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Transcript of **Public Hearing Petition 4364 - Volume
7**

Date: February 1, 2016

Case: Kane County Zoning Board of Appeals

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BEFORE THE KANE COUNTY BOARD OF APPEALS

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In Re: :
MAXXAM PARTNERS, LLC :
Special Use request in the :
F Farming District for a :
private-pay alcoholism and :
substance abuse treatment : Petition 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 7

St. Charles, Illinois

Monday, February 1, 2016

7:04 p.m.

Job No.: 103297

Pages: 962 - 1131

Reported by: Paula M. Quetsch, CSR

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Report of proceedings held at the location of:

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

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

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PRESENT:

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

ON BEHALF OF THE APPLICANT MAXXAM PARTNERS, LLC:

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

ON BEHALF OF KANE COUNTY:

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

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ON BEHALF OF THE KANE COUNTY BOARD:

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

ON BEHALF OF THE APPELLANT:

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

ALSO PRESENT:

MARK VAN KERKHOFF, Zoning Enforcing Officer
KEITH BERKHOUT, Secretary

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P R O C E E D I N G S

CHAIRMAN WHITE: I'm going to call the meeting to order.

Would everyone please rise for the pledge.

(The Pledge of Allegiance was recited.)

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

First order of business is roll call.

MR. BERKHOUT: Bowen.

MEMBER BOWEN: Here.

MR. BERKHOUT: Cameron.

MEMBER CAMERON: Here.

MR. BERKHOUT: Heinrich.

MEMBER HEINRICH: Here.

MR. BERKHOUT: Moga.

MEMBER MOGA: Here.

MR. BERKHOUT: Regan.

MEMBER REGAN: Here.

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1 MR. BERKHOUT: Stover.

2 MEMBER STOVER: Here.

3 MR. BERKHOUT: White.

4 CHAIRMAN WHITE: Here. We have a quorum.

5 We have -- for the Board we have transcripts
6 from the January 21st and the January 19th meeting
7 that I'd like to make a motion to approve.

8 MEMBER BOWEN: So moved, Mr. Chairman.

9 CHAIRMAN WHITE: Moved by Mr. Bowen,
10 seconded by Mr. Regan.

11 I have one correction. On page 614, line 21,
12 in Volume IV, Mr. Regan is mentioned as making some
13 comments when in reality it was Mr. Moga.

14 So is everyone in agreement with that
15 change?

16 (No response.)

17 CHAIRMAN WHITE: Seeing no opposition, we'll
18 amend the motion as I indicated. So are you voting
19 on the amended motion? All in favor of that say aye.

20 (Ayes heard.)

21 CHAIRMAN WHITE: Opposed, same sign.

22 (No response.)

23 CHAIRMAN WHITE: Motion carries.

24 With that we'll go ahead and begin where we

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1 left off. I believe we were in the -- allowing the
2 objectors to present witnesses.

3 Mr. Carrara, do you have anyone for this
4 evening?

5 MR. CARRARA: No, Mr. Chairman. We rest.

6 CHAIRMAN WHITE: Okay. Thank you.

7 Mr. Shepro, are you prepared at this time?

8 MR. SHEPRO: Yes, I am.

9 CHAIRMAN WHITE: Okay. Thank you. Are you
10 going to have someone come forward?

11 MR. SHEPRO: Yes. I'm going to call
12 Robert Handley, who is the president of the Fox
13 River and Countryside Fire Protection District.

14 CHAIRMAN WHITE: May I ask that you come up
15 to the witness booth, sir, and please raise your
16 right hand to be sworn.

17 (Witness sworn.)

18 CHAIRMAN WHITE: Thank you. And then please
19 state your name and your affiliation with this
20 petition.

21 THE WITNESS: Is this on? Can everybody
22 hear me?

23 Robert Handley, H-a-n-d-l-e-y, president of
24 Fox River and Countryside Fire Protection District.

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1 MR. SHEPRO: As a preliminary matter,
2 Mr. Chairman, we have only one exhibit, and I wasn't
3 sure how many copies to bring, so I brought four. I
4 do not have copies for everyone. I'm not sure what
5 your exhibit marking system is.

6 CHAIRMAN WHITE: I believe we're on -- up to
7 P for the public -- or how do you want to mark this?

8 MR. KINNALLY: P4 is what I have. P, as in
9 "Patrick," 4.

10 CHAIRMAN WHITE: Do you want to identify it,
11 Ken? What it is?

12 MR. SHEPRO: Yes. I just finished marking
13 it here.

14 Exhibit P4 is a single sheet of paper entitled
15 "Fox River and Countryside Fire Rescue," which are
16 the incident statistics for the fire district for
17 the calendar year ending December 31, 2015 --

18 CHAIRMAN WHITE: I need you to speak right
19 into the Mike, Ken.

20 MR. SHEPRO: -- 2015, and I'm going to
21 tender a copy to Judge Brown and to Mr. Kinnally.

22 With your permission, I would ask if he
23 could also hand one up to the witness since it's
24 going to be awkward from that spot to approach the

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1 witness.

2 CHAIRMAN WHITE: That's fine.

3 ROBERT HANDLEY,

4 having been duly sworn, testified as follows:

5 EXAMINATION BY COUNSEL FOR THE OBJECTOR

6 BY MR. SHEPRO:

7 Q Mr. Handley, you are currently the president
8 of the Fox River Countryside Fire Rescue District?

9 A Yes.

10 Q And how long have you been president of the
11 district?

12 A Since December.

13 Q And prior to that time, what was your
14 position with the district?

15 A Treasurer.

16 Q Have you also been a trustee of the
17 district?

18 A Yes.

19 Q And for how long?

20 A Since 2001.

21 Q And what are the -- briefly describe the
22 duties of the position of president and as a member
23 of the board of trustees of the fire district.

24 A The board oversees the operations of the

1 fire protection district and makes sure that we have
2 adequate staffing, adequate equipment, and we're
3 properly manned and maintained.

4 Q As a member of the board, is the district
5 involved in long range planning for the district?

6 A Yes, sir.

7 Q And how is that carried out?

8 A Well, annually we look at our -- we assess
9 our previous call volume, our equipment, and
10 staffing, and we project for our future needs based
11 on our past experience.

12 In addition, we look to future growth, and
13 we look to special projects such as the one we're
14 discussing tonight and how it would impact our
15 ability to provide service.

16 Q Let's talk a little bit about what the
17 district is for the benefit of those who might not
18 be familiar with it.

19 About how large is the district?

20 A The district, I believe is about 38 square
21 miles extending from Route 47 on the west all the
22 way to Munger Road on the east into Wayne -- Wayne,
23 Illinois.

24 Q And that's in DuPage County?

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1 A Correct. It's in two counties, Kane and
2 DuPage.

3 Q But the bulk of the district is located in
4 Kane County?

5 A Correct.

6 Q And about how many residents are in the
7 Fox River Countryside Fire District?

8 A Approximately 25,000.

9 Q What communities are served by the district?

10 A Well, it's Wayne, unincorporated St. Charles,
11 Campton Hills. I don't think we get into the Elburn.
12 We may get into a little bit of Elburn, a little bit
13 of Wasco.

14 Q Unincorporated Campton Township?

15 A Correct.

16 Q And unincorporated St. Charles Township?

17 A Correct.

18 Q But you do not include any portion of the
19 city of St. Charles?

20 A Correct. The city of Charles is served by
21 its own municipal district.

22 Q Now, for many years the -- what's now called
23 the Fox River Countryside Fire District was actually
24 known as a paper district. Could you explain what

1 that concept is?

2 A Correct. The district was formed in the
3 1940s, and it consisted of basically the outer ring
4 of St. Charles. And in that it was mostly rural at
5 the time, it was served through a contract with
6 St. Charles municipal fire department, and the
7 St. Charles fire department in exchange for payment
8 on their contract would provide service to the
9 outlying district.

10 Q So during that period of time the district
11 did not own any facilities?

12 A Correct. We had no trucks; we had no
13 stations; we had no personnel. We were, like you
14 said, a paper district.

15 Q Now, did there come a time when that changed?

16 A Yes. In about 2010 a decision was made to
17 form our own department.

18 Q And was that done?

19 A Yes.

20 Q And so can you describe the -- currently
21 what the department is and its facilities and
22 personnel?

23 A Yes. We have two stations, one on the west
24 side and one on the east side, and they're manned

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1 24 hours a day, and they provide service to the --
2 to the district.

3 Q Now, are you familiar with the property
4 which is the subject of this hearing?

5 A Correct, the Glenwood School.

6 Q Yes. And what station of the Fox River
7 district is closest to that location?

8 A That would be our station on North Avenue.
9 Wasco, I believe we call it.

10 Q And that's known as Station 1?

11 A Correct. That's Station 1.

12 Q About how far is that from the subject
13 property?

14 A Depending on the route taken, between 4.5 and
15 4.8 miles.

16 Q All right. And about how long does it take
17 for the fire department to get to that location from
18 Station 1?

19 MR. BROWN: I would just ask for a
20 foundation as to how he's coming up with this
21 information as far as how long it would take for the
22 fire department to get there.

23 MR. SHEPRO: I'll reask the question.

24 MR. BROWN: Thank you.

1 Q Mr. Handley, as part of your duties as
2 president and as a trustee since the changeover,
3 have you had to familiarize yourself with the
4 response times and distances to various locations
5 within the district?

6 A Yes -- excuse me -- yes.

7 Q And as part of that, are you familiar with
8 the location and proximity of the stations also to
9 area hospitals?

10 A Yes.

11 Q All right. How far is it in time -- in time
12 from Station 1 in Wasco to the subject property?

13 A I believe it's about 10 minutes. I could
14 check my notes to refresh my recollection.

15 Q And, again, that might depend on the route
16 that's taken?

17 A Correct. Traffic, et cetera. That's after
18 we get the call, obviously.

19 Q Well, that's what I want to turn to. How
20 many ambulances does the district currently own and
21 operate?

22 A Two.

23 Q And that's to service the entire district?

24 A That is correct.

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1 Q Where are those ambulances currently
2 stationed?

3 A One is Station 1 on the west side, and one
4 is Station 3 on the east side.

5 Q And just to round that out, the station on
6 the east side is located where?

7 A It's located on Route 25, the old Wise
8 Hamlin Plastics. It's Carl Lee Drive and 25.

9 Q And that's in the Valley View area?

10 A Correct.

11 Q What other apparatus is located at the
12 current Wasco station?

13 A You know, I don't have an inventory of
14 everything that's there, but we do obviously have a
15 fire -- a tender and a fire truck.

16 Q Now, I take it that as the fire district --
17 the fire department is responsible for both fire and
18 emergency medical calls within its jurisdiction.

19 A Correct.

20 Q Could you walk us through the process of how
21 a call is responded to for emergency medical
22 services by a resident, business, or anyone within
23 the district?

24 A Well, first, the call comes in, obviously,

1 and depending on where the call is coming from
2 dictates where it goes.

3 For instance, with more people using cell
4 phones, it's very -- it's -- it doesn't always come
5 to KaneComm. Oftentimes it will go to Tri-Com.

6 Q Could you explain the difference?

7 A The difference is then there's call handling
8 time involved when it goes to Tri-Com because we use
9 KaneComm.

10 Q KaneComm is the sheriff's emergency
11 communication system?

12 A Correct.

13 Q And the Fox River district is a subscriber
14 to that service?

15 A Yes. We subscribe to KaneComm, not Tri-Com.

16 Q And Tri-Com services the tri-cities and I
17 believe South Elgin.

18 A I don't think South Elgin. I think
19 South Elgin went with Elgin.

20 Q That's what happens when lawyers testify.

21 All right. So what you're saying is that a
22 landline call would go through KaneComm and be
23 routed to the district?

24 A Yes.

1 Q And a cell phone call may or may not be
2 routed directly to the district?

3 A It depends on what cell tower picks it up,
4 I'm told.

5 Q Once the call comes into the emergency
6 communication center, what happens next?

7 A There's a minute, minute and a half,
8 sometimes two minutes sometimes just determining the
9 nature of the call and determining who it goes to.
10 And then from there there's a dispatch.

11 Q And then the dispatch would go to --

12 A It goes to the appropriate station.

13 Q All right. Now --

14 A It goes to all the stations, actually, but
15 the appropriate station responds.

16 Q And what -- so when the call comes into the
17 district stations, what would then -- what would
18 then occur?

19 A Well, there's turnout time. It's a minute,
20 minute and a half or so, and then they're on the road.

21 Q And in this case they would then be on the
22 road to the proposed Maxxam facility?

23 A Correct.

24 Q And about how long would that take under

1 normal circumstances?

2 A If I could check my notes, I think we'd
3 probably get out about 10 minutes but I may be
4 wrong. Let me double-check.

5 Yeah. About up to 10 minutes to get there I
6 would say.

7 Q What would customarily occur when the
8 emergency medical people reached the point where the
9 call had come in?

10 A Well, with this facility I think it's going
11 to be difficult to locate the patient. Because as I
12 understand it there's -- the campus is somewhat
13 widespread, and just locating the patient normally
14 is a little bit time consuming. But other than --

15 MR. BROWN: I'm sorry. Can I make an
16 objection?

17 One would be for foundation purposes. I
18 note this is not the fire chief; it's the president.
19 Him giving an opinion such as that as to how to
20 locate them, I don't think he's given any type of
21 background where he would have the educational,
22 professional background to give such an opinion.

23 That's my objection.

24 CHAIRMAN WHITE: Can you provide that

1 information, please?

2 Q Can you add any details about your experience
3 that would enable to you make that assessment?

4 A Other than the fact that I've been doing
5 this for 15, almost 16 years now, and I've been
6 involved with every kind of a situation, basically,
7 where there's been a response involved. I think my
8 experience. That's about it.

9 CHAIRMAN WHITE: You said "doing this."

10 THE WITNESS: Well, working with -- working
11 with the fire district in my capacity as a trustee
12 and on a monthly basis looking at calls and our
13 response times and picking apart how the response
14 time occurred and then looking at the circumstances
15 surrounding each and every call.

16 Q Well, let me ask a couple more questions.

17 For example, the board receives monthly
18 reports, does it not, on all calls?

19 A Correct.

20 Q And where they were, how long it took to get
21 there, and whether there were problems associated
22 with the call in any way?

23 A Every monthly meeting.

24 Q And some of those calls -- do you ever find

1 that there are questions that need to be asked about
2 what happened and why?

3 A Yes. We always look at response times and
4 pick them apart and see where we could improve and
5 how we can improve on our ability to, for instance,
6 locate a patient.

7 Q And sometimes that's because of operational
8 issues, and sometimes it's because of communication
9 issues from where the call came from?

10 A Oh, it's all kinds of issues, yeah.

11 MR. SHEPRO: I think he has adequately
12 demonstrated his ability to speak to that issue,
13 Mr. Chairman.

14 MR. BROWN: I still stand on my objection,
15 but I don't have a problem cross-examining him on
16 this issue. So you can give it its proper weight
17 after I've finished asking him some questions.

18 CHAIRMAN WHITE: Go ahead.

19 Q All right. Do you have the question in
20 mind, Mr. Handley?

21 A No.

22 Q We were discussing the issues that could
23 arise in terms of locating the patient upon arrival
24 at a scene with a patient.

1 A I'm familiar with the facility only insofar
2 as my youngest played baseball out there, and it's
3 kind of sprawling, and I understand there's pods and
4 different buildings and so forth. So I anticipate
5 that that will cause some delay in locating a patient.

6 Q And that's really not -- strike that.

7 Now, once the -- once the patient is located,
8 what then would happen with respect to an emergency
9 medical call?

10 A Well, after the patient is located, you have
11 to do an assessment, which takes several minutes.
12 And then you have to have an on-site treatment plan,
13 and then from there there's preparing to transport,
14 and then there's actual transport.

15 Q Now, that on-site could be reduced if there
16 were personnel on-site that were in a position to --
17 I maybe can use the word pretreat the patient before
18 the EMS personnel arrived?

19 A Well, yes. Yes, but I don't know -- I don't
20 know what kind of medical assistance is going to be
21 available at this facility because we really haven't
22 been given any information as to what we're going
23 to -- what kind of treatment people are going to be
24 available there.

1 Q After the on-site assessment, then there's a
2 transport?

3 A Yes.

4 Q And where would the -- where would the
5 transport go from this location?

6 A Probably to Delnor.

7 Q And about how far -- well, about how far
8 away is Delnor either in time or distance or both,
9 if you know?

10 A It would be at least 20 minutes to Delnor,
11 depending on traffic and so forth.

12 Q Now, when the -- when the patient arrives at
13 Delnor, what happens to the EMS unit that has
14 transported the patient?

15 A The problem with ER is they don't move too
16 quickly. We're not their top priority when we get
17 there. And, usually, we're out of quarters for at
18 least three hours with every EMS transport.

19 Q That's from time of departure from the
20 station to time of return?

21 A Correct.

22 Q Would that be similar with respect to other
23 area hospitals, St. Joe's or Central DuPage?

24 A Yes.

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1 Q Now --

2 A We can't just drop them off and say goodbye.
3 There has to be a change of -- a change of patient
4 care. So they have to accept them; someone has to
5 sign them in, and it's a long process which I'm
6 hoping that someday we can streamline because
7 three hours is a long time.

8 Q And during the time that an ambulance is out
9 of service at a hospital, what availability does it
10 have to respond to other calls within the district?

11 A Obviously, it's not available.

12 Q Now, as far as the current proposal, was
13 anyone at the Fox River Fire District contacted by
14 anybody on behalf of the applicant or an expert for
15 the applicant to inquire about the needs or issues
16 of the Fox River District?

17 A No.

18 Q Let me ask you to look at what I've marked
19 as Exhibit P4 --

20 MR. SHEPRO: And I think, Mr. Chairman, I
21 didn't have one for you.

22 MR. KINNALLY: I gave him mine.

23 MR. SHEPRO: Oh, okay.

24 Q What is that document?

1 A This is a calendar year summary of incident
2 types, incident numbers, and a variety of other
3 statistics for 1/1/2015 through 12/31/15.

4 Q Is this a report that is customarily prepared
5 by the district in the course of its operations?

6 A Correct.

7 Q And what this shows is -- well, first, it
8 breaks it down into two types of incidents?

9 A Yes.

10 Q And what are those?

11 A EMS and fire.

12 Q EMS are emergency medical services?

13 A Correct -- I'm sorry -- I won't use alphabet
14 soup.

15 Q Now, if you go down the page, so there were
16 a total of 896 emergency medical service calls
17 during calendar year 2015?

18 A Yes.

19 Q Now, if you go down the page, Mr. Handley,
20 to where it says "Overlapping Calls," first, what is
21 an overlapping call?

22 A That's a call that comes in when an ambulance
23 is out of service.

24 Q And so what -- what happens to the

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1 overlapping call?

2 A Well, we -- we move -- everything gets moved
3 around when there's an ambulance out. And then we
4 either have -- we have to usually use mutual aid or
5 MABAS to cover for us.

6 Q So "overlapping" means overlapping with
7 another jurisdiction?

8 A Well, it means overlapping when one
9 ambulance is out and another call comes in.

10 Q And has to be answered by --

11 A By someone else.

12 Q -- someone else?

13 A Yes.

14 Q And that -- the 204 is about 15 percent of
15 the total number of calls?

16 A Yes.

17 Q Now, does the Fox River Fire District charge
18 a fee for transport services?

19 A Yes, it does.

20 Q And is that the same for residents or
21 nonresidents?

22 A No. It's less for residents than nonresidents.

23 Q And if the call -- if the transport is
24 actually answered by another jurisdiction because

1 our ambulance is out of service at a hospital, what
2 happens to the revenue from that transport?

3 A Well, that goes to the agency that makes the
4 transport, and if it's a transport from, say Pingree
5 Grove or Elburn, then Elburn charges the nonresident
6 fee.

7 Q So, for example, if a resident of Campton Hills
8 that is within the fire district were to initiate a
9 call for ambulance, and that ambulance had to be
10 answered by Pingree Grove, or Elburn, or another
11 district because our ambulance is at Delnor, then that
12 resident would be charged at the out-of-district rate?

13 A Yes.

14 Q And presumably would be coming from a
15 station outside of the district?

16 A And presumably the response time would be
17 increased commensurate with the distance of the
18 ambulance coming.

19 Q Now, have you attempted to ascertain what
20 the impact on -- of the proposed facility would be
21 on the call volume for the Fox River Fire District?

22 A Yes.

23 Q And what have you done to ascertain that
24 information?

1 A Well, we reviewed the information that was
2 presented from other similar -- as best we could
3 determine, similar facilities throughout the area
4 and even in different states and attempted to
5 extrapolate based on the number of beds of these
6 facilities and the number of beds in the proposed
7 facility to come up with what we believe is a -- is
8 a fairly close estimate to what we could expect for
9 an increase in the number of calls to our district.

10 MR. BROWN: I would like to raise an
11 objection on several points.

12 One, this witness has said he's a trustee;
13 he's not the fire chief.

14 Two, if he's referring to some documents
15 from which he received this information, for
16 foundational purposes I would just like for him to
17 recognize what those documents were so we can
18 cross-examine him on the foundation of his opinion.

19 And, three, he's giving an opinion which I
20 feel that with all due respect to him -- and I very
21 much respect what he's doing as trustee; I think
22 that's a great job -- but he's not the fire chief.
23 And I think this would be more appropriate from a
24 trained professional who runs the organization

1 rather than someone who oversees it. That's my
2 objection.

3 MR. SHEPRO: Well, I would like to respond
4 to that.

5 First, the experts that have testified on
6 behalf of the applicant have testified to many
7 things that they have looked at without producing
8 every single thing that they looked at for
9 examination or qualification, that that is the
10 standard under the various rules of evidence as I
11 understand it with respect to expert witnesses.

12 Secondly, I would like to suggest that this
13 is a public hearing. This is not a trial. This is
14 a public hearing on a zoning application, and I
15 believe that a strict application of the rules of
16 evidence when someone has -- wants to speak to
17 something that is before this body, it is
18 inappropriate to sit there and say, "You haven't
19 done this; you haven't done that."

20 We have heard, for example, in the case of
21 even some of applicant's own witnesses that they're
22 not available for cross-examination, so the
23 suggestion is the Board will take that testimony for
24 what it's worth.

1 All I'm asking is that we be accorded the
2 same right that the applicant has repeatedly
3 insisted on and we be allowed to present our views,
4 and counsel will have the right to cross-examine,
5 he'll have the right to argue, and if this Board
6 determines that this witness doesn't have the
7 ability to testify about what he's testifying about,
8 then you will reach that conclusion.

9 But I don't think we should be limited in
10 our right to develop our concerns.

11 MR. BROWN: If I could just respond very
12 briefly to that, though.

13 As you're well aware, there's a line of
14 cases with Wilson v. Clark where if someone who is
15 in a profession who usually reads those types of
16 documents and uses that in the course of his
17 employment can opine as to what's in that document.
18 I have no problem with that with someone who is
19 involved in this at that level. If he was an
20 expert, an expert can use these documents.

21 Now, I will agree with him that even if you
22 rule against me, it's the weight that you give it.
23 But I do request at least for purposes of foundation
24 when he asks a question -- because I have to

1 preserve a record, and I'm just making an objection
2 that when he gives opinion, when he's not the person
3 who created these documents, when there's statistics
4 that are being brought up which may not even be
5 available, then it turns into hearsay, and there's
6 no way I can cross-examine him on something which
7 he's not an expert on and which is not even
8 available to look at.

9 It's my objection and I'll be quiet on this
10 issue.

11 CHAIRMAN WHITE: Do you have copies
12 available of this report?

13 MR. SHEPRO: I believe the documents that
14 Mr. Handley was shown are all documents which have
15 been proffered as part of the evidence in this
16 proceeding.

17 MR. BROWN: Actually, if he just identifies
18 them and tells us which they are, the number, and
19 that, I would probably not even have to say
20 everything I said so far.

21 CHAIRMAN WHITE: Do you have that?

22 MR. SHEPRO: I think that I have a summary.

23 BY MR. SHEPRO:

24 Q Mr. Handley, do you have a sheet which lists

1 some of the facilities that -- where you examined
2 information relating to your testimony.

3 A Yes. I have a summary page which sets forth
4 the facilities, the agencies, the number of calls
5 for 2015, and it cross-references various tabs which
6 have background information.

7 MR. SHEPRO: I don't know if that's been
8 offered as an exhibit.

9 CHAIRMAN WHITE: Is this the document you're
10 referring to, Mr. Handley? A9 is what I have.

11 MR. SHEPRO: It has a series of tabs
12 A through P.

13 THE WITNESS: A through P?

14 CHAIRMAN WHITE: Correct. Is that the
15 document you're referring to?

16 THE WITNESS: Yes, that's the one.

17 CHAIRMAN WHITE: A9 is the document.

18 MR. BROWN: A9. Okay. And you read that?
19 You read the entire document?

20 THE WITNESS: I've read the summary, and
21 I've read various excerpts from the tabs. I haven't
22 read them all.

23 MR. BROWN: Well, I'll stand on my
24 objection. You can give it the appropriate weight,

1 but he didn't even read it and analyze it, and he's
2 not a trained professional in this area.

3 But that's my objection. Whatever you wish
4 to do.

5 CHAIRMAN WHITE: And we've heard that. Go
6 ahead, Ken.

7 MR. SHEPRO: Thank you.

8 BY MR. SHEPRO:

9 Q Mr. Handley, in evaluating your views -- and
10 we'll get to them in a minute -- on the potential
11 call volume, what did you do? Did you -- were you
12 analyzing each individual call as part of that, or
13 were you trying to come up with an estimate based
14 upon the range of incidents that occurred at other
15 facilities?

16 A Strictly an estimate.

17 Q So the number that you're going to testify
18 to, you're not suggesting that that is a precise
19 number?

20 A No.

21 Q And in part is that because the nature of
22 this facility and what will actually occur is unknown?

23 A That's correct. We haven't been told
24 exactly what they're going to be doing there yet.

1 Q And no one from the applicant made any
2 effort to reach out to discuss what that might
3 involve with the district?

4 A Yes.

5 Q Yes, they did or --

6 A No, they did not. That is correct, the
7 statement that you made.

8 Q Based upon your examination and your
9 experience as a manager of the fire district for
10 14 years, do you have an opinion on the range of
11 additional calls that you believe could occur with
12 this facility?

13 A It's a range -- could be as low as 120;
14 could be as high as 150.

15 MR. KINNALLY: Is that annually?

16 THE WITNESS: Annually, yes.

17 MR. KINNALLY: Thank you.

18 Q Now, we talked a couple minutes ago about
19 the issue of overlapping calls. I take it that --
20 well, strike that.

21 What impact do you believe would there be on
22 the overlapping calls if there were an additional
23 150 or more calls a year?

24 A Well, presenting -- presuming our experience

1 remains steady -- and I don't see any reason why it
2 wouldn't, up to 15 percent of those would be
3 overlapping.

4 Q Have the annual numbers you testified to
5 been relatively stable since the district began
6 independent operations in 2011?

7 A Yes.

8 Q Now, I take it that -- well, what impact
9 would this facility have if there are additional
10 calls? What impact do additional calls have on the
11 ambulance equipment itself?

12 A Well, obviously, the longer we're on the
13 road, the more often we're on the road, the more
14 wear and tear there is on the equipment. And that's
15 been a problem since we started. Because when we
16 made the decision to go off on our own, it was done
17 based on what we anticipated the call volume would
18 be, and based on the numbers we had gotten from
19 St. Charles we anticipated a certain call volume
20 which was way, way less than what we actually
21 receive. And we don't know why but our call volume
22 was greatly increased.

23 As a result of that, the wear and tear on
24 our equipment has been increased substantially, and,

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1 obviously, wear and tear, it's at the end of its
2 life more quickly than we anticipated it would be.

3 Q And I take it that any new call means that
4 an ambulance is not available to answer another call.

5 A Correct.

6 MR. SHEPRO: I think that's all I have. I
7 would offer our exhibit into evidence as the -- as
8 an official document of the district.

9 CHAIRMAN WHITE: He's moving P4. Is there a
10 motion from the Board?

11 Moved into the record by Mr. Heinrich,
12 seconded by Ms. Stover for entering P4 into
13 evidence. All in favor say aye.

14 (Ayes heard.)

15 CHAIRMAN WHITE: Opposed, same sign.

16 (No response.)

17 CHAIRMAN WHITE: Motion carries.

18 (Exhibit P4 was admitted into evidence
19 and retained by the Board.)

20 CHAIRMAN WHITE: Any questions Board members
21 have at this time of this witness?

22 Mr. Regan, do you have some?

23 MEMBER REGAN: Another thing that they
24 should take into consideration, in the Daily Herald

1 on Friday, January 29th, there was an article -- I
2 won't read the whole thing, but it says, "The
3 district has been running on a shoestring budget for
4 many months. The district had only \$48,000 in
5 reserves coming into the fiscal year. That total
6 was bolstered by the sale of some rental property,
7 but the one-time boost won't be enough to sustain
8 operations in the long time. Finances are so
9 perilous that trustees have even contemplated what
10 would happen if the district was forced to dissolve."

11 CHAIRMAN WHITE: Do you have a question of
12 the witness? We're in cross-examination.

13 MEMBER REGAN: Oh, no. I got -- what would
14 happen if -- it looks to me like you're about to
15 dissolve your unit.

16 THE WITNESS: Well, hopefully things haven't
17 gotten that dire. We have -- we don't need an
18 additional reason -- another straw to break the
19 camel's back, if you will, if that's where you're
20 going with this.

21 MEMBER REGAN: I'm just reading what the
22 paper said. I didn't have any personal knowledge
23 of it.

24 THE WITNESS: We're considering a new

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1 staffing model to save money because our finances
2 are, I guess as the Daily Herald described them
3 perilous.

4 CHAIRMAN WHITE: Any other questions from
5 Board members?

6 Ms. Stover.

7 MEMBER STOVER: Your fire department -- your
8 fire district, you have -- I'm going to say this
9 wrong but inter -- interdepartment agreements with
10 the other surrounding areas for backup and whatnot
11 is what I heard you say, like Elburn.

12 THE WITNESS: It's called mutual aid, yes.
13 We have mutual aid and auto aid, yes.

14 MEMBER STOVER: So would you have -- if your
15 ambulances were out -- there was another word you
16 used that was at the sheriff's level, goes into --
17 what did you call it when a fire call comes in?
18 It goes into the call center, and what did you
19 call that?

20 THE WITNESS: Well, there's KaneComm
21 Tri-Com. We use KaneComm, if that's what you're
22 referring to.

23 MEMBER STOVER: Yes, that was it. Okay. So
24 then if your ambulances were out, that particular

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1 dispatch would know you're out and know who to go to
2 by the proximity of where the call was coming from?

3 THE WITNESS: They wouldn't know we were out
4 until the call was made.

5 MEMBER STOVER: Okay. And then, also, you
6 had talked about the facility, but I don't remember
7 if you said. Have you visited the facility?

8 THE WITNESS: Not recently, no.

9 MEMBER STOVER: Because you made the comment
10 about being hard to find them. So I was just
11 wondering if you had a familiarity with the buildings.

12 THE WITNESS: Only from when my son played
13 baseball out there many years ago.

14 MEMBER STOVER: My question is this: Is it
15 common practice for people within the east and the
16 west buildings -- or, you know, within those
17 structures, would it be common practice with a new
18 business, a new industrial or commercial use in an
19 area, would it be common practice for the firemen,
20 the fire chief, and everyone to be familiarizing
21 themselves with the facility?

22 THE WITNESS: Sure. If we knew what was
23 going out there, yes.

24 MEMBER STOVER: So they're pretty familiar

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1 with the buildings once they're up, and the fire
2 chief and everyone goes in there? That's what I
3 wanted to know.

4 THE WITNESS: Yeah. Once the facility is up
5 and running and we know of a plan, we know what
6 they're going to be doing.

7 MEMBER STOVER: They actually would walk the
8 property and know what buildings were where?

9 THE WITNESS: Correct.

10 MEMBER STOVER: Okay. Thank you.

11 CHAIRMAN WHITE: Ms. Cameron.

12 MEMBER CAMERON: When the Glenwood facility
13 was alive, how often were you called there?

14 THE WITNESS: Boy, that's been so long ago.
15 I don't even remember.

16 MR. SHEPRO: I think that -- if I might, I
17 believe that was while the district was still being
18 operated by the St. Charles Fire Department.

19 THE WITNESS: Oh, for sure, yeah.

20 MEMBER STOVER: He said 2001 he's been on
21 the board. But it wasn't until 2010 you got your
22 building?

23 MR. SHEPRO: It wasn't until 2010 that we
24 built stations and acquired our own fire personnel.

1 Prior to that, it was a turnkey contract with the
2 St. Charles city that, basically, their fire
3 department was our fire department.

4 CHAIRMAN WHITE: Board members have any
5 other questions?

6 (No response.)

7 CHAIRMAN WHITE: County have anything at
8 this time?

9 MR. KINNALLY: I do. Thanks, Mr. Chairman.

10 CROSS-EXAMINATION BY COUNSEL FOR THE COUNTY

11 BY MR. KINNALLY:

12 Q Mr. Handley, you're a lawyer; is that right?

13 A Sure, you're going to impugn my integrity
14 right off the bat.

15 Q Can you explain, isn't it fair to say that
16 in 2011 your district was in its infancy with
17 respect to operations?

18 A 2011 is when we began operating, May of 2011.

19 Q So really your district got its legs, so to
20 speak, in 2011 up until today?

21 A Correct.

22 Q Okay.

23 A We're still getting our legs.

24 Q I understand. Can you tell the Board how

1 many EMS personnel work for the district at the
2 North Avenue station?

3 A The one in Wasco? We have four personnel on
4 three shifts.

5 Q Are they all EMS?

6 A All of our people are EMS.

7 Q What about fire?

8 A They're all -- everybody is.

9 Q So they're cross-trained in EMS and fire?

10 A Yes.

11 Q And there are four people on three different
12 shifts?

13 A Correct.

14 CHAIRMAN WHITE: Let me -- I'm not sure I
15 understand. So you have 12 employees that serve --
16 four at each shift.

17 THE WITNESS: Four on each shift, three shifts
18 per day.

19 CHAIRMAN WHITE: Okay. Thank you.

20 MR. SHEPRO: At that station.

21 THE WITNESS: At that station.

22 BY MR. KINNALLY:

23 Q Now, if I understand Exhibit 4 correctly,
24 you have approximately 75 EMS calls a month. I

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1 think you said 896, and if my lawyer math works out
2 correctly, that's about 75 a month.

3 A Being that we're both lawyers, I'd have to
4 get the calculator out, too.

5 Q Okay. Well, trust me on that.

6 If I understand correctly, what you anticipate
7 based on your study is another 120 to 150 annually.

8 A That's, yeah, based on what we know.

9 Q So that would be another 10 to 15 calls
10 per month?

11 A Approximately. If we did it -- I think I
12 did the math at about 18 percent with the help of a
13 calculator.

14 Q And the document that you prepared or which
15 was prepared and identified by your lawyer,
16 Mr. Shepro, as Exhibit P4, when was that created?

17 A This report was generated on 2/1/16 at
18 1:49:19 p.m.

19 Q So that was today?

20 A Yes.

21 Q Did you prepare it?

22 A No.

23 Q Who did?

24 A Our administrator.

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1 Q And who is that?

2 A Mary Ryan.

3 MR. KINNALLY: Thank you, Mr. Handley.

4 Thank you, Mr. Chairman.

5 CHAIRMAN WHITE: Ms. Stover has one question.

6 MEMBER STOVER: I'm sorry; I forgot to ask
7 you this. I know you had said that the average
8 ambulance out is around three hours.

9 THE WITNESS: Correct.

10 MEMBER STOVER: Looking at the bottom here
11 in the Fox River and Countryside Fire and Rescue,
12 average time on scene is 18 minutes and 18 seconds.
13 So that's quite a bit different average than the
14 three-hour. I was wondering if you could elaborate
15 on --

16 (Murmurs from the audience.)

17 MS. STOVER: Is that not correct? It's not
18 18 minutes and 18 seconds?

19 CHAIRMAN WHITE: You people don't have the
20 report. She's reading it as it's written, and she's
21 asking a question that she would like an answer for.

22 MEMBER STOVER: So is it a fair assessment
23 that a majority of your Fox River Fire and Rescue
24 are things that are solved relatively quickly?

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1 That's a big difference between 18 minutes and
2 3 hours.

3 THE WITNESS: Sure. That takes into account
4 everything. But your average transport call is
5 going to be three hours because by the time you get
6 down to the hospital -- I mean, I could break it
7 down for you.

8 MEMBER STOVER: That's okay. I know you
9 probably get called on some things that are shorter.

10 THE WITNESS: Sometimes we get turned around
11 halfway there.

12 MEMBER STOVER: Thank you.

13 MR. SHEPRO: Mr. Chairman, can I ask a
14 clarifying question on that, or would you prefer
15 that I wait until after counsel has finished
16 his cross?

17 CHAIRMAN WHITE: Let's wait, Ken.

18 Mr. Bowen, did you have a question?

19 MEMBER BOWEN: Yes, Mr. Chairman, I have a
20 comment I'd like to make.

21 In terms of my past experience, I've worked
22 on the ambulance crew of Pingree Grove and Countryside
23 Fire Protection District for three years. So I
24 think I have the knowledge going back to determine,

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1 and I'd like to make two comments going into this.

2 Number one, it's a very valid question on
3 your part how long would it take, the 3 hours versus
4 the 13 [sic] minutes.

5 When you go to the hospital, you're there,
6 and it takes a certain amount of time. I don't know
7 if it's three hours or not but I believe it's well --
8 an hour, an hour or more by the time you get your
9 supplies, you clean up your ambulance, you get ready
10 to go. It's not an in-and-out kind of thing.

11 The other point that I'd like to make, also,
12 is, again, from my experience -- although Pingree
13 does not have an operation similar to this with a
14 series of buildings going through, but normally I
15 would say 89 to 90 percent of the time when there
16 was an ambulance call, someone who was there
17 wherever we were going would show us the location of
18 the house, the building, where it was from the farm
19 if they were in the barn. There would have to be
20 someone there to show you where to go at that
21 particular point.

22 Just some comments, Mr. Chairman.

23 CHAIRMAN WHITE: Okay. Thank you.

24 Any other questions for the witness?

1 MR. BROWN: I'd like to have some.

2 CHAIRMAN WHITE: Please do.

3 CROSS-EXAMINATION BY COUNSEL FOR THE PETITIONER

4 BY MR. BROWN:

5 Q Actually, to that point that was just
6 brought up, you're familiar with the location, and
7 he's talked about the buildings, but when you drive
8 up, were you aware that there's a security building
9 right at the gate?

10 A I recall that vaguely. I looked at the
11 Google map, too, just to kind of familiarize myself
12 with it. It's been a long time.

13 Q But have you heard the testimony concerning
14 the security for the location that's being proposed?

15 A I was here for a little bit of the first
16 evening, and I heard about cameras and some other
17 security.

18 Q Let me -- and I'm not trying to make it a
19 trick question or anything, but the fact that there
20 are potentially two security personnel, one that you
21 can't get on the premises without the security
22 person at the gate opening the door, and the fact
23 that there's full communication including cameras on
24 the location, would you -- could you make the

1 assumption that once someone comes on the property
2 there would be someone in charge that would direct
3 the ambulances where to go?

4 A I hope so but I don't know.

5 Q Okay. But, actually, you really don't know --
6 I'll take that. Thank you.

7 Also, the fact that this is a licensed
8 facility that will have trained nurses, also a
9 doctor on staff, would that make a difference as to
10 the type of situations that they may be able to
11 handle at that facility compared to someone who is
12 at home alone who would have an emergency? Would
13 you say that those two types of situations that
14 occur on this type of facility versus someone living
15 at a home, that they would be able to take care of
16 some of the situations in which an ambulance may
17 have to be called upon?

18 A I don't know. I don't know what kind of
19 personnel are going to be there because we haven't
20 been advised.

21 Q Let me just say this: A licensed physician
22 being on the premises and a nurse, when you normally
23 go to someone's house, is there usually a doctor or
24 a nurse there?

1 MR. SHEPRO: Well, I'm going to object to
2 that question because I think that assumes facts
3 that have not been in evidence. The testimony is
4 that there will be a medical director, not that he
5 will always be on-site.

6 MR. BROWN: Actually, if you look at the
7 medical code -- I think it's 2060 -- it's 40 hours,
8 and, also, the testimony has been --

9 MR. SHEPRO: Available by telephone.

10 MR. BROWN: Well, actually, it's a question
11 he can answer, but I don't think that's a proper --
12 well, actually, you can rule on it. You've heard
13 the testimony.

14 CHAIRMAN WHITE: I've got the list of
15 staffing here.

16 I'd like you to rephrase your question --

17 MR. BROWN: That was a little convoluted.

18 CHAIRMAN WHITE: -- to include medical
19 personnel that would be at the facility.

20 BY MR. BROWN:

21 Q It's not normal for medical personnel to
22 already be at someone's home when emergency vehicles
23 are brought there; is that true?

24 A Yes.

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1 Q And would you just assume it's common sense
2 that when medical personnel are on the scene of a
3 facility such as this that there are certain things
4 that they would handle which would normally -- if it
5 was at someone's home, they may call the ambulance,
6 but since they have that type of staff on the
7 premises that that would necessitate a difference in
8 the type of calls that would be made by the facility?

9 A Well, if they're calling us, it's going to
10 require a transport, I would imagine.

11 Q What I'm talking about is the number of
12 calls. We'll get into the transport, but the number
13 of calls -- because there is evidence that there's a
14 nurse there 24 -- let's just forget the doctor. To
15 be licensed you have to have a nurse there 24 hours,
16 7 days a week. All right? Would that change your
17 opinion if you knew that there's a nurse there
18 24 hours, 7 days a week for the number of times that
19 would be required for emergency personnel to come
20 out to the facility?

21 A Well, if that's the State licensing
22 requirement. And the facilities that we compared it
23 with also had nurses available. They still had the
24 call volume that we based our number on. So I'm not

1 sure I'm understanding.

2 Q Well, let's talk about it. You said you
3 just glanced at that document. You really didn't
4 read the whole thing, did you?

5 A I didn't read all A through P of the tabs.

6 Q All right. How many of those facilities had
7 mental health facilities inside of them?

8 A I don't know.

9 Q How many of those patients were outpatient
10 facilities?

11 A I don't know.

12 Q How many of those facilities were outside
13 the state of Illinois?

14 CHAIRMAN WHITE: Let him answer the questions.

15 MR. BROWN: I'm sorry. I thought he
16 answered.

17 Q How many facilities -- actually, do you need
18 to read it, or do you remember this off the top of
19 your head?

20 A I don't remember it, but I couldn't read
21 A through P with all these people sitting here.

22 Q Okay. But, actually, you've given opinions
23 without reading the document and without really
24 knowing what these facilities did and whether or

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1 not -- can you say under oath 100 percent that all
2 the facilities that were in those documents are
3 exactly like the same type of care that is being
4 given -- proposed by Glenwood --

5 MR. SHEPRO: I object to that. I think
6 that's argumentative.

7 MR. BROWN: It's not argumentative. It goes
8 to the weight to give the evidence.

9 MR. SHEPRO: No item is ever 100 percent
10 like every other thing. Theirs is not 100 percent
11 like any of the things they've been analogizing it to.

12 CHAIRMAN WHITE: Ken, the point he's trying
13 to make is your witness hasn't reviewed the entire
14 document. So he's making that point. That's what
15 we're hearing.

16 Now, if there's something you would like to
17 respond to, we're here to listen.

18 THE WITNESS: I will agree with the Judge
19 that I haven't read the entire --

20 MR. BROWN: I won't go into it anymore.

21 Let's talk about your fees -- actually, can
22 you hand out the ordinance, please? This is
23 Exhibit J1.

24 MR. SHEPRO: Don't we have a J1?

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1 MR. KINNALLY: We've already got a J1.

2 CHAIRMAN WHITE: J22?

3 MR. KINNALLY: 24.

4 CHAIRMAN WHITE: J24.

5 MR. BROWN: Actually, since we're in
6 February, do we need to go to Fs, or does it matter?

7 MR. SHEPRO: Let's not do that.

8 CHAIRMAN WHITE: J24.

9 (Exhibit J24 marked for identification
10 and retained by the Board.)

11 BY MR. BROWN:

12 Q Okay. Drawing your attention to J24, you're
13 familiar with this document?

14 A Nope. I don't have a copy.

15 Q Oh, I'm sorry.

16 Are you familiar with this document?

17 MR. SHEPRO: If it will help, we'll
18 stipulate that this is our ordinance.

19 CHAIRMAN WHITE: Thank you.

20 MR. BROWN: Actually, I just wanted him to
21 identify it.

22 BY MR. BROWN:

23 Q Can you identify that document for me, please?

24 A It's Fox River and Countryside Fire Rescue

1 District Ordinance No. 2015-02, which amends
2 2013-07, 2013-02, 2011-15, and 2011-07.

3 Q I just want to highlight a couple of things
4 that are on the first page. In looking at the third
5 paragraph it does say, "Whereas, Section 22 of the
6 Act grants the board of trustees of the fire
7 protection district the authority to fix, charge,
8 and collect fees for emergency ambulance service
9 within or outside the fire protection district";
10 correct?

11 A Yes.

12 Q And, also, it was recognized that "Such
13 emergency medical services continue to incur costs
14 to the district and its residents"; correct? That's
15 two paragraphs down from that one.

16 A Yes.

17 Q And the seventh paragraph where it says,
18 "The board finds it's in the best interest of the
19 district to amend the fees for continued provisions
20 of such emergency medical services," is that true?

21 A Yes.

22 Q "The board desires to amend and reinstate an
23 ordinance that provides for the district's cost
24 recovery and fee program for medical, fire,

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1 specialty response services; is that true?

2 A Amend and restate.

3 Q I'm sorry. Okay.

4 Now, based on that, I'm going to draw your
5 attention to Exhibit A1, which is the final page of
6 that document.

7 MR. BROWN: Can we put up A1 up on the --
8 you can put it up. Go ahead.

9 Q Now, looking at that A1, you have a fee
10 structure for residents and nonresidents; correct?

11 A Yes.

12 Q And, also, in that fee structure you charge
13 \$250 for patients receiving basic life-support
14 services with no transport; correct?

15 A That's --

16 Q For a nonresident?

17 A For nonresident, 250, yes.

18 Q And, also, \$1200 for patients receiving
19 basic life-support service with nonemergent or
20 emergent transport to an area hospital. So that
21 would be \$1200; correct?

22 A Yes.

23 Q Those would be for no transport, but those
24 would be the fees that would have to be paid. Now,

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1 I'm going to get into this a little bit more, but in
2 the collection of those fees when there's a
3 business, isn't that true that if they do not pay
4 those fees that their permits to do business could
5 be pulled? Is that fair to say? Are you aware of
6 that provision?

7 A I'm not aware of it. I didn't know that.
8 We don't have a whole lot of business in our district.

9 Q Well, that brings up another point. Are you
10 aware that this facility as it stands right now
11 produces zero tax revenue for the district?

12 A Yes.

13 Q Are you also aware based upon our
14 application -- at least it's in our application that
15 if this goes through that the district itself will
16 be receiving \$10,000 a year for property taxes?

17 A I understood about 9,000 but close enough.

18 (Murmurs from the audience.)

19 CHAIRMAN WHITE: Let's have it quite in the
20 audience, please.

21 Q Now, you also talked about fees. Let's say
22 there was a transport fee which you were kind of
23 referring to, to where there's an \$1800 fee for
24 advanced life-support nonemergent or emergent

1 transport to an area hospital. That would be \$1800;
2 correct?

3 A "Patient receiving advanced life support and
4 nonemergent or emergent transport to area hospital
5 is \$1800," resident and nonresident, correct.

6 Q Also, getting down to paragraph 8, you
7 charge \$16 per hour -- I'm sorry -- \$16 per mile for
8 transportation by ambulance; correct?

9 A Yes.

10 Q And there's a wait fee of \$25 for 30-minute
11 intervals while the patient undergoes assessment/
12 care and will be returned to the same or different
13 destination from which the call -- so when you were
14 talking about the waiting, there's also a fee on top
15 of the other fees we talked about for waiting;
16 correct?

17 A I don't know that that applies to the
18 emergency room waiting. I think that's when the
19 patient will be returned to the same or a different
20 destination from which the call originated. So I
21 think that's -- I think that's if we have to take
22 them back somewhere.

23 Q Well, can you give me an example how that
24 would work? Where do you take them -- are you

1 saying like if someone had a -- well, give me an
2 example how that would apply. I'm not understanding.

3 A I can't. I'm not sure when we've ever had
4 to take anybody back, but I imagine that a situation
5 could arise where a patient is not admitted, and
6 we've got to drive them back home.

7 Q Okay. So, basically, there's still a waiting
8 fee. So, in other words, you don't charge a waiting
9 fee when you're waiting at the hospital -- is that
10 what you're saying -- unless you take them home?

11 A I don't believe so, no.

12 Q Okay. Now, also, there's a fee of \$150 flat
13 fee per hour -- that's not a flat fee; I'm sorry --
14 going down to Section 7, \$150 an hour for a fire
15 truck, and \$150 for an ambulance; is that fair
16 to say?

17 A Yes.

18 Q So -- if you can hear me. So referring to
19 the patients receiving advanced life support and
20 nonemergent or emergent transport to an area
21 hospital, we're going to start off with \$1,800; is
22 that true?

23 A Patient receiving advanced life-support
24 Level 2?

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1 Q For a nonresident.

2 A Are you talking about the second line from
3 the bottom?

4 Q I can show it to you which line I'm
5 referring to. Right here.

6 A Yes.

7 MR. VAN KERKHOFF: Excuse me, Mr. Chairman.
8 We do have a hand-held microphone available.

9 CHAIRMAN WHITE: Yes, if you would please
10 use the microphone.

11 MR. BROWN: Okay.

12 Q Then you testified as to that it would take
13 about three hours to go to an area hospital. That
14 would be an extra \$450 because that's at \$150 per
15 hour; correct?

16 A I believe so.

17 MR. SHEPRO: Can I ask where you're
18 referring to?

19 CHAIRMAN WHITE: Section 7 in the fees.

20 MR. BROWN: For ambulance per hour,
21 three hours, 150 an hour.

22 Q Also, you charge per mile -- correct --
23 \$16 per mile. Now, that would be from the time you
24 leave the station, go to the residence or to this

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1 case Glenwood, and then would you drive them to
2 Delnor and drive them -- then you'd have to drive
3 back to the station; is that true?

4 MR. SHEPRO: I was going to ask if that's a
5 question or if counsel is testifying.

6 MR. BROWN: Actually, I believe it's true,
7 if he agrees with me.

8 A According to this ordinance it's correct.

9 Q So how many miles did you anticipate for
10 round-trip if you came to Glenwood and then went to
11 the hospital and then came back to your station?

12 A It's about 4 1/2 miles there and back. So
13 that's 9 miles, and then probably another 10 miles
14 to Delnor and 10 miles back. So 30 miles.

15 Q 30 miles.

16 Also, if you use any supplies, according to
17 your ordinance all supplies have to be reimbursed;
18 is that true?

19 A Yes.

20 Q Okay. And you don't really have a specific
21 charge for the supplies, do you? It's basically if
22 you use it, you give them a bill, and it has to be
23 reimbursed; is that fair to say?

24 A Correct.

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1 Q In your capacity as trustee -- and you
2 stated you've had experience over the years -- can
3 you give me an example of supplies and the costs
4 that would be involved there?

5 A No.

6 Q So that would be \$2,730 that would have to
7 be paid for this -- that the district would receive
8 for one visit to Glenwood under those circumstances,
9 plus the supplies; is that fair to say?

10 A Yes. But I don't think I've ever seen an
11 ambulance charge that high that we've actually billed.

12 Q Oh, so you don't bill what you have in the
13 ordinance?

14 A I'm not sure exactly what we bill out but
15 I've seen -- I see what we collect, and it doesn't
16 come up that high.

17 Q You did change your ordinance just recently
18 and actually increased your fees because you're
19 having budgetary problems; is that fair to say?

20 A That's correct. That's why we're not
21 familiar with how this is going to shake out under
22 the new ordinance.

23 Q Drawing your attention to Section 12 of your
24 ordinance -- and I'm going to read from it if you

1 can find it.

2 A Section 12?

3 Q Yes, Section 12. You stated that you
4 weren't aware as trustee of this provision, and I'm
5 going to read it to you. "To the extent permitted
6 by law, no permits shall be issued to any person,
7 firm, entity, or corporation that has outstanding
8 fees due to the district."

9 What does that paragraph mean to you, sir?

10 A I'm not sure.

11 Q Well, to me, the way I read it is that --
12 and maybe you may disagree with me -- but if
13 Glenwood, the property there, Markham Partners --

14 CHAIRMAN WHITE: Make it a question.

15 MR. BROWN: I'm making it. I'm prefacing it.

16 Q -- do not pay for ambulance expenses as
17 charged, they will not be given a permit. Do you
18 disagree with that?

19 MR. SHEPRO: Well, I'm going to object
20 because I think we have to establish that they would
21 otherwise get a permit, and we wouldn't issue a
22 permit to that facility.

23 MR. BROWN: I don't think that question --
24 he can actually rehabilitate his witness later, and,

1 also, that's basically giving an answer to his
2 witness. I don't think that's a proper objection.

3 MR. SHEPRO: I'm objecting that that's not
4 what the ordinance says. It says that they will not
5 be issued a permit, but he's begging the question of
6 whether there are any permits that would otherwise
7 be issued.

8 MR. BROWN: Actually, I don't mind asking
9 some more questions.

10 MR. SHEPRO: He can ask questions about
11 relative to --

12 MR. BROWN: Just a second. I'm going to lay
13 a foundation.

14 MR. SHEPRO: Thank you.

15 Q How often -- do you have to give permits
16 from the fire district?

17 A For what?

18 Q Are there any permits for commercial
19 property given by the fire district that you inspect
20 them or that they're in compliance?

21 A We have so few businesses in the district I
22 don't know that we do regularly go out and issue
23 permits as such.

24 Q Okay. My question to you, the board

1 president, trustee, the person that is responsible
2 for the finances, what does that paragraph mean?

3 A Well, first of all, I think your presumption
4 in the question is that we wouldn't issue a permit
5 if the facility hadn't made a payment. And the
6 facility itself is not the patient. The patient
7 would be the one who would make the payment. It's
8 not the facility who would get billed.

9 Q Let me ask you this: If the facility will
10 agree with the district to be fully responsible for
11 every ambulance or emergency call there because they
12 would have a contractual right with their clients to
13 get reimbursement, would that make a difference
14 to you?

15 MR. SHEPRO: I'm going to object to that.
16 It's a hypothetical question and assumes facts not
17 in evidence.

18 MR. BROWN: Actually, I'll even do this:
19 I've had permission from my client to testify and
20 say the facility will be responsible 100 percent for
21 the fees that are charged that are associated with
22 this. So it's no longer a hypothetical.

23 CHAIRMAN WHITE: That will go into the
24 record as is stated.

1 MR. SHEPRO: Will that then be a stipulation
2 in any recommendation that's made?

3 MR. BROWN: That's actually up to the Board,
4 and that's something that you can bring up at
5 another time.

6 CHAIRMAN WHITE: We have made note of it,
7 and there are a number of stipulations that we are
8 going to discuss at a future time.

9 THE WITNESS: What's the question?

10 BY MR. BROWN:

11 Q The question is, obviously, you talked about
12 the fact that these permits are related to commercial
13 property. We talked about and I think you would
14 agree with me that you issue permits on some type of
15 annual, biannual, or whatever purpose to the
16 commercial properties, that if Maxxam agrees that
17 they are 100 percent responsible for emergency calls
18 that are coming to that facility, that that would
19 affect their ability to receive a permit?

20 MR. SHEPRO: I'm going to object to that
21 because I don't understand even the point of that
22 question. The district is not saying that we're
23 troubled by the fact that we might not collect all
24 our fees. In fact, counsel has just spent the last

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1 10 minutes arguing perhaps that he thinks our fees
2 are too high.

3 MR. BROWN: He's testifying.

4 MR. SHEPRO: So he's turning around and
5 saying that they're going to pay the fees. I guess
6 I'd have to say so what.

7 MR. BROWN: Actually, he's testifying for
8 his witness, and I would request that the witness
9 answer that question, please.

10 CHAIRMAN WHITE: Ken, I'll have to ask you
11 to step back from the mic, and, Keith, if you'd like
12 to take your seat, I'd appreciate that, also.

13 THE WITNESS: Sorry. I forgot the question.

14 BY MR. BROWN:

15 Q Actually, the question is basically, the
16 fact that if the owners of the property are going to
17 be responsible for any fees or would agree to be
18 responsible for any fees that are generated as for
19 emergency vehicles with the fire district and
20 actually that would make them -- would that have any
21 bearing on your opinion as to its applicability as
22 to the permits? If you don't have an opinion --

23 A Well, I do. I'd like to respond to that.

24 It's -- that would be great. I'll start

1 there. But there's a lot more to it than just
2 payment of the ambulance fees.

3 We've got the wear and tear on the equipment
4 going out to the farthest northwest corner of our
5 district, an area that we're not regularly going to.
6 In addition to that we've got the out-of-quarters
7 time that we have to deal with because we're going
8 to have to deal with moving ambulances around and so
9 forth.

10 Then, in addition to that we've got the cost
11 to our residents to pay nonresident fees to another
12 district if they have to call. And then we've got
13 the impact on the service to our residents that we
14 would normally be servicing because they have to
15 wait for an ambulance to come to transport them from
16 somewhere out of the district.

17 So it has a ripple effect.

18 Q Are you going to say that the \$2,730 just
19 for this one example, that your cost exceed that
20 amount of money, or is there some amount of money
21 that's associated with that for replacing capital in
22 that fee?

23 A Well, the fees are not supposed to be money
24 generating, they're supposed to cover costs. But

1 there's capital costs that are affected, too, and
2 the impact to the district residents from being
3 called.

4 Q I totally understand that but I'm trying to
5 understand that out of the \$2,730 that's charged
6 here for a three-hour visit to the hospital -- well,
7 let me ask you this: How much of that would be for
8 your employees? How much of that cost is just for
9 personnel?

10 A Oh, we never analyzed that out. What we did
11 is we looked at surrounding communities and tried to
12 establish what was in what percentile of the
13 surrounding areas. We didn't itemize it based on --

14 Q Okay. Then this is my question: What is
15 the hourly rate for those personnel?

16 MR. SHEPRO: Could I ask, does he mean that
17 they're paid or that they charge others?

18 MR. BROWN: He can ask his own questions
19 when he does redirect. I just asked him the hourly
20 rate -- actually, I'll get that.

21 Q What is the hourly rate that they are paid
22 by the district?

23 MR. BROWN: I'm trying figure out what their
24 real costs are in association to what they're

1 charging. That's the purpose of this type of
2 examination because -- and I won't go any further
3 with it.

4 Q How much do you pay your -- you can give me
5 your highest paid one and I'll extrapolate it out.
6 What's your highest paid one per hour?

7 A The highest paid is the chief, and I think
8 we give him a salary, and I'd have to do the math on
9 that, which would take a half hour.

10 Q Were you involved in the creation of
11 these fees?

12 A We voted on it based on what we saw
13 surrounding areas charge and where we were at and
14 where we thought we could go reasonably.

15 Q So, in other words -- well -- I understand
16 that but let me ask this question: Did you ever
17 make a study as to what your real costs are per
18 visit with an ambulance in this situation in the
19 process of establishing these fees?

20 A No.

21 Q All right. So, also, anytime that someone
22 in a budgetary situation does costs, they usually
23 put in capital cost into fees; is that true?

24 A I don't know.

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1 Q Okay. Also -- and I was looking at your
2 budget. Do you -- you do have money set aside for
3 capital expenditures each year; is that fair to say?

4 A We're supposed to.

5 Q Yes. And I think last year you set aside
6 \$300,000 for capital expenditures, but you've moved
7 that over to your general budget. Is that fair to
8 say, or am I wrong in the numbers?

9 A Those numbers have been changing regularly.
10 We sold off some property that we owned. We put
11 that in a reserve fund, and that's where it's going
12 to stay.

13 We have to have a certain reserve fund for
14 our bonding people and so forth.

15 Q But the bottom line is the money that you --
16 and I really did not want to go here, but you've
17 talked about your costs. And I have looked at your
18 budget, and, actually, the money that you set aside
19 for capital expenditures for what you're saying for
20 your replacement that you have not kept that money
21 in that portion of the budget, and it's been
22 transferred into other funds; is that fair to say?

23 A That's fair to say.

24 Q And, actually, you transferred all of the

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1 money, is that fair to say, this last year?

2 A Last year we did, correct.

3 Q All right.

4 A Well, no, I think we have about 48,000 left.
5 We were pretty underfunded.

6 Q Also, you testified there were only
7 two ambulances; is that fair to say?

8 A Yes, sir.

9 Q I was understanding that there's a third
10 reserve ambulance. Do you disagree with me?

11 A Not that I'm aware of but I may be wrong.

12 Q Also, you have an agreement with South Elgin
13 in case there is an emergency in which your
14 ambulance is out, and South Elgin is your backup; is
15 that fair to say?

16 A We have arrangements with several surrounding,
17 including South Elgin, yes.

18 Q And the South Elgin fire station, do you
19 know how far it is from the Glenwood property?

20 A No. I didn't calculate that.

21 CHAIRMAN WHITE: Can I just step in here?

22 Can you list the other units that you have
23 mutual aid agreements with?

24 THE WITNESS: Well, we have -- we have

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1 mutual aid -- we have a mutual box agreement -- I'm
2 not sure of the number -- what district it is, but
3 there's a difference between mutual aid and auto aid.
4 Auto aid is where they come automatically as opposed
5 to --

6 CHAIRMAN WHITE: Thank you. Is that what
7 you were just referring to, the auto aid is with
8 South Elgin?

9 THE WITNESS: We have auto aid for certain
10 areas with South Elgin; we have auto aid for certain
11 areas with West Chicago; we have auto aid for
12 certain areas with Bartlett.

13 CHAIRMAN WHITE: How about on the west side
14 of your district?

15 THE WITNESS: I believe -- I'm not 100 percent
16 but I think we might have auto aid with Pingree. I
17 don't know. Do you recall?

18 MEMBER STOVER: With Elburn?

19 CHAIRMAN WHITE: How about with Elburn?

20 THE WITNESS: With Elburn I think there's a
21 small area that we do have auto aid.

22 CHAIRMAN WHITE: Thank you.

23 BY MR. BROWN:

24 Q Let's talk about revenue. You receive taxes

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1 from the property taxes; correct?

2 A Yes.

3 Q That's based on a number and I think, if I
4 recall -- is it 27 cents per -- can you help me with
5 that as to what your rate is?

6 A 27 cents per 100.

7 Q 27 cents per 100. Would you agree with me
8 that's one of the lowest in the area?

9 A That's one of the lowest in the state.
10 That's one of the lowest I think anywhere.

11 Q And would you also agree with me that
12 Elburn, which is near you, charges more than 80 cents
13 per hundred?

14 A I thought it was over a dollar.

15 Q All right. But, basically -- well,
16 actually, what is the closest -- I mean, to you,
17 you're one of -- I did not want to turn this into
18 this type of issue, but we're talking about your
19 expenditures and everything and how it's being
20 operated.

21 But you're at 27 cents. Do you know the
22 next one in our area as to being closest to your
23 number?

24 A Geneva Township may be the next closest, and

1 I'm not sure where it's at, but it's a very small
2 area. The rest of them are all like about a buck,
3 and we're at 27 cents. It's really like a quarter
4 of everybody else.

5 MR. BROWN: Would Mr. Shepro be willing to
6 stipulate that there's a reserve ambulance?

7 THE WITNESS: I don't know if there is.

8 MR. SHEPRO: Well, I believe I would
9 stipulate that there's a reserve ambulance that's
10 not in service at the moment.

11 MR. BROWN: Okay. All right. I'll accept
12 that. On your website there was one for reserve but
13 that's fine.

14 THE WITNESS: We're using Pingree Grove's
15 right now.

16 MR. BROWN: I'm sorry?

17 CHAIRMAN WHITE: The third reserve ambulance,
18 is that out of service because you don't have the
19 personnel or is it --

20 MR. SHEPRO: It's out of service because it
21 was a reserve because it was a used ambulance that's
22 not really ideal to be used.

23 CHAIRMAN WHITE: So it can't be used in its
24 current state?

1 MR. SHEPRO: It really can't be used. And I
2 think the witness was starting to say, also, that
3 one of our two current ambulances is actually on
4 loan from Pingree Grove.

5 CHAIRMAN WHITE: Keith, go ahead.

6 BY MR. BROWN:

7 Q So when coming up with these fees, you based
8 your fees on what other people charge in the area,
9 and it was not based upon a study of what your true
10 costs were; is that fair to say?

11 A Correct.

12 Q All right. And you also agree with me that
13 the \$2,730 I just put up there, that is not -- that
14 is just not all personnel costs? Your personnel
15 cost is less than that number; correct?

16 A I've never costed it out, so I can't tell you.

17 Q All right. But even if you had two personnel
18 and you were paying them -- do you pay them \$100 an
19 hour? Do you have any idea how much you pay your
20 personnel?

21 A I don't know.

22 Q You don't know. Okay. And I'm about ready
23 to wrap it up here.

24 The bottom line is that the cost that you

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1 have in here in this fee structure is also supposed
2 to be used for replacement and repair of your
3 vehicles; is that fair to say?

4 A Well, it's not costed out, so I don't know
5 if it's fair to say.

6 Q Okay. And do you have any opinion on how
7 often that you expect or anticipate that the
8 ambulances would be using this type of service as I
9 gave in the example up here at the property per
10 year? Do you have an opinion?

11 A I think I already testified that based on
12 what we know it's 120 to 150.

13 Q No, but I'm asking you the question, how
14 often will you have to have someone who is going to
15 give advanced life-support nonemergent care? How
16 often would that happen?

17 A Oh, that I don't know.

18 Q You don't know, do you?

19 A No.

20 (Murmurs from the audience.)

21 CHAIRMAN WHITE: That's hypothetical.

22 I ask the audience to please stay under
23 control.

24 Q Do you know how many ambulances they have in

1 South Elgin?

2 A No, I don't.

3 Q Wouldn't that be an important consideration
4 when you look at your fire protection district and
5 how well it's being covered?

6 A We don't -- we try not to rely on our
7 neighbors for regular assistance.

8 Q But if we took the extreme -- you stated
9 150 calls. If my math is right, if they were all
10 like that, that would be \$409,900 to the district if
11 there were 150 calls using that type of scenario.

12 MR. KINNALLY: Is that a question?

13 A It would be more than we get annually from
14 the entire district.

15 Q So, in other words, the number of calls that
16 you are referring to that would come out to this
17 facility if it was taken to the extreme that you're
18 testifying is more revenue than you're receiving
19 from anywhere else in the district; is that fair
20 to say?

21 A I can't imagine it would happen, but yes, if
22 your math is correct.

23 Q So you testified that you cannot imagine
24 that it would happen, meaning that type of care, but

1 do you have any estimate based upon your opinions
2 that you testified to that you based your opinions
3 on the number of calls, and you read over the
4 summary and the types of calls that are being made,
5 and based upon the math that I gave you -- because
6 there's all different types of calls that are here --
7 do you have an opinion as to the amount of revenue
8 that would be generated by this facility? I've
9 given you the max at 409,000. Do you have a number
10 for me?

11 A No.

12 Q All right. So you do not have an opinion?

13 A Correct.

14 MR. BROWN: No further questions.

15 CHAIRMAN WHITE: Thank you. Does the County
16 have anything for follow up?

17 (No response.)

18 CHAIRMAN WHITE: Any Board members have
19 anything?

20 Ms. Stover.

21 MEMBER STOVER: I think I see on your report
22 P4 here that you have 896 incidents from the year
23 2015, I think. Is that correct?

24 THE WITNESS: Yes.

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1 MEMBER STOVER: And did you -- did you say
2 that there would be between 120 and 150 calls a year
3 from this or that's your estimate?

4 THE WITNESS: Best estimate.

5 MEMBER STOVER: So at that, that's about
6 11 a month, and when you do the math, that's a
7 14 percent hike in EMS calls. But you said there
8 were 25,000 people that you cover right now. There
9 are 120 people there, so is it your testimony that
10 120 people at this facility with nurses there will
11 need EMS service to the tune of 14 percent more,
12 that 120 people are going to hike that amount up
13 14 percent when you were already servicing 25,000
14 people?

15 (Murmurs from the audience.)

16 MEMBER STOVER: I'm just asking.

17 THE WITNESS: I'm not sure I understand the
18 question.

19 MEMBER STOVER: Okay. There's 25,000 people
20 that you service now?

21 THE WITNESS: Correct.

22 MEMBER STOVER: You said EMS was 896 calls
23 last year.

24 THE WITNESS: Right.

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1 MEMBER STOVER: If you take 120 to 150, I
2 took 135, and I divided it by 12 months, and that's
3 11 a month, and you're doing 75 a month now if you
4 do the math on that. You're telling me that 120 more
5 people as it compares to 25,000 people are going to
6 jump that by 14 percent?

7 THE WITNESS: It's not 120 people. As I
8 understand it, they're going to be turning over on a
9 30-day basis.

10 MEMBER STOVER: So for clarification, when
11 there are 120 people and the beds are full, whether
12 they're 30, 60, or 90 days, because the beds are
13 full at all times, that's 120 people constantly to
14 everyone there.

15 So I'm just asking if you are saying it's a
16 14 percent hike, 120 people are going to cause a
17 14 percent hike on a 25,000-people community.
18 That's what the math says.

19 THE WITNESS: Well, I think you're presuming
20 that those same 120 people are going to be there for
21 the entire year, which is not the case. There's
22 going to be people coming through there on a regular
23 basis is my understanding.

24 MEMBER STOVER: But when you have 120 beds,

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1 it's 120 people there every month January to December.

2 MR. SHEPRO: Mr. Chairman, with all respect
3 of the right of the Commission to ask questions, I
4 think this is argumentative.

5 MEMBER STOVER: I was just asking him because
6 the math that he's put out there, I wanted him to
7 clarify that it was a 14 percent hike for 120 people.
8 I just asked if that's what his testimony is.

9 MR. SHEPRO: Respectfully, I think you have
10 misunderstood how that number was calculated, but
11 perhaps I'll have an opportunity to clarify that.

12 MEMBER STOVER: Okay.

13 MR. BROWN: I think it's an appropriate
14 question in light of when people live in town, they
15 move in and out just like anyone. It's the number
16 of beds that is relevant.

17 (Murmurs from the audience.)

18 CHAIRMAN WHITE: Stay under control here.

19 MR. SHEPRO: I would like some redirect if
20 I may.

21 CHAIRMAN WHITE: You may.

22 REDIRECT EXAMINATION BY COUNSEL FOR THE OBJECTOR

23 BY MR. SHEPRO:

24 Q With respect to the questions that were just

1 answered, do you have an understanding as to what
2 the typical length of stay would be at a facility
3 like this?

4 A My understanding is it's maximum 30 days but
5 probably usually less. I think the comparison being
6 made here is it's like comparing single-family
7 residences with hotels. People come and go from
8 hotels on a regular basis.

9 Q Do you live in a single-family area,
10 Mr. Handley?

11 A Yes, sir.

12 Q And do people generally move out of the their
13 homes every 60 to 90 days and new people move in?

14 A I don't think we have any Arabian bees in
15 our neighborhood.

16 Q So a facility that continuously recycles
17 patients would be different than a stable
18 residential neighborhood?

19 A I believe so.

20 Q Now, the people -- do you have an
21 understanding as why people are coming to this
22 facility in the first place?

23 A My understanding is to seek drug and alcohol
24 rehab.

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1 Q And the idea is that they will stay here,
2 and there will come a time where they will no longer
3 need to be and they will leave?

4 A It's my understanding that they will
5 probably require additional care than the normal
6 single-family home will because as they rehabilitate
7 and detox, often other medical conditions surface
8 that require treatment that a normal situation
9 wouldn't require.

10 Q This is not, as far as you understand,
11 intended as a long-term residential facility?

12 A I don't understand it to be a long-term
13 residential facility, no.

14 Q And so people with problems will come into
15 the facility?

16 A Yes.

17 Q And if they get cured, they will leave, and
18 they'll be replaced by others who come there because
19 they have problems?

20 A Oftentimes they leave before they're cured
21 and they just check out.

22 MR. BROWN: Objection. Part of this -- he's
23 not a doctor.

24 CHAIRMAN WHITE: I would agree.

1 Q All right. If you'd look at Exhibit P4
2 again, please. Commissioner Stover asked you about
3 the average time on scene at the bottom of the page,
4 18 minutes and 18 seconds.

5 A Yes, sir.

6 Q All right. Do you know what "on scene"
7 means in the context of an emergency call?

8 A Yes, sir, I believe it's just the time that
9 they're actually spending there.

10 Q At the place where they're picking up the
11 patient?

12 A Correct.

13 Q Not that that 18 minutes is the average
14 length of the call?

15 A Correct.

16 Q So that here, if it were average, one could
17 anticipate that a call to this facility would
18 involve an average of 18 minutes from the time they
19 arrived until the time they left for the hospital?

20 A I'm not sure how that number was calculated.
21 So I really don't want to venture a guess on that
22 because I don't know if it included calls that
23 didn't result in an on-scene situation.

24 Q Now, with respect to the ordinance, this

1 ordinance was adopted when?

2 A Sorry. I'm looking for the date -- I
3 apologize -- November 23rd, 2015. Just recently.

4 Q So would it be fair to say that the district
5 has very little track record as far as what fees are
6 charged or collected with respect to this ordinance?

7 A Yes, sir. Lag time on collections on EMS
8 ambulance fees is 90, 120, sometimes even longer.
9 So we won't get the full effect of this probably
10 for, who knows, maybe even a year.

11 Q Now, you testified in response to one of
12 Judge Brown's questions that you did not perform any
13 study as to the cost components of the fees in this
14 ordinance?

15 A I did not, no.

16 Q Do you know who prepared the ordinance that
17 was brought to you?

18 A One Ken Shepro.

19 Q Did anybody else have any input into the
20 ordinance? I was going to say thank you for
21 stating that.

22 A Yeah. The chief.

23 Q The chief of the district?

24 A The chief did the --

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1 Q And do you know what he did to go about
2 preparing the ordinance?

3 A Yes. He looked at the surrounding districts
4 and calculated -- and, also, our accountant I think
5 assisted in this and calculated the percentile we
6 were in versus the percentile that we thought was
7 reasonable and suggested the adjustment.

8 Q Are you aware of an Illinois principle law
9 called no license for revenue?

10 A Vaguely.

11 Q Do you know what that means?

12 A Well, your revenue for costs is not supposed
13 to exceed your actual cost.

14 Q Now, you were asked some questions about the
15 district's budget, and in particular there was a
16 question about a \$300,000 capital budget item. Do
17 you recall that?

18 A Yes.

19 Q And that was for the purchase of a new
20 vehicle?

21 A Well, I --

22 Q It was budgeted for the purchase of a new
23 vehicle?

24 A Well, vehicle -- vehicles, equipment,

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1 et cetera. Any capital expenditures.

2 Q And that was not, in fact, expended for that
3 purpose; is that correct?

4 A That's correct.

5 Q And the reason for that was what?

6 A We didn't have any money.

7 Q So that was transferred to cover operating
8 costs?

9 A Correct --

10 Q And --

11 A -- due to our perilous financial situation.

12 Q Well, I want to thank Judge Brown for a
13 commercial for our low tax rate because we would
14 agree.

15 A We're fiscally responsible and broke.

16 Q In fact, the district attempted to seek an
17 increase in its levy this past year, did it not?

18 A Yes.

19 Q And that was not successful?

20 A It was a miserable failure.

21 MR. SHEPRO: Just bear with me a minute. I
22 think I'm almost finished.

23 CHAIRMAN WHITE: I think we'd like to take a
24 break as soon as we're done here.

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1 THE WITNESS: Me, too.

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

3 MR. BROWN: I just have one question based
4 on what he said, and I'll make it real brief.

5 RE-CROSS-EXAMINATION BY COUNSEL FOR THE PETITIONER
6 BY MR. BROWN:

7 Q You also have revenue that comes in from
8 your property taxes. So, therefore, the revenue for
9 these expenses here should not be greater than your
10 cost; is that fair to say? I mean, you would be in
11 compliance with the law as long as you had revenue
12 coming in from property taxes? That's my question,
13 actually.

14 A Yes. That's our main source of income is
15 property taxes.

16 Q Okay. And my final question, though, you
17 cannot give me an opinion as you appear today that
18 for the fees I put up on the board, that those
19 exceed -- that they exceed your cost or even under
20 your cost because you have no opinion as to what
21 your costs are; is that fair to say?

22 A Correct.

23 MR. BROWN: Thank you.

24 CHAIRMAN WHITE: We're going to take a

1 break. The witness will be available after the
2 break since we haven't opened up any questions from
3 the floor. We'll take a 10-minute break, please.

4 (Recess taken, 8:40 p.m. to 8:57 p.m.)

5 CHAIRMAN WHITE: Can everybody take your
6 seats. Call the meeting back to order.

7 Are there any more questions for this witness?

8 Mr. Blecker, please keep it brief.

9 CROSS-EXAMINATION BY AUDIENCE MEMBER

10 BY MR. BLECKER:

11 Q Mr. Handley, when your EMS go out to a
12 facility such as this, have you had any experience
13 or has your fire department had any experience with
14 this type of facility?

15 A No.

16 Q Looking at the possibilities of somebody
17 being in the serious detox state or problem going
18 through the detox, would it be advisable to have the
19 police department going out with you?

20 A Yes. For the safety of the firefighters I
21 believe we would request accompaniment by the
22 sheriff for each call.

23 Q If the sheriff is not available, who would
24 then be the backup? Do you know?

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1 A Probably Campton Hills, I would imagine.

2 Q Exactly, it would be Campton Hills.

3 In looking at your response time and the
4 safety of your EMS members, has any consideration
5 been given to an EMS call on a night like tonight
6 that it's heavy fog, it's raining, and you have to
7 go over two-lane roads without shoulders?

8 A Well, the equipment is always more difficult
9 to drive in this type of weather, especially on
10 narrow roads and tree-lined streets and so forth.

11 Q Would it be even more dangerous than normal?

12 A Sure.

13 Q Would there be an occasion -- if there were
14 a shortcut to a residential area, would your EMS or
15 ambulance or fire truck use that shortcut?

16 A I presume we would take the route that we
17 could get to the facility the most quickly. You
18 know, time is of the essence, obviously, so if
19 there's a fast way to get there, we would probably
20 take it.

21 Q Would they normally use lights and sirens?

22 A They've been going away from lights and
23 sirens, but I think for the safety of the public
24 when necessary they do use lights and sirens, yes.

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1 Q So they may conceivably use lights and
2 sirens going through a residential area?

3 A Conceivably.

4 MR. BLECKER: I think that's all the
5 questions I have.

6 CHAIRMAN WHITE: Thank you.

7 THE WITNESS: Thank you, sir.

8 CHAIRMAN WHITE: Mr. Miller, just state your
9 name for the record, please.

10 MR. MILLER: Joe Miller.

11 CHAIRMAN WHITE: Thank you.

12 CROSS-EXAMINATION BY AUDIENCE MEMBER

13 BY MR. MILLER:

14 Q So is your fire district a for-profit
15 entity?

16 A No, sir.

17 Q Okay. So when we have discussions regarding
18 moneys that you would be able to get through
19 expanded services, is that something that's
20 interesting to you, or is that something that is --
21 I mean, what is your mission? Is your mission to
22 try and drive up utilization or to have equipment
23 available for people as they need it?

24 A Well, our mission is to provide fire and

1 safety services for the public with -- unfortunately,
2 with the limited resources we have, we do the best
3 we can. I'm not sure I understand the question.
4 I'm sorry.

5 Q Well, I mean, if you're a business, certainly
6 you want to utilize assets as much as possible. So
7 if you were to drive up utilization, you want to see
8 your assets and usage driven up 80 percent, 90 percent
9 to maximize your so-called profitability. Would
10 that be the applicable model for this?

11 A Well, we're not a for-profit business, so
12 I'm not sure I understand.

13 Q I guess let me ask another question. You
14 would rather have assets not being utilized and on
15 reserve for use than have a greater utilization;
16 would that be correct?

17 A Well, yeah. We'd like to preserve our assets
18 as best we could, especially with our perilous
19 financial situation.

20 Q So even with compensation for that, you
21 would rather have the assets in reserve than the
22 money, is that correct, given a choice? Ideally
23 you'd like them both; we know that.

24 A Sure. But, yeah, it would be preferable

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1 that -- you know, that we were financially and
2 capitalwise sound, yes.

3 Q Okay. And, previously, has it been the
4 policy of the district to send out fire trucks with
5 ambulances?

6 A It had been, yes.

7 MR. MILLER: Okay. Thank you very much.

8 CHAIRMAN WHITE: Any other questions?

9 AUDIENCE MEMBER: From the public?

10 CHAIRMAN WHITE: I'll allow you to come
11 forward. I've been limiting it to the units of
12 government, but I'll allow you one question.

13 MR. RICK BROWN: It's likely to lead to
14 others.

15 I'm Rick Brown. I live at 41W224 Wavers
16 Drive. My property backs up to Silver Glen
17 kitty-corner from Glenwood.

18 CROSS-EXAMINATION BY AUDIENCE MEMBER

19 BY MR. RICK BROWN:

20 Q Do the numbers that you gave include fire?

21 A Well, they're on the Exhibit P4.

22 Q I don't have Exhibit P4. I'm not here to be
23 argumentative. I'm just asking a question. Are the
24 numbers that are included including fire calls, also?

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1 CHAIRMAN WHITE: There are fire calls listed
2 on this document.

3 MR. RICK BROWN: I know but I don't have the
4 document is all I'm saying.

5 CHAIRMAN WHITE: I just answered your
6 question. There are fire responses identified on
7 this document.

8 Q Okay. How does that affect the ambulances
9 for the 25,000 people if there's a fire?

10 A I'm not sure I understand.

11 Q Do you send ambulances to fires? You have
12 four men who work three eight-hour shifts. If
13 there's a fire, does an ambulance go to the fire?

14 A Sometimes, yes.

15 Q Okay. So does that limit the ability to
16 take care of the people -- the other 25,000 people
17 besides the 120 people that might be at the facility?

18 A Well, if the ambulance is at this facility,
19 obviously, it's not available for responding to
20 the fire.

21 Q Okay. So what happens -- so we have two guys
22 go out on a fire truck, and we don't have an
23 ambulance. Where do we get an ambulance from?

24 A Well, we have two stations. We have another

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1 shift, and they come from the other station.

2 Q Which is on the other side of the river?

3 A Correct.

4 Q And do we know the time from the other side
5 of the river to the west side where the facility
6 is at?

7 A It is probably 15 minutes, 18 minutes.

8 Q If it's a two-alarm fire, would both engines
9 and both ambulances go to a fire at this facility?

10 A If there's a fire at this facility here?

11 Q Yes. If there's a fire at this facility,
12 would all of our resources be driven to this facility?

13 A I can't say for sure, but we would have auto
14 aid and mutual aid for a fire that would come -- we'd
15 get people from everywhere. We had a fire last -- a
16 week ago Sunday that we had people from Carol Stream;
17 we had Bartlett. I mean, everybody shows when
18 there's a fire.

19 Q So all four people on a shift on the west
20 side of town, if there was a fire, all four would go
21 to that fire; correct?

22 A Correct.

23 Q So we would have no ambulances available?

24 A We have the ambulance --

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1 Q On the east side of town. I could be dead
2 by the time an ambulance got from the east side to
3 my house.

4 A Correct.

5 MR. RICK BROWN: Thank you.

6 CHAIRMAN WHITE: Any other units of
7 government wishing the floor at this time?

8 (No response.)

9 CHAIRMAN WHITE: I'm not seeing anybody.
10 County have anything else?

11 MR. KINNALLY: No, Mr. Chairman.

12 CHAIRMAN WHITE: Any redirect from the
13 petitioner?

14 MR. BROWN: Yes. Just a couple questions.
15 Can we mark that as an exhibit -- actually, I'm not
16 going to use the maps.

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

19 Q You are aware that the South Elgin facility
20 is there as your backup; correct?

21 A I think South Elgin and Pingree.

22 Q Right. And they do have two ambulances at
23 the South Elgin location?

24 A I believe so. They might have more. They

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1 have more money than we do. Everybody has more
2 money than we do.

3 MR. BROWN: All right. Thank you.

4 CHAIRMAN WHITE: Thank you.

5 Board members have any questions at this time?

6 (No response.)

7 CHAIRMAN WHITE: Seeing none, then I'll
8 excuse the witness. Thank you.

9 (Witness excused.)

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

12 MR. SHEPRO: No, Mr. Chairman. That
13 concludes our witnesses.

14 CHAIRMAN WHITE: Thank you.

15 MR. BROWN: There was a point of clarification
16 about whether or not my client or through his
17 attorneys have ever contacted the fire district, and
18 there's a stipulation between -- Mr. Shepro and I
19 have had -- our offices have had conversations but
20 we've never formally -- and discussions but we've
21 never formally gone before the district. I just
22 didn't want to make it be that we've had no contact.

23 MR. SHEPRO: I guess at the risk of having
24 that leave the wrong impression, why don't we just

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1 say what the contact was. Mr. Handley and I were
2 approached at one of the December hearings and asked
3 if we wanted to discuss the needs of the district.

4 I furnished a draft of a proposal that had
5 been agreed to by Kiva in a previous life, and we
6 did not hear anything further from the applicant
7 until I was again approached by them at the
8 conclusion of the hearing last Thursday and asked
9 again what might be interesting to us in terms of a
10 resolution.

11 So that was the sum total. Our point was we
12 were not contacted at any time before the application
13 was filed or the reports issued, and with that I
14 will stipulate.

15 MR. BROWN: We could go further but it's not
16 really necessary. That's fine.

17 CHAIRMAN WHITE: So to my understanding,
18 you're still in discussion with the district on some
19 form of agreement.

20 MR. BROWN: No. We don't have -- no, we do
21 not have an agreement with the district but we did
22 show -- outside of the fact that we will be
23 responsible for any fee that's associated with any
24 call that is there with the district, and we stand

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1 on the fact that these fees which are being charged
2 would probably be more than the expense of what is
3 being operated there. But that's the only thing I
4 can agree to.

5 CHAIRMAN WHITE: Okay. Thank you.

6 MR. KOLB: I would just add that the fees
7 that were in the prior agreement were in the context
8 of an annexation, just for point of clarification.

9 MR. SHEPRO: We haven't submitted that
10 agreement, so I don't think it's relevant. I just
11 want to make that clear that there have been no
12 ongoing discussions or proposals.

13 MR. BROWN: We could go on forever because
14 there's reasons why we're at this situation, but
15 I'll leave it at that.

16 CHAIRMAN WHITE: Thank you.

17 MR. KINNALLY: I have a question. My notes
18 indicate that the applicant said the facility will
19 pay for all charges of any patient where the fire
20 protection district or the fire department incurs a
21 cost. Do I have a misunderstanding here? Because
22 that's what my notes indicate.

23 MR. BROWN: We will be -- we will be
24 responsible for -- when you say "patient" -- for

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1 those calls which come to the facility which are
2 associated with the fire district which would be a
3 fee as required by your schedule.

4 So when you say "all," I think that's --
5 that could end up being something that is not within
6 the schedule. But, ultimately, we would take that
7 responsibility, yes.

8 MR. KINNALLY: I just wanted to make --

9 CHAIRMAN WHITE: I understand.

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

11 THE WITNESS: I'm excused?

12 CHAIRMAN WHITE: You're excused.

13 Seeing that there are no other objectors --
14 Mr. Carrara, you have no other witnesses to bring
15 forward -- then we'll open the meeting up to public
16 comments. And I would ask that you be brief in your
17 comments, and if it does become repetitive, I will
18 ask you to take your seat.

19 I will make one announcement on behalf of
20 Barbara Wojnicki. She had requested the floor but
21 was advised because of her relationship on the
22 County Board that she save her remarks for the
23 discussion at the County Board level. That is why
24 she -- that was a request by one of our Board

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1 members that she speak, so I'm just explaining why
2 she's not going to speak in this capacity.

3 So is there anyone requesting the podium?

4 MR. HOLSTEIN: I would.

5 CHAIRMAN WHITE: I need to swear you in, sir.

6 (Witness sworn.)

7 CHAIRMAN WHITE: State your name and address.

8 MR. HOLSTEIN: Mark Holstein, 6N865 Palomino
9 Drive.

10 CHAIRMAN WHITE: I'm sorry, I missed your
11 first name.

12 MR. HOLSTEIN: Mark.

13 CHAIRMAN WHITE: And how close to the
14 facility are you located approximately?

15 MR. HOLSTEIN: Half a mile.

16 CHAIRMAN WHITE: Okay.

17 MR. HOLSTEIN: I guess my concern is none of
18 this money seems to be a big issue. I think the big
19 issue for me is that I got 120 people that have had
20 severe alcohol and drug problems a half a mile from
21 my house and my grandkids who could very easily, if
22 they want to escape because the place has got no
23 fence, walk out. And they're not going to go into
24 the road; they're going to go into the farms --

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1 which is what I've got -- and maybe hide in the
2 barn. That's the issue for me.

3 I mean, we're not talking about good
4 Christian people. We're talking about -- and they
5 could be good Christian people. What we're talking
6 about is people that are drug and alcohol addicts
7 that are trying to get help.

8 So why would you put this thing like in the
9 middle of the farm area where there's nobody, and
10 why would you come to our neighborhood where there's
11 a potential of only one -- only one of these people
12 has to be so sadly deranged they could kill somebody
13 within a mile or a half a mile. Wouldn't that
14 bother you? If that happened in the next five years,
15 wouldn't that bother you?

16 Okay. Thank you.

17 CHAIRMAN WHITE: You're welcome.

18 (Applause.)

19 CHAIRMAN WHITE: I will ask that you refrain
20 from outbursts.

21 Mr. Miller. I'll need to swear you in, Joe.

22 (Witness sworn.)

23 MR. MILLER: As a matter of housekeeping,
24 I'd like to offer the Campton Township land use

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1 plan -- it has been certified -- as well as,
2 basically, the resolution from Campton Township
3 itself objecting to the petition. I have ample
4 copies for everybody. What would be the best format
5 to get these to you all?

6 CHAIRMAN WHITE: You can just go ahead and
7 bring them up. I think we all have copies of the
8 Campton Township resolution.

9 MR. MILLER: I'm going to have to reapproach
10 in a minute. I also have, basically, two certified
11 copies -- actually, I have multiple copies of two
12 separate facilities. One is called Arms Acres;
13 another is called Martin Ashley, and these are
14 basically callouts -- the cover sheet is a synopsis
15 which helps you identify the facility, but the data
16 speaks for itself.

17 MR. BROWN: My objection is not to the fact
18 that he can put that into evidence, but we'd just
19 like an opportunity to review it so we can make some
20 type of presentation as to what it represents.
21 That's all.

22 CHAIRMAN WHITE: And as with many of these
23 documents that we've entered, we'll take it for its
24 face value.

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1 MR. MILLER: I did make sure to bring
2 certified copies, though.

3 MR. BROWN: You're good.

4 MR. KINNALLY: Point of order. Could we
5 identify those with an exhibit number, Mr. Chairman?
6 I have P5 for the comprehensive plan, and I didn't
7 get the other two ones.

8 (Exhibit PU5 marked for identification
9 and retained by the Board.)

10 CHAIRMAN WHITE: Is the other is a -- I have
11 the comp plan, and then I have a copy of the
12 resolution that Campton Township passed.

13 MR. KINNALLY: That's already in evidence.

14 CHAIRMAN WHITE: You want it P4 for the
15 comp plan?

16 MR. KINNALLY: We already have P4. This
17 would be P5, according to my notes.

18 MR. CARRARA: Mr. Chairman, I have been
19 reviewing the first day of transcripts. I believe
20 all their original exhibits were P1 through 14 or
21 15 on the first day when they submitted their
22 application.

23 CHAIRMAN WHITE: I believe you're correct.

24 MR. CARRARA: So I think that P system got

1 askew somewhere. I just thought I'd help to try to
2 rectify that.

3 CHAIRMAN WHITE: I remember seeing that in
4 the transcripts now.

5 For the time being we're going to go ahead
6 with this and correct it at a future date when we
7 figure out what they should be, but I think
8 everybody understands what happens here.

9 MR. KINNALLY: Why don't you use PUB for
10 public. We have to go back to P1, and P1 through P6
11 would be, with your permission, PUB 1 to 6.

12 CHAIRMAN WHITE: Yeah. We'll have to
13 identify them all. Okay. Then these two additional
14 documents, they'll be -- I have a document from
15 Hartford Memorial Hospital Father Martin Ashley,
16 that will be PU7.

17 MR. KINNALLY: No, that would be 6.

18 (Exhibit PU6 marked for identification
19 and retained by the Board.)

20 CHAIRMAN WHITE: PU6. Then the document
21 from Arms Acres will be PU7.

22 (Exhibit PU7 marked for identification
23 and retained by the Board.)

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

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1 MR. BROWN: Do you have a copy for us?

2 CHAIRMAN WHITE: You can have these,
3 Mr. Brown, for the time being. They're the only
4 copies that exist.

5 MR. MILLER: There should be 10 of each of
6 them. They're nicely stapled and clipped for you
7 and everything. You're in good shape. I believe he
8 has all 10 copies.

9 Shall I proceed?

10 CHAIRMAN WHITE: Go ahead.

11 MR. MILLER: I'm here tonight to speak
12 against granting Maxxam Partners the permission they
13 seek under a special use permit. I shall try to be
14 brief but thorough. To that end I'd like to review
15 three relevant grounds under which the petition
16 should be denied after which I will make concluding
17 comments.

18 First, the presence of a drug and alcohol
19 detox and treatment facility will dramatically
20 increase the amount of emergency traffic in the
21 area, compromising road safety. Maxxam's draw on
22 these services will diminish their availability
23 elsewhere.

24 Based on this, the petition does not meet

1 the standards as outlined in Section 4.8-2(a) in
2 that this use would be reasonably detrimental to or
3 endanger the public health, safety, comfort, or
4 general welfare.

5 Similarly, it can be rejected under 4.8-2(b)
6 in that the heavy use of these emergency service
7 vehicles will negatively impact and congest the
8 streets and roads. The Kane County's Sheriff's
9 Department's own estimates for the average combined
10 police, fire, and EMT services to such a facility
11 would be at least every other day and at times every
12 day. Such levels would be more than 30 times that
13 of the former Glenwood School or what the site
14 currently experiences. While it may be tempting to
15 dismiss a body of these as nuisance calls or not
16 being real emergencies, even nuisance calls demand a
17 serious and timely emergency response.

18 Policy also dictates that fire trucks
19 accompany an EMT, and Kane may even adopt a general
20 practice of other drug and alcohol facilities so
21 that police accompany each of these, as well. In
22 other words, each and every EMT call would ultimately
23 translate into multiple emergency responses units.

24 The high rate of this emergency traffic

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1 would pose as imminent danger to anyone on the road.
2 Even if outsourced to private ambulance service, the
3 same number of vehicles would still be on our roads,
4 so that nothing short of redesigning these roads
5 will remove the inherent dangers from an increased
6 frequency and number of emergency vehicles that
7 would be needed to service the Maxxam site.

8 For those of you unfamiliar with the area,
9 all roads to and from the Glenwood School pass
10 numerous neighborhood streets and private or hidden
11 drives where cars enter or exit for work or shopping.
12 School buses stop frequently to collect or bring
13 home small children. These are very possible roads
14 for large groups of cyclists and lawn maintenance
15 trucks alike for the spring, summer, and fall.
16 They're small country and township roads with one
17 lane in each direction, the majority of which are
18 no-passing zones and without adequate capabilities
19 to pull over and allow emergency vehicles to pass.
20 In fact, most of these roadsides drop off immediately
21 into ditches without the benefit of asphalt, gravel,
22 or dirt berms.

23 My wife and I have personally experienced
24 sharing these roads with emergency vehicles along

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1 both Corron and Silver Glen Roads. It can harrowing
2 as drivers struggle to make snap decisions to speed
3 up to try and find a suitable place to pull over
4 often more than half a mile away or whether to slow
5 down and inch over in hopes that emergency vehicles
6 may squeeze around you through a no-passing zone.

7 The petitioner's own KLOA traffic study
8 acknowledges that our roads utilize four-way traffic
9 stops, and these challenge some drivers even under
10 normal circumstances. We've had accidents at them
11 before. Multiply the numbers of emergency vehicles,
12 and their frequency will only compound the number of
13 accidents at them.

14 It bears serious consideration that 22 of
15 23 similar detox treatment facilities already
16 existing in Illinois are either collocated with or
17 adjacent to hospitals. As a fact, the only combined
18 detox and treatment facility in Illinois that is not
19 within a hospital compound, that's the Cornell
20 Interventions in Woodridge as mentioned in Maxxam's
21 petition, is closely served by multiple fire and
22 ambulance response units, the primary being less
23 than 1 mile away with backup at less than 5 miles.
24 The hospital is also less than 5 miles away. In

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1 comparison, our own emergency services average
2 four to five times those distances.

3 I repeat, from Maxxam's own information,
4 22 of 23 of these facilities are on or adjacent to
5 hospital campuses. The only exception has much
6 better access to both first responders and to the
7 hospital itself across four-lane roads with adequate
8 pull-off areas and lights that change to clear
9 traffic in advance of emergency vehicles.

10 If you approve this petition, you will be
11 making a dangerous statewide history in rural
12 Kane County by uniquely placing a facility highly
13 dependent on emergency services at an unusually
14 large distance from them.

15 Second, a facility of this type does not
16 meet the criteria required under Section 4.8-2(b) in
17 that it will be injurious to the use and enjoyment
18 of other property in the immediate vicinity and
19 substantially diminish and impair property values
20 within the neighborhood.

21 The MaRous report incorrectly compared sites
22 in high-density urban and commercial areas with our
23 own. Rural and semirural areas such as ours have
24 different expectations regarding noise and proximity

1 to businesses or other adverse factors.

2 His analysis was also based on dollars per
3 square foot, a methodology that does not account for
4 disparity of individual homes with the study. In
5 other words, we cannot rule improvements -- we
6 cannot rule out improvements in one home, whether
7 they be new windows, kitchens, or bathrooms causing
8 it to have a higher value per square foot than
9 another. A much more accurate method is based on
10 realized value, what the seller asked versus what
11 the buyer paid. After all, isn't that what we all
12 really care about when we sell our homes, not
13 dollars per square foot?

14 Under a realized value framework properties
15 closer to the Park Ridge youth school suffered
16 greater average loss at sale when compared with
17 those farther away. The amounts of these losses are
18 similar to the levels mentioned in expert testimony
19 Exhibit A11 which for several other reasons also
20 concludes that property values near the proposed
21 facility would decline.

22 The petitioner's own witness also testified
23 that his assessment was based on there being very
24 limited emergency traffic, further eroding the

1 report's applicability. A plethora of police,
2 ambulances, and fire trucks may have no impact in
3 Park Ridge, which is an area five times more densely
4 populated than our own, though it is common sense to
5 state that significantly increasing emergency
6 traffic to these levels would dramatically change
7 our area and negatively impact property values. It
8 is wishful thinking that we can just somehow not use
9 sirens on these calls. Even a cursory knowledge of
10 our roads would indicate that this would only make
11 the trip more dangerous for all involved.

12 As general comments, we've been told that
13 that facility would be good for our community, and,
14 again, there is no evidence that the site would
15 actually serve our community. On the contrary,
16 there is strong likelihood that patients will come
17 from everywhere else but locally. To quote one of
18 Maxxam's own material, they say, quote, "In the
19 event the patient is discharged voluntarily or
20 involuntarily, as per our policies and procedures,
21 they will be provided with a private car service to
22 drive them to their destination outside of
23 Kane County," unquote.

24 Even they do not seem to be contemplating a

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1 facility that serves local people because it is
2 acknowledged by all that the area is without public
3 transportation. And, whereas, offers of outreach
4 programs might alleviate issues in some other areas
5 of Kane, this will come at the direct expense and
6 detriment to the residents of Campton and Plato
7 Townships.

8 Although drug and alcohol addiction is a
9 social ill much in need of resources to treat it,
10 such sentiment should not be carte blanche rationale
11 for placing a facility in an area for which it is
12 not suited. The same logic which governs permits
13 related to shopping malls, manufacturing plants, and
14 distribution centers or other large-scale facilities
15 should also apply here. We don't just put them
16 anywhere because we have the land available or
17 because buildings are currently unused. These are
18 poor justifications.

19 The Maxxam Partners are treating this as a
20 for-profit enterprise, and so should we all,
21 avoiding any sentiment that is being politicked here
22 to sway emotions over reason. This is a business
23 proposition plain and simple.

24 As such, Maxxam lacks experience in this

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1 area and will undoubtedly make very meaningful
2 mistakes. Where their business model may be able to
3 actually tolerate these issues as they occur, the
4 burden their inexperience will create on our
5 community is far too great a risk to allow. These
6 issues will only be compounded by the scale of the
7 facility being contemplated.

8 Rejecting this petition is not a rejection
9 or insensitivity toward addicts. It is a simple and
10 unemotional recognition that a large facility of
11 this type belongs on or near a hospital compound or
12 certainly along better roadways and resourced with
13 more emergency services for it and its patients.

14 Whereas, the petitioner has asked us for
15 reasonable accommodation, allowing this site to be
16 used for this purpose would place an unreasonable
17 burden and local residents in the name of profits
18 for a few private individuals at the expense of many
19 in our community. Even a vacant site would be
20 better in that it would cost our community less.

21 Whereas, I can see how the petitioner would
22 be benefitted in this transaction, the few pieces of
23 silver as tax dollars or jobs it would provide are
24 inadequate compensation for the imminent dangers,

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1 diminished services, and declining property values
2 it will create.

3 The Glenwood School no longer has use for
4 the site, but there is no pressing need for the
5 County to support putting something there. The
6 County was not benefitted by tax dollars previously
7 from the school, and an empty site simply maintains
8 that status quo. It costs us absolutely nothing to
9 wait for a better proposition, nothing.

10 The property value is increasing. Others
11 have been interested, only they were shut out of the
12 process because the site was under contract for long
13 periods of time first with Kiva and now with Maxxam.

14 In closing, I'd like to state that this is
15 the second variation of an addiction center that
16 we've seen proposed. As a community, we all see the
17 need in general for such centers. What we do not
18 see is how the County could consider the Glenwood
19 site for the application and grant a permit in
20 defiance of overwhelming objection by the more than
21 23,000 combined citizens of Campton and Plato
22 Townships and their local governments, each with
23 direct knowledge of the burdens it would place on us.

24 I ask you not to usurp our judgments here

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1 for your own. I urge you to reject Maxxam Partners'
2 petitioner not because of fearmongering or some
3 other misplaced emotion but because logic tells us
4 that the Glenwood site is not a suitable location
5 for this use.

6 Thank you.

7 (Applause.)

8 CHAIRMAN WHITE: I'd ask you discontinue the
9 outbursts.

10 I'll need to swear you in.

11 (Witness sworn.)

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

14 MS. BATTISTA: My name is Catherine Battista.
15 I'm short. Can you all hear me all right?

16 I reside at 41W290 Silver Glen Road. My old
17 farmhouse is immediately adjacent to the property
18 that they are seeking to put this drug and alcohol
19 rehab center. I can see it from my back yard; I can
20 see it from my balcony, every morning, every night.

21 I'm a lawyer, so I have to share with you
22 it's actually unusual for me to get up here and
23 speak from the heart on my own behalf and on the
24 behalf of my family. Usually, I have to advocate

1 for someone else, and I have to put myself in their
2 shoes. It's unusual for me to have to speak from
3 the heart. Usually, I have to rely on the law, the
4 statistics, and all the information, and my data,
5 and my evidence because I'm an advocate just like
6 the fine advocates you've heard from this evening.

7 But today I'm going to speaking for Jeff, my
8 husband; I'm going to be speaking for my oldest
9 daughter, Brooklyn; I'm going to be speaking for my
10 middle child, Francesca; and I'm going to be speaking
11 for my little guy who is going to be coming in June.
12 I'm going to be speaking for my neighbors, Dan Claudio;
13 I'm going to speaking for Enso, my other neighbor,
14 and his wife Sarah and their little boy Nathan. And
15 I want to really just speak to you all about the
16 values of Campton Hills, why we love living there,
17 and why it's our opinion just as taxpayers, and
18 homeowners, and people who love our community why
19 the implementation of this drug and alcohol rehab
20 center is completely inconsistent with the reasons
21 for why we reside in Campton Hills.

22 If I have to put my lawyer hat on later, I'd
23 be happy to do that, too, mind you. But I want to
24 thank everyone on the Zoning Commission. I know

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1 you've put a lot of time and effort into this. I've
2 been to some of the meetings; I've been keeping up
3 with what you folks have been doing, and I know it
4 takes a lot of effort, and I know you're going to
5 consider all the information and you're going to
6 make a great choice.

7 So what is Campton Hills? Well, Campton
8 Hills is a really small community. We're made up of
9 about 20,000-some-odd people, Campton Township, and
10 we're a rural community. We're a community that
11 likes tractors; we like farm fields; we like open
12 space projects; we like two-lane streets. We do not
13 like stoplights. When they put that stoplight at
14 the corner of Burlington and Corron, I think a lot
15 of people were going to have a heart attack because
16 we had a stoplight and that's not something we like.

17 We like small; we like private; we like to
18 keep our doors unlocked; we like to let our kids run
19 around in the back yard; we like to grow vegetables;
20 we like to have chickens; we -- like I said, we like
21 tractors; we like them a lot. We like four-wheelers;
22 we like our ski mobiles. We love all that kind of
23 stuff, and we love our privacy. It's the number one
24 reason why we live there.

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1 I can tell you that the people in Campton
2 Hills, we also tend to be a wealthier group. Our
3 per capita family household income is around
4 140,000. And while we appreciate luxury, and we
5 appreciate the finer things in life, if they said
6 they wanted to put a Prada outlet at the Glenwood
7 School For Boys, I'd say no because I wouldn't want
8 that traffic coming into my community.

9 I love my privacy; I savor it. And I will
10 say that when you look at whether the special use
11 will or will not be injurious to the use and
12 enjoyment of the people who reside in that community,
13 you will be invading my privacy if you put this drug
14 and alcohol rehab center in my back yard. That's an
15 injury to me.

16 I don't know whether it's an injury as
17 defined by the law or any of these fancy coding
18 proceedings or what any of the experts have been
19 saying about whether they determine it's an injury.
20 My privacy is probably the most valuable thing to
21 me, not the value of my house, even though in the
22 recession it did take a hit, but more so the fact
23 that we can walk outside, and I don't have to worry
24 about seeing a million neighbors in my back yard.

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1 I love how safe our community is. Do you
2 know we only have like four or six police officers?
3 And we don't really need that many. Do you know
4 what they mainly do? They give out speeding tickets
5 to people who aren't from Campton Township. Because
6 anybody who is from Campton Township knows that you
7 do not roll that stop sign that's on Silver Glen and
8 Corron Road or you're going to get a ticket. I love
9 that we have one of the lowest crime rates in the
10 state if you've read the recent statistics. I
11 appreciate -- I think it is the lowest, you're right.

12 I appreciate, as well, that people seek drug
13 and alcohol recovery, but people who have drug and
14 alcohol recovery, they have dark, dark demons
15 they're battling, folks. These aren't people who
16 are just battling drug and alcohol; these are
17 people, if you look at the history, the very small
18 history of the people who created a similar
19 enterprise in Florida, they're dual diagnoses;
20 they're battling all kinds of other disorders, and
21 they're going to be coming here and seeking drug and
22 alcohol rehab.

23 I will share with you all that I plan on
24 sending a FOIA down to Lake County, Florida, to see

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1 what kind of complaints have been made to the
2 Florida Department of Public Health regarding that.

3 I want to talk to respecting our words, and
4 I think the other two people who stepped up here
5 spoke about this a little bit. Our community has
6 already given you all the information you need
7 because we already tackled this issue two years ago
8 or three years ago when Kiva was trying to bring in
9 a drug and alcohol facility.

10 (Applause.)

11 CHAIRMAN WHITE: Come to order, please.

12 MS. BATTISTA: Thank you.

13 There was a postcard mailed out. I called
14 it a soft referendum, and the people of Campton
15 Hills and Campton Township stood up and over a
16 majority said this is inconsistent with our values,
17 this is not something we're interested in having in
18 our community, and I will give thanks and praise to
19 Campton because they listened to us, which I
20 appreciate. And it caused all kinds of political
21 disarray following that, but the people who we
22 elected to represent us in office listened to us.

23 So here's what I'm going to say. I respect
24 commercial enterprise as much as the next person,

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1 but you are our officials who are here to represent
2 the people, to represent your neighbors and your
3 friends, and that's what we are. We're your friends
4 and your neighbors. We're not a corporation from
5 out of state; we're not investors from Florida;
6 we're not an actor. We're just normal country folks
7 in Campton Hills and we said no. And we haven't
8 said no by 50 percent or 60 percent; we said no over
9 two-thirds majority. I know if this was happening
10 in your neighborhood, and your neck of the woods,
11 and your community had had such a strong voice in
12 opposition to this, you would want us to respect
13 your words, too.

14 Special-use distinction. All right. The
15 special-use distinction that they're looking at is
16 something right in between a hospital and a nursing
17 home. Well, here's what's interesting. Guess what
18 kind of attorney I am. I sue hospitals. And I also
19 sue nursing homes for abusing and neglecting their
20 residents. So I happen to be somebody who is,
21 unfortunately, intimately familiar with the laws,
22 the regulations, the policies, the procedures that
23 have to be in place with this type of enterprise.

24 I am afraid if these individuals are allowed

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1 to put this in my back yard not because I'm afraid
2 of crack addicts but because I'm afraid of the
3 people who are actually going to be managing the
4 program.

5 I have looked at their rate of experience,
6 their track record of experience down in Florida,
7 and as a lawyer who concentrates in this type of
8 work, I am alarmed. I want to share with you some
9 of the things that I have found out preliminary
10 about what's happening down in Florida, specifically
11 Lake County. These are some of the complaints:

12 Subquality food standards. So the food is
13 undercooked, underprepared.

14 MR. BROWN: Actually, my only objection --
15 I'm going to allow her to continue -- is that is not
16 our facility, and I want to make sure -- I know it
17 was mentioned as part of one of the persons who was
18 an adviser, but it's not our facility, and that
19 would be my objection. But I respect what she's
20 saying.

21 CHAIRMAN WHITE: So noted.

22 MS. BATTISTA: I would also add to that, if
23 we're going to be showing that this special use
24 permit is not going to be injurious to the community

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1 of Campton Township, then we need to see a track
2 record of success to make sure it's not going to be
3 injurious to our residents, and the only thing we
4 have to go on is the facility by one of the members
5 of the advisory board that was created in 2012, folks,
6 so just a few small years ago, in a 3,000-person-
7 town which is 3 miles wide down in the middle of
8 Florida, 40 miles south of Orlando. Okay?

9 Here's the complaints I have found online:
10 Infestation of insects; poor staff communication;
11 high changeover in positions; staff is not trained
12 on how to handle physical altercations between
13 residents, which means they have become heavily
14 dependent on local police forces; unorganized; not
15 qualified to run a dual diagnosis program; not
16 qualified to run an anorexia program.

17 These are the things we've seen that are
18 just online. I can't wait to see what I'm going to
19 get back from FOIA, and it would be my intent to
20 share that with whoever I need to share that with so
21 you can take a look at that.

22 MR. BROWN: The only thing I would say is that
23 that is not our facility. We have no relationship at
24 this time with that facility at all.

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1 MS. BATTISTA: I heard counsel's objection.

2 MR. BROWN: I'm just making the objections
3 for the Board.

4 CHAIRMAN WHITE: I'll let you respond to
5 these comments in your closing arguments if you so
6 desire.

7 Please continue.

8 MS. BATTISTA: I would add, folks, that
9 there is a huge difference between a nursing home,
10 or a skilled nursing facility, or an assisted living
11 facility and a hospital, and there's also a huge
12 difference between the drug and alcohol rehab
13 centers and a hospital and a skilled nursing
14 facility. To try to make a banana look like an
15 orange, look like an apple, they're all different
16 kinds of fruit. They might be fruit but they're
17 different kinds of fruit.

18 Hospitals, you have doctors on staff 24 hours
19 a day; you have a certain amount of registered
20 nurses you have to have on staff. Hospitals have a
21 lot of requirements that are really strict regarding
22 the technology and equipment that they have to have
23 present to care for patients because they have to be
24 prepared for any emergency.

1 A hospital doesn't necessarily have a detox
2 facility attached or affiliated to it. You heard
3 testimony of the 23 detox facilities that exist in
4 the state of Illinois, 22 of them are attached to a
5 hospital. So what we would need to examine is I
6 think that one facility that doesn't have -- really
7 look at that -- that doesn't have a hospital attached
8 to it and see how is that one performing, how is it
9 successful, and what would it look like in comparison
10 to this one. We have very limited information, and
11 that's why I say proceed with caution.

12 Also, people who are attending a hospital
13 aren't necessarily drug addicts. Some of them are
14 drug addicts, but they're not all drug addicts.
15 They're there for all different kinds of reasons.

16 So a detox center is not like a hospital;
17 they're different. A detox center is also not like
18 a nursing home. Who goes to a nursing home? People
19 are mentally ill with Alzheimer's, dementia, or
20 they're an advanced age and need skilled nursing
21 care. There's a big difference between an
22 82-year-old demented senior female who is probably
23 very dependent on CNAs and members of the nursing
24 staff concerning transfers and other kinds of

1 physical assistance than let's say a 19-year-old
2 college kid whose parents have paid for him to go to
3 drug treatment in the middle of Campton Township.

4 That person is able-bodied; he can leave the
5 facility if he wants to; they can't force him to
6 stay there. We don't know exactly what the security
7 plan is going to look like. Although, my question
8 would be, if that individual, that 19-year-old kid,
9 for example, leaves the drug and alcohol rehab
10 facility and goes and steps on the forest preserve
11 of Kane County, that's public land. What are we
12 going to do? Arrest him? Are we going to arrest
13 him? He might encounter some coyotes out there, to
14 be honest. But what are we going to do about these
15 people who are going to leave the facility? I think
16 it's really naive to assume that they're all going
17 to stay there doing yoga, getting better, getting
18 drug and alcohol out of their system. Not everybody
19 is going to go there by choice.

20 Okay. I will move on. Thank you.

21 I also would say proceed with caution regarding
22 opening the door for this kind of facility. Right
23 now this facility is being marketed as a private pay
24 facility that's only going to accept insurance or is

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1 going to accept cash. Be very cautious when
2 someone's product is people. Okay? Here's why.

3 What if that doesn't work? What if it
4 doesn't work? What if they can't get 120 people
5 with private insurance or cash to pay for this
6 facility? Well, what happens then? They're already
7 granted the special use -- right? -- it can be used
8 as a drug and alcohol rehab center. Can we
9 discriminate against Medicaid patients? What if you
10 have a facility that comes in and buys it and says,
11 "We're going to run it as a drug and alcohol center,
12 too, but we're taking Medicaid," and now we're
13 getting people from the prison system. If you open
14 the door, that is an opportunity that is going to
15 present itself, folks.

16 Again, I want to say thank you all for your
17 time. I hope I've said things that are informative.
18 If anyone has any questions, I'm rattling -- it's
19 late; I'm rattling but I just want to make sure
20 you're hearing us and know that this is something we
21 just don't want, and I hope you'll respect that.

22 CHAIRMAN WHITE: Thank you.

23 (Applause.)

24 CHAIRMAN WHITE: Next person come forward,

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1 please. And please raise your right hand.

2 (Witness sworn.)

3 CHAIRMAN WHITE: Please state your name and
4 address for the record.

5 MS. LOMAS: Amelia Lomas and I'd rather not
6 state my address for security reasons.

7 CHAIRMAN WHITE: How close to the facility
8 are you located?

9 MS. LOMAS: Within the 2-mile radius that
10 was in that circle.

11 CHAIRMAN WHITE: Thank you. And do you
12 approve or oppose this is petition?

13 MS. LOMAS: We're for it. We do approve it.

14 CHAIRMAN WHITE: Okay. Thank you.

15 MS. LOMAS: I have a copy of what I'm going
16 to say. If you'd like, I can pass that out.

17 CHAIRMAN WHITE: That would be fine. Can
18 the staff please distribute it?

19 You may proceed.

20 MS. LOMAS: So I'm speaking on behalf of my
21 husband, my family, my neighbors, and myself, of
22 course. We are in full support of Maxxam's proposed
23 use of the property and the residential treatment
24 center for substance abuse and alcoholism.

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1 We are residents of Plato Township. We live
2 on a farm, very similar values to some of the things
3 I've heard from other people. We love our community.

4 We live in Burlington School District 301.
5 Okay? Our children, many of our neighbors' children,
6 they all go to these rural -- they're rural schools
7 within our school district. One of our main reasons
8 for supporting this is that our rural schools could
9 really use this tax money. \$250,000 a year, that's
10 a lot of money and our schools could really use
11 that.

12 In Kane County our schools are considered
13 more underserved than other schools. We don't have
14 the same kinds of resources other schools in
15 Kane County have. We don't have enough computers;
16 we don't have a swimming pool in any of our district
17 schools; we don't have a tennis court; we don't have
18 the same number of sports programs or educational
19 programs, music programs. There's a big difference
20 between our schools and what we have to offer and
21 the other schools in Kane County. A lot of that is
22 because there is no commercial business -- very
23 little commercial business within our township,
24 within our area.

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1 So that is one of the main reasons we do
2 support this. For our purposes we believe that if
3 our schools were to improve based on this tax money
4 that our property values would go up. We do
5 believe that.

6 And I don't appreciate being called stupid.

7 CHAIRMAN WHITE: Discontinue any comments to
8 the speaker.

9 MS. LOMAS: Thank you.

10 Jobs, 150 jobs in our community that are close
11 to our area. For my purposes, for my neighbors, for
12 many of my friends in my community, we're interested
13 in 150 jobs that might be available.

14 Community health. There are plenty of
15 people within this community who need help. Okay?
16 I do work within the mental health world, so I do
17 have the benefit of having more understanding of the
18 risks and the benefits. I do believe that this
19 organization would do a great service to our
20 community by offering it here so we don't have to
21 send our family members, our neighbors, our friends,
22 our nieces, nephews, mothers, grandmothers away out
23 of state to get quality treatment.

24 So I do believe that Maxxam would be an

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1 asset to our community and a benefit to all of us in
2 many ways, and I do ask the Kane County Board to
3 consider voting yes for this proposed use.

4 CHAIRMAN WHITE: Thank you.

5 MS. LOMAS: I also have a request --

6 CHAIRMAN WHITE: Go ahead, continue.

7 MS. LOMAS: Thank you. I have an e-mail
8 sent from Laura Rabe, who is on our school board.
9 She was not able to be here tonight, but she sent me
10 an e-mail. So I'd like to read that to you, as well.

11 CHAIRMAN WHITE: What was her name again?

12 MS. LOMAS: Her name is Laura Rabe, R-a-b-e.

13 CHAIRMAN WHITE: Okay. Thank you. Go ahead.

14 MS. LOMAS: "Hi. I asked Amy Lomas on my
15 behalf as I am unable to attend tonight's meeting
16 due to a prior commitment. My name is Laura Rabe,
17 and this is my sixth year as a Central 301 school
18 district board member.

19 "Most of the tax base for District 301 is
20 from personal property taxes. We have very little
21 industry in our school boundaries, and the large
22 majority of moneys are coming from the homeowners in
23 our district. Anytime you can bring in a business
24 that can provide additional funding, it will benefit

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1 our district. Our district continues to grow and
2 the additional moneys that come in from this proposed
3 business would help us grow our infrastructure as
4 our student population grows.

5 "Thank you for considering to vote yes for
6 this new business, and we hope you will welcome them
7 into our community."

8 Signed, Laura Rabe.

9 CHAIRMAN WHITE: Did you say she was a
10 teacher at Burlington Central -- in Burlington
11 Central District?

12 MS. LOMAS: She's on the District 301 school
13 board and a community parent within Plato Township.

14 CHAIRMAN WHITE: Is that it? You're
15 excused.

16 MS. LOMAS: Thank you.

17 CHAIRMAN WHITE: Thank you.

18 Anyone else seeking the podium, come
19 forward.

20 Pat, I know you spoke at an earlier meeting,
21 so let's keep it brief. And please raise your right
22 hand and I'll swear you in.

23 (Witness sworn.)

24 CHAIRMAN WHITE: Please state your name and

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1 address for the record.

2 MS. HARTMAN: I'm Pat Hartman, 8N316 Dittman
3 Road, Elgin.

4 CHAIRMAN WHITE: And approximately how close
5 to the facility.

6 MS. HARTMAN: Farm fields within a half mile
7 of the facility.

8 CHAIRMAN WHITE: Where is your residence?

9 MS. HARTMAN: My residence is probably maybe
10 three-quarters of a mile from the facility.

11 CHAIRMAN WHITE: Are you for or against this
12 petition?

13 MS. HARTMAN: Against.

14 CHAIRMAN WHITE: Okay. Go ahead.

15 MS. HARTMAN: I'll just do this in summary
16 because many things have already been said that I
17 feel are very important.

18 But, in summary, I'm a farmer's wife. My
19 husband is a farmer. We have farmed -- it's 196 acres
20 within, again, a half mile, three-quarters of a mile
21 of this proposed center.

22 We know that Plato Township, the majority of
23 the people, and of Campton Township are opposed to
24 this. We know the mission statements of these

1 villages say that they want to keep the semirural
2 character of the area. We are your rural character
3 of the area. We are the heritage farm with the
4 rolling fields, and F1 Farming District as it is
5 zoned does not allow for, in my opinion, a facility
6 of this type.

7 This is a drug rehab detox. This type of
8 thing would treat disease -- they said addictions
9 and disease, medical treatment, hospitals. It needs
10 to be near a hospital. It needs to be into a center
11 that has more services for it.

12 And I think you heard from the testimony we
13 don't really have the community services, fire,
14 police to really handle a facility of this size and
15 type in our area. Plus, it just plain doesn't fit.

16 From the mission statement, it says we want
17 to keep the area aesthetically appealing, fiscally
18 viable, family-oriented community to provide
19 excellent educational, social, recreational and
20 culture opportunities. Also, as in Campton Hills,
21 and I also will say for south Plato Township of
22 which I'm a part, we want to preserve the semirural
23 character it has. This is what central Kane County
24 should be.

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1 We are concerned about our security, and we
2 are concerned about our property values. Our farm
3 is our nest egg. We finally got to own the entire
4 farm about four years ago. We know it will be
5 devalued if a facility like this is put in the area.
6 This will also happen to our neighbors who happen to
7 have the residential area or the country estate.
8 They will all be affected property valuwisewise and
9 securitywise.

10 We feel it should be located, again, near a
11 larger city where they have the proper services for
12 it. Also, another thing I feel -- and this is
13 personal -- the property is not suited for this.
14 There are separate dorms, eight separate buildings,
15 separate dining halls, separate meeting buildings,
16 separate gyms. 120 addicts on an open campus, all
17 levels of treatment in northern Illinois whether
18 moving about an open area several times a day is not
19 a secure facility and not acceptable to the people
20 of our area.

21 The open area is really not secure.
22 Neighbors are concerned, neighbors on the northern
23 borders with young children, all the borders with
24 school age children, senior citizens. It's just not

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1 an appropriate use, and it's difficult for your
2 emergency services to get there.

3 And I said this before, the property -- just
4 because it's available and open, you shouldn't take
5 just anything and put it in there. It is suitable
6 for another purpose. You could have a boarding
7 school, academy, a college field study campus, a
8 retreat center, a business or environmental studies
9 center, offices for your forest preserve. Expand
10 it, change the grounds, do something to make it
11 usable that's compatible for our area.

12 So, in summary, I'd like to say the majority
13 of the citizens of Plato and Campton Township oppose
14 this use of the Glenwood property. The villages of
15 Campton Hills and Plato Center oppose this use of
16 the property. The neighboring property owners oppose
17 this use of the property. The property values, safe
18 and quiet country environment would be affected in a
19 negative way, and community services would be
20 strained.

21 So it's my hope and most of the hopes of
22 these people out here that you will make the correct
23 decision and say no to Maxxam Partners on this
24 property.

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1 Thank you.

2 (Applause.)

3 CHAIRMAN WHITE: Thank you. Please hold
4 your applause.

5 Next person, please raise your right hand.

6 (Witness sworn.)

7 CHAIRMAN WHITE: Please state your name and
8 address for the record.

9 MR. SQUIRE: My name is Jeff Squire. I'm at
10 41W660 Fox Bend Drive in Campton Hills.

11 CHAIRMAN WHITE: Approximately how close to
12 the facility are you?

13 MR. SQUIRE: I am approximately 43 seconds
14 from my front door on foot to the access road.

15 My neighborhood is just south of the
16 facility there. As you look at on the map, for
17 those of you who are like me that have eyes that are
18 a little bit older, it's just to the left of that
19 circle with the "5" zooming right in.

20 I'm not going to talk a lot about the "Not
21 My Back Yard" argument. I think you've heard enough
22 of that. I think you've heard a lot of great
23 testimony on the facts of this case, the merits of
24 it, and the basis of fiduciary responsibility in

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1 terms of what the citizens of the area want. You've
2 heard a lot of great facts about whether our
3 infrastructure is such that it's capable of
4 supporting a facility like this. What I'd like to
5 offer is something for you.

6 I would imagine as civil servants, as people
7 that are committed to the careers you have chosen
8 and the time you are spending you have a sense of
9 stewardship in Kane County, and that stewardship
10 attracted you to this particular role about the
11 accepted and proper use of the resources that the
12 only ones that are not renewable, our land. And
13 I've heard certainly a lot of good legal language
14 tonight about the spirit and the letter of the law,
15 about what that means, about what is in the best
16 interests of the community means.

17 What I'd like to turn back to, though,
18 instead of talking about those points of law because
19 there's lots of people much more qualified than I to
20 speak about that is I'd like to talk about money.

21 We've heard a lot about money tonight.
22 We've heard about money for our county; we've heard
23 about money for our schools. And let's be fair,
24 we've heard about money for Maxxam because that's

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1 why they're here. They're here to make money. They
2 are here to make money.

3 The purpose of any business is to get and
4 retain a profit to continue a customer base that
5 allows them to do that over time. I spent over
6 25 years working for some of the largest companies
7 in the world; that's been beaten into me since I was
8 an MBA student quite some time ago. So I know it
9 when I see it.

10 And as some people have counseled you
11 tonight, there is occasionally a slippery slope when
12 one finds the pipeline of potential customers has
13 dropped. Today we have a for-profit facility that
14 is working with insurance aspects and high-net-worth
15 individuals in order to provide a valuable service.
16 And I would not begrudge that service being offered.
17 Although, I do agree that perhaps this isn't the best
18 place for it because of the need to collocate with
19 proper medical facilities and other infrastructures
20 but you've heard about that.

21 What I'd like to ask you is this: As you
22 consider this decision, whether you're voting
23 tonight or whether you're going on to deliberate
24 other evidence and do so in the future, I'd like you

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1 to think about your role as stewards for this land.
2 Would you like your legacy to be "I made it possible
3 to make a profit," or would you like your legacy to
4 be "I served the best interests of this county and
5 its communities"?

6 I simply ask you to keep that in mind as you
7 make your decision and I thank you.

8 CHAIRMAN WHITE: Thank you.

9 (Applause.)

10 CHAIRMAN WHITE: Please come forward. Raise
11 your right hand to be sworn.

12 (Witness sworn.)

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

15 MR. BAKK: My name is Dan Bakk, B-a-k-k. I
16 live in Campton Hills village --

17 CHAIRMAN WHITE: You need to speak into the
18 mic, Dan.

19 MR. BAKK: I live in Campton Hills village.
20 My name is Dan Bakk, B-a-k-k. I live about a half a
21 mile south of the Google sign on the Google Earth
22 map there. So I'm probably, I don't know, 2 1/2 miles
23 as the crow flies from the Glenwood campus. I'm
24 opposed to this facility.

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1 The first thing I'd like to tell you is that
2 I wanted to speak tonight for -- as a matter of
3 disclosure, full disclosure earlier in these
4 hearings there was a person that was brought to the
5 speaker -- or to the table by Maxxam, he was
6 Dr. Steven Holtsford. He's resident of Campton
7 Hills, emergency doctor at Delnor Hospital, and he
8 stated that he was testifying because this facility
9 is needed in our community. He talked about how he
10 sees people every day in his work in the emergency
11 medicine that are in need of alcohol and substance
12 abuse treatment.

13 He felt that this facility would be in the
14 best interest of the community because there is such
15 a need. And we've seen this on television. We've
16 all seen on television there's a heroin epidemic.
17 We need drug and alcohol treatment.

18 Dr. Holtsford wasn't completely transparent,
19 though. He did say he's on the advisory board for
20 the Maxxam Partners, but what he didn't disclose to
21 you is that his wife, Jeanine Holtsford, has been on
22 the board of the Glenwood School 2008, 2010, 2011.
23 She also was the associate director of development
24 from January 2006 to 2007 for the Glenwood School.

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1 That needs to be disclosed. You need to consider
2 this; it needs to be disclosed. He had a personal
3 interest in Glenwood schools.

4 Now, what do we know about the connection
5 between Glenwood School and the people that are
6 pursuing this facility and pushing for this
7 facility, shoving it at you, using bulldozers to get
8 it in your face? We don't know. We don't know
9 what's going on with these incestuous relationships
10 between the County elected officials, the bonds that
11 are issued, who is going to pay off those bonds,
12 whether those bonds have been suspended, we
13 don't know.

14 But the last speaker here told you something
15 very true. This is about money. It's about money
16 and we don't know who the people are. I'm curious
17 as to who they are. Unfortunately, I can't tell
18 you. But I can tell you if you can do an Internet
19 search, you can go to Jeanine Holtsford's LinkedIn
20 page and find out she is married to Stephen, and
21 they live in the community. And on her LinkedIn
22 page she talks about being the associate director of
23 development for the Glenwood School. The State of
24 Illinois posts the 999 forms from entities that

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1 submit them, so we know that she's been on the board
2 for three different years.

3 I wanted to bring that forward, and I would
4 ask the people on the Zoning Board to please
5 consider the testimony that the residents of this
6 community are presenting because it's important.
7 This is our community. Some of you probably do live
8 in our community here. I'm sure you all live here
9 in our community, and I'd please love for you to
10 consider that the residents of this community are
11 making very sound arguments and requests for a
12 thoughtful decision on your part and not to have
13 come to this long series of meetings with your minds
14 made up beforehand because some politician or
15 somebody with money was able to influence and buy
16 your loyalty.

17 (Applause.)

18 CHAIRMAN WHITE: I'd ask you again just to
19 discontinue your applause.

20 Please come forward and please raise your
21 hand to be sworn.

22 (Witness sworn.)

23 CHAIRMAN WHITE: Please state your name and
24 address for the record.

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1 MS. RATELLI: Hi. My name is Theresa Ratelli,
2 and I live on Briarwood Lane off McDonald Road.

3 CHAIRMAN WHITE: Thank you.

4 MS. RATELLI: So my first thing is I wasn't
5 going to come up and talk, but once I heard the
6 woman over here who is from the school district or
7 whatever and she was talking about how badly the
8 schools needs money, I was a paraprofessional for
9 special needs students for 15 years with the school
10 district, but as I got older I left that, and I have
11 a lucrative photography business but I loved my job.

12 And I just wanted to say that the small
13 amount of taxes that will go to our school -- I
14 don't know what they said, like 200-and-something
15 thousand dollars. One principal alone makes
16 \$195,000 a year, so that really is a drop in the
17 bucket.

18 Second of all, District 301 schools,
19 starting in fourth grade every student is given
20 their own laptop to take home and work on. They are
21 not hurting. They are doing very well. In fact,
22 that's why people move here is to go to those
23 schools. So I just wanted to say that.

24 Second of all, a very good friend of mine

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1 had -- or still has a son, and he was a meth addict,
2 and he would go to Rosecrance. And they live right
3 here in Burlington, and it was fine. He could go
4 there and they took him there. So while he would go
5 there, sometimes I would go with her to drop him off
6 because he was a meth addict, so he was constantly
7 relapsing. So I would go with her to take him, and
8 she would drop him off in the front, sign him in,
9 and next thing you know, maybe two hours later he'd
10 be walking out the back door. He'd call a friend
11 would come and pick him up. So this facility isn't
12 going to have a fence around it, either.

13 One other thing I wanted to mention was my
14 daughter works at Jewel, and a couple years ago
15 while -- she's a cashier, and while she was working,
16 7:00 in the evening, families were there shopping,
17 and a man came through her line and robbed her and
18 took all of her money. So for years after that -- I
19 mean, it hasn't been that many years -- but it
20 changes you. It changes who you are and how you
21 view life.

22 And when they finally caught the man who had
23 robbed her while she was working at 7:00 in the
24 evening, he was a drug addict, and he had left his

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1 facility, and he was out robbing people because he
2 wanted more money for drugs.

3 I guess my point is -- obviously, I'm
4 opposed to this. But like the young woman -- I
5 don't know what her name is but she was wonderful.
6 She kind of covered everything that I think most of
7 us wanted to say to you. I'd rather be home right
8 now with my family instead of being here at 10:00 at
9 night trying to convince you to care about the
10 citizens of this community.

11 And know that I pay almost \$10,000 in taxes
12 on my home, and it's 24 years old; that's how long
13 I've lived out here. So I am insulted that they
14 will only be paying \$10,000 in taxes to help. I
15 mean, that's what I pay.

16 My husband couldn't be here because he has a
17 second job. My son couldn't be here -- I'm speaking
18 on their behalf. He couldn't be there because he's
19 a firefighter in Batavia, and my daughter had class
20 tonight. She goes to ECC. Like I said, so we all
21 work, we love being here, and I hope that you guys
22 will just really think about the people in the
23 community. That's all I have to say.

24 (Applause.)

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1 CHAIRMAN WHITE: Next, please. Please raise
2 your right hand to be sworn.

3 (Witness sworn.)

4 CHAIRMAN WHITE: Please state your name and
5 address for the record.

6 MS. DOWLING: Deirdre R. Dowling and I do
7 not wish to give my address.

8 CHAIRMAN WHITE: Can you tell us approximately
9 how close to the facility you are?

10 MS. DOWLING: Three miles.

11 CHAIRMAN WHITE: Thank you.

12 MS. DOWLING: As an up-and-coming social
13 worker, it is very crucial to small things that a
14 person can offer and make them into a positive
15 result whether we think it is correct or not. I
16 feel that the Maxxam treatment facility is a
17 positive resource for this area.

18 I understand the concerns of people in
19 proximity of this facility. My family farm is
20 within 3 miles of this site. However, I'm not
21 afraid of having them as neighbors. I'm not afraid
22 because I've had experience working in a residential
23 facility, and I understand that people who come
24 there are seeking help and want a better life for

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1 themselves and for their families.

2 Unfortunately, most people don't understand
3 the hard work and support that it takes to overcome
4 substance abuse, and because they don't understand
5 they fear it. When people seek acceptance to change
6 their lives in a positive way, they need a treatment
7 facility to help them and be correctly channeled.

8 And I'm for this facility and I've made
9 copies if you would like some.

10 CHAIRMAN WHITE: That would be fine.

11 MS. DOWLING: Okay. May I approach?

12 CHAIRMAN WHITE: You may.

13 (Exhibit PU8 marked for identification
14 and retained by the Board.)

15 CHAIRMAN WHITE: And while we're doing that,
16 we had a document submitted earlier by Amelia Lomas.
17 I identified it as PU8. Is there a motion to accept
18 it into the record?

19 MEMBER STOVER: So moved.

20 CHAIRMAN WHITE: Moved by Ms. Stover,
21 seconded by Ms. Cameron. All in favor say aye.

22 (Ayes heard.)

23 CHAIRMAN WHITE: Opposed, same sign.

24 (No response.)

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1 CHAIRMAN WHITE: Motion carries.

2 And then we'll do the same thing with this
3 one. This will be PU9. As soon as you get a copy,
4 I'll entertain a motion.

5 (Exhibit PU9 marked for identification
6 and retained by the Board.)

7 CHAIRMAN WHITE: How many more people wish
8 to speak this evening? Show of hands.

9 I see a couple. My intent was to complete
10 the testimony this evening. So we'll try to forge
11 through them.

12 We've got about quarter after 10:00 at this
13 time. We'll go ahead and proceed for a little bit
14 longer. Mr. Moga may have to leave in the event it
15 gets too late.

16 Deirdre, are you completed with your
17 testimony?

18 MS. DOWLING: Yeah. I was just waiting
19 for that.

20 CHAIRMAN WHITE: Next person seeking the
21 podium. This gentleman to the left, Brian, I
22 believe.

23 MR. JAROS: Thank you, Chairman. I'll
24 be brief.

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1 CHAIRMAN WHITE: Please raise your right hand.

2 (Witness sworn.)

3 CHAIRMAN WHITE: Thank you. State your name
4 and address.

5 MR. JAROS: Brian Jaros, J-a-r-o-s,
6 41W608 Fox Tail Circle. Like many other faces
7 around the room tonight, I live in the Silver Glen
8 Meadow community a quarter mile due south of the
9 Glenwood campus.

10 I'll try to speak objectively tonight. I
11 spoke personally and passionately last week. So I
12 just want to remind the Board and, again, many
13 residents that may not understand the school zoning
14 that a majority of the houses and the community
15 surrounding Glenwood campus to the south has nothing
16 to do with the district which will be receiving a
17 majority of the \$350,000-some that Maxxam will
18 inject out of the tax bill. We feed into
19 District 303, St. Charles school districts.

20 So I guess I speak against what Ms. Lomas
21 said. District 301 doesn't even affect us.
22 Definitely not in Silver Glen Meadows, definitely
23 not anyone off of Silver Glen Road in the Waybridge
24 community or off of Briarwood or in Willowbrook.

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1 350,000, too, on the tax roll? Silver Glen
2 Meadows, we have about 50 houses in our community;
3 we easily inject 500,000. Again, it seems like a
4 drop in the bucket like the predecessor spoke to.
5 Yes, I understand we're all hurting from Illinois
6 Senate Bill 60. We're all getting money taken away.
7 They're talking about closing down Haynes Middle
8 School, forcing them all into Thompson. That's fine
9 but couldn't District 303 get some of that money,
10 too? Perhaps this is a question for Mr. Kinnally or
11 Mr. VanKerkhoff. Could you redo the zoning in a way
12 where if Maxxam gets the land grant, you give some
13 money to 301, some to 303? I'm not a tax attorney.

14 Mr. Shepro says no. So to me, again, that's
15 just a sticking point to the residents who live,
16 again, to the closest proximity of the facility.

17 Thank you.

18 CHAIRMAN WHITE: Thank you.

19 (Applause.)

20 CHAIRMAN WHITE: Next person. I saw another
21 hand up.

22 (Witness sworn.)

23 CHAIRMAN WHITE: And please state your name
24 and address for the record.

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1 MR. WAGNER: My name is Bob Wagner,
2 W-a-g-n-e-r, I live at 39W507 Kevin Court. I would
3 say less than -- I'm certainly within a 2-mile
4 radius of this.

5 CHAIRMAN WHITE: Are you for or against it?

6 MR. WAGNER: I'm against it. I have to tell
7 you "Not in My Back Yard" factors in a little bit.
8 I live out where I do because it is rural and it is
9 private, as the attorney mentioned.

10 CHAIRMAN WHITE: You've got to speak right
11 into the microphone.

12 MR. WAGNER: Sure. I live where I do
13 because it is rural. We built our house. I've been
14 there 28 years. I'd be very disappointed if you
15 chose this path of making it into a mental health or
16 a rehab center. It's wrong. I expect you to do the
17 right thing.

18 Thank you.

19 (Applause.)

20 CHAIRMAN WHITE: Thank you. Anyone else
21 seeking the podium at this time?

22 (Witness sworn.)

23 CHAIRMAN WHITE: And then please state your
24 name for the record again.

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1 MR. TYRRELL: The name is Mike Tyrrell. I
2 live at 5N042 Forest Trails, Campton Hills.

3 Chairman White, members of the ZBA, thank
4 you for this opportunity to speak before you this
5 evening. It has been a long 9 or 10 sessions. Your
6 time, scrutiny and attention is appreciated. Much
7 has been presented during these past sessions.
8 Perhaps inarguably some of the material has strayed
9 from the topic at hand.

10 A developer from Florida has an interest in
11 starting a new business venture here in the heart of
12 Kane County. A new business start -- new businesses
13 start every day. However, this one has about a bit
14 of controversy. Few would deny that nearly everyone
15 in this room knows someone who has been afflicted
16 with drug or alcohol abuse and addiction. It is a
17 disease. Few would deny that anyone in this room
18 knows someone -- pardon me. I believe that you will
19 not find an individual in this room who denies the
20 need for intervention and treatment of these
21 diseases.

22 Maxxam is proposing a private pay, high-end,
23 upscale facility that will cater to non-Medicare,
24 non-Medicaid insurance patients. Based upon the

1 testimony presented earlier, this is a facility that
2 will cater to executives, celebrities, and notable
3 individuals across the nation. Although this
4 facility would be open to those with the necessary
5 financial means, it would not be open to the high
6 schoolers, or the blue collar workers, or the
7 non-cash patients who suffer from this very same
8 disease. In essence, an individual from Kane County
9 is likely not to receive care at this proposed
10 facility.

11 Central to the discussions has been the
12 debate over the terms such as "similarity" and
13 "apples and oranges." To clear some of the cobwebs,
14 I opted to go back to the December 11th, 2015, staff
15 report from the ZBA and review. What are the
16 findings of fact?

17 I started with the second paragraph on
18 page 2. It reads, and I quote, "The petition and
19 supporting opinions advocate that the proposed
20 special use for a private pay alcoholism and
21 substance abuse treatment facility is similar to the
22 following special uses listed for F District and
23 R1 district." And, again, this is still part of the
24 quote, "monasteries, nunneries, religious retreats,

1 nursing and convalescent homes, assisted-living
2 facilities, boarding schools, and orphanages."

3 Later on that same page the connective
4 tissue for similar is -- and, again, I quote -- "It
5 may be considered similar in that one of the common
6 aspects of these institutional uses is that they all
7 include residential facilities of various types,"
8 end quote.

9 Later testimony attempted to draw
10 similarities to hospitals. Similarity is a curious
11 word. Allow me to illustrate. A monastery does not
12 have the need for extensive security cameras, staff
13 security personnel, or a high-end technology thermal
14 sensor virtual sense perimeter. The same can be
15 said of nunneries, religious retreats, nursing and
16 convalescent homes, assisted-living facilities,
17 boarding schools, and orphanages. Glenwood School
18 did not have such a need.

19 In consideration of the terms of special
20 use, would it not be equally logical to weigh this
21 dissimilarity to that of a mere residential facility
22 similarly? The community has expressed a legitimate
23 concern over a facility which would introduce and
24 manage highly desirable drugs within its confines

1 and the containment thereof. These are not the
2 similarities of a monastery, nunnery, assisted-living
3 facility, or an orphanage. Similarity or apples and
4 oranges?

5 Patients in the proposed facility will be
6 there voluntarily we are told, self-admitting. We
7 have heard statements that the court-ordered
8 patients are apples and oranges different; they will
9 not be considered for this facility.

10 As a completely hypothetical example -- and
11 my advanced apologies to Mr. Brown -- hypothetically
12 Mr. Brown and I suffer from the same disease. There
13 is no stigma here, only that we battle the disease
14 of alcoholism and need intervention, treatment, and
15 rehabilitation. In Mr. Brown's case he has the
16 financial needs to meet the entry requirements of
17 the proposed facility. In mine a court-ordered
18 rehab is necessary. Is the disease that we
19 hypothetically suffer any different? Is our desire
20 for treatment and rehabilitation any different? The
21 answer should be no. They are similar up to the
22 extent of the ability to pay out of pocket. I fail
23 to see the labelling of voluntary versus court-ordered
24 pay as apples and oranges.

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1 Will the proposed Maxxam facility cater to
2 the Lindsay Lohans, the Charlie Sheens, corporate
3 CEOs, and the Conrad Hiltons as they provide the
4 financial means and are deemed, quote/unquote, "safe
5 patients"?

6 I'm struck by an article that made the news
7 this past week. The young adult, adult over 21,
8 Conrad Hilton was sentenced on a court order to at
9 least 90 days of drug rehabilitation treatment.
10 This was the Court's finding following an alleged
11 assault on airline personnel during his last flight.
12 Threats of killing the flight attendant were
13 reported and the FBI arrested.

14 Drug and alcohol addictions are a disease, a
15 serious disease, a mind and behavioral altering
16 disease. Can Maxxam or anyone guarantee that any
17 patient will not have a deviated behavioral episode
18 such as the one mentioned above? Certainly, a high
19 socioeconomic position in life does not
20 guarantee this.

21 You have heard that 22 of 23 similar
22 rehabilitation centers in Illinois are collocated
23 with hospitals. There must be a good reason. Is
24 there some practical or medical reason? Is it

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1 because it is in the best interests of the patient?
2 By the way, the 23rd site -- and it's often been
3 referred to here -- Rosecrance, is some 4,000 feet
4 away and on the same street as Swedish Hospital in
5 Rockford.

6 All 23 similar rehabilitation facilities
7 collocated or are a short walking distance from a
8 hospital. Even the Betty Ford Clinic is collocated
9 with the Eisenhower Hospital in an urban area.

10 The current site is zoned F1. That's
11 farming. The Glenwood School was given a special-
12 use permit for this F1 site. In reading the County
13 code, a hospital is not a permitted F1 use; it is a
14 special use. A hospital, nursing home, monastery,
15 et cetera does not need or have the use for a high-
16 tech, thermal sensing virtual fence for security.
17 Under the existing special use, Glenwood is not an
18 intensive medical facility for a Schedule 2 drug
19 dispensary.

20 Members of the Board, any such facility
21 would be subject to the Federal HIPAA laws. This
22 body, the Kane County development department, nor
23 the Kane County Board, or for that matter any other
24 governmental body will have access to oversee or

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1 audit the patients that are accepted, their
2 treatment, or the drugs dispensed.

3 If you've heard a community -- you have
4 heard the community turn out to express their
5 concerns, very real concerns. In the same staff
6 report that I started with on page 4, Item A, the
7 quote is, "The special use will not be unreasonably
8 detrimental to or endanger the public health,
9 safety, morals, comfort, or general welfare," end
10 quote. I ask you to look into this audience, this
11 community and ask, are they concerned for their
12 safety? Are they not uncomfortable?

13 There is a place for a drug rehab facility
14 that Maxxam proposes. As with the others in
15 Illinois, the Betty Ford, it should be located near
16 or at a hospital for the safety and well-being of
17 its patients. The proposed drug and rehabilitation
18 center is not similar to a monastery, nunnery, or
19 assisted living.

20 The proposed facility by its own statements
21 as described extensive -- require extensive security
22 measures. The nature of those statements by their
23 very words gives rise to the concerns expressed
24 here. The findings of fact include a reference to

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1 safety and comfort. I ask you to consider the
2 dissimilarity in the real context of the definition
3 of the County's special use and to look at the
4 needs, concerns, safety, and comfort of this
5 community.

6 Please deny the special use. Thank you for
7 your time.

8 (Applause.)

9 CHAIRMAN WHITE: Is there is someone else
10 seeking the microphone at this time? Sir, off to my
11 right.

12 MR. BEUHLER: I'm Scott Beuhler.

13 CHAIRMAN WHITE: Please raise your right
14 hand to be sworn, sir.

15 (Witness sworn.)

16 CHAIRMAN WHITE: State your name and
17 address.

18 MR. BEUHLER: Scott Beuhler, 6N815 Gilmore
19 Drive just south of the facility.

20 I'd never heard it discussed anywhere in the
21 financial discussions about there is an impact to
22 our valuation of our homes. So I know that we've
23 heard a lot of testimony about that. I think most
24 people here feel that it would. The expert said

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1 8 to 17 percent. There were some other experts that
2 counteracted that, but I think the majority of people
3 believe there would be an impact on their homes.

4 As an homeowner, I pay about 14,000 in taxes.
5 I just want to let you know what would happen if you
6 approve that is that I would then get an estimation
7 on my house, take it to get it reassessed with the
8 tax assessor. That could ultimately lead to a
9 10 percent reduction in what I would pay for
10 property tax.

11 So if you look at the number of homes that
12 that could impact, I'm guesstimating -- and you can
13 calculate -- it could be 1,000 homes at a 10 percent
14 reduction. Ultimately, that would take about at a
15 high end maybe a million dollars away from the tax
16 basis of that local community.

17 So we've already talked about the impact of
18 infrastructure on this facility. Imagine doing it
19 now with less tax base, approximately a million for
20 that. So I wanted to add that because that was not
21 considered at all in the financial discussions.

22 CHAIRMAN WHITE: Okay. Thank you.

23 (Applause.)

24 CHAIRMAN WHITE: Sir, come forward. It's

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1 getting late, so I want to try to wrap this up
2 tonight. That was my intent.

3 Please raise your right hand.

4 (Witness sworn.)

5 CHAIRMAN WHITE: Please speak directly into
6 the microphone.

7 MR. CAPPELLI: Charles Cappelli,
8 C-a-p-p-e-l-l-i. I live at 6N812 Longacre Drive.
9 I'm about 4/10ths of a mile from the entryway of
10 Glenwood School. Excuse my raspy voice; it's dry in
11 here.

12 I'm a retired sociology professor with an
13 expertise in advanced quantitative statistical
14 analysis, and I've done that kind of work for
15 35 years. I've taught it and I've written research
16 papers with the kinds of methods that were presented
17 in the Waller report "Not My Back Yard" that was
18 just referenced.

19 I think that this report in and of itself is
20 necessary and sufficient evidence for you to reject
21 this petition. This is sound scientific evidence
22 that has demonstrated there will be a systematic
23 devaluation of property.

24 Now, I've evaluated the paper in detail, and

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1 I won't go into a lot of technical support for this
2 paper, but some of the comments that were made
3 around it were specious; they had no foundation.

4 This analysis used the Multiple Listing
5 index and actually analyzed -- I want to emphasize
6 this -- 194,000 real estate transactions. You compare
7 that to matched pair of four or five comparable
8 pieces. This analyzed 194,000 transactions.

9 There were 39 residential treatment centers
10 in the proximity or not of these businesses. There
11 were 309 houses that were located within a
12 mile-and-a-half of these 39 facilities. This
13 researcher controlled for all kinds of what are
14 called hedonic characteristics that are attractive
15 to houses, number of bedrooms, whether there was a
16 swimming pool, whether there was a basement. 309 of
17 those transactions were analyzed in the context of
18 that 194 to find out what is the exact impact of
19 being close to a residential treatment center.

20 Furthermore, they looked for what are called
21 external negatives; there were other possible
22 negative aspects of the property that might have
23 influenced the property value. They controlled for
24 that by incorporating aggregate data that was from

1 the Census Bureau all the way down to the block
2 level that captured all of the local characteristics
3 of the properties.

4 This is an amazing amount of information.
5 The analysis was technically correct. It was a set
6 of simultaneous equations so that the researchers
7 predicted both the price of the home and the time it
8 was on the market. They adjusted for a correlation
9 of terms by using a technique that is commonly
10 applied in this problem, and they concluded that
11 there was a systematic reduction in housing values
12 of around 8 percent and exceeding up to 17 percent
13 if it was close to a methadone center.

14 There's no study that I've looked at that
15 even looks at crime rates as a function of negative
16 externalities for residents that has this extensive
17 amount of data.

18 Now, this data was from central Virginia
19 around the Richmond area. Well, that is roughly
20 comparable to Kane County. The population of the
21 central Fox Valley area is probably comparable to
22 Richmond. This is as close a comparison as you're
23 going to get. If you are systematically looking for
24 objective, empirical evidence about devaluation, you

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1 will not find a more appropriate and relevant study
2 than this.

3 This study alone has the necessary and
4 sufficient evidence for you to reject this petition
5 under 4.8.2(b); this will produce a devaluation in
6 all likelihood. It's the best estimate you're going
7 to get, and I don't know how you can disregard that
8 evidence in your deliberations.

9 Thank you.

10 CHAIRMAN WHITE: Okay. Thank you.

11 (Applause.)

12 CHAIRMAN WHITE: Anyone else seeking the
13 podium? Is there anyone else seeking the podium?

14 (No response.)

15 CHAIRMAN WHITE: I'd ask for a motion to
16 conclude the public comment period for this hearing.

17 MEMBER STOVER: So moved.

18 MEMBER BOWEN: Second.

19 CHAIRMAN WHITE: Moved by Ms. Stover,
20 seconded by Mr. Bowen. All those in favor.

21 (Ayes heard.)

22 CHAIRMAN WHITE: Opposed, same sign.

23 (No response.)

24 CHAIRMAN WHITE: Motion carries.

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1 We're going to go into closing comments at
2 this time. Are petitioners prepared? Otherwise, we
3 come back tomorrow tonight, and that will be the
4 only business on the agenda tomorrow night will be
5 closing comments.

6 MR. KOLB: Is the Zoning Board going to
7 entertain discussion amongst themselves where you
8 would need to some time to be able to do that?

9 CHAIRMAN WHITE: Our plan is we're going to
10 come back on February 9th with our deliberations.
11 We want time to review the documents that have been
12 presented. As you can see, there's voluminous
13 information that the Board members wish to review
14 and make an educated decision.

15 MR. KOLB: So if we were to give our closing
16 arguments tonight, we wouldn't need to come back
17 tomorrow, but we would come back on the 9th. Is
18 that correct?

19 CHAIRMAN WHITE: That's correct.

20 Bob, if you feel it necessary to leave,
21 you may.

22 MR. BROWN: Actually, I would like the
23 entire Board's full attention and it is getting
24 late. I would like to get this done tonight, but we

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1 would be here for much longer than I think it would
2 be appropriate for that attention. So we'll come
3 back on the 9th.

4 CHAIRMAN WHITE: No.

5 MR. BROWN: Tomorrow tonight. That's fine.

6 CHAIRMAN WHITE: So is there a motion to
7 adjourn for this evening and reconvene tomorrow
8 night at 7:00, same location?

9 MEMBER BOWEN: So moved.

10 CHAIRMAN WHITE: Moved by Mr. Bowen.

11 MEMBER STOVER: Second.

12 CHAIRMAN WHITE: Seconded by Ms. Stover.

13 All in favor say aye.

14 (Ayes heard.)

15 CHAIRMAN WHITE: Opposed, same sign.

16 (No response.)

17 CHAIRMAN WHITE: Motion carries.

18 Just for the public's information, we will
19 not be entertaining anymore comments from the
20 public. Tomorrow night will be strictly closing
21 comments by the petitioner and the two objectors
22 that have registered their positions with this
23 petition.

24 And as I indicated -- so it should be a

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1 relatively short meeting. I won't speculate on that
2 but let's hope, and then we will be back February 9th
3 at this location to deliberate the motion whether to
4 approve or deny this special-use request.

5 Thank you.

6 (Off the record at 10:40 p.m.)

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CERTIFICATE OF SHORTHAND REPORTER

I, Paula M. Quetsch, Certified Shorthand Reporter No. 084-003733, CSR, and a Notary Public in and for the County of Kane, State of Illinois, the officer before whom the foregoing proceedings were taken, do certify that the foregoing transcript is a true and correct record of the proceedings, that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision, and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 4th day of February, 2016.

My commission expires: October 16, 2017



Notary Public in and for the
State of Illinois

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