of members of the public  
22 that have brought forth additional information I  
23 think have demonstrated that there should be real  
24 concerns about the response times involved not only

1 to protect the existing residents but the patients  
2 at that facility.

3 My primary focus, though, is to frankly express  
4 my utmost dismay and astonishment that the only exhibit  
5 which has been presented in the entire course of this  
6 proceeding that addresses the specific issue of  
7 response times and the use of those response times  
8 as far as a visit to this facility, and our response  
9 times and other activities that take place during a  
10 call that was represented by Exhibit 2 did not even  
11 get a motion made to place it in the record. And I  
12 would just emphasize again that there is no other  
13 official who has testified in the course of this  
14 proceeding besides Chief Nixon whose testimony helps  
15 illustrate that has actually gone through the time  
16 that it took.

17 Mr. Handley did testify to that, and if you  
18 have read the record, you will see that he was  
19 subjected to, I think a withering and outrageous  
20 ridicule by Board Member Stover who looked at one  
21 number that talked about an 18-minute average  
22 response time and then ridiculed his comments about  
23 the station or the equipment being out of service  
24 for two to three hours.

1           I think this exhibit makes clear what the  
2 facts are with respect to that, and, again, I express  
3 my disappointment that that exhibit was not chosen  
4 to even be admitted for the Board's consideration.

5           With that I conclude my remarks. Thank you.

6           VICE CHAIRWOMAN MICHALSEN: Thank you. I'm  
7 going to ask --

8           MEMBER MELGIN: Counsel, I'm a no for this,  
9 just for clarification.

10           VICE CHAIRWOMAN MICHALSEN: I apologize.  
11 Note that for the record that Mr. Falk did not agree  
12 to accept that fire district letter into evidence.

13           One last call for any public comment on this  
14 petition.

15           (No response.)

16           VICE CHAIRWOMAN MICHALSEN: I see no hands,  
17 no movement. So at this time we will allow the  
18 petitioner a chance to address the comments that we  
19 heard here tonight if he would like that opportunity.

20           MR. KOLB: No, we are -- there's no need to  
21 do that. Thank you.

22           VICE CHAIRWOMAN MICHALSEN: At this time if  
23 there are any further questions from the Board, as  
24 we are nearing the end of this public hearing process

1 for this petition -- any last questions for the  
2 petitioner from the Board?

3 MEMBER MILLEN: I have a couple questions,  
4 if I may.

5 There's been a lot of talk about the extra  
6 ambulances and extra time that's going to be needed for  
7 the response. I'm just curious, what -- if there's  
8 going to be one every three days, for what reason  
9 would there be so many calls? Is there -- there's  
10 not that many heart attacks. Is it injuries? What  
11 are most of the calls for from a rehab facility?

12 VICE CHAIRWOMAN MICHALSEN: First, if  
13 Mr. Marco will be answering, we will ask that you  
14 swear or affirm that any testimony you give will be  
15 the truth, the whole truth, and nothing but the truth.

16 MR. MARCO: Yes, I do.

17 VICE CHAIRWOMAN MICHALSEN: Thank you.

18 MR. MARCO: I appreciate the question and  
19 that is something that we are quite curious  
20 ourselves about, as well. Because, again, from our  
21 understanding that's not something that would be  
22 typical, and we've been quite surprised at the  
23 numbers we've heard and the assertions that have  
24 been made.

1           So I wish I could give you an answer, but to  
2           our understanding it would be something quite -- the  
3           statistics that we would have is something similar  
4           to any group of such a size needing an ambulance  
5           service potentially is why we feel confident in the  
6           3 to 5.

7           MEMBER MILLEN: Like 150 people wouldn't  
8           generally have an ambulance call every three days.

9           MR. SHEPRO: Is Mr. Marco the only person  
10          that gets to answer that question, or was that  
11          directed specifically at Mr. Marco?

12          MEMBER MILLEN: I was directing it to the  
13          petitioner. I understood that's what we were doing.

14          VICE CHAIRWOMAN MICHALSEN: Mr. VanKerkhoff?

15          MR. VANKERKHOFF: I just wanted to make sure  
16          the question was answered completely. I think Board  
17          Member Millen -- part of her question was also what  
18          type of calls would be expected to be responded to  
19          at this facility.

20          MEMBER MILLEN: I think they answered my  
21          question. I maybe didn't phrase it just right, but  
22          I just wondered what the typical list of calls  
23          was for.

24          Also -- and I apologize if you went over

1 this before, but I may have missed it in going  
2 through the papers. Someone asked how are you going  
3 to fit all those people in eight cabins. Did you  
4 answer that already and I missed it?

5 MR. MARCO: Please, I'm happy to answer any  
6 question and review anything that has been discussed.

7 So in relation to that question, as we've  
8 mentioned a bit before but can discuss again,  
9 Part 2060 under the Department of Human Services,  
10 the Department of Alcoholism and Substance Abuse,  
11 the licensure process, a large part of the licensure  
12 process and the language refers to physical property.

13 So that's definitely something that is  
14 detailed and outlined very specifically to make sure  
15 in any way that patients are housed it is in  
16 compliance with the licensure and is in compliance  
17 with all operating and other building permits,  
18 et cetera.

19 MEMBER MILLEN: Does that mean there could  
20 be less than 15 per cabin?

21 MR. MARCO: Yes, there could be less. They  
22 will be outfitted and the rooms will be appropriate  
23 for the number of patients in each lodge. And the  
24 licensure goes even to a larger extent to make sure

1 there's the appropriate bathrooms, there's the  
2 appropriate access to exits, and it gets very detailed  
3 into the operations that go beyond a typical  
4 residence in any sort of residential community to  
5 make sure that it's compliant to provide quality and  
6 assurance of care that's in compliance.

7 So it gets very detailed into the way any  
8 sort of housing is outlined and the way that you can  
9 put patients into any sort of quarters and their  
10 access to such.

11 VICE CHAIRWOMAN MICHALSEN: If I may, I have  
12 a quick follow-up question to that answer.

13 The number we heard most recently from you  
14 was 120. So can you tell me how many people will be  
15 in each building? If you have Building 1 for detox  
16 and 2 through 8 for lodging, how many people per  
17 building with 120 patients?

18 MR. MARCO: Yes.

19 MR. KOLB: Do you mean people including  
20 staff and patients?

21 MR. MARCO: Or housing?

22 VICE CHAIRWOMAN MICHALSEN: No, I'm talking  
23 120 patients sleeping on-site.

24 MR. MARCO: So if you were to house 15 per

1 lodge, and if you refer to the outline, so that  
2 would be -- there's six different rooms that would  
3 house doubles, and then there's three privates.

4 So there's three private rooms, and then  
5 there's three that have doubles. Those rooms,  
6 actually, if you were to look into 2060 and the  
7 specific requirements are larger than the specific  
8 requirements and actually go to the extent of --  
9 they exceed it to the point where within the  
10 licensure you could put even more per room. But our  
11 intention in order to elevate the level of care and  
12 be on the high side of care that we hope to deliver,  
13 we're giving even more space than required.

14 So the way it was developed by the Glenwood  
15 School was not developed for children; it was the  
16 standards of adults to a very, very high degree and  
17 actually could fit three patients. But you can look  
18 at the outlines, and again, I refer to you Part 2060  
19 of the licensure which will show you that all the  
20 square footage and the layouts go above and beyond  
21 housing two per each those individual rooms and then  
22 the three privates rooms.

23 MEMBER FALK: So run me through the  
24 math. 120 --



1 MR. MARCO: 120 divided by 8.

2 MEMBER FALK: Is 15.

3 MR. MARCO: And then there's six different  
4 doubles, and then there's three private rooms. So  
5 that's 12, and 3, and 15 in each individual lodge is  
6 how you house 120 across eight buildings.

7 And then, again, each one of those doubles --  
8 just to repeat myself again, if you were to look into  
9 Part 2060, is actually more space than is required,  
10 and actually more could be housed per room. But to  
11 divide 12, you have more than enough space for  
12 doubles in each, which seems to be the concern of  
13 many. And I just want to reassure everyone, besides  
14 2060, when you lay out the 15, you have three of  
15 privates, and then you would lay out two per each  
16 one of those doubles to get to that 15 number.

17 VICE CHAIRWOMAN MICHALSEN: And, Ms. Millen,  
18 you had another question?

19 MEMBER MILLEN: One last question.

20 Someone mentioned doing an annual monitoring  
21 of the water to see what the drug composition was.  
22 I don't even know if you can even do that, but if it  
23 can be done, would you even think about letting us  
24 add that as a stipulation?

1 MR. MARCO: I appreciate the question. And  
2 what's great about the EPA -- what's great about the  
3 monitoring system, it's heavily regulated and heavily  
4 maintained and even much more than annually.

5 Yes, so it's much more than annually. It's  
6 regulated, there's permits, and we have people that  
7 monitor it, as well, on a regular basis. And  
8 Sheaffer & Roland actually has been retained for the  
9 past 20 years, and there's always a company that's  
10 maintained to constantly monitor the water.

11 VICE CHAIRWOMAN MICHALSEN: And I have a  
12 comment.

13 MEMBER MILLEN: Thank you very much.

14 MR. MARCO: Of course.

15 MEMBER FALK: There's a gentlemen raising  
16 his hand in the back.

17 VICE CHAIRWOMAN MICHALSEN: I'll take a  
18 comment from Mr. VanKerkhoff right now.

19 MR. VANKERKHOFF: I just wanted to note for  
20 the ZBA that in other sites where water quality or  
21 impacts on the aquifer that oftentimes a testing  
22 well is drilled and used just for testing purposes.  
23 I'm not sure if that, Member Millen, is what you're  
24 requesting in terms of a stipulation in order to be

1 able to actually test the aquifer that's servicing  
2 other wells in the area as opposed to the testing of  
3 the discharge coming from the system that's being  
4 applied onto the land.

5 MEMBER MELGIN: I was under the impression  
6 that there were monitoring wells that were installed  
7 by the school and were monitored. Is that correct?

8 MR. MARCO: Yes. To our understanding that's  
9 correct, but I would like to jump in, as well, and  
10 respond to the comment or the question there. If it  
11 reassured everyone and made everyone feel more  
12 comfortable to have annual testing in some alternate  
13 way, if it was not satisfactory the way that we're  
14 monitoring the water, we'd be more than happy to  
15 stipulate to such a condition.

16 MEMBER MILLEN: The aquifer.

17 MR. MARCO: Whatever necessary to assure --  
18 we're very confident in our water system and would  
19 be happy to oblige the Board to do any testing on an  
20 annual basis.

21 MEMBER MILLEN: Thank you. That's all the  
22 questions.

23 VICE CHAIRWOMAN MICHALSEN: Member Lake.

24 MEMBER LAKE: Mr. Marco, hi.

1 I'm curious how many times you've actually  
2 visited the interior of the compounds at Glenwood.

3 MR. MARCO: Well over 50 but let me think.  
4 Well over 50 times. I couldn't give you an exact  
5 number but well over 50.

6 MEMBER LAKE: So you acquainted yourself  
7 with the layouts as they are right now versus the  
8 challenges that everybody is speaking to.

9 MR. MARCO: Every single -- many of the  
10 different screws and nuts.

11 MEMBER LAKE: Right. Can you walk me through  
12 the bathroom facilities that are currently existing  
13 and how they're going to need to change to  
14 accommodate the adults that we're suggesting are in  
15 these barracks?

16 MR. MARCO: Definitely. What's wonderful is  
17 the Glenwood School did an incredible job in their  
18 master plan and really spent a lot of time utilizing  
19 their 122-year-old experience in helping children.  
20 So what happened was it was built to adult grade.  
21 Every single piece of the facility is built beyond  
22 even any minimum requirements.

23 There are countless numbers of bathrooms  
24 throughout the entire facility. And if you were to

1 look at the floor plans, everywhere there's so many  
2 bathrooms way more than typical in any sort of  
3 residential and campus similar to this. So there  
4 are many, many bathrooms accessible.

5 MEMBER LAKE: My question wasn't actually  
6 the count of how many bathrooms. My question was,  
7 what type of modifications would you need to do to  
8 these bathrooms that are existing?

9 MR. MARCO: Definitely. Again, to comply  
10 with the licensure process of Part 2060, bathrooms  
11 is covered within that physical property.

12 MEMBER LAKE: I get that. I'm asking about  
13 your assessment of physical changes. What do you --  
14 you have to --

15 MEMBER FALK: What's your vision?

16 MEMBER LAKE: -- have some kind of idea of  
17 what you need to do.

18 MR. MARCO: I apologize. I would like to  
19 focus on your question. Let me do a better job.

20 The showers in some of the lodges, we'll  
21 raise them. Fixtures will be changed. The toilets  
22 are satisfactory in the lodges themselves, but we'll  
23 definitely change out the sinks to do a nicer finish  
24 and nicer job. There's something that we don't like

1 related to the shower systems to, again, provide a  
2 quality of care. It sinks in one portion of when  
3 you go into the bathrooms of, again, the lodges, of  
4 certain bathrooms within the lodges, not all of  
5 them. It actually does down; it's like a step-down  
6 bathroom -- I mean shower area on the two showers  
7 which we don't enjoy, and we want it to be something  
8 definitely better accessible.

9 One of the bathrooms will definitely be  
10 expanded, again, to further comply with handicap  
11 compliance, et cetera. And then in some of the  
12 showers, as well, in the lodges we want to change  
13 out where the heads of the showers are, raise them a  
14 bit and, again, make it more aesthetically pleasing.

15 So as far as the bathrooms are concerned,  
16 that is definitely I hope something more specific.  
17 I can answer any other questions.

18 MEMBER LAKE: That was more in the direction  
19 of the question. Thank you.

20 MR. MARCO: No problem.

21 VICE CHAIRWOMAN MICHALSEN: Any other members?

22 MEMBER MELGIN: We heard a lot about safety,  
23 and somebody brought up the idea of a perimeter  
24 fence. I know you spoke about the remote sensing-

1 type security system, but have you considered more  
2 of a perimeter fencing?

3 MR. MARCO: We feel -- the reason that we  
4 want to invest and in my last testimony and again  
5 today would stipulate installing that incredible  
6 thermal fencing system is it's something that's  
7 monitored on a 24-hour basis not only by us, but  
8 when not us a third-party security company would be  
9 monitoring that 24-7.

10 So what happens in a physical sense, because  
11 it's such a large facility, it's more costly to do a  
12 thermal fencing system and to monitor it 24/7. There's  
13 been since it's vacant, the Glenwood School -- as  
14 I'm sure you've reviewed in the record, one of the  
15 big issues, the burdens on this county has been,  
16 while there were not many, is loitering and thefts.  
17 That did happen in the past few years while this has  
18 been sitting vacant.

19 So the issue that we have where we'd rather  
20 spend the marginal cost to install this really  
21 state-of-the-art virtual thermal fencing system  
22 that, again, the details have been provided in the  
23 record is because that will actually allow us to  
24 know exactly what's going on at every part of this

1 very large fence.

2 So to really have anyone else monitor physical  
3 fence, anyone could jump that, dig underneath, do  
4 something, this is something really advanced that  
5 lets you know even when a deer is crossing. So it's  
6 something that we felt spending that extra money,  
7 again, as we initially spoke about to really assure  
8 that all of us are going to be protected from people  
9 going out and coming in, which I think is an equal  
10 concern for everyone.

11 VICE CHAIRWOMAN MICHALSEN: Where would the  
12 virtual fence be? Would it be close to the buildings?  
13 Would it be at the perimeter?

14 MR. MARCO: I could do my best. Since I'm  
15 not a security expert, I'll do my best to explain,  
16 but it's actually laid out in the record itself if  
17 you were to look to some of the different testimony  
18 we had from the security companies.

19 It ends up being like seven or eight or nine  
20 points throughout. So what happens is it's shooting  
21 in each direction, let's say two cameras. Again,  
22 I'm not a technical expert, but I'm pretty familiar  
23 with the concept. So about nine different points.  
24 Then there's two cameras that have 180-degree range



1 of view with embedded analytics. Then what ends up  
2 happening is it's shooting that perimeter around in  
3 like a nine-point way. Does that make sense?

4 VICE CHAIRWOMAN MICHALSEN: I do remember  
5 that from the record. I just don't recall, is that --  
6 how close to the buildings do I have to be before  
7 I'm going to trigger that fence?

8 MR. MARCO: Oh, no. So how close do you  
9 have to be?

10 MEMBER FALK: Are you on the perimeter?

11 MR. MARCO: Oh, wait. It's the perimeter.  
12 So sorry. You're asking the actual location within  
13 the site?

14 VICE CHAIRWOMAN MICHALSEN: Yes.

15 MR. MARCO: Okay. Again, we drew up a very  
16 nice plan specifically where it would be laid out if  
17 you look at the security company, but to explain it  
18 again -- and there's an exact map where it's laid  
19 out. We actually had that actually done by different  
20 security experts.

21 So it's around the ring road. So what happens  
22 is to make it the most logical, if you see the  
23 campus was designed, again, by Glenwood using their  
24 122 years of experience to control the campus. They

1 made sure that there is a road around so it would be  
2 quite easy to see. So the nine points go around the  
3 ring road and are tight to the ring road.

4 So we want no one coming in or out right at  
5 that road system that you see. So it would be very  
6 tight. It's around all points to provide the most  
7 amount of safety to everyone.

8 VICE CHAIRWOMAN MICHALSEN: Thank you.

9 MR. MARCO: Of course.

10 VICE CHAIRWOMAN MICHALSEN: Any other questions  
11 from members of the Board?

12 MEMBER LAKE: If I could, please. I'm  
13 wondering, you've heard everybody's concern about  
14 the potential failure of response time to the  
15 proposed facility in the case of an emergency, whether  
16 it's, you know, police because there's trespassing  
17 going on either internal or external to the  
18 facility, ambulance call, fire. Are you concerned  
19 at all about the potential failure of timely response?

20 MR. MARCO: As far as community services is  
21 concerned?

22 MEMBER LAKE: About county, about community,  
23 all the infrastructure that needs to be in place to  
24 provide successful care.

1           MR. MARCO: We're not concerned. And then  
2 on a larger level just to answer the question and  
3 then to get more specific, again, I haven't understood  
4 kind of the concern about the correlation between  
5 crime and our facility and any sort of breakouts or  
6 issues that would require any different services  
7 than anyone else in the entire community.

8           But in any sort of hypothetical situation we  
9 feel very confident with the response time. We feel  
10 that, again, because of Part 2060 and the licensure  
11 process and the compliance systems that we'll have  
12 in place we'll be even more secure because of our  
13 staff to handle and to stabilize any situation.

14           So we feel very confident not only if we had  
15 no systems in place, but, fortunately, because of  
16 our licensure process, because of the details, because  
17 of the way the operations will work, we feel confident  
18 not only in our system as being an extra net, but we  
19 feel very content with the services that we have,  
20 the access time, and the surrounding community, the  
21 stations of both fire and the sheriff's department.

22           MEMBER LAKE: So to what level will your  
23 internal staff be empowered to detain or initiate  
24 response?

1 MR. MARCO: To speak to anything beyond  
2 Part 2060 would be inappropriate of me as far as the  
3 operational components of how someone can interact  
4 with someone. It would be very specific to the  
5 licensure, and that's something that's not dictated  
6 by us. That's something complied with. The State  
7 policies and the procedures that are reviewed by the  
8 State, they're very, very in depth.

9 This is something developed in the licensure  
10 process. There's certain policies and procedures  
11 that are drafted and reviewed by the State in order  
12 to make sure that every patient, every part of the  
13 care, every part of the operation is appropriate to  
14 provide that sort of safety and to interact with  
15 someone not in a way that's discretionary to us but  
16 something complied with the State that never crosses  
17 a line either way that is either too lax or too  
18 aggressive.

19 MEMBER LAKE: Is there a quick paraphrase  
20 within 2060 that you can refer to without offending  
21 your procedures that you would be following?

22 MR. MARCO: Unfortunately, beyond part --

23 MEMBER LAKE: I don't want to offend what  
24 you need to do to keep confidential but they're

1 written procedures.

2 MR. MARCO: This is not confidential. So  
3 those procedures are not developed before the approval  
4 process. So the actual specific policies and  
5 procedures that are in compliance, a very --

6 MR. KOLB: It's organic.

7 MR. MARCO: -- it's a very organic and --

8 MEMBER LAKE: I get that.

9 MR. MARCO: Right. As far as the language  
10 within the Part 2060, since it's such a comprehensive  
11 record, we're more than happy to pull out that  
12 language and deliver it to you if that's something  
13 you'd like to review.

14 MEMBER LAKE: I was just wanting to know how  
15 intimate you were with what designing the business.  
16 Okay.

17 VICE CHAIRWOMAN MICHALSEN: Ms. Aris.

18 MEMBER ARIS: I have just a quick general  
19 question about sort of the ramp-up plan for the  
20 number of patients. Knowing that the day -- if this  
21 passes or doesn't pass, your plan right now is  
22 you're planning for 120 patients top capacity. Do  
23 you think you can reach that in 12 months, 18 months?

24 I assume that patients are coming from

1 outside of Illinois as well as inside of Illinois.  
2 Can you sort of generally -- because I realize this  
3 is competitive information. If you could sprinkle  
4 fairy dust, what are you hoping for? What is -- in  
5 your business plan what would be ideal?

6 MR. MARCO: Ideal would be at Day 1 to be at  
7 capacity and be able to run a full operation. In  
8 reality that's something that would be a linear  
9 growth over the first 12 months. So I would really  
10 hope in 12 to 18 months to reach a stabilization  
11 point.

12 Again, fairy dust, I would love Day 1 to  
13 have it to full capacity and be treating and saving  
14 as many lives as possible, but realistically it's a  
15 linear approach. It's something that rolls out, and  
16 you organically get -- once you get traction in the  
17 market, there's a sales process, a sales team.  
18 There's ways where you're contacting different  
19 outlets and different doctors and smaller groups in  
20 order to facilitate getting the right patients at  
21 the right time.

22 MEMBER FALK: So getting to the sales process,  
23 taking what Chief Nixon said, he's out on two calls,  
24 the reserve ambulance is parked somewhere because

1 they can't man it. You have people with means in  
2 your facility, and something goes awry, and the  
3 closest person that can come try to rescue that  
4 person for whatever reason is Elburn or South Elgin.

5 How do you explain that, or how to you spell  
6 that, or what's the spin that you're going to put on  
7 that as far as making that happen? And that could  
8 be a real issue, so why don't you talk about that.

9 MR. MARCO: Definitely. I appreciate your  
10 question.

11 Through our research, through our few years  
12 working on this, through conversations with Elburn  
13 down off McDonald Road to my memory, I'm pretty  
14 sure, which is, again, a very close to similar  
15 distance from Station 1 or Station 2, whichever it  
16 is, Fox River. We feel incredibly confident with  
17 the stations and access.

18 So we see zero possibility of anyone raising  
19 such an issue. Because as we would discuss mutual  
20 aid and response, and, again, conversations we've  
21 had with Elburn, there's more than enough equipment  
22 and access to equipment and access to services that  
23 there's many areas -- we are in proximity to  
24 services that could be provided.

1           So even if they're out, we're very confident  
2           in the equipment available, and we feel, again, that  
3           these concerns -- we have not been able to find a  
4           basis for any issue whatsoever. So if they're both  
5           gone, there are surrounding stations, as I think  
6           Mr. Kinnally, as well, raised during the last  
7           hearing. There are many, many stations and a lot  
8           more equipment than a lot of the assertions that are  
9           taking place.

10           AUDIENCE MEMBER: Excuse me. Can I speak to  
11           this question?

12           VICE CHAIRWOMAN MICHALSEN: No. This is  
13           strictly time for the Board --

14           AUDIENCE MEMBER: When he spoke to Elburn,  
15           he wasn't talking of the station on McDonald,  
16           because that's South Elgin. So I --

17           VICE CHAIRWOMAN MICHALSEN: Ma'am, this is  
18           just time for the Board to ask questions.

19           MR. MARCO: My apologies. South Elgin,  
20           Elburn. I wasn't prepared to refer to each one of  
21           the -- but the closest station -- my apologies; it's  
22           been I think a year since I spoke to them last or  
23           maybe less. So yes, I spoke to the nearest station  
24           beyond those that are in Fox River, off of McDonald



1 Road, the closest station.

2 MR. SHEPRO: This is a waste of time but  
3 this is hearsay and I object.

4 VICE CHAIRWOMAN MICHALSEN: Your objection  
5 is noted for the record.

6 Do we have any other questions from the  
7 Board for the petitioner before we close the public  
8 hearing portion of this petition?

9 MEMBER MELGIN: I have a question for  
10 Mr. Marco, and then I think I have a question for  
11 staff.

12 So I think a lot of people are wondering  
13 this and I have been, too. You have a background in  
14 real estate development. How did you become  
15 knowledgeable in drug and alcohol rehab centers?

16 MR. MARCO: Well, what I've been very, very  
17 fortunate in, especially having had the past  
18 three years to work on this, I have an incredible,  
19 incredible team around me. And, again, although I'm  
20 not a doctor, although I cannot sit with a patient  
21 and be a therapist, I have an incredible ability to  
22 absorb an incredible, incredible amount of information  
23 and become an expert in this industry from all  
24 aspects and feel very confident.

1 I sit with many of the top physicians, leaders  
2 in the industry, CEOs that run these companies,  
3 executive directors. We've gone through a countless  
4 number of interviews throughout this process of the  
5 type of staff, the type of people that we're going  
6 to utilize, our administration, our marketing team,  
7 all aspects and components of this business. We  
8 spend just as much time on that than we do on this  
9 process continually since Day 1.

10 So we've had incredible -- this opportunity  
11 has allowed us -- again, it's all about access to  
12 information. So the access to information that  
13 we've had and, again, the team built around us, I  
14 feel incredibly confident I could sit with anyone in  
15 the industry and talk on a very high level and  
16 impress on anyone in the industry I know exactly  
17 what's going on and how these businesses are run up  
18 and down.

19 The only thing I can tell you very confidently  
20 that I'm not able to do is write a prescription, be  
21 a doctor, and actually treat someone. Any other  
22 component as far as trends in the industry, how  
23 these things actually operate, profit and losses,  
24 every single line item that exists is something I

1 can speak to in depth.

2 MEMBER MELGIN: So I think someone else  
3 mentioned that we haven't seen a business plan. And  
4 the reason for that? Are you considering that  
5 confidential business information?

6 MR. MARCO: Not only is -- Andrew can speak  
7 to that.

8 MR. KOLB: Right. The fact that a business  
9 plan has not been introduced formally into evidence  
10 with consolidated financial statements, and balance  
11 sheets, and statements of income, and break-even  
12 points, and stabilization points, when we think the  
13 revenues will actually justify how much debt we  
14 might have to go seek, or whatever sort of structure  
15 is in place, I don't think it's addressed and speaks  
16 to one of the standards for a special use and is  
17 proprietary. It's something that's being developed  
18 and worked on continuously to make sure that the  
19 process -- the facility will be financially stable.

20 So when we looked at the standards to the  
21 special use, do we need to have out of our  
22 consolidated financials? When an applicant comes  
23 before a Zoning Board and seeks a special use for a  
24 particular land use, rarely have I ever submitted

1 consolidated financials for how are you going to get  
2 this project built.

3           There's a legitimate question, I think it was  
4 by Mr. Falk who was -- you know, "Are you going to  
5 be able to stabilize it and at what point?" I've  
6 seen Zoning Boards concerned that Phase 1 of a  
7 residential development would be built, but maybe a  
8 developer can't afford to build Phases 2 and 3, so a  
9 zoning board will ask questions about those items.  
10 But in this context we can assure you it exists, and  
11 it's been analyzed to death, but to introduce it  
12 into evidence I don't think is appropriate.

13           MEMBER MELGIN: I'm not so concerned about  
14 the financial aspect. It's more the operation and  
15 if we have to determine sort of the moral, the  
16 character, the safety, what does the day-to-day  
17 operation look like.

18           MEMBER FALK: Wendy, that was one of my  
19 concerns. Since you don't have any experience, and  
20 there's no trends showing the success -- you know,  
21 many of us would like to own a business and try to  
22 jump into that. However, we don't have any track  
23 record, so, you know, just speaking from a logical  
24 standpoint, what makes you believe that this business

1 plan or business that you have not operated, you  
2 have no knowledge of is going to be a success and/or  
3 is going to do what you think it's going to do from  
4 Day 1 without the experience?

5 MR. MARCO: Let me do my best to share what  
6 I can that's not proprietary to reassure you.

7 MEMBER FALK: You don't have to give out names.

8 MR. MARCO: Let me do my best, and if there's  
9 more I can provide and you want to dig deeper, I'm  
10 more than happy.

11 Knowledge as far as the operation, I have an  
12 incredible, incredible amount of knowledge of this  
13 business and given the opportunity will make an  
14 incredible execution of such a business that's top  
15 in the industry. And I can speak to -- if you want  
16 to understand more of how these businesses work, I'm  
17 glad to describe it. Is that part of the question  
18 or kind of our business plan -- let me give you as  
19 much information as I can and see if this helps to  
20 satisfy a knowledge base and an understanding to  
21 execute such an operation.

22 So you have different lodges and I'll speak --  
23 some of it is mentioned in our record, and maybe some  
24 of it is not, so whatever I say may be a repetition

1 of what you've already read.

2 So when you look at the site plan, and you  
3 look at the eight lodges, they could be separated by  
4 diagnoses, by gender, different focuses. So each  
5 one in a sense could be utilized as a different  
6 program. Or perhaps someone has one specific type  
7 of addiction. One could be for men, and one could  
8 be for women and divided in that nature.

9 What happens is in each one of those programs  
10 you're providing a full continuum of care. So one  
11 of the great competitive advantages here, the most  
12 value in the best evidence-based curriculums that  
13 exist in the industry and the reason we're going  
14 after this with such a passion is because the reason  
15 the level of care is so important is because I could  
16 take someone that, again, meets the qualifications  
17 that's not -- as we've discussed in the record, not  
18 someone that's about to die but someone that needs  
19 to be medically monitored or medically managed in  
20 the detoxification process; they're able to come to  
21 our facility, go in for seven days into that detox,  
22 and then they're able to go out, and they're able to  
23 go to the next building or the next part of the  
24 treatment, and they're able to get inpatient

1 residential treatment.

2 And then after 20 days in that part of the  
3 treatment, we're able to then step them down to PHP,  
4 partial hospitalization. From there we're able to  
5 also provide other care and services within that.

6 And then within all those specific technical  
7 areas, because of the size of the facility we're  
8 able to have an economy of scale to provide special  
9 services and special amenities like art therapy,  
10 music therapy, equine therapy perhaps going forward  
11 at some point, other types of alternative therapies  
12 that allow someone to take that medical -- that much  
13 coverage that exists by insurance for medical grade  
14 care, and then at the same time we're able to parallel  
15 that with a beautiful piece of property, many  
16 different types of focuses or therapies that once  
17 they're going through this rehabilitation, we're  
18 able to provide them hopefully with a different type  
19 of passion to fill that emptiness, to fill those  
20 issues that they have, and as they're being cured  
21 with medication assistance and all different types  
22 of cognitive and behavior therapy, they're then able  
23 to find something else.

24 So our size allows, again, during the

1 wintertime, because we're not in Arizona, we're not  
2 in Florida, we're not in California, we're able to  
3 have this incredible gymnasium; we're able to do  
4 incredible things, and we're able to do all different  
5 types of exercises and do incredible types of  
6 gymnasium work in cardiovascular centers.

7           And, again, group therapy is a big part of  
8 this, a big part of, again, having a campus like this.  
9 If you look into this industry, an important part of  
10 the business plan is group therapy, is bringing in  
11 people from different walks of life with the same  
12 issues that hear the stories from one another and  
13 hear about -- and that's something that's really  
14 positive.

15           Because you have a lot of different places  
16 that are very small, places that are very different  
17 than ours that only give medication or only give  
18 someone one-on-one therapy.

19           One of the most powerful things you'll learn  
20 from looking into this industry is group therapy,  
21 bringing these people into a sense of community that  
22 they're not alone, that they're able to find support  
23 systems, that they're able to see something in  
24 someone else's problem and issue and take something



1 from it that they wouldn't be able to take just from  
2 interaction with a doctor and that they feel -- that  
3 community-based feeling is important.

4 As far as a marketing prospective, one of  
5 the leading factors here in success is internet  
6 marketing. That's something that's very large. A  
7 lot of money is spent on marketing, a large portion  
8 of the budget to make sure that people understand  
9 that you're out there. A big part of that is your  
10 on-the-ground sales team. Many other facilities  
11 utilize billboards, TV, et cetera. That's something  
12 we don't focus on whatsoever and feel it's a waste  
13 of money and unnecessary. Internet marketing, just  
14 not effective.

15 MEMBER MELGIN: Can I stop you?

16 MR. MARCO: Sure.

17 MEMBER MELGIN: That's interesting but I  
18 think what I'm more interested in is -- and I know  
19 you can't hire people because you don't have a  
20 facility yet, but I think I would want to know that  
21 there are these types of doctors, they do this;  
22 there's this type of security guards. That's the  
23 type of information that's sort of missing. You  
24 can't hire them and bring them in and say this is --

1 MR. SHEPRO: Excuse me. I don't see how we  
2 can sit here and keep listening to this. The public  
3 hearing was closed. There was an opportunity to  
4 question -- excuse me, there was an opportunity for  
5 the Board to question this witness. He testified at  
6 great length and he said "No comment."

7 Now that the play is over I don't think he  
8 should come doing an epilogue and give speeches  
9 which are not subject to cross-examination and which  
10 are the very questions that he was asked before and  
11 chose contemptuously to say "No comment."

12 AUDIENCE MEMBER: That's right.

13 MR. KINNALLY: I think that's out of order,  
14 Ken. They have the right to talk to this person.  
15 They're the ones who are going to make the decision.  
16 You've made your statement but I think that's out of  
17 order. The Board has questions. They are entitled  
18 to ask this witness questions with respect to their  
19 concerns.

20 MR. SHEPRO: They're required to follow the  
21 rules of procedure.

22 MR. KINNALLY: Let me finish. Member Milgen  
23 has some questions with respect to a business plan.  
24 They've asked for this business plan before. It

1 hasn't been forthcoming for whatever reason, and I  
2 think it's a legitimate concern that she has, and  
3 she should be able to ask the witness whether or not  
4 they're going to come forward with a business plan.  
5 Apparently, they're not but she has a right to do that.

6 So you made your record. We appreciate it  
7 but I think it's out of order.

8 MEMBER MELGIN: You have to remember we  
9 didn't sit through all those hearings that everyone  
10 else did. So we're reviewing all this information.  
11 I want an opportunity to ask it.

12 So I think that you've answered it, but I do  
13 have a question for staff.

14 MR. MARCO: Please.

15 MEMBER MELGIN: A couple times people have  
16 said that they were concerned that they get the  
17 special use and then they could flip it or transfer  
18 the special use to another project. Is that  
19 something that could occur?

20 MR. VANKERKHOFF: I think in my initial staff  
21 summary of the nine conditions -- and Attorney Kinnally  
22 has reviewed those, as well -- that a condition that  
23 they would not be -- that Maxxam Partners, LLC,  
24 would not be able to transfer the special use to

1 another entity, whether it be an entity to own it,  
2 or lease it, or operate it, or whatever many forms  
3 that might take, that that is something that could  
4 be enforceable by the County Board as a condition of  
5 the special use. Generally, zoning, or a land use  
6 change, or a special use which is a sub -- sort of  
7 subpart of that land use approval typically goes  
8 with the parcel.

9 MEMBER MELGIN: Thanks.

10 VICE CHAIRWOMAN MICHALSEN: Do any other  
11 members have any further questions?

12 MEMBER LAKE: I have one more. And that is,  
13 I admire your self-confidence, I truly do. I like  
14 to say a lot of stuff -- I don't claim to be master  
15 of anything, but I do say that I'm really good at a  
16 lot of things, also. But I'm always challenged to  
17 prove it. You know, we can't really claim to be  
18 expert by exposure or osmosis. There's normally a  
19 learning process that's documented that says this  
20 person has this knowledge to go forward.

21 Do you have any kind of documentation?

22 MR. MARCO: Could you just say the end  
23 specifically what you're looking for from me?

24 MEMBER LAKE: Do you have any documentation

1 that says you are the expert you are in the health  
2 care that you're going to provide in this detox  
3 facility?

4 MR. MARCO: Well, as far as expert of the  
5 information of the business itself?

6 MEMBER LAKE: You personally.

7 MR. MARCO: Yes. Me personally as far as  
8 documentation?

9 MEMBER LAKE: Right.

10 MR. MARCO: I've overseen every single thing  
11 that's in this 1500 pages and all of this testimony.  
12 So as far as if you're asking about operations and  
13 the actual giving of services, that is --

14 MEMBER LAKE: No. What validation do you  
15 have by another party that you are an expert? Have  
16 you taken classes? Have you --

17 MEMBER FALK: Are you asking for credentials?

18 MEMBER LAKE: I'm asking for credentials, yes.

19 MEMBER ARIS: Or certification.

20 MEMBER LAKE: Or certification.

21 MR. MARCO: Could you give me an example?

22 Because as far as --

23 (Murmurs from the audience.)

24 VICE CHAIRWOMAN MICHALSEN: If we could

1 please --

2 MEMBER LAKE: I apologize.

3 MR. MARCO: If I could just -- I do want to  
4 answer that question.

5 If you were to look across the board of  
6 every single private facility that's owned in this  
7 entire country, very, very few private or profit  
8 facilities are owned by doctors. There's people  
9 that have specific skill sets.

10 The ones that are going to actually treat,  
11 the ones that actually have the credentials and  
12 certifications to executively be a medical director,  
13 to be a chief of operations, to be a chief executive  
14 officer, to be head of our program, to be treating  
15 eating disorders --

16 MEMBER LAKE: I get that.

17 MR. MARCO: -- every single one of those are  
18 certified.

19 Part of the licensure in Part 2060 that again  
20 is part of the record but let me review it is I have  
21 to be reviewed by the licensure process. There's  
22 ownership disclosure. So I am actually looked at to  
23 be qualified to be an owner of such a facility.  
24 That is specific language in the licensure.

1           So, again, anything that you can ask me or  
2 discuss about any line item, any part of the  
3 operation, I am an expert in this. So just because  
4 I haven't owned one of these facilities, and I've  
5 spent three years working on this specific facility,  
6 I'm here to be completely open with you. If you  
7 want to ask anything about any little piece of this  
8 operation, I can answer that.

9           But to say I'm not certified or educated  
10 properly in this, I am educated properly to be an  
11 owner of this facility, to accept these approvals,  
12 and to execute and deliver an incredible quality of  
13 care as anyone that owns these facilities around the  
14 United States are. Very, very few -- again, it  
15 would be very difficult for a doctor to spend all of  
16 his time managing this entire process and putting  
17 together all of the operations of the property.

18           So any question you have related to  
19 operations, I'm more than happy to discuss in depth  
20 any detail you'd like.

21           MEMBER LAKE: I was simply looking for a  
22 baseline as what establishes you as the expert that  
23 you have said you are.

24           MR. MARCO: There's no specific certification

1 that I could point to or -- there's no specific  
2 certification I could point to --

3 MEMBER LAKE: Thank you.

4 MR. MARCO: -- that would allow me to be an  
5 expert at treating people, and there's nothing that  
6 I know about as far as owning a facility like this  
7 or owning any sort of business that I could come up  
8 with or seek in order to make me better suited,  
9 which is maybe I hope a better answer for you. If  
10 there was something out there -- there's just nothing  
11 I'm aware of talking with many owners, many  
12 executives constantly. This is all that I do now.

13 MEMBER LAKE: I was just looking for a  
14 foundation.

15 MR. MARCO: For sure. I just hope I  
16 provided anything I could.

17 VICE CHAIRWOMAN MICHALSEN: Any other  
18 questions from the Board?

19 (No response.)

20 VICE CHAIRWOMAN MICHALSEN: Seeing none,  
21 Mr. VanKerkhoff.

22 MR. VANKERKHOFF: I'm still trying make sure  
23 that Board Member Millen's question was answered  
24 completely. I think it was answered in terms of the



1 number of calls, but I heard in her question the  
2 types of calls.

3 So I guess specifically with the detox part  
4 of the continuum of care part and the PHP part of  
5 the continuum of care, what are the types of medical  
6 emergencies or calls that could be expected from the  
7 facility?

8 MR. MARCO: I'm sorry. Do you want me to  
9 answer?

10 VICE CHAIRWOMAN MICHALSEN: Yes. Because I  
11 believe Mr. VanKerkhoff was asking for some  
12 clarification on your earlier answer.

13 MR. MARCO: The answer to the type of calls  
14 that we would expect are the exact same type of  
15 calls that any citizen of this county would expect  
16 in any sort of residential or community of this size  
17 and type. We expect nothing more specific than  
18 that. Anything equal to any potential of anyone  
19 that's a human being of any age range that would be  
20 in a community, we would expect those types of calls.

21 VICE CHAIRWOMAN MICHALSEN: So am I correct  
22 in understanding, then, that it is your assertion  
23 that people undergoing detoxification -- medically  
24 managed detoxification at a Level 4 facility such as

1 this have no medical emergencies that cannot be met  
2 on the site where they're being managed?

3 MR. MARCO: Exactly. A big part of the intake  
4 process is making sure that we're screening for  
5 anyone that would be in such a danger that they  
6 would need any sort of care beyond what we're  
7 capable of handling. So when someone is in part of  
8 that detox process, that is when it's even more  
9 heavily staffed. There's a different kind of  
10 equipment as part of the licensure.

11 So, again, that's part of our screening  
12 process. Because we wouldn't want such a liability  
13 and that's something that -- anything could happen  
14 just like anyone could have a heart attack during  
15 some point in time. But anything that we can  
16 mitigate prior is during that admission process and  
17 intake, and then at the same time, that's part of  
18 what's inside of that structure of that type of  
19 treatment. We have the medication, the staff, and  
20 the equipment necessary to stabilize such a patient  
21 and the protocols in place.

22 So we wouldn't predict anything outside --  
23 there's no probability to us outside of what we  
24 intend to manage, anything else special that would

1 require more services or more calls.

2 VICE CHAIRWOMAN MICHALSEN: Thank you.

3 Any other clarification from staff or any  
4 comment from Mr. Kinnally?

5 MR. KINNALLY: I have a couple.

6 The zoning code -- I don't have any questions  
7 of any witnesses or anything, but I just want to  
8 remind the Board of a couple things.

9 This came back here for conditions and any  
10 new evidence to be considered. The provisions that  
11 you're guided by here are the six factors of  
12 Section 4.8-2 which we've all discussed for some  
13 time now.

14 An additional provision in the zoning act is  
15 paragraph 4.8-3. It talks about conditions and  
16 guarantees, and it's up on the board there.

17 Basically, what it says is that you have the  
18 power to create your own conditions. We've heard  
19 from the petitioner as to what their apparent  
20 conditions are, and you've heard the last time we  
21 were here certain conditions that we thought were  
22 agreed to. But at the end of the day, if you feel  
23 that you want to do that, you can create and make  
24 recommendations to the County Board not only on

1 conditions but on guarantees that you believe are  
2 significant so those conditions can be enforced.  
3 You have that ability to make that recommendation.

4 In this particular proceeding we know that  
5 this property has already been zoned as a special  
6 use. The Glenwood School for Boys is a special use,  
7 and it's already been zoned for that purpose  
8 since 1989.

9 We also know that under our zoning code  
10 certain other types of uses are accepted. Those  
11 include assisted-living facilities, convalescent and  
12 nursing homes, hospitals, and sanitariums.

13 With respect to the evidence that's been  
14 adduced, it's your obligation to use a simple  
15 preponderance of the evidence. If the petitioner  
16 meets that burden based on substantive evidence, not  
17 estimates, not unsupported opinions, not speculation,  
18 not anecdotal determinations by people who have not  
19 testified here, but on substantive evidence, then  
20 you can grant the special use or deny the special  
21 use, or you can recommend conditions with guarantees  
22 to the County Board.

23 Also, under this particular special use you  
24 must determine -- this particular special use is

1 governed by the Americans with Disabilities Act, the  
2 Fair Housing Act, as well as the Rehabilitation Act  
3 of 1973. So a reasonable accommodation must be made  
4 with respect to people with disabilities. That's in  
5 our zoning ordinance, as well, and it's another  
6 consideration that you must take into consideration  
7 with respect to this petition.

8 That's all I wanted to say. I just wanted  
9 to give you a few ideas. That's our zoning code;  
10 that's the Federal law; that's the burden of proof.  
11 It's a simple preponderance of the evidence, more  
12 likely than not with respect to the propositions and  
13 the six criteria in the zoning code.

14 Thank you, ma'am.

15 VICE CHAIRWOMAN MICHALSEN: Thank you,  
16 Mr. Kinnally.

17 We're done with questions from the Board; is  
18 that correct?

19 (No response.)

20 VICE CHAIRWOMAN MICHALSEN: Okay. Would  
21 petitioner like to rebut any of the discussion that  
22 was had from questions from the Board?

23 MR. KOLB: Not at this time.

24 VICE CHAIRWOMAN MICHALSEN: Okay. Thank you.

1           At this time would petitioner like the  
2 opportunity to make a closing statement?

3           MR. KOLB: Just briefly to thank all of you  
4 for taking the time to review, you know, 1500 pages  
5 of the record over 13 public hearings. I'm sure it  
6 was exhaustive.

7           The temptation is to recite the entire case  
8 for you. That's what every instinct in my body is  
9 telling me to do is to go through every one of the  
10 witnesses that we have retained, every one of the  
11 expert reports, bolster the findings, take all of  
12 the contrary evidence and discredit it as best I can  
13 and conclude with a closing statement.

14           But in the interest of exhausting everyone  
15 here, and given that I can clearly understand that  
16 you all have read this record based on the  
17 sophistication of your questions, it's clear to me  
18 that everyone here has done the work, and I really  
19 appreciate it. And thank you all for that time for  
20 looking at that record based on that preponderance  
21 of the evidence standard that we more likely than  
22 not have met our evidentiary burdens when it comes  
23 to those six standards for a special use, and we  
24 feel confident the record speaks to our case.

1           So once again, on behalf of Mr. Marco, his  
2 partner, the entire -- our future medical director,  
3 and medical staff, and everyone involved we just  
4 want to thank you all for taking the time to  
5 consider our petition once again.

6           VICE CHAIRWOMAN MICHALSEN: Thank you.

7           It is my understanding that Mr. Carrara did  
8 not have a closing statement he wished to give. Is  
9 that correct?

10          MR. CARRARA: I do specifically now since  
11 there's been new testimony by Mr. Marco as to  
12 certain claims that were never available to  
13 cross-examination. So yes, I would like to make a  
14 closing statement.

15          VICE CHAIRWOMAN MICHALSEN: If you could  
16 keep it relatively brief, sir.

17          MR. CARRARA: I'll do my best.

18           I guess I'll address Mr. Marco's statements  
19 a few minutes ago. He assured you that the  
20 Environmental Protection Agency regulates the aquifer  
21 and the discharge he would have on his Sheaffer  
22 system. It does not.

23           Nowhere in his records or testimony have they  
24 provided any evidence to say that they will control

1 specifically or regulate the questions that were  
2 asked by the ZBA as to how or what impact there could  
3 be from the drugs that will be absorbed, Schedule 1  
4 issues -- Schedule 1 drugs that will be absorbed and  
5 will be eliminated from their body into the waste.  
6 That is not regulated by the EPA.

7           Additionally, we heard a new term you may  
8 have heard today. Again, when I asked earlier it  
9 was never offered, but you heard something called  
10 PHP, partial hospitalization. That's the first time  
11 you've heard that, and that's the first time because  
12 that is outpatient treatment.

13           Nowhere in the record have you ever heard  
14 anything about that before. All of a sudden today  
15 in a wrap-up they make a claim now that they're  
16 going to be doing outpatient treatment as part of  
17 their approvals. We never had the opportunity to  
18 examine what those outpatient programs would be.  
19 He'll I assume refer you to 2060. I was frantically  
20 looking through there. None of that is covered in  
21 there.

22           Additionally, he made assurance that it's  
23 organic to have their policies and procedure  
24 manuals -- that they don't have those as part of the



1 licensing program; it's organic; they kind of move.

2 I'll refer you specifically to  
3 Section 2060.313 -- and by the way, this is Exhibit J8.  
4 It states, "The organization shall have written  
5 personnel procedures approved by the management.  
6 Such procedures shall apply to all full- and part-time  
7 employees and should include for the process for  
8 recruiting, selecting and terminating staff,  
9 verifying applicant and employee application,  
10 protecting the privacy of personnel records,  
11 performance appraisal review update, disciplinary  
12 actions including suspensions and terminations,  
13 employee grievances, employment-related accident or  
14 injury," but I think this addresses the specific  
15 question that one ZBA member had -- "handling  
16 instances of suspected or confirmed patient-client  
17 abuse, neglect by staff whether paid or volunteered."

18 They're required to have those in writing.  
19 Yet we've heard they've done none of that. We've  
20 heard they have no operational history, which will  
21 take me to I guess my generalized closing argument  
22 that there was some concern as to what kind of  
23 ambulance calls there could be expected.

24 I direct you to A9. This exhibit of FOIAed

1 public records gives detailed lists of the ambulance  
2 calls and why they're needed at medically intensive  
3 detox facilities. They're not the general public of  
4 150 people that sit here in this office -- or in  
5 this room today. These are people under extreme  
6 medical care that need these facilities.

7           These facilities have calls in excess of  
8 200, and if you were to extrapolate them -- the size  
9 of these facilities are only 80 beds. If you  
10 extrapolated and added another one-third onto it,  
11 you're over 500 calls. Yet when Mr. Marco says he  
12 investigated, he talked to a lot of people, that's  
13 news because when I asked him the other day, he said  
14 he didn't talk to anybody. He relied on a Campton  
15 Hills memorandum that said there would be 5 to  
16 10 calls.

17           He had his operational expert, Mr. Messing,  
18 who was his initial consultant in his rider. There  
19 was some confusing testimony as to why he ultimately  
20 got rid of Mr. Messing through the process. I think  
21 in response he said because I started to inquire into  
22 his reputation and history of operating facilities  
23 similar to this in Florida, and he got rid of him  
24 because he was concerned about my looking into the

1 history of that.

2 Well, Mr. Marco didn't ask Mr. Messing,  
3 "What type of experience with ambulance calls do you  
4 have at your facilities that you've listed in our  
5 petition?" He could have asked so he would have  
6 known. The facility, as you'll see in the Campton  
7 Hills document that they FOIAed, had over 200 calls  
8 for the year, not 5 or 10, over 200.

9 So when we talk about this facility, again,  
10 this facility -- and I will defer to Mr. Kinnally,  
11 but I think he was a little vague in how he said  
12 this facility is allowed under the zoning code.  
13 It's not allowed under the zoning code; it's a  
14 special use. You have to find that they have met  
15 all six factors, and first you have to find that  
16 they're similar to a hospital.

17 I think you heard some very eloquent testimony  
18 as to how they're not similar to a hospital. They  
19 don't have doctors there 24/7. They don't have the  
20 ability to handle these medical emergencies. In fact,  
21 the licensing agreement -- excuse me -- the licensure,  
22 Exhibit J8 requires that they have written agreements  
23 with a hospital and a medical transportation company  
24 if they don't have doctors on-site 24/7.

1           So they're not like a hospital. They have  
2 to have arrangements with a hospital. That's why  
3 22 out of 23 in the state of Illinois that do this  
4 medical intensive detox are colocated next to a  
5 hospital. The only one that's not next to a hospital  
6 is 4 miles away.

7           So we're talking that these situations need to  
8 deal with the six specific factors for the special  
9 use. You've heard testimony that they have not, and  
10 I think that testimony is the credible testimony.  
11 I, with all due respect to Mr. Marco, think his  
12 testimony was less than credible especially when  
13 we're dealing with his trusted adviser Mr. Messing.

14           At one point he said he was in the deal.  
15 Another time under my questioning he said he was out  
16 of the deal. It wasn't until Mr. Kinnally entered  
17 Exhibit I into the record to refresh Mr. Marco's  
18 testimony his last letter to the Board explaining  
19 what Mr. Marco's responsibilities were that he was  
20 still an active part, a trusted adviser and was part  
21 of this probably and other projects.

22           So, again, when we're looking at the  
23 credibility of the testimony, the credibility of  
24 Mr. Marco's "No comment," a "Refer to the record"

1 when you were asking specific questions, and I was  
2 asking specific questions, and a number of other  
3 people were asking specific questions on the special  
4 use factors, you heard, "No comment."

5 It wasn't until he had the opportunity to do  
6 some self-serving narrative testimony on how great  
7 he was without giving any examples that he started  
8 to -- to refer back to the 2060 and its very specific  
9 nature.

10 If he understood 2060 as he said he's the  
11 expert, he would have known that he would have had  
12 to have those written policies and procedures in  
13 place. Again, the licensing from the State is the  
14 bare minimum, and, again, part of the licensing  
15 requirement is they have to show they have the  
16 appropriate County approval before they can get the  
17 bare minimum State license to operate that the  
18 facility.

19 So they must satisfy the zoning requirements,  
20 the six special use factors before you get to the  
21 State licensing. So don't just de facto say, okay,  
22 the State is going to take care of all these things  
23 that are listed in the six special factors. That's  
24 not their job. That's the ZBA's job to recommend to

1 the County Board and the County Board to ultimately  
2 make their decision.

3 I believe the other red herring in the room  
4 is the Fair Housing Act. The Fair Housing Act has  
5 been used as a sword threatening Kane County that if  
6 they don't approve this application, they will get  
7 sued. There's been in excess of a \$60 million lawsuit  
8 against Kane County based on the Fair Housing Act.  
9 Yes, that's why we're back here. That's no surprise  
10 to anybody. We're back here because the County was  
11 threatened with litigation. So let's look at the  
12 specific legal underpinnings of the Fair Housing Act.

13 Earlier in the nine prior hearings I in my  
14 closing gave specific cites to the case, but I'll  
15 give the specific cites again. Advocacy and Resource  
16 Center vs. Town of Chazy, 62 F. Supp. 2d 686 1999.  
17 "The mere fact that a substance abuse treatment use  
18 does not fit within the definitions of an allowable  
19 use in a zoning district" -- exactly on point for  
20 the Maxxam facility -- "does not automatically require  
21 a reasonable accommodation. The accommodation sought  
22 must be related to the disability," not the mere fact  
23 that it doesn't meet the zoning.

24 Next it goes on to say, "The FHA does not

1 grant protected classes carte blanche in determining  
2 where they can live in total disregard of the local  
3 zoning codes."

4           Again, they must meet the six factors. The  
5 FHA doesn't say they automatically get to come to  
6 Kane County. They still have to meet the ultimate  
7 zoning issues. In this case, as you heard Mr. Kolb,  
8 he believes they have. Well, I think others here  
9 believe they haven't. And I think when you look at  
10 the preponderance of the evidence, you'll see that  
11 there are at least three factors that I can think of  
12 right now that they haven't satisfied.

13           The first one being, we heard some  
14 confusing -- excuse me -- the first one being you  
15 heard, unfortunately, the misuse of a term throughout  
16 the hearing at times. You heard the term called  
17 "traffic study." When you think of a traffic study,  
18 you think of a full-blown analysis on what the  
19 impact of the facility will have on the surrounding  
20 roadways. That's not what Maxxam provided the ZBA.  
21 If you give me a moment, I will direct you to  
22 the page.

23           MR. KOLB: It's Tab 15.

24           MR. CARRARA: On page 344 of the transcripts

1 their traffic expert noted that he gave a traffic  
2 evaluation. And under my further questioning he  
3 acknowledged that the evaluation does not make a  
4 complete analysis or take into account the fire and  
5 police activity on the surrounding roadways.

6 And when I asked him if call volumes as what  
7 had been obtained from other facilities through the  
8 FOIA concept would be a problem, he said he wasn't  
9 asked to answer that by Maxxam. However, he said if  
10 he was asked to do a complete traffic study, that  
11 traffic study would look at the impact on school  
12 zones, neighborhood streets, and the rest from  
13 things such as police and fire call volume.

14 Again, that was not provided by Maxxam.  
15 They gave a study that only dealt with employees  
16 going in and out of the facility, nothing more, not  
17 a complete study.

18 The next issue I think that there's a problem  
19 with is in terms of the valuation of the surrounding  
20 real estate. While we heard their expert, you heard  
21 our expert, you'll see that in there. You'll see  
22 our expert who did a peer-reviewed analysis of over  
23 10 years of data and over 196-some-thousand sales  
24 and multiple hundreds of data points came up with an



1 analysis that said there's a significant impact of  
2 8 to 17 percent.

3 Now, yes, you can take that potentially with  
4 some skepticism because they're our retained experts.  
5 However, unfortunately, the petitioner ran into a  
6 buzz saw that I don't think they were anticipating,  
7 an independent resident in the area who happens to  
8 be an expert, a doctor who is a retired statistician  
9 who did his own analysis of the data. That analysis  
10 of the data supported our claim that there would be  
11 a significant impact, and actually he refuted the  
12 data on the other side, on the petitioner's side  
13 that there wouldn't be an impact.

14 Additionally, I found it interesting, you'll  
15 see in the record that when the one expert on the  
16 real estate who did actually appear, Mr. MaRous  
17 during his testimony when I was asking him, "Did you  
18 look at any other published research on the impact  
19 of drug treatment facilities on surrounding neighbors,"  
20 and he said no. I asked him a few other times and  
21 primarily because I knew Mr. Waller had published  
22 research papers, and he was going to be our expert,  
23 and something in my questioning must have triggered  
24 staff because staff at the next meeting must have

1 done a simple Google search, and a simple Google  
2 search was what I just asked, impact of drug treatment  
3 facilities on property values.

4 Do you know what pops up on page 1 of  
5 Google? The Bennie Waller record that dealt with  
6 the significant impact on property values. Yet  
7 Maxxam's expert couldn't find that. That's the same  
8 expert who used merely two matched pairs to come up  
9 with his analysis, and his matched pair for the  
10 facility that was supposed to be comparable to the  
11 Maxxam facility is a closed juvenile treatment center  
12 which has been turned into a park and was located  
13 next to a country club.

14 Our experts I think stated, you can see,  
15 that they didn't feel that those were the best  
16 matched pairs for that process. And, again, I think  
17 you also hear the independent analysis of  
18 Dr. Cappell -- I hope I didn't butcher his name.

19 So those are the very key factors. Did they  
20 look at the significant impact on the roadways'  
21 ingress and egress. Their own expert said, "No, we  
22 didn't. We gave you an evaluation that looked at  
23 our employees coming in and our employees going  
24 out," which by the way, if you look at those staffing

1 numbers don't seem to jive with what we've heard  
2 before. So, again, I would say those are  
3 inconsistencies at best.

4 We also had -- one of the most important  
5 things, is there going to be a significant impact on  
6 property values. I think the data shows that there  
7 will be significant impact, and I think you heard  
8 testimony, people were here that this is their  
9 biggest retirement. So a mere 8 percent to somebody  
10 like Mr. Marco on a \$300,000 house may not seem  
11 significant, but that's in excess of \$20,000. That's  
12 a pretty important impact for somebody who that is  
13 their nest egg and what they hope to retire on.

14 Lastly, I think you heard numerous testimony  
15 today on the general welfare and conditions of the  
16 surrounding area. I think you heard the fire  
17 protection district make a good case that they can't  
18 service this facility in a safe manner as well as  
19 the rest of its constituents without mutual aid.  
20 That is unreasonable in itself that if the fire  
21 protection district says, "We can't handle it absent  
22 mutual aid," that is a nondiscriminatory reason to  
23 deny the special use.

24 Additionally, you heard testimony --

1 unfortunately, most of it being, "No comment." We  
2 were talking about what those day-to-day operational  
3 impacts are on the special use factors. Again, you  
4 saw a deflection to the State license.

5 State license doesn't have anything to do  
6 with Factor No. 1. Factor No. 1 says locally zoning,  
7 is there going to be an impact on the general welfare  
8 and safety of the surrounding areas. I think the  
9 answer is clearly yes, there will be, primarily  
10 based upon the fire protection district who says,  
11 "If this actually is what it's going to be, we won't  
12 have the ability to service it, and we'll have to go  
13 to mutual aid." Now, you heard Mr. Marco suggest  
14 that he's talked to Elburn or South Elgin, whichever  
15 one he determined, and they would be able to handle  
16 the mutual aid.

17 Mutual aid is not supposed to be day-to-day  
18 operations of the citizenry of a fire protection  
19 district. It's unreasonable for the citizens to  
20 have to rely on outside agencies that aren't funded  
21 by their taxpayer dollars for their needs solely  
22 because of a new for-profit entity that's come into  
23 place.

24 And I have one last area that is a concern.

1 I think you heard testimony today about the zoning  
2 code and the compliance with the licensing and  
3 distribution of controlled substances. We agree  
4 with Mr. Johansen; your ordinance specifically says  
5 controlled substances that are dispensed by agencies  
6 that are licensed by the State, i.e. Maxxam because  
7 they've admitted they're going to be dispensing  
8 controlled substances, are not allow in the farm  
9 district. So, again, another nondiscriminatory  
10 reason to deny the special use.

11 Lastly, I think you heard some reference to  
12 the 2040 comp plan of Kane County and the institutional  
13 private open space. I'll refer you to Mr. Lannert's  
14 testimony. Mr. Lannert was Maxxam's expert.

15 Mr. Lannert said historically over the 50 years  
16 and if not in excess of 50 years Kane County has used  
17 the land plan as the basis for uses and controlling  
18 what's going to happen in its development. That's  
19 the purpose of the land plan.

20 The land plan specifically carved out this  
21 Glenwood property, carved it out, which is pretty rare  
22 in land plans. Usually, land plans are big overlays  
23 of colors, and it's very rare there are islands  
24 placed in the middle of it. The Glenwood School is

1 an island. It was classified as institutional open  
2 space, and the uses were "Offering important  
3 scientific, cultural, and educational opportunities  
4 to the residents of this county." Glenwood, a  
5 school, meets that criteria. They also give a  
6 couple of other examples, Fermi Lab, McGraw Wildlife  
7 Foundation, and Mooseheart. Mooseheart is another  
8 similar residential school.

9 Nowhere in that comp plan nor anywhere in the  
10 zoning code do you see any reference to a facility  
11 that Maxxam wants to be. It wants to be a 120-bed  
12 alcohol and drug detoxification center, the most  
13 intense it can be in the state of Illinois. That's  
14 nowhere listed in a use, whether it's a permitted  
15 use or special use in Kane County's ordinance.

16 They've got to try to bootstrap their use in  
17 the farming district through a similarity comparison  
18 to a hospital, which may be allow as a special use  
19 in the residential area, and if the residential area  
20 special use can get into the farming district, that's  
21 how they're getting in. So they're three steps  
22 removed, but yet they want you to think they're so  
23 similar to a hospital, or the Kane County zoning  
24 ordinance allows it that they should be granted.

1           Again, the special use factors are very  
2           specific. They have not addressed those, and that  
3           alone are nondiscriminatory reasons you can deny the  
4           special use. The Fair Housing Act will protect you,  
5           and if you have any qualms about my research, I ask  
6           you to specifically get a legal opinion from the  
7           State's Attorney on the impact of fair housing and  
8           what local zoning boards can do. That's never been  
9           provided to the prior Zoning Board before they were  
10          summarily discharged. You have any questions, you  
11          ask. You get the written opinion. You'll see the  
12          written opinion, and the case law supports your  
13          ability to deny it based on nondiscriminatory zoning  
14          reasons.

15                 Thank you.

16                 MR. KOLB: If I could rebut.

17                 VICE CHAIRWOMAN MICHALSEN: You may.

18                 MR. KOLB: Briefly I'll cover some of the  
19          topics.

20                 Regarding the property valuation and the  
21          argument of diminution, I just want to remind the  
22          Zoning Board that Mr. Carrara's expert Mr. Waller  
23          never once appraised a piece of property in the  
24          state of Illinois or anywhere for a fee. In fact,

1 he had never appraised a piece of property in  
2 Kane County at all or the state of Illinois and had  
3 not viewed the property that's at issue in this case.

4 So I ask the Board to take Mr. Waller's  
5 opinion regarding valuation and give it the merit  
6 it's worth. Conversely, the contradictory expert  
7 that we presented, Mr. MaRous, had 40 years of  
8 experience appraising properties in our state. I  
9 listed in our opening argument all of the different  
10 projects that he had appraised, and when you compare  
11 the two experts, one expert has no experience, never  
12 even appraised a single piece of property, and ours  
13 had 40 years of experience, appraised \$15 billion  
14 worth of property. I ask that the Board consider  
15 that evidence and those studies very closely when it  
16 comes to diminution of property values.

17 With respect to the issue of 2060 and  
18 specifically the written procedures, when we reference  
19 testimony that written procedures will be organic in  
20 nature and developed through the 2060 licensure  
21 process, I don't want the Board to mistake it to  
22 mean that we don't or won't have procedures in place  
23 or will not have procedures in place. They will be  
24 developed as part of the protocols of the facility



1 with the medical staff that will be hired and the  
2 medical administrator that will be on staff. So the  
3 fact that they're not before you today is precisely  
4 based on the fact they need to be developed in  
5 connection with the licensure process itself.

6 I think that segues to an important point.  
7 Mr. Carrara would lead this Zoning Board to believe  
8 that every item of licensure within the Administrative  
9 Code, Section 2060 -- we hate to keep referencing  
10 this code if it's frustrating. It's admitted into  
11 evidence in its entirety, so you're welcome to  
12 review it.

13 The bottom line is that the State administers  
14 these facilities. I personally don't believe it's  
15 up to the Zoning Board to decide specific issues on  
16 medical protocols no more so than if you were zoning  
17 a hospital you would get down to that degree and  
18 sharpen the pencil down to that level of cognitive  
19 specification. It's for the State to guide that  
20 process and to administer that process through the  
21 Administrative Code, and it's outside the purview of  
22 what the Zoning Board would do in the context of  
23 determining the standards of a special use.

24 Now, you certainly can dive into those issues

1 regarding security if you feel it's necessary, but  
2 when we have the 2060 Administrative Code and we've  
3 offered that as what we will comply with as part of  
4 the licensure process, we hope that you look at  
5 that. And, certainly, if you condition it -- that  
6 we would comply with the licensure process could be  
7 a throw-away condition as I've heard it referred to  
8 here tonight.

9 But it's an important condition because  
10 everything that's in 2060 becomes a condition of the  
11 special use the way we're looking at it because it's  
12 part of our licensure process. So it's so specific,  
13 it's inappropriate for us to go line by line through  
14 the code and explain it all. It's going to be part  
15 of the organic development of the license for the  
16 facility. So I hope we take that into account.

17 Regarding traffic volumes, I think it's  
18 really important -- whether you call it a traffic  
19 study or traffic evaluation, whatever term you want  
20 to give to it, the KLOA study concluded that given  
21 the low volume of traffic along Silver Glen Road  
22 additional traffic generated from the applicant's  
23 proposed facility will not have a detrimental impact  
24 on Silver Glen Road. KLOA, which is an excellent,

1     reputable, the go-to traffic evaluator also concluded  
2     that the existing access drive on the westbound  
3     right-turn lane along Silver Glen will adequately  
4     serve the traffic generated from the proposed  
5     facility, and most importantly, the applicant's  
6     facility will actually generate less traffic than  
7     the former Glenwood Academy.

8             We think that's sufficient as far as hiring  
9     the best expert to give you an evaluation that  
10    traffic is going to be less. Whether you call it a  
11    study, or an evaluation, or take into consideration  
12    telephone calls, it was done as part of the report.  
13    So we'd ask that you consider that.

14            Mr. Carrara is confused regarding his  
15    reference to outpatient care. We've been clear on  
16    the record regarding that. I don't need to get into  
17    that in more specifics.

18            And the controlled substances, a red herring  
19    in this case. The statute is in the appendix, and  
20    it's also been discussed at length on the record and  
21    discounted as an issue that was dispositive. So  
22    we'd ask you to review the record and the testimony  
23    regarding those issues, as well.

24            And Steven has a couple comments, too.

1           VICE CHAIRWOMAN MICHALSEN: This is time for  
2 the attorneys to earn their living.

3           MR. KOLB: That's all. Thank you.

4           VICE CHAIRWOMAN MICHALSEN: Thank you.

5           Mr. Shepro, you did do your closing before  
6 questions from the Board. Did you have anything you  
7 wanted to add very briefly to what Mr. Carrara said  
8 in closing.

9           MR. SHEPRO: I have no comment and would  
10 refer you to the record.

11          VICE CHAIRWOMAN MICHALSEN: Thank you.

12          Mr. VanKerkhoff -- or Mr. Kinnally -- I  
13 apologize.

14          MR. KINNALLY: I think we're at the point,  
15 Madam Chairman -- I'm sorry that I couldn't get this  
16 turned on. It's almost 10:00.

17          On behalf of staff, you know, we want to  
18 thank the Board for your attention, your diligence  
19 with respect to reviewing the record. We appreciate  
20 the participation of the community, all the lawyers,  
21 and the applicant, as well as the objectors, and we  
22 wish you well in making this decision, and we hope  
23 that it's the right decision for the County; we know  
24 it will be.

1           And I think at this point, Madam Chairman, I  
2 think we're ready to close the public hearing at  
3 this time unless there's something else that I'm  
4 missing.

5           VICE CHAIRWOMAN MICHALSEN: Mr. VanKerkhoff,  
6 are we missing anything?

7           MR. VANKERKHOFF: No. But if we're going to  
8 do thanks, I'm also just going to also thank our  
9 Kane County IT department, Blair Peters back there,  
10 coming in before every hearing along with several  
11 members of my staff and Keith Berkhout to do all  
12 this setup. I also want to thank the Chief Judge  
13 and court security for making this room available so  
14 we -- the largest room in the County that we could  
15 accommodate the people who have so diligently come  
16 out to follow these proceedings. Thank you.

17           VICE CHAIRWOMAN MICHALSEN: Thank you.

18           With that we are now closing the public  
19 hearing portion of this petition. This matter will  
20 be continued to Thursday, February 9th, 2017, at the  
21 Kane County Branch Court, 530 South Randall Road in  
22 St. Charles at 7:00 p.m. for the Zoning Board to  
23 deliberate both the conditions that would go as a  
24 recommendation to the County Board and the special

1 use recommendation to the County Board at that time.  
2 And we hope to be able to conclude ZBA's portion of  
3 this public hearing process on February 9th. Although,  
4 if additional time is needed, we will take it.

5 So with that do I have a motion to adjourn  
6 the meeting?

7 MR. KOLB: Isn't the public hearing  
8 concluded, though?

9 VICE CHAIRWOMAN MICHALSEN: Yes. I started  
10 with that. The public hearing portion is concluded.  
11 So if you come back on February 9th, nobody but the  
12 Board is going to be talking unless we have questions  
13 of staff or Mr. Kinnally as part of our deliberations.

14 We are deliberating in public and open for  
15 everybody to come watch, but there will not be  
16 questions. There will not be questions, outbursts,  
17 cheers, jeers, boos, applause. It will just be the  
18 public process of us deliberating this petition and  
19 making our recommendations to the County Board as we  
20 have been charged to do.

21 With that do we have a motion to adjourn?

22 MEMBER FALK: I'll make it.

23 VICE CHAIRWOMAN MICHALSEN: Do we have a  
24 second?

1 MEMBER ARIS: Second.

2 VICE CHAIRWOMAN MICHALSEN: All those in  
3 favor say aye.

4 (Ayes heard.)

5 VICE CHAIRWOMAN MICHALSEN: Motion carries.

6 This meeting is adjourned. Thank you.

7 (Off the record at 10:01 p.m.)

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CERTIFICATE OF SHORTHAND REPORTER

I, Paula M. Quetsch, Certified Shorthand Reporter No. 084-003733, CSR, RPR, 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 1st day of February, 2017.

My commission expires: October 16, 2017



\_\_\_\_\_  
Notary Public in and for the  
State of Illinois



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<p>1820:22, 1887:12, 1891:4, 1907:13 <b>actually</b> 1872:15, 1878:6, 1878:8, 1878:17, 1879:9, 1879:10, 1880:8, 1881:1, 1882:1, 1883:5, 1884:5, 1885:23, 1886:16, 1887:19, 1896:21, 1896:23, 1897:13, 1908:10, 1908:11, 1908:22, 1927:11, 1927:16, 1930:11, 1937:6 <b>acute</b> 1862:2, 1862:21 <b>adam</b> 1833:15 <b>add</b> 1845:12, 1866:17, 1879:24, 1938:7 <b>added</b> 1845:17, 1920:10 <b>addiction</b> 1843:24, 1853:8, 1854:12, 1862:10, 1862:12, 1862:15, 1862:21, 1900:7 <b>addicts</b> 1841:19 <b>additional</b> 1814:21, 1867:4, 1869:1, 1871:22, 1913:14, 1936:22, 1940:4</p>	<p><b>additionally</b> 1918:7, 1918:22, 1927:14, 1929:24 <b>address</b> 1817:7, 1831:22, 1833:3, 1833:7, 1854:3, 1867:9, 1873:18, 1917:18 <b>addressed</b> 1864:20, 1865:9, 1897:15, 1933:2 <b>addresses</b> 1872:6, 1919:14 <b>addressing</b> 1869:2 <b>adduced</b> 1914:14 <b>adequate</b> 1853:12 <b>adequately</b> 1937:3 <b>adjacent</b> 1814:2, 1853:4 <b>adjourn</b> 1940:5, 1940:21 <b>adjourned</b> 1941:6 <b>administer</b> 1861:7, 1935:20 <b>administering</b> 1862:19 <b>administers</b> 1861:3, 1935:13 <b>administration</b> 1855:20, 1896:6 <b>administrative</b> 1935:8, 1935:21, 1936:2 <b>administrator</b> 1935:2 <b>admirable</b> 1838:22 <b>admire</b> 1906:13 <b>admission</b> 1912:16</p>	<p><b>admitted</b> 1816:11, 1860:18, 1871:13, 1873:4, 1931:7, 1935:10 <b>adult</b> 1882:20 <b>adults</b> 1819:13, 1819:14, 1819:16, 1820:7, 1820:8, 1820:10, 1820:16, 1820:17, 1878:16, 1882:14 <b>advanced</b> 1886:4 <b>advantages</b> 1900:11 <b>adverse</b> 1852:8 <b>adversely</b> 1837:12, 1853:17 <b>adviser</b> 1922:13, 1922:20 <b>advocacy</b> 1924:15 <b>aerobic</b> 1848:8 <b>aesthetically</b> 1884:14 <b>affect</b> 1824:8 <b>affected</b> 1837:12 <b>affects</b> 1833:18 <b>affirm</b> 1874:14 <b>affixed</b> 1942:17 <b>afford</b> 1828:20, 1838:12, 1898:8 <b>after</b> 1831:4,</p>	<p>1833:22, 1845:11, 1850:16, 1850:17, 1850:18, 1854:18, 1859:6, 1900:14, 1901:2 <b>afterwards</b> 1829:23 <b>ag-zoned</b> 1863:4 <b>again</b> 1815:6, 1820:9, 1823:23, 1824:7, 1824:18, 1828:14, 1849:10, 1849:19, 1850:7, 1862:5, 1868:8, 1872:12, 1873:2, 1874:20, 1876:8, 1878:18, 1879:7, 1879:8, 1883:9, 1884:1, 1884:3, 1884:10, 1884:14, 1885:4, 1885:22, 1886:7, 1886:21, 1887:15, 1887:18, 1887:23, 1889:3, 1889:10, 1892:12, 1893:14, 1893:20, 1894:2, 1895:19, 1896:11, 1896:13, 1900:16, 1901:24, 1902:7, 1902:8, 1908:19, 1909:1, 1909:14, 1912:11, 1917:1, 1917:5, 1918:8, 1921:9, 1922:22, 1923:13, 1923:14, 1924:15, 1925:4,</p>
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