

1           **MINUTES OF THE WORK SESSION WITH THE BOARD OF TRUSTEES OF THE**  
2           **VILLAGE OF OLYMPIA FIELDS AND THE PLANNING AND ZONING**  
3           **COMMISSION AND THE ECONOMIC DEVELOPMENT COMMITTEE REGARDING**  
4           **THE TOLENTINE PROPERTY**  
5           **Held on November 17, 2016**  
6

7           The Work Session with the Village Board, the Planning and Zoning Commission, and the  
8           Economic Development Committee was held on Thursday, November 17<sup>th</sup>, 2016, at the Linzey  
9           D. Jones Municipal Building and was called to order by Village President Debra Meyers-Martin  
10          at 6:30 P.M.

11  
12          Present: Trustees – Robinson, Pennington, Hudson, Byrd, and Waite  
13                                Village President Debra Meyers-Martin  
14                                Village Administrator/Village Clerk, David A. Mekarski  
15

16          **Planning and Zoning Commission Members Present:**

17          Victor Blackwell, Chairman; Hilde Betts, Larry Green, Mark Miller, and William McKinnie  
18

19          **Economic Development Committee Members Present:**

20          Trinette Britt-Johnson, George Chandler, and Richard Gibb  
21

22          **Also Present:**

23  
24          John McDonnell, Building Commissioner  
25          Mike Hoffman, Teska Associates, Village Planning Consultant  
26          Pastor Oliver Akano – All Nations Assembly  
27          Stewart Gold – Chief Legal Officer for Advanced Recovery Systems  
28          Jay Fertig – Advanced Recovery Systems  
29          Rob Gamrath – Counsel for Advanced Recovery Systems  
30          Geoff Roehll – Hitchcock Design Group – Planner  
31          Marta Nelson – Chief Nursing Officer for Advanced Recovery Systems  
32          Randy Alexander – Resident/School Board Member District 227  
33          Nate Grant – Resident  
34          Chris Duer – Works with Pastor Oliver Akano  
35          Art Jones – Resident  
36          Charles Durley – Resident  
37          Lee Langon – Resident  
38          Jeff So – Franciscan Health  
39          Allan Spooner – CEO - Franciscan Health  
40          Antoine Bass – President School Board District 227  
41

42          Village President Meyers-Martin stated that this is a Joint Committee Meeting of our Planning  
43          and Zoning Commission, our Board of Trustees, our Economic Development Committee, and  
44          the members from Advanced Recovery Systems. She thanked everyone for being here tonight.  
45          The purpose of us coming together is this is a project that is being proposed for Tolentine. It is  
46          one of our most beautiful properties in the Village. It is very important for us to come together  
47          and hear this Presentation, for it to be evaluated and reviewed from the standpoint of Planning

1 and Zoning, certainly from the standpoint of the Board of Trustees, and Economic Development.  
2 We are so happy the new CEO; Mr. Spooner from Franciscan Health is here. Mr. Kimmel had  
3 indicated that this use of that property would be effective and productive to the hospital. We are  
4 here to hear the Presentation because the Board of Trustees has taken a position that when we are  
5 approached with projects we want it to be evaluated by all of the stakeholders who will truly  
6 look at the pros, the cons, the benefits, and the value to the Village of Olympia Fields. We  
7 appreciate that input. We certainly appreciate that assistance in evaluating projects.

8  
9 Administrator Mekarski stated that this is a Conceptual Meeting. We have no formal  
10 Application. We have no formal paperwork. The All Nations Assembly was property for sale.  
11 Advanced Recovery Systems looked at the property as an option to purchase. They have been  
12 privately going through that evaluative process. The only thing that has occurred is a Conceptual  
13 Meeting administratively with me, our Planning Consultant, and our Building Commissioner to  
14 get an assessment on the current building. We followed that up with a Conceptual Meeting with  
15 the Mayor. At the Mayor's request to have full accountability and transparency, the Mayor  
16 suggested that we convene this group. The Economic Development Committee has been very  
17 interested in their long-term vision for the Medical Campus area. They have worked with the  
18 Board of Trustees to create a Medical Campus. Our Planning Consultant, Mike Hoffman, is  
19 working and will be working with the Planning Commission to create a Mixed Use Medical  
20 District to advance the short-term and long-term goals of Franciscan St. James, but also in the  
21 vision of the Economic Development Committee to get ancillary medical uses to grow our  
22 economic engine. We welcome all of our citizens here.

23  
24 Mr. Jay Fertig stated that he has visited Olympia Fields two or three times. When he came here,  
25 and after meeting with the town he thought this was a wonderful place. It is a place that is  
26 thoughtful and caring. The growth of the hospital is fantastic, the Medical Campus. They operate  
27 in other places throughout the country and are exploring Medical Campus models elsewhere. He  
28 stated that Stewart Gold is our Chief Legal Counsel. He will give more information about the  
29 company. We have a short video Presentation as well.

30  
31 Mr. Gold stated that everybody knows about the drug epidemic in this country. The last estimate  
32 was there are 25 million people in this country who are addicted to some kind of drug or alcohol.  
33 The latest percentages of those people getting treatment are about 8% to 9%. He included some  
34 facts about the State of Illinois. Only 12% of the people in Illinois who have a drug problem are  
35 getting treatment for it. And about 5% of people who have an alcohol problem are getting  
36 treatment for it in this state. When they started the company they saw the need, and they saw the  
37 need to professionalize the industry. The substance abuse treatment industry was not and still is  
38 not professionally run like many hospitals around this country. There is a lot of fraud and abuse.  
39 There are a lot of other issues that go along with the drug treatment industry and they saw the  
40 opportunity to professionalize the business. The mission of their company is to provide patient  
41 center care, and an environment that empowers and aids individuals on their path to recovery.  
42 They believe in the 12-step program. They provide treatment in a medical setting with Board  
43 Certified Psychiatrists, a full Nursing Staff, and Therapists. They believe in a holistic approach  
44 to treatment and treating it as a medical disease like it is.

45

1 Mr. Gold stated that the leadership of their company is Dr. Lewis Gold. He is the Chairman. He  
2 stated that Dr. Mitchell Eisenberg is the CEO. They are both physician entrepreneurs who started  
3 a company called "Sheridan Healthcare" about 25-years ago. They grew it from a small,  
4 10-person anesthesia practice to over a \$2 Billion company when it sold a few years ago. They  
5 have been innovators in the space of healthcare. They consult on Boards all over the country.  
6 They speak at conferences about healthcare. Tonight we have Marta Nelson here.

7  
8 Mrs. Nelson stated that she is the Chief Nursing Officer. She has been in behavioral health and  
9 substance abuse treatment for over 25-years. She lives in the western suburbs. They are based  
10 out of Fort Lauderdale. Her team, which is Clinical Operations inclusive of medical nursing,  
11 therapy services, travel around the country to support and put plans in place for quality, safe  
12 evidence based treatment. That is the gist of their goal. That is what their company is based on.  
13 They are very proud to be here to make a Presentation to you. They would like to provide that  
14 type of servicing for this area. She was at a summit on October 27<sup>th</sup> downtown with Mayor  
15 Emanuel. It was very, very clear that we definitely have a lack in this area of quality treatment  
16 for those who are suffering. It is beyond epidemic.

17  
18 Trustee Waite inquired if this goes forward will this be the largest facility that you have. Mr.  
19 Gold stated no. They have an adolescent center in Florida. The majority of their centers and the  
20 one proposed here would not be adolescent. It would be 18 and over. They treat 18 and over  
21 substance abuse and co-occurring disorders. Some of those co-occurring disorders are:  
22 Depression, Anxiety, Personality Disorders, and Eating Disorders. They believe that sometimes  
23 the substance abuse may be the tip of the iceberg. You have to get under that and see what's  
24 underneath. What contributing factors are there to the substance abuse? You can't treat the  
25 substance abuse without treating those factors. When they get calls to their centers they hear all  
26 sorts of personal trauma: Sexual abuse, Physical abuse, violence, people who lost family  
27 members, and without understanding and treating the underlying condition then you are not ever  
28 going to be able to treat the substance abuse. They strongly believe in treating the whole person  
29 for their disease. Around 4,000 people in Illinois die each year due to alcohol related injuries. It  
30 is costing the state around \$3.5 Billion associated with alcohol, drugs, and tobacco. Illinois has  
31 the lowest rate of State Funded Treatment compared to some of the other Midwestern States. The  
32 Chicago Metro area is ranked Number 1 in department mentions for the use of heroin. It is  
33 almost double of New York. Only 12% of the people are getting treated for substance abuse, and  
34 only 5% are getting treated for alcohol abuse in Illinois. It is lower than in many other states.

35  
36 Mr. Gold stated that currently they have five centers across the country. There are three in  
37 Florida. One is in Washington State. And there is one in Colorado. This is their first facility, The  
38 Recovery Village in Umatilla, Florida. It is a 90-bed facility. Their second facility was an old  
39 hotel in Palmer Lake, Colorado which is right outside Colorado Springs. Their third and fourth  
40 facilities were Orlando Recovery Center in Orlando, and their recently opened Recovery Village  
41 at Ridgefield, Washington. The Next Generation Village is their center in Sebring, Florida,  
42 which is for adolescents ages 13 to 17. They saw a great need to treat the adolescent population.  
43 The Next Step Village in Maitland, Florida, is an After Care Program where people could go  
44 after they get their treatment and learn some of the life skills to reintegrate back into society.

45  
46 Mr. Gold stated that recently they partnered with the International Association of Firefighters to  
47 develop a one of a kind program. It is to treat firefighters, first responders, and their dependents.

1 There is a huge incidence of substance abuse, PTSD, and other related disorders for the  
2 firefighting profession, especially after 9/11 and what firefighters see every day. They partnered  
3 with the IFF and they produced a short video. It tells about the program. (At this time everyone  
4 viewed the video).

5  
6 Mr. Gold stated that there are 305,000 members of the IFF who will have access to this level of  
7 treatment. The IFF has endorsed them. They are working with them. They are very proud of that.  
8 They are very proud of all their centers. This would be a great opportunity for them. They  
9 believe that this is a beautiful area. They believe that Illinois is a state in need where there aren't  
10 enough treatment beds. They believe that it is the right time and the right place. They are  
11 appreciative that you are here to listen to them today.

12  
13 Mr. Gamrath stated that there are two purposes why they wanted to be here. He stated that one is  
14 to introduce you to Advanced Recovery Systems and show you who they are, and let you see the  
15 quality and level of care that they provide, and what type of company they are. The other reason  
16 they want to be here is they know that this is your community. They want to get your input. They  
17 are very early in the process. This gives them an opportunity to get feedback from you as they  
18 move forward and try to work in a partnership. They are currently looking at and evaluating the  
19 Tolentine Monastery site. They are in that due diligence process. He stated that if that's a  
20 successful site that is where they would try to proceed with. They have to continue to look at the  
21 overall Medical Campus within the Village. Advanced Recovery Systems certainly wants to be  
22 in Olympia Fields. They recognize that you have developed a Medical Campus. They have to  
23 evaluate the entire Medical Campus and locations in the Medical Campus. They hope that you  
24 would provide them with input along those lines as well.

25  
26 Village President Meyers-Martin stated that her first question is who is your typical client and  
27 how do you get your clients. How do you obtain clients? Mrs. Nelson stated that their clients are  
28 relatives, family members, and friends. You probably all have someone that you know that is  
29 having an issue and struggling with drugs, alcohol, and other co-occurring disorders. They have  
30 a very extensive prescreening process prior to admitting someone. They have a Marketing  
31 Department. They have a Call Center where anyone can call and talk to them about what is  
32 bothering them. They ask them a very extensive set of questions to see if they are appropriate for  
33 the level of care that they are offering. They are not an Acute Care Hospital. They work in  
34 alliance and in cooperation with Acute Psychiatric Facilities, as well as Acute Medical Hospitals.  
35 They start at the level of detox for several days. There is a continuum of care which would go to  
36 residential. That's where the majority of the individuals would spend their time. They are giving  
37 them a pause from the world that they live in to learn the skills, and have a safe environment for  
38 them to start into their recovery and learn alternative methods of dealing with the stressors that  
39 they face. They also proceed with a PHP which is Partial Hospitalization and then onto intensive  
40 outpatient, and they are triaging them down basically so that they have the support of staff at  
41 every level of care. They are learning to have more and more freedom since they integrate back  
42 into the community in their home life.

43  
44 Commissioner Betts inquired whether or not somebody could explain the overall scope of the  
45 initiative that you are planning for Olympia Fields, whether it is Tolentine or at some other  
46 location such as the size of the facility, the number of buildings, scope of services, that kind of  
47 thing.

1 Mr. Fertig stated that without getting into too many specifics on site design, they would look at a  
2 facility of approximately 50,000; 55,000 square feet located on either a one to two-story  
3 building. It would be about six-acres if it was a two-story building and about 10-acres if it is a  
4 one-story building. He stated that within the facility they provide bedrooms, bathrooms, many,  
5 many therapy rooms. In a facility of that size, likely 20 private offices for counselors. They  
6 provide a gymnasium, cafeteria, and a whole myriad of services.  
7

8 Commissioner Betts inquired whether it would be a residential facility or an outpatient facility,  
9 or both. Mr. Fertig stated that it would be an in-patient facility of approximately 80-beds would  
10 be his guess at that size.  
11

12 Chairman Blackwell inquired of Mr. Fertig what other sites did you explore besides Olympia  
13 Fields, if any, in Illinois. Mr. Fertig stated he did not explore elsewhere in Illinois. Chairman  
14 Blackwell inquired of Mr. Fertig what made him interested in this particular site. Mr. Fertig  
15 stated the size of the facility at the Tolentine site looking at that originally, and quite honestly the  
16 town itself. They moved him. He was the first person to set foot here. He thought it was a town  
17 with an expanding medical community with vision, with growth, and he thought it was an ideal  
18 place for them. Chairman Blackwell inquired of Mr. Fertig whether or not he has any particular  
19 affiliation with St. James. What would be your connection with them if any? Mr. Fertig stated  
20 that there would be a connection with them hopefully. They look forward to working with the  
21 hospital. They've had some conversations with the hospital. In meeting with their former CEO  
22 he understands that they have residents and fellows. It's a great opportunity for psychiatrists and  
23 psychologists to learn within their facilities, using their facilities as a great teaching background.  
24 Chairman Blackwell inquired of Mr. Fertig what is your typical turnaround time for looking at  
25 the site. He stated just based on your best guess. It sounds like you have some pretty extensive  
26 construction that is going to have to occur. What would you anticipate the timeframe to be on  
27 that? Mr. Fertig stated that he believes it would be fair to say someplace in the neighborhood of  
28 24-months with getting Plans approved and things like that. Construction alone will generally  
29 take them about 12-months. They are talking to the same architecture group and planning group  
30 that the hospital uses. It's extensive. They don't build a hospital. They build or renovate  
31 something that is awfully close. In Columbus they bought a former Bariatric Surgery Center,  
32 60,000 square feet. They took out operating rooms and things like that. They created group  
33 rooms and many, many more private offices for psychiatrists, psychologists, and counselors.  
34 They did a gymnasium.  
35

36 Chairman Blackwell inquired of Mr. Fertig so far as your clientele, how do they pay. You said  
37 your clientele is primarily from family members. He didn't quite understand that. What type of  
38 clients do you get? Are they paying through Medicaid, Medicare? Are they privately funded?  
39 Where do they come from? Where do you recruit your clientele? Are you tied into the hospital?  
40

41 Mr. Gold stated that people are covered under their insurance under The Affordable Care Act,  
42 and the Parity Laws for Mental Health Benefits as part of The Affordable Care Act. If you carry  
43 Blue Cross/Blue Shield, Humana, Aetna, that will cover your Mental Health Benefits. He stated  
44 that 80% to 85% of their patients have commercial insurance. Currently, they do not do  
45 Medicare, Medicaid, or Tricare Benefits. They don't do Federal Payer Benefits at this time. They  
46 aren't saying they won't do it but at this current time they don't. The other 10% are people who  
47 come and pay out-of-pocket. Most of the industry tends to be on the Internet. If you search

1 substance abuse in their local area in Google they will come up as one of the top ones there.  
2 They have ground marketers who meet with the hospitals and other centers and go over what  
3 they do. They see a lot of patients that way. As they grow they have a lot of word of mouth  
4 patients. Patients come from all over. If it is a local facility, between 50%, 60% come locally  
5 within the state or within the area, and 40% come from out of state. Typically people who need  
6 treatment for substance abuse don't want to be staying in the local areas where they are with the  
7 factors that are contributing to those patterns. They like to come out of state usually between 28  
8 and 32, 33-days and stay with them.

9  
10 Trustee Waite inquired of Mr. Fertig whether or not he has met Mr. Spooner the CEO. Mr. Fertig  
11 stated yes, we did. Trustee Waite stated that they are planning to spend \$137,000,000.00 plus  
12 another \$18,000,000.00 on an outpatient facility across the street. He stated that \$155,000,000.00  
13 is not chump change. Your project is going to be welcomed to kind of put the frosting on the  
14 cake of the Medical Campus. Mr. Fertig stated that their project would be well over  
15 \$10,000,000.00. Trustee Waite inquired whether or not they are a public company. Mr. Fertig  
16 stated no, they are a private company. Trustee Waite inquired who the stockholders are. Mr.  
17 Gold stated individuals. There are a few companies that are owners, but individuals. Trustee  
18 Waite inquired who is the largest stockholder. Mr. Gold stated that they are a private company so  
19 he is not at liberty to disclose that at this time.

20  
21 Village President Meyers-Martin stated that if a client is paying out-of-pocket, what are their  
22 expenses. Mr. Fertig stated that they do a high-end product but they are not \$100,000.00 a month  
23 or \$125,000.00 a month.

24  
25 Commissioner Betts inquired whether or not he could be more specific on that. You mentioned  
26 earlier a 22-day or 28-day kind of stay. What would that be on average for a patient that chooses  
27 your facility? Mr. Gold stated that it could be between \$10,000.00 and \$30,000.00.  
28 Commissioner Betts inquired who are your competitors. She stated the Betty Ford Clinic is  
29 prominent or Hazelden. Mr. Gold stated absolutely, Hazelden, Betty Ford Clinic, there's a large  
30 company called "The Meadows." There's "American Addiction Centers." Their competitors are  
31 centers like theirs that are residentially based where patients come and stay for a period of time.  
32 Commissioner Betts stated that you currently don't accept federally supported payers like  
33 Medicare or Medicaid. Are you planning on having that changed in the future? Do you take any  
34 Court appointed required treatment patients? Mr. Gold stated that he would never say never.  
35 Currently, they don't take Medicare, Medicaid, or Tricare. That is not to say that they won't in  
36 the future. It is not in their current plan. Everyone who comes to their facility is voluntary. They  
37 don't take psychiatric hold patients. They don't take people who are being taken to their facility  
38 against their will. That's not to say that on a rare occasion that someone might be ordered by a  
39 Court to go to treatment and they have an option if someone gets a DUI or something like that.  
40 They can choose to go and yes they might come to them. All of their patients are voluntary. They  
41 are not criminals. They are people who got caught up with the disease of addiction. They come  
42 to their facility. They do their best to keep them there as long as they can to make sure they get  
43 the treatment they need to get better. Some people don't want to stay for the whole treatment and  
44 they go back to their families. Most people stay the whole time and get their full treatment.

45  
46 Commissioner Betts inquired whether or not the facility will be a gated, secured facility, or is it  
47 an open campus facility. What do you have in mind for this facility at Tolentine? Will you have

1 fences around it to keep people in? Will it be totally closed off? Or will it be some sort of walled  
2 in, gated, secured facility versus a totally open campus?  
3

4 Mr. Gold stated that sometimes there is a perception that the people we treat are criminals or they  
5 are prisoners. They are not criminals or prisoners. These are people who are typically at a very  
6 low point in their lives, who really have no other options, who have been thinking about going to  
7 treatment for years and finally they have gotten over some psychological hurdle. They haven't  
8 had any incidents where anyone has run off and gone and committed any crime in the  
9 community. They have a lot of security. They have 24-hour staff. They have alarmed doors.  
10 They have cameras all over the facility that go right into their corporate office in Fort Lauderdale  
11 where they can watch every corridor in every facility that they have. They don't want to make  
12 their clients and their patients feel like they are prisoners. They are not prisoners. They don't  
13 want to treat them like prisoners. They are human beings who are looking for a therapeutic  
14 environment to get better. They are lucky to have the opportunity to have these beautiful  
15 campuses. The one in Maryland that you saw is on 15-acres. They make them as beautiful as  
16 they can so people want to stay. They are peaceful. They have Equine Therapy. They have all  
17 sorts of Music Therapy and all sorts of things where it doesn't feel like you are being confined  
18 against your will and there is a need to escape.  
19

20 Mr. Fertig stated that he is a Real Estate Developer. That is his background. He is familiar with  
21 drug treatment itself. He was there when they opened their Palmer Lake Facility in Colorado. A  
22 brand new white SUV arrives. He sees a seven-year old jump out and a 12-year old jump out. He  
23 sees an 18-year old jump out and two parents. He expected to see the parents push the 18-year  
24 old towards the front door of the facility. The mother stayed for 40-days.  
25

26 Trustee Pennington stated should this facility come to fruition it will be situated across the street  
27 from a high school. Do you have any facilities presently that are in the vicinity of a high school  
28 or a school? If so, what is the experience? If not, did you take that into consideration when you  
29 looked at the Tolentine Property for this project?  
30

31 Mr. Gold stated that in Umatilla he doesn't know the exact distance. It is close. It is probably less  
32 than a mile. In Ridgefield, Washington they are smack in the middle of a residential community  
33 with housing surrounding them. It is the same thing with their adolescent facility in Sebring.  
34 They are in the middle of a residential area with houses around them. They take it into  
35 consideration. They have to look at what surrounds them. There is always going to be something  
36 whether it is a school, whether it is a restaurant. There is always going to be something next to  
37 them. In an ideal world it would be great if they could have it out 30-miles away. This is a great  
38 location. They haven't had any incidents with the local PD. They feel comfortable that it  
39 wouldn't be an issue here.  
40

41 Mr. Fertig stated that the folks that are at the facility are not a danger to anyone. It's the high  
42 school that has the problem. Drugs aren't found in their facility. When they come in their  
43 belongings are searched. They are taken away from them and locked away for the period of time  
44 that they are there. You've got the problem at the school. You don't have the problem with them.  
45

1 Trustee Pennington inquired whether or not they have any competition in Illinois. Trustee  
2 Robinson stated not just within the State of Illinois, but out here within the southland itself and  
3 Indiana.

4  
5 Mrs. Nelson stated that there are Hazelden Facilities in the Chicagoland area. There are a lot of  
6 outpatient facilities that are available. The insurance wants to treat the individual at the lowest  
7 level of care possible which would be on an outpatient basis. She stated that often a lot of their  
8 referrals will come from outpatient or partial hospitalization providers where the individual is  
9 failing at that level of care and they need more structure and more support, and they need more  
10 stability with a 24-hour nursing staff with a multidisciplinary treatment team. There are not a lot  
11 of those facilities available. There is a facility in Lemont. It is Timberline Knolls. They do treat  
12 eating disorders, but they also treat co-occurring drug and alcohol. That is a female only facility.  
13 There is also Rogers which is up near Oconomowoc. They have a lot of facilities in the  
14 Milwaukee and lower Wisconsin area, Indiana, northwest. There are a couple facilities that are  
15 down in the Chicago area, but none of them offer the degree of residential treatment that they are  
16 proposing.

17  
18 Commissioner McKinnie stated that he heard about the 24-hour security. You never said if the  
19 patients can come and go. Can they leave? Mr. Fretg stated that the doors are locked. Mrs.  
20 Nelson stated that the patients come to them and they are voluntary. They agree to come into  
21 treatment. Sometimes that is being convinced by a family member. They have locked doors to  
22 keep them safe at night. They have security at night. Because it is a Voluntary Program, and they  
23 choose to leave the program they do a Discharge Plan. They make sure that they are safe and  
24 secure and they have the medications they need to exit. They are not holding someone there  
25 against their will. Can they go to McDonald's during the day and so forth? No. She stated part of  
26 that is for them agreeing that they are going to stay within the program with the structure that  
27 they are working through. It is a full day program. They have supervision 24/7 by the staff that is  
28 there with them. They eat the meals with them. They do the programming with them. If someone  
29 wants to leave they try to talk them out of leaving. Commissioner McKinnie inquired whether or  
30 not you are a non-for-profit. Mr. Gold stated no.

31  
32 Trustee Waite inquired whether or not they take Veterans. Mrs. Nelson stated that they do. They  
33 currently don't have any contracting with the Tricare Veterans Programming. They would take  
34 Veterans, yes.

35  
36 Mr. Spooner stated that their interest in this is to learn more about Advanced Recovery Systems.  
37 He stated from a medical standpoint and from a continuity of care, this care is needed. He stated  
38 that in their ED's in Olympia Fields and Chicago Heights right now there are going to be people  
39 there with behavioral issues, self-medication based on some underlying condition. It's happening  
40 every day in our community. This is his third week here. They service their communities from  
41 just about I-80 down to the northern part of Will County, and all the way to the Indiana border,  
42 and all the way west to just about Harlem. That's one of their interests as it relates to their  
43 Medical Education Programs that they have in Olympia Fields. The ability to have a clinic and  
44 things like that is also in their interest, to have resident rotations, Family Practice Residents who  
45 take care of patients required to have some behavioral rotation. They facilitate those outside of  
46 our community right now. He wants to make sure that our interests are mutual. We are a non-for-  
47 profit Catholic Healthcare Mission as you know. There are some elements that are not consistent



1 with our mission. We try to be open and see if we can do something that can help all of the  
2 community. There is such a need to the east of us. The idea of having more behavioral health  
3 professionals in the community could be a good idea, could be a good thing. We have to explore  
4 that. We are very thankful for the Medical Campus and the medical community aspect. We are  
5 evaluating how this partnership could potentially benefit the greater community, the treatment  
6 needs of the community and ourselves, meaning our Educational Programs, and continuity of  
7 care for folks who qualify at least. That's something that we are really going to have to talk  
8 about. The Franciscan Sisters of Perpetual Adoration, it is going to be an issue to not take all  
9 insurance. We have no choice and we relish that. That's part of the reason that he is here.

10  
11 Mr. Chandler inquired how many jobs will be created by this. Are you going to pay Real Estate  
12 Tax? Are you going to use all of the property, or is there going to be some surplus along  
13 Governors Highway, or along the frontage road? Mr. Fertig stated that we figure 125-jobs. They  
14 do pay Real Estate Taxes. If you were to look solely at the Tolentine site, a building of 55,000  
15 square feet there will be a great deal of open space. It is approximately 800,000 square feet of  
16 land. We will use 55,000 square feet. Mr. Chandler stated that he didn't know if there would be  
17 some empty extra space around the perimeter for some outlots for some other additional uses to  
18 help generate some additional Economic Development besides what is happening on the property  
19 itself kind of setback from the front of the street. Mr. Fertig stated it is a great idea. They have  
20 not looked at that yet. They haven't looked at creating a subdivision there. They haven't looked  
21 at it in that format.

22  
23 Chairman Blackwell inquired who owns the property. Mr. Fertig stated that Pastor Oliver owns  
24 the property. Chairman Blackwell stated so you are intending to purchase from Pastor Oliver and  
25 not lease. Mr. Fertig stated we are buying.

26  
27 Mr. Gamrath stated that with respect to the Tolentine site they are still conducting their due  
28 diligence. It's not likely that the full 20-acres are developable. As part of the assessment they  
29 would have take a look at what can be used just physically out there. Right now the plan is if you  
30 proceed with Tolentine there will be potentially a lot of open space. Mr. Fertig stated that the  
31 rear of that property is wet. It's too wet to develop on.

32  
33 Mr. Gibb inquired how old their oldest facility is. Mr. Gold stated that they acquired it December  
34 19<sup>th</sup>, 2013. That's the first facility. Mr. Gibb inquired the approximate number of people who  
35 have been clients. Mr. Gold stated that we have between 50 and 90-beds at our facilities. He  
36 stated over 1,000. Mr. Gibb stated over 1,000 people treated. He inquired from the standpoint of  
37 quality, what is your recidivism rate. Can you measure it and do you measure it? Mr. Gold stated  
38 that they are trying to measure it. That's the best answer he can give right now. He thinks it is  
39 hard. It depends how you define recidivism. They are implementing a Multimillion Dollar  
40 Electronic Health Medical Record that they are almost finished with. That will provide them data  
41 at their fingertips. This year they are going to start having accumulative data of three-years. Mr.  
42 Gibb inquired as a major employee in the southern suburbs; they sent many people off for  
43 typically alcohol problems. Their success rate was poor. Mr. Gold believes that part of the reason  
44 the success rate is poor is because it is not treated often times as a medical condition. The 12-  
45 steps has its place. That's not the only cure to alcoholism and drug abuse. It has to be treated on a  
46 medical basis. That's why you see such a high recidivism rate in drug and alcohol substance  
47 abuse because you can't put a band aid on the issue. You have to do in-patient. They would like

1 to keep people there for a whole year. If they could do that the recidivism rate would go to 5% or  
2 10%. Most statistics show that after six-months to a year the recidivism rates drop like crazy.  
3 People are going to get treatment for seven-days, 10-days and you can't reverse a lifelong  
4 problem of alcoholism or drug abuse in seven to 10-days, and go back to the communities where  
5 you are with the same people who are promoting your drug or alcohol problems and expect to  
6 get better. That's why they set up their model this way.

7  
8 Mr. Gibb stated that unfortunately at this moment in time you can't tell us if you can do a better  
9 job than the people they have been using in the past. Mr. Gold stated no. They are three-years  
10 old. They are collecting data. They have been successful because of the level of care.

11  
12 Commissioner Betts inquired of Mr. Gold whether or not he could speak to their marketing  
13 efforts a little bit given that they are taking private patients and the insurance coverage is  
14 probably not going to be very expensive. Most insurance companies don't reimburse patients for  
15 a whole lot since they don't consider addiction a medical issue. These are all private patients that  
16 can pay for their recovery. How do you market to them?

17  
18 Mr. Gold stated that private insurance does pay. The majority of their patients are private  
19 insurance. They do a lot of their marketing online. They have an extensive team that looks at  
20 what cities, what towns are searching for what. Those are points they will mark on the map. They  
21 use a lot of data points and a lot of analytics to figure out where they want to be. They don't want  
22 to go in a place that they know they will be unsuccessful or people will have a hard time finding  
23 them. They passed Recreational Drug Laws in Colorado. There is a huge, huge drug addiction  
24 problem in Colorado. They are expanding their center in Colorado. They have 54-beds and they  
25 are adding 52 more beds. The response has been fantastic. There are out-of-pocket expenses. If  
26 someone has to pay \$3,000.00 or \$4,000.00 out-of-pocket, if it means saving their life, typically  
27 they will pay it to come to their facility. He stated for a 30-day stay it is a good deal. They aren't  
28 looking to gouge the people that come to them.

29  
30 Trustee Hudson inquired whether or not there is any reason why they would not accept someone  
31 that wanted to come there. Are there any rules or any situation where you would not take a  
32 patient? Mrs. Nelson stated definitely there are. They want to make sure that the individual that  
33 is coming to them is safe to be there. If someone has acute medical issues or psychiatric issues  
34 where they need to be in a higher level Acute Care Hospital, they would not be suitable for their  
35 care. They would work in conjunction with a local behavioral health or medical facility. They  
36 would get stabilized there and have another reevaluation with the hope that they bring them to us  
37 at that point. They are ambulatory. They are self-care. They have a lot of similarities to a  
38 hospital, but they are not a hospital. They are licensed as Behavioral Health Facilities. It's very  
39 different from what you have available as far as crash carts and things like that. That is not the  
40 level of care that they are. If someone needed their gallbladder out they would send them to a  
41 hospital and let them heal, and then come back.

42  
43 Trustee Robinson inquired given that you are a 24-hour operation, what is the nursing to patient  
44 ratio. Mrs. Nelson stated that for the Residential Program there is an RN on duty 24/7, at least  
45 one. The ratio is one RN to every 15-patients. He inquired whether or not their recruiting  
46 practices for the staff would come from within the Chicagoland area, the community. How does  
47 that work in terms of looking at professional staff, clinical, ancillary, and support services? Mrs.

1 Nelson stated that they definitely would recruit from the Chicago area. They would be recruiting  
2 from the community. Mr. Gold stated that a lot of their facilities are located in more remote  
3 locations away from big metropolitan areas, recruiting is always an issue for them. He stated that  
4 part of the reason why they are excited about this project is because they think they can get a  
5 talent pool of highly qualified professionals here.

6  
7 Trustee Byrd stated that he assumes that you screen and do a background check on each  
8 individual before they come in. Mr. Gold stated correct. Trustee Byrd inquired what type of  
9 screening and background check do you usually do. Mr. Gold stated that they run National  
10 Criminal Background Checks. If they are driving they run a check on the driver's license. At the  
11 adolescent facility they have to do a Level 2 to make sure they are not a registered sex offender  
12 or there are no child abuse issues. All of the employees get National Background Screenings. If  
13 they are writing fraudulent checks or if there is a question where somebody has an honesty issue  
14 it is almost an automatic disqualification for them. Any abuse issues, any violent crimes, any  
15 assaults those are not the people that are coming to work for them.

16  
17 Mrs. Nelson stated that we have a full credentialing process for our medical providers, including  
18 primary source verification and a very extensive Application they have to go through for  
19 credibility, for DEA Licensure, for medical licensure, and nursing licensure.

20  
21 Trustee Byrd stated that he wants to know about the patients themselves. What kind of  
22 background screening do you do on the patients? Are the patients screened before they come?  
23 Mr. Gold stated no. They do an extensive prescreening process. Each patient talks with one of  
24 their Admission Counselors at least an hour to go through their pre-history, their criminal  
25 history. It is verbal. Is there a chance someone doesn't tell the truth about their background? He  
26 stated yes. It's a hard thing when you are treating patients for substance abuse to go back through  
27 their background and start making moral judgments about their history. It would be very difficult  
28 for them even if they wanted to start making those judgment calls. He doesn't think that any  
29 hospitals run background checks on their patients when they come in. They are the same way.  
30 Mr. Spooner stated you are required legally to take all patients no matter who they are.

31  
32 Trustee Waite inquired what their website is. Mr. Gold stated  
33 [www.advancedrecovery.com](http://www.advancedrecovery.com).

34  
35 Mr. Durley stated that he isn't clear if this is an open campus or a closed campus. He stated that  
36 in an open campus in the daytime they can walk the grounds or leave the building. Mr. Gold  
37 stated that the doors during the night are locked. They are in programs for 14-hours a day. It's  
38 not to say that somebody cannot walk out the front door and walk out if they so desire. Mr.  
39 Durley inquired whether or not they have the right to do it. Mr. Gold stated absolutely. Mr.  
40 Durley inquired whether or not they have the right to roam the grounds and take in nature. Mr.  
41 Gold stated that it is all supervised. If someone is going somewhere it has to be supervised. Mr.  
42 Fertig stated that they will put in full court basketball. They put in volleyball. They put in  
43 horseshoes. They put activities outside for people to participate in. Mr. Durley inquired whether  
44 or not they would be applying for a Methadone License. Mrs. Nelson stated no. Mr. Gold stated  
45 that they use Suboxone at their facilities on a limited basis, not Methadone. Mrs. Nelson stated  
46 that when an individual comes in for detoxification on the first five to seven-days they use  
47 Suboxone. After that they do not use any controlled substances after that point. On a rare

1 occasion if someone needs a day or two extra if they are into the Residential Treatment Program  
2 they will. It is not prescribed. It is very controlled. The Licensed Nursing Staff does all  
3 medication administration. It is locked. The patients don't have access to the medication when  
4 they are in their facility. If they were in the Partial Program and living at home they would have  
5 their own prescriptions. In their facilities the nursing staff takes full responsibility for all of the  
6 medication management. Mr. Durley stated that is part of your licensure.

7  
8 Mr. Durley inquired with the 80-beds, are the rooms private or semi-private. Mrs. Nelson stated  
9 that in all of their facilities they usually have one or two private rooms for individuals who may  
10 need to be quarantined for any reason, for the flu, or another illness, or something temporarily.  
11 Most of them are two person rooms. Mr. Fertig stated that it would be 40-rooms.

12  
13 Chairman Blackwell inquired what the average stay of a patient is. Mrs. Nelson stated for the  
14 whole program it is 35 to 45-days. There are different levels of residential licensing. Chairman  
15 Blackwell stated that based on the various diagnoses you have a turnaround time that you project  
16 for their exit. Mrs. Nelson stated yes. They start the discharge planning the day they walk into  
17 the door. Chairman Blackwell stated that so far as a background check for purposes of you  
18 understanding what that particular patient may or may not be subject to do is really important.  
19 He inquired to what extent are you doing background checks. Mrs. Nelson stated as far as the  
20 individual they do an assessment versus a background check. They are getting as much  
21 information about that individual who may be potentially coming to your care so that you can  
22 insure the safety of themselves and others. If someone is actively suicidal they would not be  
23 coming to their program. If someone was actively homicidal they wouldn't be coming to their  
24 program. It's not because they don't want them. It is not the level of care that they are offering. It  
25 is not a locked psychiatric facility.

26  
27 Chairman Blackwell inquired what particular doctors do you have that are doing the diagnosis or  
28 working with the incoming chart to determine whether these individuals are suitable for this  
29 situation. Is there a doctor there the whole time? Mrs. Nelson stated that there is not a doctor on  
30 the property at all times. Every one of their facilities has a Chief Medical Officer. That individual  
31 is usually a Board Certified Psychiatrist. They are there 24/7. They see the patients every day.  
32 They are there. They have some Nurse Practitioners also. They also have a medical component.  
33 They have medical providers who are there to do history and physical, and then they are treating  
34 the individuals for the medical component of their disorder too. He stated that you have been in  
35 business for three or four-years. How does that relate with the various symptomologies that  
36 people come with? It seems as though you are dealing with a variety of symptomologies. Is the  
37 primary basis for their admittance substance abuse? Is that the tie-in to these particular symptoms  
38 that you are treating? Mrs. Nelson stated that for their facilities for someone to be admitted they  
39 have to have a primary diagnosis of substance abuse. That is what is showing up first. When you  
40 take away that addiction whether it is alcohol or drugs, there is a reason that these individuals are  
41 self-medicating. They are trying to not hurt. What is underlying that is usually some sort of a  
42 depression, an anxiety or a trauma. Chairman Blackwell stated or an eating disorder as well. Mr.  
43 Fertig stated that the eating disorder patient is the perfect example. They are not capable or  
44 prepared to take care of a primary eating disorder patient. That patient is too sick for them. They  
45 have body functions that are failing. They belong in a hospital. They turn those people away.  
46 They have a facility in Orlando where they created a separate wing for the secondary eating  
47 disorder clientele. Right now it is 100% full. Chairman Blackwell inquired whether or not a

1 heroin addict is on one side of the building versus an alcoholic. What kind of interaction are  
2 these folks having in terms of the daily activities? What do they do all day? He knows that you  
3 don't encourage them to leave. If they did leave and go wandering is there somebody to take care  
4 of that? Mrs. Nelson stated that there is a set core curriculum that every person would be signed  
5 up for. Someone that is an alcoholic and someone that is a heroin addict could be roommates.  
6 Everyone attends the core curriculum. There are electives. There are some choices based on age.  
7

8 Trustee Robinson stated that if you establish a relationship with Franciscan St. James or any  
9 other hospital, what about doing a referral for that type of patient that has an eating disorder or  
10 any patient that you have to turn away. Mrs. Nelson stated that as part of the admission process  
11 they would definitely make a referral to Franciscan if they had that issue. Whatever would be  
12 local in the community. They would ultimately hope that if they are suffering from the alcohol or  
13 drug issues that they would come to them. They know their limitations. They are going to  
14 develop relationships within the communities to treat them.  
15

16 Mr. Spooner stated that St. James does not have a Behavioral Health Unit. That referral couldn't  
17 be made to them.  
18

19 Mr. Durley inquired about their visitation policy for outsiders coming to visit their patients. Mrs.  
20 Nelson stated that visitation is an essential part of their recovery. We want them to be starting to  
21 acclimate back with the community. Initially, the therapeutic process would be that they evaluate  
22 those individuals that the client indicates they want to visit. Mr. Durley inquired how do you  
23 evaluate the visitors. Mrs. Nelson stated through therapy. They talk about who they are and are  
24 they a good resource for them or are they not. They work on a list of who would be a healthy  
25 choice to visit. They have supervised visitation. A staff member is with them during the  
26 visitation process. Mr. Durley inquired whether or not they do a toxicology screening on them  
27 when they initially come to the facility. Mrs. Nelson stated yes. Mr. Durley inquired whether or  
28 not they are screened during the 45-days. Mrs. Nelson stated yes, usually a couple of times a  
29 week. That is for opiates and alcohol.  
30

31 Mr. Gibb inquired in terms of making your decision, what else would you be looking for from  
32 the Village other than just the support that we would welcome to have you here. Are you looking  
33 for anything else from the Village in terms of financial support or anything else in your  
34 evaluation process?  
35

36 Mr. Gamrath stated that one of the things that we will evaluate; they understand that the Village  
37 is in the process of looking at a TIF District and implementing a TIF District. At least a portion  
38 of the Medical Campus would be in the TIF District, more specifically the Tolentine Monastery  
39 site. There is going to have to be a substantial investment made there with respect to the physical  
40 facility and how that property would be redeveloped. It will be part of their analysis with respect  
41 to the Tolentine Monastery site would be TIF District proceeds.  
42

43 Village President Meyers-Martin inquired whether or not she heard them say Equine Therapy.  
44 Mrs. Nelson stated yes, not on site. One of the things they would be looking for through the  
45 community support is they do outreach. As they progress in their treatment they reach out to  
46 community services. One of the programs in Orlando helps with Habitat for Humanity. They do  
47 Horse Therapy. It is really great for calming the patients and them bonding with an animal when

1 they might not be able to with a person. Village President Meyers-Martin inquired when  
2 someone is there residentially, but they are going to have Equine Therapy how does that work in  
3 terms of transportation. Are people bringing their own vehicles? Are they dropped off? Mrs.  
4 Nelson stated the offsite activities are all staff supervised. They have their own transportation.  
5 They would take them to the Equine Program. The staff would be with them. They debrief.  
6 There's a lot of therapy around that afterwards. They are not ever left by themselves to do that.

7  
8 Mr. Lee Langon stated that there was a facility that wasn't very far from here. It was built some  
9 years ago as a for-profit Assisted Living Facility. He stated that within a few short years they  
10 flipped it to a non-profit. That concerns him if this piece of property is a TIF. We would  
11 definitely want to look at some security that this is not going to go non-profit on us in two or  
12 three-years when you have been assisted with TIF dollars. Mr. Fertig stated that we agree with  
13 you. Mr. Gamrath stated that's understood.

14  
15 Administrator Mekarski inquired of Mr. Hoffman whether or not he could outline some of the  
16 next steps so we can track what may take place here recognizing our rezoning process, existing  
17 zoning, and the TIF Process.

18  
19 Mr. Hoffman stated that if there was TIF assistance provided there would be a Development  
20 Agreement. We would structure it as a "Pay as you go System." We aren't going to go out and  
21 Bond money and have the Village be in debt to pay things back. It would be structured so they  
22 would front the money. They would be reimbursed through the TIF revenue that is generated by  
23 their property. If they go non-profit there isn't going to be any reimbursement. That is not a  
24 concern.

25  
26 Mr. Hoffman stated that in terms of the TIF District there isn't a TIF District in place right now.  
27 We have studied creating a TIF District that would include the Town Center area, the 203<sup>rd</sup>  
28 Street Metra Station, most of the vacant property there going along Vollmer and the commercial  
29 property there, including Governors Office Park and coming down including the high school and  
30 the Tolentine Monastery property. We will be working with the Village to set up Public Hearings  
31 for that. Early next year we will have the Public Hearings on that. If they do develop the  
32 Tolentine property it would be within the TIF District. He knows that they have looked at some  
33 other properties. Some are possibly in the TIF District and some aren't possibly in the TIF  
34 District. The existing Tolentine Facility is zoned R-1. The hospital is zoned the same way, but it  
35 has a Special Use Permit on it. That would be one option. We are thinking that what we want to  
36 do is create a separate Medical District zoning category. This would fit within that as well as  
37 other property that the hospital may be developing south of their facility. The idea is to create a  
38 new zoning category that would be appropriate for all of these types of uses.

39  
40 Administrator Mekarski stated that subsequent to zoning which would have to go through a  
41 Public Hearing at the Planning Commission level and Board of Trustee approval, there would be  
42 multiple opportunities for public input. What about the Site Plan Review process? Mr. Hoffman  
43 stated that the Village has a Site Plan Review process as well. It is made up of staff,  
44 Commissioners, Fire Departments, all the folks that are concerned about those kinds of things.  
45 We would review the Plans to make sure that it would be operating in a safe way, and operate it  
46 in a way that would fit the character and the nature of Olympia Fields. We would be looking at

1 landscaping and the architecture of the building, the site layout in terms of getting fire trucks  
2 around there, and if there is adequate parking, and all those kinds of things.

3  
4 Administrator Mekarski stated that he knows that you did a Preliminary TIF Analysis. Are there  
5 opportunities to both possibly subsidize this development, but also create TIF dollars for public  
6 improvements to avoid public improvements being financed by property tax or water and sewer  
7 rates? Mr. Hoffman stated that because the Tolentine property is owned by a church now it is  
8 tax exempt. It has a zero base value. If these guys come in and develop a For-Profit Facility, it is  
9 going to be taxed. They mentioned the Timberline Knolls Facility in Lemont. That is paying  
10 about \$650,000.00 a year in property taxes. He doesn't know exactly what this is going to  
11 produce. It is relatively a comparable size. It will be a substantial property tax revenue number.  
12 Part of it might be allocated to TIF Incentives for their property, but also money should be  
13 available for other public purposes within the TIF District.

14  
15 Administrator Mekarski stated that since this TIF District includes the Town Center area as well  
16 as Governors Office Park and the commercial corridor, the Board of Trustees could use it for  
17 incensing high-end Class "A" Retail on Vollmer Road. They could use it for some of the public  
18 improvements that were anticipated in the Town Center, including some of the Sculpture  
19 Gardens, recreational amenities, realignment of the roads, and Storm Water Management. It is all  
20 listed in the Town Center Report. It could be used to make Governors Office Park more  
21 marketable, working with the property owners for interior and exterior renovations, upgrading  
22 technology in those buildings so we can increase the occupancy. Prior to the Recession those  
23 buildings had about a 95%, 96% occupancy. They dramatically dropped because of the soft  
24 office market statewide, almost nationwide. We can make them more competitive in the region  
25 by using the TIF dollars to upgrade those buildings, plus public improvements, water, sewer,  
26 Storm Water Management throughout the TIF corridor.

27  
28 Mr. Durley stated that the property that you alluded to that pays \$650,000.00 in taxes and is  
29 comparable to the Tolentine site; we have to be clear about it if you do a TIF on it that lowers the  
30 return on our tax dollars back to our Village because it gets frozen. Mr. Hoffman stated no. The  
31 \$650,000.00 is the total taxes that are paid by that property for the School District, for the  
32 Village, for the Park District, for everybody. That total amount would be roughly the same we  
33 are guessing. If it is within the TIF that revenue is going to go into the TIF Fund which would be  
34 controlled by the Village, as opposed to it being allocated out to all the different agencies. Once  
35 the TIF is created the money would go into the TIF pot and be controlled by the Village. Mr.  
36 Durley stated that the money that will go into the TIF is over the amount of the frozen rate at the  
37 time the TIF was created. Mr. Hoffman stated correct. If we create the TIF before they purchase  
38 it, and before they develop it, the base is zero because it is a tax exempt piece of property.

39  
40 Village President Meyers-Martin thanked everyone for their time, for their effort, for their  
41 questions. We look forward to any other questions you will have for the Village regarding that  
42 property. We will then be moving that if, in fact, you are moving forward to the Planning and  
43 Zoning.

44  
45 The Work Session concluded at 8:12 P.M.

46  
47 Respectfully submitted by Faith Stine.