

**PLANNING AND ZONING COMMISSION OF THE VILLAGE OF**  
**OLYMPIA FIELDS**

Minutes of the Planning and Zoning Commission Meeting held on Tuesday, October 20<sup>th</sup>, 2020. Due to COVID-19 the meeting was held remotely via Zoom.

**CALL TO ORDER:**

Chairman Blackwell stated that it is 7:00 P.M. He believes that we have the Petitioner’s folks onboard. We will start the meeting now.

**PLEDGE:**

Chairman Blackwell stated that the first thing, we are going to forego the Pledge of Allegiance because of the circumstances that we are currently under.

**ROLL CALL BY COMMISSIONER GREEN:**

**Members Present:**

Commissioner Miller, No Response; (Via Telephonically); Commissioner Jones, present; Commissioner Betts, here; Commissioner Green is here; Trustee Pennington, present; Chairman Blackwell, here; and Commissioner Bradshaw, yes, here.

**Members Absent:**

None.

**Village Representatives:**

John McDonnell - Building Commissioner  
Mike Hoffman – Teska Associates (City Planning Consultant)

**Other Participants:**

Kelly Mottl, Paralegal with Andrew Kolb on behalf of the Petitioner, Recovery & Rehabilitation, LLC, a Delaware limited liability company d/b/a RoseHeart Renewal Center

Andrew Kolb, on behalf of the Petitioner, Recovery & Rehabilitation, LLC, a Delaware limited liability company d/b/a RoseHeart Renewal Center

Jeff Lietz, VP Commercial Architecture, Charles Vincent George Architects

Mark Nosky, Senior Project Manager, Charles Vincent George Architects

John Vrba, on behalf of the Petitioner, Recovery & Rehabilitation, LLC, a Delaware limited liability company d/b/a RoseHeart Renewal Center

Javier Millan, KLOA, Traffic Impact Study

1 Michael MaRous, MaRous & Company  
2  
3 Chairman Blackwell stated that we have a quorum and we shall proceed with the meeting for  
4 tonight.  
5  
6 Chairman Blackwell stated just as a housekeeping measure, it is obligatory for me to read into  
7 the record the current situation as it deals with the Governor’s Disaster Declaration and the  
8 COVID circumstances. In accordance with the Illinois Open Meetings Act, and in light of the  
9 Governor’s most recent Disaster Declaration, I have determined that fully in-person meetings  
10 conducted under the Open Meetings Act are not practical or prudent because of the current  
11 pandemic disaster. Accordingly, meetings may still be conducted by audio or video conference  
12 without the physical presence of a quorum of the Planning and Zoning Commission.  
13  
14 The Governor’s new law relating to the Open Meetings Act under the emergency law, requires  
15 someone to be physically present at the Village Hall Board Room during the meeting. And every  
16 vote, even the most routine of votes, has to be by roll call rather than in favor of.  
17  
18 Chairman Blackwell stated that John McDonnell, the Village’s Building Commissioner, is  
19 physically present in the Board Room at Village Hall for tonight’s meeting. And tonight’s  
20 meeting is being recorded verbatim.  
21  
22 Chairman Blackwell stated that he will turn to the subject of our meeting tonight. Tonight’s  
23 meeting of October 20<sup>th</sup>, is essentially a continuation of the Public Hearing held on September  
24 29<sup>th</sup>, 2020. The agenda, is a Public Hearing discussion to consider an application filed by  
25 Recovery & Rehabilitation, LLC, a Delaware limited liability company authorized to transact  
26 business in Illinois as RoseHeart Renewal Center and All Nations Assembly Church, Inc. The  
27 request is for a zoning map amendment from R-1 One Family Residence to MD-1 Medical  
28 District and a Special Use to operate a 120-bed alcoholism and substance abuse treatment facility  
29 in accordance with Section 22-333 of the Zoning Ordinance. The property is located at the  
30 southwest corner of 203<sup>rd</sup> Street and Governors Highway. It is currently owned and operated by  
31 All Nations Assembly Church and has previously been known as the “Tolentine Center.” The  
32 property contains approximately 22 acres. The property address is 20300 Governors Highway,  
33 PIN #31-14-301-005-0000.  
34  
35 Chairman Blackwell stated that during tonight’s meeting, we will hear the Petitioner give a  
36 synopsis of the Petition and the application. There will be no oral questioning during the course  
37 of the Petitioner’s synopsis. During the Petitioner’s synopsis, members of the public are  
38 encouraged to submit questions or comments via the chat feature, if you are using the Zoom link  
39 to watch and listen to the Public Hearing.  
40  
41 Chairman Blackwell stated to-date, the Village has received questions via email and through the  
42 Zoom chat during the September 29<sup>th</sup> meeting. All questions received will be read into the  
43 record, and questions will be answered by the Petitioner. We will give the public every  
44 opportunity to ask questions, or provide any data, or statements that they wish in accordance  
45 with the Open Meetings Act, and the public’s right to transparency, and notice, and to weigh-in  
46 on issues that pertain to the administration of the Village and its Planning and Zoning  
47 Commission.

1 Chairman Blackwell stated from our last meeting, the Petitioner spent time to present their  
2 Petition and their request for the appropriate zoning changes and Ordinance issues. Chairman  
3 Blackwell stated that his recollection was that the Petitioner was asked, and did, in fact, agree to  
4 submit or present additional information pursuant to the questions and the issues that were raised  
5 during the September meeting.

6

7 Chairman Blackwell stated that tonight, what he would like to do, is to have the Petitioner do a  
8 synopsis, or a summation of their issues on the Petition, particularly as it pertains to the questions  
9 and the issues that were raised that they agreed to follow-up on for tonight's meeting.

10

11 Chairman Blackwell stated just as a housekeeping measure, we haven't had any reverberation or  
12 echoes that he has heard from the previous meeting. So, when you are not speaking, you should  
13 have your Zoom System on mute. In the event that you need to talk, or you're recognized to  
14 speak, of course, make sure you take it off.

15

16 Chairman Blackwell stated now tonight's meeting will primarily be for the questions that have  
17 been submitted heretofore, to be read into the record and addressed by the Petitioner. Chairman  
18 Blackwell stated that he will reserve the following meeting for the Commissioners to ask  
19 questions and to follow-up with the Petitioner on any other questions that may come in between  
20 now and our next meeting. He thinks it is important and critical, that we address all of the issues  
21 and questions that are presented by our residents concerning this important matter. He has asked  
22 Commissioner Betts to assist him as we have divvied up the questions between the two of us that  
23 the public has forwarded to our attention for consideration. The Petitioner is in receipt, should  
24 have at hand, the questions that will be asked. They may have had some time and opportunity to  
25 develop some answers in anticipation of those questions.

26

27 Chairman Blackwell stated that at this point, he is going to ask Mike Hoffman to just weigh-in  
28 briefly on the particular updates that the Petitioner had agreed to present tonight. Mike, can you  
29 do that?

30

31 Mr. Hoffman stated sure. We had a lot of questions last meeting on some of the information that  
32 was in the report prepared by Mr. MaRous, the real estate expert that they presented. We were  
33 hoping to get some testimony. Mr. Hoffman believes that he is suppose to be available for  
34 tonight's discussion. He stated questions on that. He knows that the Petitioner also has their  
35 Traffic and Transportation expert available for questions and comments. There were some on the  
36 list too. He believes that starting in those areas would probably be the best place to start.

37

38 Chairman Blackwell stated thank you, Mike. Chairman Blackwell inquired of Mr. McDonnell  
39 whether or not he wanted to make any comments before we get started. Mr. McDonnell stated  
40 no, you are all set. You have got all the questions.

41

42 Chairman Blackwell stated from the Petitioner's side again, for the Court Reporter and for the  
43 record, he would ask each person on the side of the Petitioner prior to them doing their  
44 presentation to give their name, and their position, with respect to their relationship to the  
45 Petitioner. He stated Kelly, you started out the last time. You may proceed at this point.

46

1 Ms. Kelly Mottl stated thank you, and thank you all for coming. We are happy to be back and to  
2 give you some more information on our application and our presentation. We have with us  
3 tonight, Andrew Kolb, and John Vrba is back. We have Jeff Lietz, and Mark Nosky from Charles  
4 Vincent Architects. We have Javier Millan here from KLOA. He can talk to you about the  
5 Traffic Study. And we did send an invite to Mike MaRous, who indicated that he would be  
6 available to talk about the Market Impact Study. We are trying to see right now if we can contact  
7 him to see if he will be joining us tonight. We had every indication that he would be. Let's give  
8 him a few more minutes.

9  
10 Ms. Mottl stated that we did receive the packet of questions. We didn't have a lot of time to go  
11 over them, but we have had a chance to give them a glance. She stated that she thinks we have  
12 enough people here to be able to address some of the questions that are in the packet. If we want  
13 to start with traffic, we can do that. She stated that since she knows a lot of the questions are  
14 about the Market Impact, let's give Mike a few more minutes to see if he can join us, and  
15 perhaps start with traffic.

16  
17 Commissioner Blackwell stated yes, Kelly. He would suggest that you start with traffic, and  
18 when Mr. MaRous comes in, he can weigh-in at that point, and we can continue that way. Go  
19 ahead with who you have, and what you have now.

20  
21 Mr. Andrew Kolb stated that he will just interject. He stated that Mr. MaRous says he is logged  
22 in, but he can't enable his video or audio. Mr. Kolb is going to call him and see if he can work  
23 through that. He stated go ahead, sorry. Chairman Blackwell stated thanks, Andrew.

24  
25 Ms. Mottl stated thank you. She stated that Javier Millan is joining us. He is familiar with the  
26 Traffic Impact Study. So, it looks like Javier, you have the floor.

27  
28 Mr. Javier Millan stated thank you very much. Good evening, everybody. My name is Javier  
29 Millan as it was mentioned. I am a principal with KLOA, Incorporated. We are located at 9575  
30 West Higgins Road in Rosemont. As it was mentioned, we conducted the Traffic Study for the  
31 proposed development. He is going to try to address, -- and just go straight to some of those  
32 questions and comments that were presented.

33  
34 Mr. Millan stated that the first issue that was presented was that a Traffic Study should be done  
35 by a professional firm not affiliated to RoseHeart. He does have to clarify that. We are not  
36 affiliated with RoseHeart. We are an independent traffic engineering firm. We are prequalified  
37 by IDOT in the State of Illinois. We have done work for many municipalities, for private sector.  
38 The Traffic Study that we conducted follow industry guidelines.

39  
40 Mr. Millan stated that we conducted traffic counts in the area on Tuesday, December 10<sup>th</sup>, 2019.  
41 This is pre-pandemic traffic volumes. School was in session. The hospital was in session too.  
42 The counts were conducted from 7:00 to 9:00 A.M., and from 2:00 to 6:00 P.M. Why those  
43 times? As you know, typically between 7:00 and 9:00 A.M. you tend to have the rush period of  
44 people going to work. And 2:00 to 6:00, just so we would also include the rush peak period of  
45 the school. There is a high school immediately north of the site.

46

1 Mr. Millan stated that the trip generation for the proposed development was based on a survey of  
2 a similar facility in Lemont. This facility is Timberline Knolls. It is a full-service facility. It  
3 provides a lot of different programs, such as residential programs, partial hospitalization  
4 programs, intensive outpatient programs, and Alumnae Program. He stated everything that pretty  
5 much this facility would provide, the Timberline Knolls facility provides.

6  
7 Mr. Millan stated that we did the analysis of the intersections adjacent to this area, Governors  
8 Highway/203<sup>rd</sup> Street. He stated that 203<sup>rd</sup> Street would be the access drive serving the school, as  
9 well as Crawford Avenue. They are operating at an acceptable Level of Service, meaning there is  
10 adequate capacity to accommodate traffic and will continue to do so under future conditions. We  
11 do not analyze in a vacuum. We project to the year 2025. He stated taking into account the  
12 existing traffic volumes, increasing the volume for back run road when adding our traffic, all  
13 intersections will operate at acceptable Levels of Service.

14  
15 Mr. Millan stated that there was another question that asked how much will traffic increase  
16 around the Tolentine facility. When we looked at the projected traffic volumes by the facility and  
17 compared them to the existing traffic volumes in the area, the facility will actually add less than  
18 1% traffic to the area. He believes those were the majority of the Traffic Study comments. He  
19 stated in summation, that all intersections operate at acceptable levels, and there is adequate  
20 capacity to accommodate the additional traffic. He stated that any questions, he will more than  
21 happy to answer them.

22  
23 Chairman Blackwell stated no, let's move on, and then we will get to all of the specific  
24 questions. Thanks, Mr. Millan for that, and anticipating some of those questions that were in  
25 there. We are still going to read those back into the record. Of course, the ones that you have  
26 effectively answered, what is done is done. You may proceed Kelly, with your next  
27 representative.

28  
29 Ms. Mottl stated that she is trying to sort out here if you guys want to just go through some of  
30 these questions. She knows that Michael is still having trouble logging on, but he is available. Do  
31 we want to skip ahead with some of these questions and come back to him?

32  
33 Chairman Blackwell stated yes. At this point, we will go ahead and start with the questions.  
34 Commissioner Betts will be starting out with the questions. She and Chairman Blackwell will  
35 alternate reading those questions into the record. Commissioner Betts, if you would, would you  
36 start with the Arcadia letter, and read that in full text? Chairman Betts stated sure. Chairman  
37 Blackwell stated after each question, of course, we'll give the Petitioner an opportunity to  
38 respond at that time, rather than reading a series of questions for them to deal with. It will keep it  
39 more simple that way.

40  
41 Commissioner Betts stated that this one is from the Arcadia Homeowners Association. It says,  
42 "On behalf of the Residents of Arcadia Subdivision, we are -- Chairman Blackwell stated excuse  
43 me, one second. He thinks he made an error. Prior to you doing that, he would like to make a  
44 Motion to open up the hearing for the Public Comment section. Commissioner Betts stated so  
45 moved.

46

1 **Motion by Chairman Blackwell, Second by Commissioner Betts to Open up the Hearing**  
2 **for the Public Comment Section at 7:22 P.M.**

3  
4 **Roll Call Voice Vote by Commissioner Green:**

5  
6 **Commissioner Bradshaw, yes;**  
7 **Commissioner Betts, yes;**  
8 **Commissioner Jones, yes;**  
9 **Commissioner Green, yes;**

10  
11 Commissioner Green stated that he believes that Commissioner Miller can hear us, but he is not  
12 visual. Is that correct? Chairman Blackwell stated yes. Go ahead with the names.

13 **Commissioner Green stated Chairman Blackwell, yes;**  
14 **Trustee Pennington, yes.**

**Motion Carried.**

15  
16 Chairman Blackwell stated thank you, and I apologize. Commissioner Betts stated that it is the  
17 Arcadia Homeowners Association, questions for the October 20<sup>th</sup>, 2020 Plan Commission Public  
18 Hearing meeting. The questions are grouped into categories. She will read them verbatim. She  
19 stated beginning with Security Questions: First question:

20  
21 1. “What is Recovery & Rehabilitation, LLC, a.k.a. RoseHeart Renewal Center’s commitment to  
22 maintain adequate on-site security at Tolentine once it becomes a drug/alcohol rehab facility?”

23  
24 Mr. Vrba stated that he will take this. This is John Vrba. I am the CEO of RoseHeart Renewal  
25 Center. He stated Andrew, you can step in too if you want. We are fully committed to security in  
26 the facility at all times. We also want the Commission and the community to be aware that just  
27 because there is a Treatment Center in a facility, there is no higher rise of a threat for some  
28 security breach or issue in the facility, no different from that of a diabetic patient or a cancer  
29 patient. We are fully committed to security in the facility to ensure all of our patients are safe.

30  
31 Commissioner Betts stated next question. 2. “How does RoseHeart Renewal Center intend to  
32 prevent possible drug/alcohol-addicted patients from unauthorized departure from the Tolentine  
33 facility and wandering through the neighborhoods?”

34  
35 Mr. Vrba stated that upon admission to the facility we do a thorough assessment of the patients,  
36 which includes a medical review by a physician and a nurse. We took it upon ourselves to visit  
37 “The Retreat” facility which is in a suburb of Minneapolis. They are a preeminent provider of  
38 substance abuse in the United States of America. We would follow a lot of the same guidelines  
39 that they have utilized in the past 20 years in operation. So again, we cannot hold a patient  
40 hostage in our facility. But we will do everything in our power that they are there for inpatient  
41 treatment. They are there to be cured from a horrible disease. We will have plenty of staff on  
42 hand, including therapists to work with them one-on-one and in group settings. We believe that  
43 once we meet with them that we’ll have that commitment that they will remain in the facility.

44  
45 Commissioner Betts stated that the next question, she thinks, was pertaining to traffic and was  
46 already answered, but she will read it in for the record. 3. “How much will traffic increase  
47 around Tolentine due to arriving and departing patients, and alumni patients returning for

1 outpatient events and follow-ups, and what will be done by RoseHeart Center and/or Olympia  
2 Fields Village Administration to manage this increased traffic?”

3  
4 Mr. Millan stated that as he mentioned before, the traffic volumes that will be generated by the  
5 proposed facility when compared to the existing traffic volumes in the area, the facility will  
6 actually add less than 1% to the existing traffic volumes in the area. The analysis, he has shown  
7 that all of the intersections that we studied operate, and will continue operating at acceptable  
8 Levels of Service with minimal interruption to traffic.

9  
10 Mr. Vrba stated that he would like to add to that. Excellent comment. He would just say from an  
11 oversight, clinical viewpoint, there will not be many visits allowed unless they are extremely  
12 therapeutic. The time for the patient is to be focused on their treatment regimen, and we will be  
13 very detailed in that regimen. So, any visits to the facility during their inpatient will be guided by  
14 the Medical Director or therapist in charge of that case.

15  
16 Commissioner Betts stated question number 4. “What is the anticipated additional burden likely  
17 to be put on the Olympia Fields Police Department, caused by 911 calls from RoseHeart  
18 Renewal Center’s Tolentine facility for help dealing with out-of-control inpatients, and what is  
19 Village Administration doing to ensure this additional burden does not degrade Police protection  
20 for the remainder of the Village?”

21  
22 Mr. Vrba stated that we don’t foresee the need for many 911 calls, but by all means that could  
23 happen at any given point, and we would follow the appropriate protocols to call 911 and let  
24 them know what was happening in the facility. But again, we do a thorough assessment and  
25 treatment plan with every patient, and we don’t foresee that happening. But in case it does, we  
26 would follow, and have a protocol in place within our Emergency Management Plan on how to  
27 handle that specifically for whatever was taking place in our facility.

28  
29 Commissioner Betts stated question number 5 is a two-part question. “What will be done by  
30 either RoseHeart Renewal Center or Olympia Fields Police, or both, to prevent the possible  
31 presence of drug dealers seeking to take advantage of:

32  
33 (a). arriving drug-addicted patients before they check into RoseHeart Renewal Center’s  
34 Tolentine’s facility.”

35  
36 Mr. Kolb stated that he will take that one. This is a volunteer program that patients who attend  
37 the facility are not placed there by a Court, or by mandate of any administrative agency, or  
38 municipal body, or anything like that. If someone is spending the time and money to go through  
39 a rehab program like this, we don’t consider them to be necessarily candidates for increased drug  
40 traffic, so we just don’t think that’s going to be an issue. But certainly, the facility is private  
41 property. Patients will get screened through access points to make sure that you know, only  
42 certain people can get in and out who should be there.

43  
44 Commissioner Betts stated that 5(b) is “inpatients going AWOL and leaving Tolentine to get a  
45 drug “fix.”

46

1 Mr. Kolb stated right. So, a patient can leave our facility at any time as long as they are not in  
2 certain levels of detox. And John can comment on that if you would like more detail. Essentially,  
3 a patient that voluntarily wants to withdraw from the program that's getting alcohol and  
4 substance abuse, we'll have a plan where they could leave and they will be brought to a  
5 designated point. Typically, out of the community if that's what they choose. They certainly  
6 won't be dropped off at a bus station. They would be picked up by family members if they  
7 wanted to go or what not. It's not the type of scenario where volunteer patients would need to  
8 escape. Again, this is a volunteer program. Private pay, volunteer is our business model.  
9

10 Mr. Vrba stated that he would just add that if any patient is ever a threat to themselves or others,  
11 we would follow our quality control measures to ensure that situation was rectified and they  
12 were not out to either harm themselves or someone else.  
13

14 Commissioner Betts stated that we will move to the medical questions grouping. Chairman  
15 Blackwell stated that he wants to stop there for a second. Let's pause for a second, because he  
16 thinks the resident who had asked this question may be asking about an AWOL person. We  
17 talked about this before in the previous meeting. He stated with the understanding that this is  
18 voluntary, and he understands the screening and everything that you mentioned. But a person  
19 who just walks out, what is your procedure for a missing person. So, they can get in and out, we  
20 know that. So, when they walk out and they are gone, the nurse says, "Oh, you know, Mr.  
21 Robinson has walked out," what do you do? He thinks that is what they are asking. And whether  
22 they are going out to get a fix, or whether they are going out, or just gone, how do you handle  
23 that?  
24

25 Chairman Blackwell inquired, John, did you hear me? Mr. Vrba stated yes. This is John Vrba.  
26 He inquired of Kelly whether or not she wanted him to take that. He saw another gentleman  
27 trying to speak. Ms. Mottl stated that she would love if he would repeat the question. She was  
28 working on some IT stuff with Mr. MaRous who has now joined us. He has her name under his  
29 picture in case anyone is confused. She was working on that problem. If you would repeat the  
30 question, she would be appreciative.  
31

32 Chairman Blackwell stated yes. He thinks the question that Commissioner Betts read what a two-  
33 part question regarding how you guys would deal with an individual who walked out of the  
34 facility with the understanding that this is voluntary. He thinks that you have made that clear,  
35 that people can come and go, and with some understanding that these individuals have made  
36 some commitment to be there. We know that. But in the event that a person just wanders out, he  
37 heard earlier John, that you mentioned for security incidents and so forth you would obviously  
38 call 911. He thinks that was appropriate. What do you do for a person that you look up, and they  
39 are gone? What are your procedures, John? What do you do?  
40

41 Mr. Vrba stated excellent question. We would have a specific plan in place to our emergency  
42 programs at the facility to ensure a person's safety. Are you saying if somebody, use the word  
43 "elopement," someone left without us knowing, is that what you are saying, or if we knew they  
44 left?  
45

46 Chairman Blackwell stated you wouldn't know, and you would find that they had left, leaving  
47 against medical orders.



1 Mr. Vrba stated that he will take it both ways. If someone were to “elope,” that’s the word  
2 utilized in the healthcare spectrum, were to leave without us knowing, we would obviously have  
3 to contact 911, their physician, and their significant other, or Power of Attorney on record. But in  
4 the case if someone were to leave -- Again, he’ll restate what he stated earlier, if they were a  
5 threat to themselves or others, we would obviously utilize security and utilize our measures to keep  
6 that person in the facility safe. If they do try to still leave the facility, we would again have to  
7 contact 911 and follow that patient to ensure their safety, and then from there, either bring that  
8 patient back to safety to the facility or get into an acute care setting if needed. But hopefully, at  
9 that point again, we have the commitment from that patient that they are there for their rehab and  
10 for curing themselves from a horrible disease. So, hopefully, that would not happen. Again, if it  
11 did, we can’t as you all know, I think on the call and on the screen, we can’t lock them down.  
12 We would follow them and ensure that they weren’t just running amongst the community. And  
13 again, he wants to restate, if they did leave and we found that someone snuck out or did  
14 something in the middle of the night, we’ll have regular checks. We have plenty of staffing on  
15 each shift as well as security, so we don’t believe that would be taking place. Chairman  
16 Blackwell stated thank you. Go ahead, Commissioner Betts.

17  
18 Commissioner Betts stated all right, she will continue with the medical section. “How much  
19 experience does RoseHeart Renewal Center have operating a drug/alcohol treatment facility the  
20 size of the proposed 120-bed Tolentine facility?”

21  
22 Ms. Mottl stated Andrew, do you want to answer that? Mr. Kolb stated yeah, he can take that  
23 one. This is our first facility as a development group. We brought John Vrba in who has  
24 extensive experience in skilled nursing/assisted living facilities and has a background in  
25 addiction therapy. He has given his background extensively. But yeah, this is our first one and  
26 we are excited about it, looking forward to becoming a member of the community.

27  
28 Mr. Vrba stated that he would just add to Andrew, that in our Jordan Healthcare Group we have  
29 Medical Director, nurse practitioner, pharmacy, MBAs, MPHs, CPAs. He thinks that he  
30 mentioned in the previous statement for the sake of everyone understanding, kind of the Henry  
31 Ford theory we make sure we have someone in the best capability in every area, because not any  
32 one of us can be an expert in all areas. Like Mr. Hoffman, Mr. Green, Mr. Jones, all of us have  
33 different expertise. So, we ensure that we have the best in each category because we are fully  
34 committed to the project.

35  
36 Chairman Blackwell stated so you are essentially saying you have zero experience running a  
37 facility of this nature, is that the answer? You are saying this is your first. So, there’s no history  
38 of this particular team running an agency of this nature in the past. Is that what you are saying?  
39 He just wants to be clear.

40  
41 Mr. Kolb stated yeah, absolutely. Ms. Mottl stated that’s correct. Chairman Blackwell stated  
42 okay, thank you.

43  
44 Mr. Kolb stated you know, for the record, we don’t feel that’s a relevant point to a Special Use.  
45 You know, if you look at the health, welfare and safety of the community, we’ve got a team  
46 assembled here that can more than handle the task given our backgrounds and expertise. It  
47 shouldn’t be relevant that this is our first or our 50<sup>th</sup> project. We’ve certainly been involved in all

1 areas of healthcare and development, and work, and staffing, and think we can do a capable job.  
2 He doesn't want to present the viewpoint that geez, we're not going to be able to be experienced.  
3 Keep in mind that the Illinois Department of Health will vet our entire project according to our  
4 licensure. They'll interview our staff. They'll make sure that the appropriate measures are in  
5 place with respect to security. That's why there's a separate licensure process for this type of  
6 facility. They'll do criminal background checks for all of our staff members to make sure that  
7 they are completely safe. I think we've referred to Section 2060 of the Administrative Code  
8 numerous times in the past that has 35 pages of regulations that we have to fall into. It will be  
9 difficult to get through that process for us. He doesn't think it's the public's purview to  
10 determine whether from a business standpoint we are going to be successful. He thinks the State  
11 really looks at that pretty hard before they hand those licenses out.

12

13 Commissioner Betts stated that she will read the next question although it has already been  
14 answered or at least partially answered. "Will RoseHeart Renewal Center have on-site support  
15 staff with expertise in dealing with associated psychological issues, and if not, how does  
16 RoseHeart Renewal Center intend to deal with inpatients' psychological issues?"

17

18 Ms. Mottl stated John, are you able to answer that one for us? Mr. Vrba stated yeah. Yes, we  
19 would have staff on-site who are either a psychologist or psychiatrist in hand-in-hand with the  
20 physician in charge of the case, as well as therapists with significant rehab expertise in those  
21 areas, by all means.

22

23 Commissioner Betts stated the next question is: "Is there an established contractual relationship  
24 between RoseHeart Renewal Center and Franciscan Health Medical Center directly across the  
25 street from Tolentine, and if not there, then with any other major medical center within our  
26 immediate geographical area?"

27

28 Ms. Mottl stated not at this time. We don't have a relationship with Franciscan Hospital or any  
29 other major hospital. She thinks we discussed this a little bit on the last meeting, and said it is a  
30 little bit premature to be developing those relationships. We have done some initial reach out, but  
31 we are still in the early processes here. And it's difficult to get those relationships started before  
32 we even have zoning approval. So, the answer is no, we do not have an established contractual  
33 relationship with any major hospital at this time.

34

35 Commissioner Betts stated okay, thank you. The next grouping of questions is under the heading  
36 of "Proximity to School, Parks, & Playground Questions: "As a drug/alcohol rehab facility,  
37 Tolentine's proximity to Rich Central High School, and a short distance from Bicentennial Park  
38 and the 207<sup>th</sup> & Governors Highway public park and playground where kids play year-round  
39 could create detrimental exposure to our children. What will RoseHeart Renewal Center and/or  
40 Olympia Fields Village Administration do specifically to prevent such possible detrimental  
41 exposure to our kids?"

42

43 Mr. Kolb inquired does the Village want to comment on its role first. Chairman Blackwell stated  
44 well, the way these questions are posed, you can proceed to answer that portion of the question  
45 that relates to your response to that resident's question. And we will certainly follow-up with the  
46 Village's position at a later point as necessary.

47

1 Mr. Vrba stated Mr. Blackwell, he can take that. As he stated in the previous hearing, and he  
2 thinks maybe some people on this call would agree with him, and he is sure some are in  
3 disagreement, but we believe it would be a positive for the community and to the students to  
4 have this in their area. He is not going to read off all the stats he's had over the past 30 years, or  
5 especially over the past five with the increase in opioid epidemics and children under the age in  
6 grade school trying different drugs, vaping -- and so on and so forth. He doesn't think that is for  
7 this call. But we would again, ensure the safety of our patients at RoseHeart Renewal Center.  
8 And we also think it would be a very positive thing for the community for all children in the  
9 State wherever they are located, to see that addiction is a very serious issue in the United States  
10 of America. It would also hopefully, assist our children to not partake in those horrible drugs.

11  
12 Mr. Kolb stated yeah, that he would just add that right now the most critical detox overdose type  
13 drug addiction cases are likely coming to the ER at Franciscan Hospital which is actually closer  
14 to the high school than we are. So, we don't think it's an issue.

15  
16 Mr. Vrba stated and one quick fact on that because he did do some fact checking because he  
17 knew that would come up with Franciscan, approximately 40% of hospital beds in the United  
18 States have some sort of treatment in regards to alcoholism or addiction therapy with the  
19 exception of maternity and intensive care. So, it is a huge problem, not just in the State of  
20 Illinois, but across the United States. Chairman Blackwell stated thank you.

21  
22 Commissioner Betts stated that the next grouping of questions is under the heading of "Negative  
23 Impact on Olympia Fields Property Values, Property Taxes & Economic Development  
24 Strategy." The first question: "During last year's Public Hearing for a similar Tolentine  
25 drug/alcohol rehab facility proposal, Olympia Fields Residents overwhelmingly voiced strong  
26 concerns that a drug/alcohol treatment facility would have a negative impact on desirability to  
27 live in Olympia Fields and would be a major turnoff for prospective new home buyers. Since this  
28 could cause possible property values to decrease, and possibly cause property tax increases due  
29 to further shrinkage of student enrollment, what has changed with this RoseHeart Renewal  
30 Center proposal, and why is Olympia Fields Village Administration continuing to advance  
31 drug/alcohol rehab proposals to the Planning and Zoning Commission to sponsor for Village  
32 Board of Trustee approval?"

33  
34 Commissioner Betts stated that she thinks that this is a question more for the Village. Mr.  
35 Hoffman stated that he can answer the first part of that one on behalf of the Village if you guys  
36 want. RoseHeart came to the Village and applied. It wasn't that the Village went out and sought  
37 this type of an application. It was the Applicant coming to the Village with a request, and like  
38 any other application, they have a right to have a hearing, and to be heard, and to propose what  
39 they choose to propose. So, it really was the Applicant coming to the Village in this case.

40  
41 Commissioner Betts stated that the next question also is probably a question for the Village, but  
42 she will read it into the record. "During last year's Public Hearings for a similar Tolentine  
43 drug/alcohol rehab facility proposal, one Commissioner from the Olympia Fields Economic  
44 Development Commission said that drug/alcohol rehab proposal was not compatible with the  
45 "Olympia Fields Economic Development Strategies and Plans" established by their Commission.  
46 What is different about RoseHeart Renewal Center's Tolentine drug/alcohol rehab facility

1 proposal that makes it compatible with our Economic Development Commission's "Olympia  
2 Fields Economic Development Strategies and Plans?"

3

4 Commissioner Betts stated she doesn't know Mike, if you want to say anything, or if we just  
5 leave that for the record to be answered by the Village. Mr. Hoffman stated yeah, he'll have to  
6 get back to you on that one. He just saw this question today himself. He doesn't have an answer  
7 prepared for that question.

8

9 Commissioner Betts stated the last question from the Arcadia group: "Besides a drug/alcohol  
10 rehab facility, what steps have Olympia Fields Village Administration and the Planning and  
11 Zoning Commission taken to strongly encourage the Tolentine Center property owners/managers  
12 to seek out other alternative facility uses that are more compatible with our Economic  
13 Development Commission's "Olympia Fields Economic Development Strategies and Plans," for  
14 example, a Senior Citizen Residential facility?"

15

16 Commissioner Betts stated again, she thinks it's a question for the Village, but she wanted to  
17 read it for the record. Mr. Hoffman stated thank you. Again, he will need to research that and  
18 chat with the Village's Economic Development folks to understand what else has been proposed  
19 here for that. So, we can follow-up on that at a future time.

20

21 Commissioner Betts stated Mr. Chairman, do you want me to go on then to -- Mr. Hoffman  
22 stated Hilde, one thing. Mr. MaRous is on the line now. He did do analysis of some of these  
23 things, so he probably can speak to some of that question if you want him to. Commissioner  
24 Betts stated sure, Mr. Chairman. Chairman Blackwell stated that he agrees with Mike. We will  
25 have Mr. MaRous speak now regarding those economic factors, and then we will resume with  
26 Commissioner Betts questions. She has another page of questions that we need to read into the  
27 record and give the Petitioner an opportunity to answer.

28

29 Chairman Blackwell stated Mr. MaRous thank you for coming, appreciate your time. You may  
30 proceed with your presentation.

31

32 Mr. MaRous stated good evening. He is happy to be here. He is sorry he had trouble with the  
33 initial connection. My name is Michael MaRous. I am a Real Estate Appraiser and Consultant,  
34 licensed in the State of Illinois. He has been doing this for 40 years. He holds the MAI  
35 designation. He probably has 40 public body clients, and gets involved in a lot of Value Impact  
36 Studies and all types of Planned Uses, including retail, including senior facilities, including  
37 residential facilities, including landfills, waste transfer stations. He has also looked at another  
38 similar drug and alcohol facility in the far western suburbs that has been approved. He stated  
39 with a Value Impact Study basically, we look at the Planned Use. We look at the existing use,  
40 and then we look at the demographics. We visit the site. We visit the property. We look at the  
41 area. We look at the transactions. All this is kind of summarized in his report. We did a research  
42 of sales in Arcadia. That's elaborated in the report. We also looked at another facility in Park  
43 Ridge in an area of relatively high value homes, probably averaging the value of the houses in  
44 Arcadia, and looked at the impact, the proximity to those houses and the transactions to what was  
45 a Youth Campus for troubled youths. We've also looked at peer review situations. We've looked  
46 at the economic impact, the property being on the tax rolls. We also looked at the surrounding  
47 area, obviously the hospital, the school. We looked at basically, how Arcadia's houses basically

1 have somewhat of a buffer by Governors Highway, major and arterial. They basically face  
2 inward. In our report we did a match pair analysis which is looking at sales of property,  
3 proximate to the Youth Campus and those very similar that were not. There was no negative  
4 indication of value. In this situation we also looked at a random house in Arcadia that backed up  
5 to Governors Highway, and looked at the issues and considered it in its current condition, and  
6 also looked at it assuming that the facility was ongoing and operational. And based on that  
7 analysis, we saw no negative impact. The issues really have to do with change of character, light  
8 and air. The fact that something can be developed, and the fact that this right now is an aged  
9 facility that basically requires significant money to be operational. And in my opinion, it's  
10 teetering at some point probably being a blight. And now, there's the planned development,  
11 which is going to have obviously a \$10,000,000.00 to \$15,000,000.00 expenditure into the  
12 community.

13  
14 Mr. MaRous stated that we also observe and look at peer review situations and to see other  
15 impacts throughout the country. These are just some of the factors that have been done. In this  
16 situation, it's his strong opinion that this will not have a negative impact on property value. Will  
17 some people not like change? Yes, that happens all the time. But again, we also looked at the  
18 single-family zoning, and the fact that the way the economics are, lot values are, the tax rates are,  
19 there's not a lot of stimulation to develop new houses on large lots on this location. So, we don't  
20 see that as something that's a reasonable alternative. We also looked at the whole south Cook  
21 County area, Will County, Northwest Indiana in the overall consideration. His office works in  
22 these areas quite regularly. He is very familiar with values and value impact of what's going on  
23 in the world. Any question?

24  
25 Chairman Blackwell stated that he had raised a question relative to the property values. He thinks  
26 that is an obvious concern of most residents in any locale you would look to implement your  
27 resources and establish a center such as this. He stated two things he had pointed out in the  
28 previous meeting: One stems from your report. He thinks it's the summation of some of the  
29 findings that you came up with. That's on Page 11, the Positive Fiscal Impact. It seems fairly  
30 clear and consistent as well, that you have estimated that. And this is the last paragraph on Page  
31 11, three sentences from the next to the last paragraph, actually the last full paragraph. "The  
32 MaRous Study estimates that Applicant's proposed use of the subject property will generate  
33 approximately \$585,364.00 in real estate tax revenue. The greater part of which, would be  
34 payable to Rich Township School District 227 and to Matteson School District 162. These  
35 revenues would all be generated without increasing the number of students in the District." How  
36 did you assess this particular number? He is sure that you have got multiple calculations that you  
37 use with the tax equations in Cook County. How did you come up with this particular number  
38 overall?

39  
40 Mr. MaRous stated actually, that wasn't in his report. The simple answer to that is as an  
41 appraiser you look at market value. And then the Cook County Assessor will generally be at 25%  
42 of market value, and then it's times the equalization factor or like 2.9 and then times your rate of  
43 about 17%. And it's all somewhat impacted by the estimate of market value. This becomes a  
44 little complicated because part of the cost of the project has to do with staffing. We call that  
45 "FFE," which is "Furniture, Fixtures and Equipment" which is not taxable on the real estate --  
46 And then there is an allocation between the Districts based on their tax levy per the District. If  
47 the Assessor's value is higher, and quite frankly Mr. Fritz Kaegi has been very aggressively

1 higher. In fact, he thinks the assessments are just out in Rich Township. He has been aggressive  
2 on non-residential properties, and which way he is going to go he cannot --

3  
4 Chairman Blackwell inquired of Mr. MaRous whether or not that is predicated on the estimated  
5 assessed value of the property at what \$15,000,000.00? Mr. MaRous stated that it's lower just to  
6 be conservative. But again, that's something done by a County elected party, and he's going to  
7 pick up the purchase price. And they are going to pick up the Building Permits, and based on that  
8 the number could be significantly higher. But again, that's just a prediction. Chairman Blackwell  
9 stated I see.

10  
11 Mr. Hoffman stated that he is looking at Page 33 of the MaRous Report. The number that was  
12 cited earlier, the \$585,364.00 estimated real estate taxes was from that report. But it was just  
13 based upon the purchase price of the property at \$4,500,000.00. It really didn't take into  
14 consideration the some odd \$15,000,000.00 that they are estimating that they are going to have to  
15 remodel this facility and the new construction. He guesses that he would concur, that he would  
16 expect it to be considerably higher than that estimate. Mr. MaRous stated that he agrees.  
17 Chairman Blackwell stated okay, great, thanks. He just wanted to clarify that in his own mind.  
18 He inquired of Mr. Hoffman whether or not he had any other questions for Mr. MaRous.

19  
20 Mr. Hoffman stated that he did, actually. The matched pair analysis, you looked at a Youth  
21 Campus in Park Ridge. He is not an appraiser, but why a Youth Camp as opposed to another  
22 drug and rehab facility that was near residential? He knows that there are some in the region that  
23 are adjacent. He guesses he is curious why you picked a different type of facility. There may be  
24 some similarities and maybe that is why you did it. He is curious why you picked that as your  
25 matched pair analysis.

26  
27 Mr. MaRous stated because number one it was in a relatively dense high value suburban area,  
28 having some comparability to Olympia Fields. Two, they were troubled youth which is actually  
29 probably a more active population and more incidents on a police basis. Number 3, a lot of the  
30 drug and rehab facilities that he had some consulting or been involved with, have been in quite  
31 urban locations. There's some on the Gold Coast in Chicago, and Lincoln Park, and there's no  
32 negative indication, but those are so urban they are really not comparable. So, in a suburban  
33 setting, he has been involved with the Kiva Development out in Hampton Hills, but that is not up  
34 and operating, so that really wasn't a good comparable.

35  
36 Mr. MaRous stated that there is a facility out in Lemont, but again, that is even more rural than  
37 the subject, in looking at that didn't find anything comparable. He has studies of this type of  
38 facility out on the East Coast in Connecticut, but again, it's a different state. It's a different  
39 demographic. But those indicated again, a high value situation, no negative impact. So, he  
40 thought in this situation, the Park Ridge was probably the best example.

41  
42 Mr. Hoffman stated okay, that sort of makes sense, he guesses. The one that came to his mind  
43 was Linden Oaks in Naperville which is adjacent to the hospital, and adjacent to a residential  
44 area. It's a mental health facility so they treat other things beyond what will be proposed at this  
45 facility, but there are some clear similarities, and it does back up to some high value real estate  
46 residential properties like this case he guesses. That would have been more logical to him, but at  
47 least you helped him understand why you picked the one you did so that helps.

1 Mr. MaRous stated that he had some familiarity with that comparable. We do a decent amount of  
2 work in Naperville. In his experience there's no indication of a negative impact. Naperville is  
3 quite a diverse community, both in density, income levels. It's 150,000. He stated between  
4 Naperville and Aurora there are almost 300,000 people. So, it's a much more dense and larger  
5 population. Mr. Hoffman stated okay.

6  
7 Chairman Blackwell stated that he had a question. Specifically, he understands that Section 22-  
8 93 of our standards really speaks to as it pertains to the Special Use. That the Special Use will  
9 not substantially diminish and impair property values within the neighborhood. He thinks that's  
10 clear on all parts that's the standard that must be met for purposes of going forward with the  
11 plan. But so far as market values, have you ever conducted any specific studies, or are aware of  
12 any specific studies that have shown a facility of this nature has its footprint being set in a  
13 neighborhood such as ours or similar has, in fact, increased and had a positive value on  
14 properties?

15  
16 Mr. MaRous stated it's a very good question. And again, every situation is a little different. The  
17 fact that you're basically in an area with fairly large lot, single-family across from the hospital  
18 and a high school, every one of these has a different characteristic. But in a desirable community,  
19 it becomes another service, another addition. And it's a significant investment in the community.  
20 And it also eliminates a property that again, from an appraiser, just from a value standpoint, is  
21 not potentially a positive impact just because of concern with maintenance issues, obviously, --  
22 financial conditions walking through the facility. Renovation alone for any use, he thinks he  
23 heard a senior use, probably going to be higher costs but for this, where's the feasibility? There's  
24 just a high risk that this property is going to further deteriorate, not pay taxes. So, every situation  
25 has to be looked at uniquely as to what it brings to the community, how it changes the  
26 community. Does it become part of the fabric of a community?

27  
28 Chairman Blackwell stated that he just has one other question for you from our previous meeting  
29 that kind of came to mind. He thinks in your report you had addressed some specific properties,  
30 like for instance, on Page 38, and then following on 39, you talked about the following matched  
31 pair of properties and you did some comparison ratios. What actually is this Park Ridge on  
32 Kathleen Drive? Was that like part of your analysis to determine the property values of any given  
33 residence, or nearby residence to a facility?

34  
35 Mr. MaRous stated yes. In any value impact a matched pair is looking at a property that's  
36 proximate to the potential use or to the existing use, similar to what's proposed, and then a  
37 similar property, similar size, age, amenities, similar market conditions that may be in the same  
38 community, but may be a mile away. So that's why that's done. He thinks there are four  
39 examples here. Again, further on he does run an analysis of one of the Arcadia houses. But  
40 obviously, he can't do a matched pair because the project is an ongoing.

41  
42 Chairman Blackwell stated then on Page 49, in your "Overall Conclusions," the last bullet point  
43 you made the conclusion that "The proposed treatment facility will create numerous well-paid  
44 employment opportunities for residents of Olympia Fields and surrounding communities." Is that  
45 under the presumption that most of the people that you would intend to employ would be south  
46 suburban people, or would you have some specific set aside for a number of Olympia Fields

1 professional people who were well qualified to work in the facility? How did you reach that  
2 conclusion?

3

4 Mr. MaRous stated that's really more for the developer and the healthcare experts. But in a  
5 situation where we look at the type of development, let's say it's retail, a lot of those jobs are  
6 lower paid. In this situation, obviously, some of the support staff is not going to be higher paid,  
7 but a lot of the specialists and the doctors are. Again, we just look at the general geographic area.  
8 And he is making an assumption there, but he has no guarantee or no knowledge where people  
9 are going to live. And they may live somewhere else in five years than they live now. Chairman  
10 Blackwell stated sure.

11

12 Trustee Pennington stated Mr. Chairman, he has a question that he would like to raise with Mr.  
13 MaRous. Chairman Blackwell stated go ahead, Trustee. Trustee Pennington inquired in your  
14 analysis of property values, when you conducted your comprehensive study of relative houses in  
15 the vicinity, you used principally Park Ridge. We have subdivisions within our Village, Olympia  
16 Club, The Trails, to be specific, whose housing stock is newer and more aesthetic in view than  
17 the comps that you use in your analysis. Can you address that?

18

19 Mr. MaRous stated sure. The Park Ridge comps were used because they were proximate to the  
20 Youth Campus, the troubled Youth Campus. That's the only reason that those were used for the  
21 matched pair. There's not a matched pair available in Olympia Fields. But in the report, he  
22 provides numerous sales of property, particularly in the Arcadia Subdivision immediately to the  
23 east. And also discuss housing values throughout, and the range of values and sales for all of  
24 Olympia Fields. He looked hard at values and aesthetics in Olympia Fields.

25

26 Chairman Blackwell stated thank you very much, Mr. MaRous. Chairman Blackwell stated at  
27 this time, we are going to go back to the questions from the public. Commissioner Betts.

28

29 Commissioner Betts stated that the next set of questions comes from Mr. Charles Durley. The  
30 first question is: "Will the campus be open or closed?"

31

32 Ms. Mottl inquired defining "open or closed." Meaning, the people can walk in and out as they  
33 see fit. She thinks we have addressed that, but that will be closed. They will have the ability to  
34 leave, but she thinks that has been addressed sufficiently.

35

36 Commissioner Betts stated that she would say that was the intent of the question. And she knows  
37 it has been answered before. The second question is: "What will be the ratio of staffing to clients  
38 over the three shifts?"

39

40 Mr. Vrba stated that he can take that. It varies, shift to shift from A.M., P.M., to nights. But  
41 typically, on the day shift and P.M. shifts, it would be one to 12. And then the P.M. shift is  
42 probably more like a one to 25 ratio. But we will also be looking into whether we will be doing  
43 FTEs, which are full-time equivalents, or PPD, which is based on the acuity of the patients we  
44 have in the facility. But again, staffing will meet all the guidelines as set forth in the Illinois  
45 Administrative Code.

46



1 Commissioner Betts stated question number 3: “What will be the credentials of the treatment  
2 staff and care providers?”

3  
4 Mr. Kolb stated Section 2060.309 of the Illinois Administrative Code has professional staff  
5 qualifications codified, what clinical certifications you must have as a certified Alcohol and Drug  
6 Counselor, whether you’re a professional counselor, whether you are a clinical psychologist,  
7 how many ratios and how many employees each of those qualifications are required, social  
8 workers, et cetera. So, the staffing qualifications and requirements are going to be all in 2060 of  
9 the Illinois Administrative Code. If anybody wants to pull that up, you can just Google  
10 Substance Abuse and Alcohol Treatment Facility, Administrative Code, Section 2060 and part  
11 2060 should give you all of the staffing requirements that are going to be a condition precedent  
12 to getting a license.

13  
14 Commissioner Betts stated that she thinks for the intent of the question, this is just her question,  
15 her personal question, can you give us an indication you know, for a 120-bed facility what is the  
16 staffing ratio? We are not all familiar with the codes that you are referring to and the sections  
17 that you are referring to. But for the intent of the people that are on this call, the residents of the  
18 Village, can you just give us some indication what that would mean?

19  
20 Mr. Vrba stated sure. As he stated earlier, typically on a day shift or P.M. shift you’re looking  
21 one to 12 to one to 15 patients per nurse. On the evening shift which is 11 o’clock to 7:00 A.M.,  
22 or 10:30 to 6:30 A.M. it would be more like one to 25, one to 30. Again, it would meet the code,  
23 or exceed the code.

24  
25 Commissioner Betts inquired and what about the makeup of the staffing again. This is her own  
26 personal question. Will you have doctors on staff? Psychiatrists on staff? You refer to nurses.  
27 But what about the other medical professionals that would be part of the regular complement that  
28 you would be needing for a 120-bed facility?

29  
30 Mr. Vrba here again, he doesn’t want to continue to repeat the code, but again, we would meet  
31 the code. He stated to answer your question in more general terms for the sake of your question,  
32 we would have obviously, a medical director overseeing all of the staff. Under the medical  
33 director’s guidance, we would have rehabilitation and addiction therapists. We would also have  
34 social workers, activity staff, housekeepers, dietary, you know, a number of personnel. Again,  
35 we would meet or exceed the code. It would be under the direction of the facility’s medical  
36 director.

37  
38 Commissioner Betts stated and speaking of the medical director, the next question is: “Will the  
39 director be on-site, and will he or she be an MD?”

40  
41 Mr. Vrba stated that his guess it would be an MD most likely. The medical director, he or she  
42 would not have to be on-site every day, but would be on-site as necessary. And then also, with  
43 this day and age, there is also the utilization of physician assistants and nurse practitioners under  
44 the direction of the MD as he or she sees fit.

45  
46 Commissioner Betts stated that she will move to the next question. “How long will the in-house  
47 treatment stay be in days?”

1 Mr. Kolb stated well, it's a residential detox, a residential alcoholism and substance abuse  
2 facility. So, we anticipate patients might come in for acute care and then move into more  
3 generalized care. It depends on each individual treatment program. Every patient is vetted from  
4 the standpoint of psychological safety, ability to pay for the services, and to make sure that they  
5 are safe and they are not a threat to themselves or others. Once they are admitted, every  
6 treatment plan is different depending upon the level of care needed, but it could last anywhere  
7 from 30 days to even closer to 60, or longer even. John, do you have any comment on what you  
8 think the average would be?

9  
10 Mr. Vrba stated, yeah, he would say the average would be 30 to 45 days. He would agree with  
11 what Andrew said under the direction of the medical director we would ensure that it wouldn't  
12 be based on length of stay, but length of need. He thinks too often in this day and age with his 30  
13 years in the healthcare sector, people look at length of stay. We are not going to be looking at  
14 length of stay. We are going to be looking at length of need for that patient's treatment plan so  
15 they hopefully don't relapse.

16  
17 Mr. Kolb stated yeah, he will just add one more comment. He sees some of the chat questions  
18 coming in. He stated just to respond to one of those, this is not an outpatient facility that will  
19 administer Methadone. We're strictly an inpatient residential facility we are proposing. So,  
20 patients don't come for outpatient care, pick up Methadone and then wander out to self-  
21 administer. It's an alcoholism and substance abuse treatment facility with multiple steps that  
22 John can outline. But patients aren't coming and going on an outpatient basis. There could be  
23 some programs that we may elect to have if our licensure allows it, like speakers to come. If you  
24 look at the Site Plan there is an auditorium if Jeff wants to kind of comment on that. Jeff and  
25 Mark, the Architects can comment on the different amenities we have for speakers and group  
26 meetings. But for the most part, as far as medical treatment goes, it's all inpatient.

27  
28 Commissioner Betts stated that she will read the next question for the record only. She thinks  
29 you just answered it. "How many clients will be in facility receiving outpatient therapy?" You  
30 already answered that. There will be no outpatient. It will be an inpatient facility. Is that correct?  
31 Ms. Mottl stated that is correct.

32  
33 Commissioner Betts stated okay, she will move on to the next question. "Will clients and staff  
34 have background checks?"

35  
36 Mr. Vrba stated yes, they'll have background checks. And again, he will refer you to the  
37 Administrative Code, that Section 2060, because all the guidelines are set forth for that in the  
38 code.

39  
40 Commissioner Betts inquired can you just answer the question generally, you know, for the  
41 laymen again, for all the folks that we have on here from the public. They don't know the code.  
42 Can you give them what you generally do without going into specifics?

43  
44 Mr. Vrba stated yeah, upon hire there is a background check conducted. Commissioner Betts  
45 stated that's for the staff. What about clients? Mr. Vrba stated in regards to patients coming in  
46 the facility, that will be part of their assessment that is done via the medical director, or nurse, or  
47 therapist who is doing the admission intake.

1 Mr. Kolb stated yeah, by code, each professional staff member -- He is reading from Section  
2 313, 2060-313. You have to be 18 years of age to even work here. And you cannot have been  
3 convicted of a felony, or have any subsequent incarceration for at least two years prior to the date  
4 of employment by code. There are pages of different requirements that are listed here.  
5 Depending upon the type of care that you are giving, the State has pretty stringent guidelines as  
6 far as background checks and professional certifications of licensures that you are going to need  
7 to have. He could read all of that into the record if you like. Otherwise, it's under something  
8 called 77 Illinois Administrative Code, Chapter 10, Section 2030.313 is where you will find that  
9 section. We've to maintain personnel files for up to five years from employee termination. The  
10 State makes you report each employee's background before they can come to work. It's an  
11 extensive process.

12  
13 Mr. Hoffman stated maybe for the record, if you wouldn't mind, he assumes this is online, could  
14 you just send the Village a link to that section so we don't have to read it into the record like you  
15 are talking about? Mr. Kolb stated that he just pasted the link into the comment box for  
16 everyone. Mr. Hoffman stated perfect, thank you.

17  
18 Commissioner Betts stated the final question from Mr. Durley is: "What will be the primary  
19 treatment modalities used?"

20  
21 Mr. Vrba stated that there will be a number of therapy modalities used. He can state a few of  
22 them here now. There will be Behavior Modification Therapy. There will be Solution Based  
23 Addiction Therapy. There will be 12 Steps Therapy. There will be Rogerian Therapy. Once  
24 again, it will be led by the medical director. There's an array of therapeutic services and  
25 interventions that have been utilized in addiction therapy. And we will choose and activate the  
26 most prominent ones.

27  
28 Commissioner Betts stated Mr. Chairman, those were all the questions that were assigned to her.  
29 Chairman Blackwell stated okay. Thank you, Commissioner Betts. He stated that he will proceed  
30 with the additional questions that came in too. He would presume that the Petitioner has received  
31 those as well. At any rate, the first question on this list is: "When patients are outside the  
32 building using the trails/seating areas will they be accompanied by staff?"

33  
34 Mr. Vrba stated yes. Chairman Blackwell stated question 2: "Please clarify if the plan includes  
35 outpatient services or not." Chairman Blackwell stated that he thinks we have already answered  
36 that. We've already dealt with that. "The drawings appear to suggest there will be outpatient  
37 services, the testimony suggested there would not. If there will be outpatient services, please  
38 describe what is planned?"

39  
40 Chairman Blackwell stated so John, you had indicated that these are primarily inpatient services.  
41 Are there instances where you would have some inpatients that were previously there come back  
42 for counseling, or psychological evaluation, to that outpatient extent?

43  
44 Mr. Vrba stated that we don't have anything in the plans right now for outpatient at our premises,  
45 but if a patient is cured and not relapsing, and via the medical director were to come back to the  
46 facility for a type of counseling session to partake in that, that might be something we would do.  
47 But again, if we did that, it would be meeting the code and doing it for the benefit of the patient.

1 There would be no risk in doing that. Chairman Blackwell stated thanks. Mr. Vrba stated you're  
2 welcome.  
3  
4 Chairman Blackwell stated question number 3: "What is the proposed market area for this  
5 development?"  
6  
7 Ms. Mottl inquired meaning where will the clients come from? Mr. Hoffman stated yes. Ms.  
8 Mottl inquired where will the patients come from? Mr. Hoffman stated yes. Chairman Blackwell  
9 stated that he is just literally reading the question that's presented. Ms. Mottl stated okay. She  
10 won't ask him to interpret. Mr. Hoffman stated let me interpret because it was my question. Ms.  
11 Mottl stated oh, okay. Mr. Hoffman stated normally when you are planning a facility like this,  
12 you're looking at the market area for this, looking at competitive projects, and trying to define  
13 where patients would be coming from to visit this facility, right. Obviously, they can come from  
14 anywhere, but you probably defined a market area in relationship to other facilities in the area.  
15 We talked a little bit about that at the last meeting, but you never got very specific. So, he  
16 guesses he is asking if you could be a little more specific on where you anticipate clients coming  
17 from mostly.  
18  
19 Ms. Mottl stated well, yeah, we did talk about it at the last meeting a little bit. It's definitely  
20 going to be the Chicago suburbs. It's going to be some from the Village, certainly not all, but  
21 some people will come directly from the Village. The rest will be the surrounding suburbs. As  
22 you know, you guys have a great access to highways and area around Chicago. We may have  
23 some people come from out of state. It's difficult to predict how far people are willing to travel.  
24 She thinks that typically, a one to two-hour drive is going to be about the radius that we are  
25 expecting people to come from.  
26  
27 Mr. Hoffman stated that a two-hour drive is a pretty big radius, but okay. He stated look,  
28 normally if he was planning almost anything, car dealership, a McDonald's, even a hospital, he  
29 would look at the competing facilities, find out where those are on the map and look at kind of a  
30 service area from his location that wouldn't necessarily be overlapping those. That doesn't apply  
31 to this type of industry?  
32  
33 Ms. Mottl stated yes, certainly it does. Go ahead, John. Mr. Vrba stated yeah, Mr. Hoffman he  
34 can take that as well. He doesn't think you are implying this, but he doesn't think any drive is too  
35 far with only 20% of the addiction population being serviced in the United States as of now. And  
36 we believe, as you saw the physical plan, we believe the internal, therapeutic services that we  
37 will be providing will be something that will be preeminent across the country, so we can believe  
38 people will be coming from afar to get the current services that we are going to provide. We are  
39 not looking to do just a run of the mill facility as you can see by the physical plan and all that we  
40 are putting into this.  
41  
42 Mr. Kolb stated that he will just comment as well. We talked to some consultants along the way,  
43 he thinks in maybe May or June. We drew a box around a specific geographic region to target.  
44 We became very aware of the fact that if we build a solid reputation in the marketplace, as a  
45 female only type facility, we may draw patients. If people go to the Mayo Clinic from all over  
46 the United States, not just from the surrounding area because they have a specialty, and they  
47 have excellence in a certain area, and our target market is a female only facility, it's not

1 something we can commit to, but it's certainly a niche for us. We think that may draw families to  
2 come to the facility who maybe are from very far away. They may take a flight in because they  
3 prefer that environment for a loved one, as opposed to something that's more local to where they  
4 are. It's difficult for us to -- You are asking one of the toughest business questions that we all are  
5 trying to ask right now is, are we staying local, or do we have the ability to really grow the  
6 reputation of the facility and broaden our market, or do we have to give up on the female only  
7 facility and just expand the facility to be coed. It's difficult for us to really answer that question  
8 with specificity. He thinks we would start locally, but the goal is to really develop a much larger  
9 reputation. Wouldn't you agree, John?

10

11 Mr. Vrba stated yes, 100%. And for those who are on the call today that weren't on the last one,  
12 he would add too, you are hearing an individual who runs one of four facilities who won the  
13 Malcolm Baldrige Gold Award this year, which was the highest award in the country. So, we're  
14 not looking to just run a fly by night addiction center. He has been in rehab services and nursing  
15 facilities since 1991, and to be one of four in the United States to achieve the Gold Award status  
16 is a true honor, and the first ever in the State of Illinois. We plan to do the same at RoseHeart.

17

18 Chairman Blackwell stated that he just has a couple of questions to that point. He stated that  
19 Andrew, you had mentioned, it sounds like you guys are fairly solid that it would be a female  
20 only institution and not a coed. Is that what you just said?

21

22 Mr. Kolb stated that's our goal, yeah. Can we commit to it as a condition of any sort of zoning  
23 entitlement? No, because we don't want to close off the possibility. We think there's a real  
24 market for that. We think that could really differentiate ourselves in the marketplace. The people  
25 that we have talked to, the experts, if you ask a family if you had a daughter or some other loved  
26 one in your family who is female and you had to choose between six or eight facilities that were  
27 options for you, you might drive quite a bit further to have what's perceived to be a more  
28 preferable environment that you might like better if it were all female only.

29

30 Chairman Blackwell stated sure. He thinks you had kind of alluded to that at the previous  
31 meeting. He just wanted to make sure he had that right.

32

33 Mr. Kolb stated that if we can't get it done, we don't want to be a situation where there is a  
34 condition on us. Chairman Blackwell stated sure. Mr. Kolb stated that we are spending a lot of  
35 money to develop this property. We need to be able to go where the market is and to follow the  
36 revenue. That is our initial business model. Our name followed that and everything else.

37

38 Chairman Blackwell stated absolutely. He stated Andrew, with the 120-bed facility, with the  
39 number of clients, in a 12-month period, what's the exit plan? Maybe this is better for John to  
40 kind of weigh-in on. So, you've got a 120-bed facility. What's the exit plan?

41

42 Mr. Vrba inquired could you go a little bit more in-depth with the question. Maybe he is not  
43 understanding. He is sorry, Mr. Blackwell.

44

45 Chairman Blackwell stated as it pertains to, you know, people coming in and people coming out.  
46 He thinks that you had mentioned earlier the stay, you can't say for certain that a person will be  
47 there 10 days or six weeks, or whatever. But what's the exit plan for when a person hits a certain

1 point? What's the standard that you utilize to ascertain that they are, in fact, able to be  
2 discharged?

3  
4 Mr. Vrba stated sure. There's a battery of questions that would go to the medical director in  
5 charge of that patient's care. We will not be discharging a patient without the approval from the  
6 medical director. So, it will be a physician involved in that decision. There will be no exit or  
7 discharge from the facility without that physician being involved. We'll have, he's not going to  
8 say it's a strategy, but a format to see where patients are at in their length of need. If they are 30  
9 days, 35 days, those therapists will be tracking their caseloads. For example, Mr. Blackwell, if  
10 you have 12 patients, you'll be seeing two are going to be coming off in the next week, two more  
11 may be coming in. So, we will be monitoring that via each therapist. They will be reporting off  
12 to each other in what's called "Huddle Meetings."

13  
14 Chairman Blackwell stated sure, I see. Mr. Vrba stated thank you. Chairman Blackwell stated  
15 thank you. Chairman Blackwell stated the next question is – Chairman Blackwell stated Mike, he  
16 did not know that was his question but it was a good one. You understood what it was. He thinks  
17 that you have already addressed this, Andrew, regarding the proposed market area.

18  
19 Chairman Blackwell stated that question number 4 is: "What do you consider competing  
20 facilities in the region?" He knows that there are some other facilities that are doing some similar  
21 things in the south suburbs. What do you consider for your program to be competition?

22  
23 Mr. Hoffman stated that he would suggest ignoring the women only part because that won't be a  
24 condition. So, it could be male or female. Whatever is competing. Chairman Blackwell stated  
25 right.

26  
27 Mr. Kolb stated that he saw some comments in the comment box that if there were a restriction  
28 on gender it would violate Federal Law. We actually agree with that. That's why we couldn't  
29 even have the condition if we wanted it. But yeah, we looked at the different assisted living  
30 facilities and skilled nursing facilities in the area. You've got Sunrise and Bickford of Tinley  
31 Park, Waterfront Estates Retirement Community. Potter Place is 8.7 miles away. LHC-Illinois  
32 Home Health is close. You know, bottom line, other than Franciscan that has limited treatment  
33 options, Franciscan Hospital, we don't see another facility in the immediate vicinity, and  
34 certainly not within the Village that would compete with this facility. Certainly, nothing near the  
35 real estate amenities and other amenities that we could provide here. He doesn't think there is a  
36 lot of competition, locally. We think the site just has tremendous potential. As a piece of  
37 commercial real estate, it has tremendous potential. It's gorgeous. It's wide. It's got potential for  
38 future development of different types of accessory uses. It's got areas for walking and it's close  
39 to the hospital. It's ripe for this type of development which is why you all kind of see these  
40 applications one after another it looks like. He learned there have been several others that have  
41 tried this before us. So, he can see the benefit of it.

42  
43 Mr. Hoffman stated he guesses just a follow-up on that. Your Traffic Study compared this  
44 facility to Timberline or something like that in Lemont, right? Is that a competing facility with  
45 this? And why would you choose one over the other? Obviously, if you did go to women only  
46 that explains one thing, right? But he is trying to find some other example. Franciscan is a

1 different set up than you are, right? So, there's got to be something that you would consider  
2 comparable in the region.

3

4 Ms. Mottl stated that she isn't sure there is. She thinks that if you look at the facility that we are  
5 about to build, and the size of it, it is brand new, state of the art. She isn't sure there is anything  
6 in the region that would compete with this, at this level, and this size.

7

8 Mr. Hoffman inquired what about the one in St. Charles that you guys were involved in, and you  
9 ended up selling it to someone else. He understands that. Would that have been a similar  
10 comparable?

11

12 Mr. Kolb stated that Timberline Knolls is certainly similar, he thinks. It is on a campus. It  
13 meanders. It's a nice area in Lemont. He thinks that is a similar facility. And certainly, Recovery  
14 Centers of America who is now operating the facility in Campton Hills is another similar facility  
15 on the former Glenwood School for Boys where they've got a whole campus environment.  
16 Those facilities occupy, you know, a good portion of the market for this type of inpatient,  
17 residential care. They are also at capacity, or will be. He thinks when we looked at our  
18 stabilization rates when we reached enough revenue out in Campton Hills to stabilize and to  
19 break even, we were anticipating being full within a year to two years. There's increase in  
20 demand. He doesn't think COVID has helped this situation at all. He thinks unfortunately, these  
21 types of businesses will have more patients in a COVID environment. You know, tough times  
22 bring all kind of problems when it comes to fighting addiction. He thinks that there is an  
23 opportunity here to help people. So yeah, those would be the two. He thinks Timberline Knolls  
24 and then the RCA facility in Campton. He stated certainly like Rosecrance up north, he doesn't  
25 see that as being competitive because it's basically one building. It's a completely different  
26 business model too. They take public aid type patients and they have a different Budget, and the  
27 amenities wouldn't be anywhere near what these are.

28

29 Ms. Mottl stated that she just wants to underscore what Andrew said about the need. We talk  
30 about competition, but we're not fighting over a limited pool of people who need this type of  
31 service or care. The number of people who need it greatly exceeds the number of opportunities  
32 they have to get this treatment. So, the competition isn't so much to try and grab the handful of  
33 people that need this. It's to provide the service to the millions of people who do need it.

34

35 Chairman Blackwell stated okay. And just to be clear, Andrew, you had indicated that the other  
36 facility did take public aid patients. So, you wouldn't have any intention of taking public aid  
37 patients, per se.

38

39 Mr. Kolb stated yeah, we can't as a condition agree that we can't. He thinks that would be  
40 discriminatory. He thinks there could be a situation legally where we would be required to, or if  
41 somebody was in a private pay situation and lost their ability to pay, you know, you end up in a  
42 situation where you can't discharge a patient for financial reason. That's why there's all those  
43 involuntary discharge procedures you've got. The fiduciary duty is to the patient's well-being.  
44 So, we've got to be very careful when we say that. He will say, our business model, if we're  
45 going to invest \$15,000,000.00 in reconstructing this site, our business model will definitely be  
46 to build relationships with Blue Cross, Cigna, and all the big payers out there so that we can get  
47 the most favorable reimbursement rates from private pay insurance. You know, the trend is really

1 to continue big insurance companies to pay for these benefits for their employees and their  
2 employee's families. So, if you had a daughter that was affected by this, and you had some  
3 health insurance through an employer, those Group Plans are covering more and more. It use to  
4 be stigmatized, but now it's becoming as commonplace as, you know, pediatric care, alcohol  
5 addiction or an eating disorder. It's really something that insurance is going to cover more and  
6 more of. And that's the trend.

7  
8 Chairman Blackwell inquired was there recent legislation, Andrew, that led to the private  
9 insurers covering this type of treatment more so than they use to.

10  
11 Mr. Kolb stated that he's not sure if it's recent legislation, or whether the marketplace forced that  
12 change. You see it in all sorts of medical procedures, many of which are controversial in the  
13 upcoming election, but you see a lot of hesitancy by insurance companies to cover some things.  
14 He thinks the trend is to say, "Listen, this is something that people generally need, and it's not  
15 voluntary and we should cover it." He knows of no law at this point. He is sure there will be  
16 eventually.

17  
18 Chairman Blackwell stated okay. He was just asking. Mr. Vrba stated Mr. Blackwell, let me add  
19 to that too. He will be kind of short and to the point. This will probably be of interest to you with  
20 your question. He had the opportunity to present to the United States Congress House Ways and  
21 Means Committee in Washington about a year and a half ago. And 10 of the 12 members of the  
22 Ways and Means Committee were in that meeting. One of which was a representative from  
23 northern Illinois. And he was very involved in the opioid issue that's taking place in our country.  
24 So, we had one of our own here in Illinois who was very involved in trying to do something with  
25 the opioid epidemic. And now we see that one in 10 in the last 30 days have used an illegal drug  
26 in the United States. That's how bad it has gotten. He thinks some people, not himself, but some  
27 people may be in denial about how bad the pandemic is. We are almost up to \$200 billion  
28 annually in drug addiction costs. It is definitely a necessity in the United States, not to mention  
29 Illinois.

30  
31 Chairman Blackwell stated incredible. Thank you, John. Trustee Pennington? Trustee  
32 Pennington stated yeah, thank you very much. This was discussed in our first meeting, and it  
33 continues to be a concern of his. Your model suggests a 120-bed facility. He is of the opinion  
34 that in all likelihood, you will increase that 120-bed facility to some other number. And it's not  
35 factored into your business model. Is this a possible intent on the part of RoseHeart?

36  
37 Mr. Kolb stated that he can take that. Right, so that would require us to go back to the State of  
38 Illinois and obtain brand-new licensure, and have to requalify under the Administrative Code and  
39 licensing requirements. You apply for a specific number of beds. And if you try to increase the  
40 number of beds, you've got to go back to the drawing board and re-staff, and show that you've  
41 got -- They dig down on everything from square footage of the bathrooms, to the amount of  
42 meeting spaces, to the amount of triage rooms, to the cleaning staff and everything else. So, that  
43 would require some really heavy lifting and perhaps building renovations. He thinks that you all  
44 could make your zoning contingent on a specific number of beds too. That could be a condition  
45 of granting the use. You know, the Applicant applied for a specific number of beds and so you  
46 could limit the Applicant to what's in their application he thinks safely. But he will leave that up  
47 to you and how you want to address those conditions. But that's not something that we're



1 uncomfortable with, you know, at this point. That's a good solid number. We know the  
2 financials on that number and so, we're willing to live with it.  
3  
4 Ms. Mottl stated that's what she was going to add as well, is that the application is for 120-beds.  
5 If we get approved for 120-beds then that's what we will do. You've seen the plans. There's not  
6 really a lot of room to grow, in this particular building as you can see by looking at the plans. So,  
7 we are comfortable with 120.  
8  
9 Trustee Pennington stated you have an option of building out. Ms. Mottl stated sure, we do, but  
10 certainly we would have to come before this group again and reapply. Trustee Pennington stated  
11 that's right. That's right. Thank you.  
12  
13 Chairman Blackwell stated that the next question is really not a question. It's more of a statement  
14 or a request. Statement number 5: "Please provide a security plan that details anticipated staffing,  
15 building modifications, cameras, etc. that will be employed at the facility." Chairman Blackwell  
16 stated that he knows there was some discussion earlier about the security plan and how you  
17 would work that. There still may be some follow-up questions or additional questions related to  
18 security, so we'll come back to that as necessary to deal with the issues on that.  
19  
20 Chairman Blackwell stated number 6: "What is the minimum average occupancy for the facility  
21 to remain viable?"  
22  
23 Mr. Kolb stated right, we haven't calculated that, the break even point. We did talk about if we  
24 built it and no one came, we'd have to come back and ask for some additional accessory uses.  
25 Maybe we would add behavioral health. Maybe we could add some complementary type uses  
26 through a whole other zoning process. We're trying to always create from a business standpoint,  
27 Plan B, and Plan C, and Plan D. But how many patients would it take to break even depends on  
28 whether they are detox patients, or whether they are patients at large. The reimbursement rates  
29 are quite different for those two categories. So, we've not run the math to be able to determine,  
30 you know, how many would it take for us to stay in business. We'd be in front of that trying to  
31 change the use and retrofit the building for an assisted living facility or something else long  
32 before we got to that. We wouldn't survive long, yeah.  
33  
34 Chairman Blackwell stated question number 7: "Will electronic monitoring be used to locate  
35 patients?"  
36  
37 Mr. Vrba stated it has not been decided yet. That is something that is very prevalent these days.  
38 It's something we'd definitely look into. Some of the technological integrations are phenomenal.  
39 And some of them are very cost effective. Definitely something we would look into.  
40  
41 Chairman Blackwell stated okay. Question number 8: "Effect on students attending Rich Central  
42 High School which is across the street from the proposed RoseHeart Center." He imagines the  
43 question is, what do you anticipate to be the effect on students across the street of your Center?  
44  
45 Mr. Vrba stated yeah, again, he is sure some are against him on this, but he thinks it would be  
46 100% positive. We can't stick our heads in the sand and think that addictions aren't a big part of  
47 our society right now. Numbers speak for themselves with the amount \$200 billion spent on drug

1 abuse across the United States. With younger kids utilizing drugs, one in 10 now are drinking  
2 alcohol before they get into high school. He thinks it will be a very positive part of the  
3 community, and a very positive thing for our children.  
4

5 Chairman Blackwell stated question number 9: “What is the effect on real estate values on  
6 surrounding property?” He is reading that into the record, but he thinks that has been dealt with  
7 by Mr. MaRous.  
8

9 Chairman Blackwell stated next question: “The installation of a wrought iron fence and  
10 automatic gate that will only allow registered personnel, patients and approved visitors entry.  
11 The height of the fence should be a minimum of 10 feet tall.” Chairman Blackwell stated that he  
12 doesn’t know if that’s in the Administrative Code or not. He is just literally reading that straight  
13 from the print.  
14

15 Ms. Mottl inquired is this something that the Village is requesting, or would prefer to have.  
16 Chairman Blackwell stated that these are questions from the residents. So, they have to be sorted  
17 out in terms of what is actually required of you. What their concerns are. What the Village would  
18 need to meet appropriate standards for building, et cetera. So, for purposes of just going through  
19 these, he is reading them into the record. He thinks that the Village, as well as the Petitioner, will  
20 have to step back and look at these questions, and see if there’s any relevance to them answering  
21 it, or whether it’s a question more appropriately suited for Village Administrators. Ms. Mottl  
22 stated understood.  
23

24 Mr. Hoffman stated Victor, the simple answer is they don’t plan to have a fence around the  
25 periphery of the property, correct? Ms. Mottl stated not at this time. Unless, of course, you are  
26 requiring one. Mr. Hoffman stated okay.  
27

28 Chairman Blackwell stated next question: “Will the facility require identification tags for all  
29 personnel, as well as temporary and dated visitor identification tags?” Mr. Vrba stated yes.  
30

31 Chairman Blackwell stated next question: “A Traffic Study done by a professional firm not  
32 affiliated with RoseHeart should be done, since the hospital traffic combined with the RoseHeart  
33 traffic may need control during certain hours and days.” Now, he noticed that your traffic expert  
34 spoke about the traffic flow and et cetera. Is Javier on the line? He didn’t recall that he had talked  
35 about any specific timeframes where traffic could be congested. School is going to reopen one  
36 day. And you’ve got a substantial amount of traffic there. He knows the hospital runs  
37 ambulances to and fro all day and all night sometimes. It sounds like mostly on weekends when  
38 you are trying to sleep. Javier, did you want to weigh-in on particular traffic congestion type of  
39 times, maybe with the presumption that school would be back in session?  
40

41 Mr. Millan stated yes, certainly. As he mentioned earlier on, when we do a Traffic Study, we  
42 conduct traffic counts. These counts were conducted pre-pandemic. The counts were conducted  
43 from 7:00 to 9:00 in the morning, because that’s the typical rush period in the morning when  
44 people are going to work. And then in this case, because of the proximity to the school, the  
45 afternoon counts started at 2:00 P.M. and ended at 6:00 P.M. The reason behind that is to  
46 actually collect the surge that you get when the school lets out. We analyzed three peak periods.  
47 The morning, the early afternoon which would be the school, as well as the evening which is the

1 evening period when people are coming back home from their work. So, we analyzed those three  
2 periods. The counts included the traffic generated by the school. When we counted the school  
3 was in session. This was pre-pandemic, as well as the traffic by the hospital.  
4

5 Mr. Millan stated and as he mentioned, the results of the traffic analysis have indicated that all  
6 intersections in the area are working properly, or at acceptable Levels of Service, and will  
7 continue to do so in the future.  
8

9 Chairman Blackwell stated okay. Next question: Thanks Javier, I appreciate that. Now John, did  
10 we get any feedback after we served additional Notice on the hospital and/or the school relating  
11 to any concerns they had, or are their concerns mixed in this bulk of questions?  
12

13 Mr. McDonnell stated yes, they are. Chairman Blackwell stated that he will continue and we'll  
14 get to their questions. "Will the Center duplicate treatment have offered by St. James Hospital?"  
15 He believes the question is, will the Center have similar treatment that would be offered by St.  
16 James Hospital? If so, would RoseHeart be required to follow the "best practices" as set forth by  
17 hospitals?  
18

19 Mr. Vrba stated he'll do his best. We would by all means, and obviously follow the "best  
20 practices," as evidence-based rehab. If St. James has something that is working well, and there is  
21 something that we can work in a joint fashion with them, by all means we would be open to that,  
22 as well as other therapies under the direction of our medical director. Chairman Blackwell stated  
23 thanks, John.  
24

25 Chairman Blackwell stated "As I recall, when Tolentine was initially purchased and occupied by  
26 All Nations Assembly Church, Inc. it demanded unrealistic requests that became very  
27 troublesome and annoying to the Village Administration." He thinks that was a read-in statement  
28 that the resident wanted mentioned.  
29

30 Chairman Blackwell stated number 15: "Will the Village Beautification Committee and a Village  
31 approved professional landscaping service or a certified landscape engineering company be able  
32 to approve the landscaping plan before it is executed? Trees must be disease resistant and  
33 approved by Mortons Arboretum Tree Booklet."  
34

35 Mr. Hoffman stated that's not really a question either. Mr. Hoffman stated that he is a Landscape  
36 Architect. And he can tell you that he reviewed the Landscape Plan, and it is well-done. The  
37 plant species proposed on it are appropriate for this region and area. So, he really doesn't think  
38 there's an issue with their submitted Landscape Plan.  
39

40 Chairman Blackwell stated "How will visitors (family and friends of patients) be screened to  
41 ensure that inappropriate substances are not transferred during the visitation?"  
42

43 Mr. Vrba stated that he missed the last part of the question, Mr. Blackwell, sorry. Chairman  
44 Blackwell stated it's, "How will visitors (family and friends of the patients) be screened to  
45 ensure that inappropriate substances are not transferred during the visitation?"  
46

1 Mr. Vrba stated we'll again, follow the code. You know, we can't search somebody coming in  
2 unless we have reason to search a patient without a warrant. So, he doesn't think that he can  
3 answer that question any better than that. Obviously, families who come will be screened, and  
4 part of their therapy plan. And not all family members will be able to come as well. There will be  
5 specific family members that we allow that are part of the treatment plan.

6  
7 Chairman Blackwell stated yeah, he thinks that you had mentioned that earlier. "Are there any  
8 plans for the remainder of the property?"

9  
10 Ms. Mottl stated that we do not have specific plans yet, no. There is a lot of property surrounding  
11 the proposed facility. So, we may do something with it in the future. Of course, that would also  
12 have to be approved. We do not have any concrete plans at the moment.

13  
14 Chairman Blackwell stated okay. He stated that he takes it that you haven't had any  
15 communication with the School District. He thinks that you had mentioned that you hadn't really  
16 connected with the hospital at this time. He stated that Kelly had said it was a bit premature. But  
17 has there been any communication with the School District, or other businesses in the area about  
18 your plan? Not that that's required. He is just curious on that.

19  
20 Mr. Kolb stated not at this time. Ms. Mottl stated no, we have not.

21  
22 Chairman Blackwell stated next question here is: "How will the facility be staffed?" Chairman  
23 Blackwell stated that he thinks that has been asked and answered.

24  
25 Chairman Blackwell stated next question: "The application references providing security guards  
26 and onsite video monitoring systems. Has a security plan been prepared, and if so, can it be  
27 provided to the Village's Police Department? Will a security guard be on-site 24/7?"

28  
29 Mr. Kolb stated if you would like us to prepare a security plan, it's a bit premature as a condition  
30 of zoning, but we could try to put one together if you would like that. We don't have one  
31 available.

32  
33 Chairman Blackwell stated that he thinks we talked a little bit about this before. We're not  
34 requiring that you submit one for purposes of your Petition. But the question obviously has  
35 arisen numerous times relative to the security issue. He thinks there has been some discussion  
36 and some answers, as certain questions were presented about 24-hour security. Do you have  
37 someone there the whole time? How are you dealing with it, the 911, so we've touched back and  
38 forth on the specific area and issues with it. He doesn't feel like we need a full report for exactly  
39 how everything will be handled in security. But it is certainly a concern for the residents who  
40 live nearby particularly.

41  
42 Mr. McDonnell stated Victor, if he may, a majority of our questions have been about security.  
43 So, he is thinking that the public is not going to stop asking those questions until there are some  
44 specific answers to those questions. It has also been put out there that, you know, it's possible  
45 that that plan could be provided. He stated from the last meeting, he believes it was mentioned  
46 that some type of plan could be provided. Something maybe that our own police department  
47 could review itself, as every 911 call that is made in this area costs this Village money, and uses

1 our police department. He thinks it's a pretty reputable question to ask, especially since their  
2 answer to the question was, "Well, what if somebody just walks out the front door? Well, we are  
3 going to pick up the phone and call 911." Okay. Well now, that's on the Village's tab. It's not on  
4 their tab. He thinks it's a pretty good question to ask, since most of our questions that we're  
5 getting are about security.

6  
7 Chairman Blackwell stated that he agrees, John. He thinks that there have been several questions  
8 about security. And inasmuch as a security plan has not been fully prepared, he thinks that there  
9 could, at one point, at least be some basic responses or answers to address some of the issues that  
10 could potentially occur with security breaches as they pertain to people in the facility, incidents  
11 occurring, and so forth. So, short of putting together a comprehensive security plan, he thinks the  
12 question poses itself such that it should be properly addressed, as it is consistently posed by  
13 many residents. And is, in fact, not just a security issue, but a financial issue as well as it relates  
14 to our police department. Just something to mull over and consider maybe having a little tighter  
15 script about how to deal with some of these issues.

16  
17 Chairman Blackwell stated next question: And here it is, "What is the anticipated impact of this  
18 facility on the Village's Police Department?" So that question is read into the record as well.  
19 That's again, another security question that could be addressed.

20  
21 Chairman Blackwell stated next question: "What is the anticipated impact on local Fire  
22 Department and Ambulance Services?"

23  
24 Mr. Kolb stated yeah, he can take that. We submitted John Curtiss's expert opinion on this point.  
25 We think that the police and EMS burden for these types of facilities is always over dramatized.  
26 We just don't think they generate the number of EMS and police calls that people think they do.  
27 But as far as EMS visits go, you know, typically those EMS visits are paid by the patient as part  
28 of the bill that comes. You know, if you call an ambulance and go to the hospital you get a bill  
29 for the EMS. The way that most Fire Protection Districts or Emergency Service Districts are set  
30 up, they generate revenue. It's actually income for them when they go pick someone up. It helps  
31 cover their costs. We don't think the burden will be too great. Typically, a facility like ours  
32 would guarantee the payment of the patient. In the event the patient didn't pay, you then would  
33 come to the facility and require the facility to pay. And that's something that we could offer if  
34 that would make the Village more comfortable if you think the burden would be there. It  
35 wouldn't be a very long ride right across the street. But nonetheless, you know, it's something  
36 that we could do. You'd at least know that you have a payor. The patients will be screened for  
37 payment ability, and with that would come the ability to pay for an EMS visit. The police really  
38 would be something that would be different than EMS with respect to that issue.

39  
40 Chairman Blackwell stated thanks, Andrew. Next question: "Please provide -- It sounds more  
41 like a statement as well. "Please provide documentation of Recovery &  
42 Rehabilitation's/RoseHeart Renewal's experience in the operation of similar facilities, and the  
43 names and qualifications of the individuals that will be responsible for the operation of the  
44 proposed Olympia Fields facility." Chairman Blackwell stated that he thinks this again, was  
45 addressed at least in part earlier. You talked about, you know, this is your real first time out for  
46 this type of operation. So far as the individuals that would staff it, he thinks that Andrew had  
47 pointed out that pursuant to the Illinois Administrative Code and the section on substance abuse,

1 the staffing requirements are really in stone by the State. And any individual in any of those  
2 capacities would have to be licensed, qualified, and meet those particular standards.  
3 Chairman Blackwell stated that he knows that John had talked about the professional  
4 qualifications of individuals in the various positions as well. But I do want to read that question  
5 into the record.

6  
7 Mr. Vrba stated and Mr. Blackwell, he could add to that as well. There would be no Hyatt Hotel,  
8 no Ritz Carlton Hotel, there would be no hotel industry, there would be no hospital centers, there  
9 would be nothing if someone had never started a facility. So, we have more in the intellect, and  
10 the compassion, and the know-how with 30 years' experience in the healthcare sector to provide  
11 the utmost of quality care and compassion in a safe environment in this area. And we don't  
12 believe that safety is an issue because someone is under the influence, or has a drug problem, or  
13 an alcohol problem. He is looking at the screen now and he sees 12 pictures or so. One of 12 that  
14 is typically on a screen has an addiction problem. He doesn't see anybody on this screen who is  
15 threatening of someone's life or is of harm to somebody. So again, he thinks sometimes we just  
16 all of a sudden put criminal activity to addictions and he just doesn't think that's the case.

17  
18 Trustee Pennington stated that he takes exception to that comment. Chairman Blackwell stated  
19 he is sorry, Trustee Pennington. Trustee Pennington stated that he takes exception to that  
20 comment.

21  
22 Chairman Blackwell stated okay. Let's reserve that for the Commissioners who are going to have  
23 a chance to weigh-in. He was hoping, expecting, and he knows that the Commissioners are either  
24 mentally taking notes on issues that they would want to follow-up on with the Petitioner, or are  
25 making and jotting down some specific notes as it relates to the questions that have been  
26 presented. So, we will certainly, as a Commission, have an opportunity to follow-up and ask  
27 questions based on the answers that we've heard and the questions that have been presented.

28  
29 Chairman Blackwell stated that we are furthermore in the process of acquiring questions that are  
30 coming in now through chat. And we will give some additional time for more questions that  
31 come in to fully comply with the Open Meetings Act as it relates to giving the public a full  
32 opportunity to weigh-in, and under the conditions of the COVID that we are absolutely  
33 transparent in conducting the hearing and having our residents given a proper opportunity to  
34 make their statements, and/or ask specific questions, which does include, by the way, our  
35 Commissioners to do so as well. He does appreciate the Commissioners holding off on questions.  
36 But certainly, take notes, because we will go back to any specific questions that you may derive  
37 from this meeting.

38  
39 Chairman Blackwell stated next question: "Since there is no proposed association with a primary  
40 care facility, how will RoseHeart handle critical care situations? Please provide an estimate of  
41 the anticipated impact on surrounding medical facilities." Chairman Blackwell stated John, it  
42 sounds like you, John Vrba.

43  
44 Mr. Vrba stated that yeah, we don't see too much of an added burden on Franciscan, which  
45 would be the 911 obviously across the street. We don't see many of the patients in our facility  
46 being in need of their care. But that's why the hospital is there. If there is an urgent need under

1 the direction of our medical director, on his or her advisement we would then discharge to that  
2 facility. But we typically don't see that taking place in the inpatient setting.

3  
4 Chairman Blackwell stated that it's getting kind of late now. He doesn't want to go as long as we  
5 did the last time, but he does want to get as much as we can done with particularly the questions  
6 from the public.

7  
8 Commissioner Betts inquired if she could just suggest something. Chairman Blackwell stated  
9 sure. Commissioner Betts stated that we have 97 chat questions here, and six in the Q & A. In the  
10 interest of everybody's time and patience, could "we" as a Commission, go through the questions  
11 and group them into categories to ensure that we don't have a lot of duplicates, and then we have  
12 the right experts answering these questions for the next hearing?

13  
14 Chairman Blackwell stated yes, we are certainly going to have to table the Public Hearing  
15 portion of the meeting over, simply because we have more questions that can be answered in a  
16 relative timeframe tonight. The additional questions that have come in, cannot be addressed  
17 tonight. That is more than a task that we are able and willing to do to keep our eyes open and go  
18 through all of them. And furthermore, as you had mentioned, Commissioner Betts, we need to  
19 really categorize the questions. He thinks that the Petitioner has answered quite a few questions  
20 already. He stated what he doesn't want to do is sit here and read questions to them that they've  
21 so far as he is concerned, and from what he has heard, as well as probably other Commissioners  
22 as well, they've already answered those questions. So, we are going to have to do a  
23 categorization of questions that have not been answered. And at the same time, he would ask that  
24 the Commissioners jot down their individual questions. You do not have to share those with him.  
25 But have those on hand to ask.

26  
27 Chairman Blackwell stated that what he would like to do is look to close this meeting. We have  
28 already gone a little bit past two hours. And our next meeting, we would have the opportunity to  
29 continue the Public Hearing aspect of the meeting to fully handle all of the questions that have  
30 been brought to bear. And that would give Mike and John McDonnell an opportunity to spring  
31 those questions out too, so we won't get the repetitive questions, start really narrowing this  
32 down, and then following the closing of the Public Hearing aspect of the meeting, the  
33 Commissioners would have their opportunity at that time to ask as many questions as they see fit  
34 to ask regarding things that have been heard. And following the Petitioner's response to those  
35 things, barring any other evidence or information that they would want to submit, we would be  
36 looking to get close to wrapping this up. That's the expectation, at least. He thinks that we need  
37 to stay on that particular schedule. Chairman Blackwell asked Mike Hoffman what he thinks of  
38 that. Does that make sense?

39  
40 Mr. Hoffman stated that it makes sense to him. Chairman Blackwell stated because we  
41 anticipated x amount of questions. We knew we were going to get quite a few questions. But  
42 there are other questions that have come in. But we need to kind of spring those out. We don't  
43 need to ask the same questions over and over. That's absolutely ridiculous.

44  
45 Chairman Blackwell stated so, with that being said, and it being now, 9:07, he would entertain a  
46 Motion to table the Public Hearing aspect of this meeting, and to carry over for the anticipated  
47 November 10<sup>th</sup> date to follow-up with hopes and expectations of concluding the Public Hearing

1 aspect of the meeting, and then opening the meeting back up to the Commissioners to ask  
2 questions, and then the Petitioner could do a brief summation of their request and Petition. Long-  
3 winded Motion, but basically a Motion is made to table the Public Hearing of this matter, and  
4 continue the meeting for the November 10<sup>th</sup> date.

5  
6 Commissioner Betts stated so moved. Commissioner Green stated second. Chairman Blackwell  
7 stated that he said that he would entertain a Motion, so you have to make the Motion. He stated  
8 you actually made the Motion, Commissioner Betts, that's what you intended to say.  
9 Commissioner Betts stated yes, okay.

10 **Motion by Commissioner Betts, Second by Commissioner Green to Table the Public**  
11 **Hearing Aspect of the Meeting, and to follow-up at the November 10<sup>th</sup> Meeting with the**  
12 **Public Questions that have been Received.**

13

14 **Roll Call Voice Vote by Commissioner Green:**

15

16 **Trustee Willis Pennington: Aye.**

17 **Commissioner John Bradshaw: Aye.**

18 **Commissioner Betts: Aye.**

19 **Commissioner Arthur Jones: Aye.**

20 **Commissioner Mark Miller: No Response (Via Telephonically)**

21 **Commissioner Green: Aye**

22 **Chairman Victor Blackwell: Yes.**

**Motion Carried.**

23

24 Chairman Blackwell stated so a Motion is made, and a Motion has been passed to table this  
25 meeting over and this Public Hearing for the November 10<sup>th</sup> timeframe. At that point, we will  
26 resume the questions from the public. That will give us an opportunity to screen through these  
27 multiple questions and streamline those such that they are not repeated. And the Commissioners  
28 will ask questions following the conclusion of the questions read-in from the public, followed by  
29 a summation of the Petitioner, and conclusion by our staff and Building Commissioner.

30

31 **ADJOURNMENT:**

32

33 **Motion by Commissioner Green, Second by Commissioner Betts to Adjourn the Meeting at**  
34 **9:11 P.M.**

35

36 Chairman Blackwell asked Commissioner Green to do a Roll Call Voice Vote as required under  
37 the pandemic.

38

39 **Roll Call Voice Vote by Commissioner Green.**

40

41 **Commissioner Bradshaw: Aye.**

42 **Trustee Pennington: Aye.**

43 **Commissioner Betts: Aye.**

44 **Commissioner Green: Aye.**

45 **Commissioner Jones: Aye.**

46 **Commissioner Miller: No Response. (Via telephonically)**

47 **Chairman Blackwell: Yes.**

**Motion Carried.**



1 Chairman Blackwell stated that the meeting is hereby concluded, and we will resume on the  
2 November 10<sup>th</sup> time. Thank you very much for your time everyone tonight, greatly appreciated.

3

4 Respectfully submitted by Faith Stine.

5

6

7