



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

BOARD MEETING: July 21, 2026	PROJECT NO: 26-012	PROJECT COST: Original: \$231Million
FACILITY NAME: Touchette Regional Hospital	CITY: Cahokia Heights	
TYPE OF PROJECT: Substantive		HSA: XI

DESCRIPTION: The Applicant is the Southern Illinois Health Care Foundation, Inc. (d/b/a SIHF Healthcare) and Touchette Regional Hospital, Inc. (d/b/a Touchette Regional Hospital). The Applicants propose a 108-bed hospital to be located at 1928 Sandy Ridge Road, Cahokia Heights, Illinois. The Hospital will include 12 Medical/Surgical ("M/S") beds and 96 Acute Mental Illness ("AMI") beds, a total of 108 beds. The cost of the project is \$231 million, and the expected completion is June 30, 2030.

Information regarding this Application for Permit can be found at this link:

<https://hfsrb.illinois.gov/project.26-012-touchette-regional-hospital---establishment.html>

Below is a rendering of the proposed new hospital.



EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicant is the Southern Illinois Health Care Foundation, Inc. (d/b/a SIHF Healthcare) and Touchette Regional Hospital, Inc. (d/b/a Touchette Regional Hospital). The proposed hospital will be located at 1928 Sandy Ridge Road, Cahokia Heights, Illinois, and will include 12 Medical/Surgical ("M/S") beds and 96 Acute Mental Illness ("AMI") beds, a total of 108 beds. The cost of the project is \$231 million, and the expected completion is June 30, 2030. The 177,445 GSF hospital will also include a basic emergency department, three operating rooms, and 2 procedure rooms, as well as general radiology, fluoroscopy, ultrasound, CT, DexaScan, MRI, and mammography services.

BACKGROUND

- In 2007, Touchette Regional Hospital and Kenneth Hall Regional Hospital in East St. Louis were essentially merged, resulting in the discontinuation of medical services at Kenneth Hall Regional Hospital in East St. Louis, Illinois, and the transfer of its medical services to Touchette Regional Hospital in Cahokia Heights, Illinois. Southern Illinois Healthcare Foundation owned both facilities. Kenneth Hall Regional Hospital was facing financial difficulties, losing approximately \$5 million annually due to high volumes of uninsured patients and declining Medicaid reimbursements. The State Board approved discontinuing services at Kenneth Hall, with medical-surgical, intensive care unit (ICU), and outpatient surgery services to be performed at Touchette Regional Hospital (Permit #07-105).
- As part of the transfer, the emergency room and inpatient psychiatric care remained open at Kenneth Hall. In 2011, facing continued multi-million-dollar annual deficits, Kenneth Hall applied to shut down the remaining services. The State Board approved the closure of the hospital and the establishment of 12 acute mental health inpatient beds at Touchette Regional Hospital (Permit #11-005).
- Touchette Regional Hospital became the central campus for acute medical care, obstetrics, surgeries, and expanded behavioral health services. The removal of East St. Louis's only hospital created severe healthcare access challenges for low-income residents, forcing them to travel to neighboring municipalities for comprehensive medical care.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because it proposes establishing a licensed hospital.

PUBLIC COMMENT:

- There was no request for a public hearing, and the State Board received no letters of opposition. Letters of support were received from
 - State Senator Erica Harriss
 - State Representative Charlie Meier
 - State Representative Amy Elik
 - State Representative Kevin Schmidt
 - State Representative Jay C. Hoffman
 - Anderson Health
 - HSHS St. Elizabeth Hospital
 - Mayor of Belleville Jenny Gain Meyer
 - Dr. Warren, Superintendent, Belleville District 201
 - Brian Gerth, Abbott EMS
 - Elbert Jennings, Resident

SUMMARY

- A proposed \$231 million replacement facility for Touchette Regional Hospital would relocate four miles to Sandy Ridge Road (near I-255) in Cahokia Heights, Illinois. Approximately 96% of the Hospital is being funded by secured State of Illinois grants, demonstrating financial viability (though it does not automatically satisfy State Board occupancy or geographic access rules).
- The current 65-year-old facility faces major geographic barriers—active train tracks frequently block or delay patients and emergency vehicles. The service area is the eight-county Metro East region (Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, and St. Clair). The area is a federally designated Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA). Medicaid and uninsured individuals make up over 70% of the patient mix. The project proposes 108 total beds, with 96 dedicated to behavioral health to address severe regional shortages: 24 beds (filling a total void, as no inpatient psychiatric beds for youth exist in Illinois south of Springfield); 24 beds for geriatric behavioral health; 48 beds, doubling Touchette's current adult capacity to keep patients local; and 12 remaining medical-surgical beds. All beds are in private rooms. Medicaid accounts for 78% of hospital revenue. The proposed 15% federal Medicaid funding cuts threaten the hospital's long-term financial sustainability. St. Clair County's primary care provider ratio is 26% below the state average, complicating the recruitment of specialists.
- The Applicants addressed a total of 32 criteria and have not met the following:

Non-Compliance	
Criteria	Explanation
Criterion 77 Ill. Adm. Code 1110.210 (b) (1) – Planning Area Need	There is a calculated excess of 88 AMI beds in the HSA XI AMI Planning Area.
Criterion 77 Ill. Adm. Code 1110.200 (b) (1) – Planning Area Need	There is currently a calculated excess of 500 medical, surgical, and pediatric beds in the F-01 Hospital Planning Area.
Criterion 77 Ill. Adm. Code 1110.210 (b) (2) Service to Planning Area Residents	The Applicants state that 44.5% of the patients admitted to the Touchette Regional Hospital acute mental unit during the 12 months ending October 2025 resided within this 17-mile radius, and 55.5% resided outside this radius. Based upon the Applicant's submittal, 50% of the projected patient volume will not come from this 17-mile radius.
Criterion 77 Adm. Code 1110.210 (c) (1) – Unnecessary Duplication of Maldistribution of Service	There are two hospitals within this 17-mile radius (Gateway Regional Medical Center and Touchette Regional Hospital), with a total of 153 Acute Mental Illness beds and an average utilization of 37.9% over two years. The existing two hospitals can accommodate an additional 95 patients at the State Board's target occupancy of 85%. It appears that establishing the 96-bed AMI unit will result in unnecessary duplication of services.
Criterion 77 Adm. Code 1110.200 (c) (1) – Unnecessary Duplication of Maldistribution of Service	Three hospitals in the 17-mile GSA provide medical-surgical services (Gateway Regional Medical Center, Memorial Hospital, and HSHS St. Elizabeth Hospital). Gateway and Memorial Hospital are currently underutilized. The three hospitals can accommodate an additional 152 patients before reaching the target occupancy of 90%.

Non-Compliance	
Criteria	Explanation
Criterion 77 Adm. Code 1110.200 (f) Performance Requirements	The Hospital is in the St. Louis, MO-IL Metropolitan Statistical Area (MSA). The criterion requires that the medical-surgical service category in MSA have 100 beds. The Applicants are proposing 12 medical surgical beds.
Criterion 77 Adm. Code 1120.130 Financial Viability	Touchette Regional Hospital does not meet the current ratio, and the net margin percentage for the years 2022, 2023, and 2024.
Criterion 77 Adm. Code 1120.140 (c) Reasonableness of Project Costs	The Applicants have exceeded the State Board Standard for New Construction Costs by \$4,666,245 and A & E fees by 1.91% of new construction and contingencies, or approximately \$1.1 million. (See Table Eight)



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Project #26-012
State Board Staff Report
Touchette Regional Hospital

APPLICATION/CHRONOLOGY/SUMMARY	
Applicants	Southern Illinois Health Care Foundation, Inc. (d/b/a SIHF Healthcare) and Touchette Regional Hospital, Inc. (d/b/a Touchette Regional Hospital)
Facility Name	Touchette Regional Hospital
Location	1928 Sandy Ridge Road, Cahokia Heights, Illinois
Permit Holder	Southern Illinois Health Care Foundation, Inc. (d/b/a SIHF Healthcare) and Touchette Regional Hospital, Inc. (d/b/a Touchette Regional Hospital)
Licensee/Operating Entity	Touchette Regional Hospital, Inc.
Owner of Site	Southern Illinois Health Care Foundation, Inc.
Application Received	March 9, 2026
Project Completion Date	June 30, 2030
Can the Applicants Request a Deferral?	Yes

I. Project Description

The Applicant is the Southern Illinois Health Care Foundation, Inc. (d/b/a SIHF Healthcare) and Touchette Regional Hospital, Inc. (d/b/a Touchette Regional Hospital). The proposed hospital will be located at 1928 Sandy Ridge Road, Cahokia Heights, Illinois, and will include 12 Medical/Surgical ("M/S") beds and 96 Acute Mental Illness ("AMI") beds, a total of 108 beds. The cost of the project is \$231 million, and the expected completion is June 30, 2030.

II. Summary of Findings

- A. The State Board Staff finds the project is **not** in conformance with all relevant provisions of Part 1110.
- B. The State Board Staff finds the project is **not** in conformance with all relevant provisions of Part 1120.

III. General Information

The Applicants are the Southern Illinois Health Care Foundation, Inc. (d/b/a SIHF Healthcare) and Touchette Regional Hospital, Inc. (d/b/a Touchette Regional Hospital). Southern Illinois Health Care Foundation, operating as SIHF Healthcare, is one of the largest non-profit Federally Qualified Health Center (FQHC) networks in the United States and is headquartered in Sauget, Illinois. The organization serves more than 100,000 patients annually across central and southwestern Illinois, providing comprehensive medical care regardless of a patient's income or insurance status. SIHF Healthcare operates as an integrated Patient-Centered Medical Home (PCMH),¹ with multiple health care

¹ A Patient-Centered Medical Home (PCMH) is a team-based model of care delivery designed to provide comprehensive and continuous medical care to patients to obtain maximal health outcomes. Despite its name, a PCMH is not a building, a nursing home, or home health care; it is an approach to organizing primary care.

services co-located to ease transportation burdens for patients. SIHF Healthcare manages a network of more than 30 community health centers across 11 counties in Illinois. It also operates specialized programs, such as the Health Care for the Homeless Program, which uses a mobile medical unit to visit shelters and food pantries across St. Clair and Madison Counties. (Source: SIHF Healthcare)

The State Board's target occupancy for acute mental illness beds is 85% for the addition of beds, and for medical surgical beds, the target occupancy is 90% for the addition of beds.

IV. **Health Planning Area**

Touchette Regional Hospital is in Health Service Area XI and the F-01 Hospital Planning Area. The geographic service area for this project is a 17-mile radius. The Applicants identify their service area as the Metro East Region, which includes Bond, Calhoun, Clinton, Jersey, Macoupin, Monroe, Madison, and St. Clair Counties.

The Metro East Region has a population of approximately 667,395 residents as of 2026 and is projected to decrease to approximately 656,845 by 2031. The Metro East region is the second-largest population center in Illinois and encompasses the eastern suburbs of the Greater St. Louis metropolitan area. Most of the population is concentrated in Madison County and St. Clair County, which together have over 500,000 residents. Belleville is the most populous city in the region, with roughly 42,400 residents. Other prominent cities include O'Fallon, Alton, Granite City, and East St. Louis.

TABLE ONE ⁽¹⁾		
Population Estimate and Projection		
Metro East Region		
Population by:	Total	
	Total Population	Population Growth
2031 Projection	656,845	
2026 Estimate	667,395	
2020 Census	682,761	
2010 Census	703,669	
Growth 2010 – 2020		-2.97%
Growth 2020 – 2026		-2.25%
Growth 2026 – 2031		-1.58%
1. Information from Claritas		

V. Project Uses and Sources of Funds

The proposed hospital is being funded with an \$8.3 million mortgage and \$222.75 million in state grants.

TABLE TWO				
Project Uses and Sources of Funds				
Uses of Funds	Clinical	Nonclinical	Total	% of Total
Preplanning	\$270,000	\$1,080,000	\$1,350,000	0.58%
Site Survey and Soil Investigation	\$28,000	\$7,000	\$35,000	0.02%
Site Preparation	\$2,972,000	\$1,628,000	\$4,600,000	1.99%
Offsite work	\$1,443,410	\$360,852	\$1,804,262	0.78%
New construction	\$57,620,170	\$30,593,300	\$88,213,470	38.19%
Contingencies	\$3,809,400	\$1,318,555	\$5,127,955	2.22%
A&E Fees	\$4,360,000	\$2,170,000	\$6,530,000	2.83%
Consulting	\$7,569,706	\$1,892,426	\$9,462,132	4.10%
Movable or Other Equipment	\$21,969,246	\$90,846,064	\$112,815,310	48.84%
Net Interest During Construction	\$162,374	\$649,497	\$811,871	0.35%
Other Costs to be Capitalized	\$200,000	\$50,000	\$250,000	0.11%
Total	\$100,404,306	\$130,595,694	\$231,000,000	100.00%
Source of Funds				
Mortgage			\$8,249,550	3.57%
Grants			\$222,750,450	96.43%
Total			\$231,000,000	100.00%

VI. Background of the Applicant, Purpose of Project, Safety Net Impact Statement, and Alternatives

77 Ill. Adm. Code 1110.110 (a) Background of the Applicants

77 Ill. Adm. Code 1110.110 (b) Purpose of Project

77 Ill. Adm. Code 1110.110 (c) Safety Net Impact Statement

77 Ill. Adm. Code 1110.110 (d) Alternatives to the Project

A) Background of Applicant

An applicant must demonstrate that it is fit, willing, and able, and has the qualifications, background, *and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed health care facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within 3 years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest," and "principal shareholder").

Southern Illinois Health Care Foundation, Inc. (SIHF) maintains its status as a Federally Qualified Health Center (FQHC). This designation is issued by the Health Resources and Services Administration, which continually evaluates and certifies its operations. SIHF has the physical and clinical capacity to manage more than 100,000 active patients annually, with over 30 facilities and numerous medical providers. Touchette Regional Hospital is a Safety Net provider that currently operates in compliance with Illinois regulations. The Joint Commission accredits the Hospital.

Leadership:

Larry McCulley is a regional health executive and CEO of SIHF Healthcare (SIHF), a comprehensive, integrated healthcare provider. Mr. McCulley's commitment to advancing dignity and health in healthcare through SIHF's health initiatives reflects his desire to foster a consumer-centric culture that delivers comprehensive services, value-based outcomes, strong leadership, and community engagement. His experience and strategic capacity extend across medical group operations, hospital services, housing, population (public) health, and corporate collaborations. His combined leadership involves serving as the CEO of SIHF Healthcare, Touchette Regional Hospital (TRH), Finis Development, and several affordable and supportive housing developments.

Brad Goacher joined Touchette Regional Hospital in Cahokia Heights as their President in July 2024. Mr. Goacher started his healthcare career in 1996 with Southern IL Healthcare Foundation, the parent company of Touchette Regional, where he served as Accounting Manager. In 2000, he joined BJC Healthcare at Barnes-Jewish Hospital in St. Louis. After several finance positions at BJH and the BJC system office, he joined Alton Memorial Hospital as its Director of Finance in 2005. After eight years as the Director of Finance, Brad moved into a VP-Operations role regionally at Alton Memorial and Christian Hospital in St. Louis, Missouri. After 5 years working at both hospitals, Mr. Goacher was promoted to Chief Operating Officer at Alton Memorial in 2018 and served in that role until his recent transition to Touchette Regional Hospital. (Leadership bios provided by the Applicants)

Neither Southern Illinois Health Care Foundation nor Touchette Regional Hospital owns, controls, or operates any other licensed healthcare facility in Illinois. Neither applicant nor any subsidiary entity has had any adverse action against it during the three years before the filing of this application. The Applicants authorize the State Board and the Illinois Department of Public Health to access information to verify documentation or information submitted in response to the requirements of Review Criterion 77 Ill. Adm. Code 1110.110, or to obtain any documentation or information that the State Board or Illinois Department of Public Health finds pertinent to this Certificate of Need application

The proposed expansion project, supported by approximately \$222 million in state grants, would indicate that regulators of the State of Illinois view the Applicants as fit, willing, and able to continue providing care in compliance with Illinois standards.

B) Purpose of the Project

The applicant shall document that the project will provide health services that improve the health care or well-being of the population of the market area to be served. The applicant shall define the planning area, market area, or other area as the applicant deems appropriate.

The purpose of the proposed project is to replace the existing Touchette Regional Hospital with a modern facility designed to provide the services currently offered.

Problems to be Addressed

The planned \$231 million replacement hospital for Touchette in Cahokia Heights is designed to address several major healthcare and infrastructure problems facing the Metro East region. The current 65-year-old Touchette Regional Hospital requires extensive, costly upgrades, and renovation is deemed less efficient than a new building. The new campus will double the number of behavioral health beds and establish 24 dedicated inpatient beds for adolescents, combating a shortage of youth psychiatric care. The current location often suffers from access issues due to persistent flooding and nearby railway blockages. St. Clair County struggles with premature death rates and a severe lack of primary care and mental health providers compared to the rest of the state. The old facility hinders recruitment of new doctors; the modern, updated campus is expected to boost recruitment of medical staff and expand access for low-income and underserved populations.

C) Safety Net Impact Statement

All health care facilities, except skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). Safety net services are those provided by health care providers or organizations to people with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. [20 ILCS 3960/5.4]

A safety net statement was provided as required and is provided at the end of this report.

D) Alternatives to the Proposed Project

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served.

The Applicants considered four alternatives to the proposed project.

1. Maintain status quo.
2. Discontinuation of the hospital as an inpatient provider.
3. Establish a hospital with just acute mental illness services.
4. Modernization of the existing hospital.

The Applicants rejected maintaining **the status quo**, arguing that it would fail to address severe geographic barriers, such as emergency access routes regularly blocked by railroad tracks, and would not expand the behavioral health beds needed in the Metro East region. The Applicants state that the alternative to discontinue its **inpatient provider status** was rejected because of the Applicants' commitment to continuing to provide inpatient services to the community. The hospital is committed to operating a basic Emergency Department (ED), and accessibility for ED patients requiring inpatient care would be greatly compromised if all patients had to be transported to another hospital for that care. The **establishment of a hospital offering only acute mental illness services** was also rejected because it would compromise the hospital's safety net role. The **final alternative**, which proposed modernizing the existing hospital, was rejected due to the physical limitations of the 60+-year-old facility.

VII. Size of the Project and Projected Utilization

1. 77 Ill. Adm. Code 1110.120 (a) – Size of the Project
2. 77 Ill. Adm. Code 1110.120 (b) – Projected Utilization

A) Size of the Project

The applicant shall document that the physical space proposed for the project is necessary and appropriate.

The proposed project consists of 177,445 gross square feet of newly constructed space. There are eleven areas listed in the Table at the end of this report in which the State Board has size standards. As documented in the table at the end of this report, the Applicants have met the State Board's size requirements for all eleven areas. See Table Nine at the end of this report.

B) Projected Utilization

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B.

The proposed hospital will include seven services for which the State Board has utilization standards. The Applicants stated that all proposed services are projected to grow at the same rate, based on 2024 utilization, physician recruitment goals, and recent recruitment successes. The annual growth rates used are summarized below.

2025 at the 2024 rate
2026 increase of 5%
2027 increase of 3%
2028 increase of 3%
2029 increase of 3%
2030 increase of 10% (project completion)
2031 increase of 10%
2032 increase of 0%

According to the Applicants, early in the planning process for this project, the Applicants identified recruiting additional physicians for the hospital's medical staff as critical to the hospital's ability to continue providing the proposed services. A formal recruitment process began in 2024, and nine physicians were added that year, with six additional hospital-employed physicians added in 2025. In addition, during that period, five advanced-degree nurses were recruited. The current hospital's physical limitations have hindered its ability to attract physicians, and recruitment volume is projected to increase substantially as the opening of the replacement hospital approaches.

Analysis

The proposed growth appears reasonable, as growth is restrained during construction, and the double-digit increases come when the new regional behavioral health care beds are online in 2030. Touchette Regional Hospital is locked in its current facility and operating under physical constraints that leave it with little room for immediate expansion. From 2026 to 2029, it appears the growth reflects inflationary volume adjustments. It assumes you cannot demonstrate growth while the replacement facility is still under construction. In 2030 and 2031, a 10% increase is justified because the hospital is changing its clinical

model, moving to a 108-bed facility with 96 beds strictly dedicated to behavioral health. The new hospital will introduce 24 new inpatient adolescent behavioral health beds to an area of Southern Illinois that currently has a regional deficit. Patient volume and transfers will continue to increase through the first full 12 to 24 months of operation. After two years of double-digit growth, it appears the facility has reached its staff utilization and bed capacity. (See Table Ten at the end of this report)

VIII. Acute Mental Illness Beds

77 Ill. Adm. Code 1110.210 – Acute Mental Illness Requirements		
Establishment of Services or Facility	(b)(1)	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2)	Planning Area Need – Service to Planning Area Residents
	(b)(3)	Planning Area Need – Service Demand – Establishment of AMI and/or CMI
	(b)(5)	Planning Area Need – Service Accessibility
	(c)(1)	Unnecessary Duplication of Services
	(c)(2)	Maldistribution
	(c)(3)	Impact of Project on Other Area Providers
	(e)	Staffing Availability
	(f)	Performance Requirements

A) Planning Area Need – Review Criterion

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

- A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.
- B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

There is a calculated excess of 88 AMI beds in the HSA XI AMI Planning Area. The Applicants have not met the requirements of this criterion.

B) Service to Planning Area Residents

Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care for the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

The geographical service area for this project is a 17-mile radius from Cahokia Heights. The Applicants estimate that there are 381,035 residents within this 17-mile radius. The Applicants state that 44.5% of the patients admitted to the Touchette Regional Hospital acute mental unit during the 12 months ending October 2025 resided within this 17-mile radius, and 55.5% resided outside this radius. Based upon the Applicant's submittal, 50% of the projected patient volume will not come from this 17-mile radius.

Applicants Response

During the 12 months ending October 31, 2025, 45.5% of patients admitted to TRH's (Touchette Regional Hospital) acute mental illness unit resided in the geographic service area, with 32.9% of admissions coming from either Cahokia Heights, East Saint Louis, or Belleville. The applicants believe this percentage is lower than expected for two reasons. **First**, the lack of AMI programs in southern Illinois makes TRH the closest AMI provider for many ZIP Code areas outside the 17-mile area. **Second**, the absence of an adolescent unit at TRH (as well as in the entire GSA) causes all adolescents in need of inpatient behavioral health care to leave the area for that care. As a result, and primarily due to the planned provision of an adolescent unit at TRH, the applicants are confident that with the opening of the proposed replacement hospital, more than 50% of admissions will be GSA residents.

C) Service Demand – Establishment of AMI and/or CMI

The number of beds proposed for a new AMI and/or CMI service must be sufficient to accommodate the service demand experienced by the existing applicant facility over the last 2-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and subsection (b)(3)(B) or (C).

A) Historical Referrals

If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities for each proposed category of hospital bed service for each of the last 2 years. Documentation of the referrals shall include the patient's origin by zip code; the name and specialty of the referring physician; and the name and location of the recipient hospital.

B) Projected Referrals

An applicant proposing to establish a new AMI and/or CMI service or a new hospital shall submit the following:

- i)** Physician referral and/or DHS-funded mental health provider (59 Ill. Adm. Code 132) letters that attest to the total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12 months before submission of the application.
- ii)** An estimated number of patients, the physician and/or DHS-funded mental health provider will refer annually to the applicant's facility within 24 months after project completion. The anticipated number of referrals cannot exceed the physician's and/or mental health provider's documented historical caseload.
- iii)** The physician's notarized signature, the typed or printed name of the physician, the physician's office address, and the physician's specialty; and
- iv)** Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

The Applicants are relying, in part, on Touchette Regional Hospital's historical utilization to justify the 96-bed acute mental health unit at the Cahokia Heights facility, rather than on physician referral letters. Over six years, the average daily census for the 50-bed unit was 18 patients or 41%. Historical utilization does not justify the 96-bed unit.

Throughout the Application for Permit, the demand for the 96 behavioral health beds at the proposed \$231 million Touchette Regional Hospital replacement facility is driven by a shortage of inpatient psychiatric services in Southern Illinois. According to the Applicants, the demand stems from a massive coverage gap across the region. There are no inpatient psychiatric beds for adolescents in the entire state of Illinois south of Springfield. The 33-

county² surrounding area has no dedicated inpatient facility for youth since nearby Gateway Regional Medical Center shuttered its adolescent unit. Touchette will dedicate 24 beds specifically for adolescents (ages 12 to 17) to meet this need. Another 24 beds will be dedicated to seniors (ages 55 and older) to handle rising regional demand for geriatric behavioral health, such as patients experiencing severe confusion, delusions, or age-related psychiatric disorders. The remaining 48 beds will serve adults. Touchette is doubling the number of licensed AMI beds at the proposed new facility to keep mental health patients in their home communities rather than transferring them to distant facilities.

To justify the 96 AMI beds at the State Board's target occupancy of 85%, the Applicants would need to have an average daily census of 81.6 patients within two years after project completion. To meet this target occupancy, Touchette intends to absorb unmet regional demand to achieve this volume. The 24-bed adolescent pod will be the only dedicated inpatient adolescent psychiatric unit in Illinois south of Springfield. The Applicants believe that by pulling adolescent patients from across Southern Illinois who currently face severe local bed deficits, the hospital projects a rapid volume ramp-up. The Applicants will coordinate directly with Southern Illinois Healthcare Foundation's extensive FQHC outpatient network (spanning more than 30 locations across 13 counties) to funnel acute psychiatric crises into the new specialized pods rather than standard emergency departments.

The increase occurs at project completion in 2030. The 2030 figure of 67.4 patients reflects the immediate impact of opening the new facility and capturing a baseline of the regional population. The target occupancy of 81.6 patients by 2032 represents an additional 10% annual increase.

TABLE THREE ⁽¹⁾ Touchette Regional Hospital Historical Utilization							
AMI	2020	2021	2022	2023	2024	2025	Ave
Licensed Beds	50	50	50	50	50	50	50
Staffed Beds	27	28	24	27	36	38	30
Adm	1,474	1,648	1,210	1,262	1,547	1,593	1,456
Days	5,412	6,122	4,990	5,339	7,625	7,829	6,220
OB Days	0	0	0	0	0	0	0.00
ALOS	3.7	3.7	4.1	4.2	4.9	4.91	4.26
ADC	14.8	16.8	13.7	14.6	20.9	21.4	17.04
Licensed Occ.	41.10%	46.60%	28.50%	40.60%	41.78%	42.90%	40.25%
Staff Occ.	54.80%	59.90%	57.00%	54.20%	58.06%	56.45%	56.73%
1. Source: Annual Hospital Surveys							

D) Service Accessibility

² Alexander Franklin Gallatin Hamilton Hardin Jackson Jefferson Johnson Massac Perry Pope Pulaski Randolph Saline Union White Williamson Bond Calhoun Clay Clinton Crawford Edwards Effingham Fayette Jasper Jersey Lawrence Madison Marion Monroe St. Clair Wabash Washington Wayne. The 2026 population is estimated at 1.2 million residents in this 33 county area.

The number of beds being established or added in each service category is necessary to improve access for residents in the planning area. The applicant shall document the following:

A) Service Restrictions

The applicant shall document that at **least one of the following factors exists in the planning area:**

- i) The absence of the proposed service within the planning area.
- ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care, or charity care.
- iii) Restrictive admission policies of existing providers.
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.
- v) For purposes of this subsection (b)(5) only, all services within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) meets or exceeds the utilization standard specified in 77 Ill. Adm. Code 1100.

The State Board defines service accessibility as geographic access to necessary healthcare for residents within a specific area (such as a planning area, market area, or geographical service area). For this criterion, the State Board requires that access in the **planning area be used.**

The F-01 Hospital Planning area includes specific communities, population groups, and facilities that are federally designated Health Professional Shortage Areas by the Health Resources and Services Administration. Parts of Madison County (such as Granite City and Alton) and St. Clair County (including East St. Louis and parts of Belleville) are designated as low-income population Health Professional Shortage Areas due to an insufficient ratio of primary care doctors serving Medicaid or low-income residents. The rural portions of Clinton County and Monroe County experience shortages primarily in access to Mental Health and Dental Care. Touchette Regional Hospital in Cahokia Heights and clinics operated by the Southern Illinois Healthcare Foundation carry designated facility Health Professional Shortage Area statuses to qualify for federal recruitment incentives. (Source HRSA)

The Applicants have successfully documented that the area population and existing care system exhibit indicators of medical care problems.

E) Unnecessary Duplication/Maldistribution – Review Criteria

1) The applicant shall document that the project will not result in unnecessary duplication. The applicant shall provide the following information:

- A) A list of all zip code areas that are located, in total or in part, within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site;
- B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
- C) The names and locations of all existing or approved health care facilities located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) from the project site that provides the categories of bed service that are proposed by the project.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds, and services characterized by such factors as, but not limited to:

- A) A ratio of beds to population that exceeds one and one-half times the State average;
- B) Historical utilization (for the latest 12-month period before submission of the application) for existing facilities and services that are below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

- C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
- A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
- B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) below the occupancy standards.

The State Board determines that maldistribution exists when a specific Geographic Service Area or planning area has an excess supply of facilities, beds, or services.

An unnecessary duplication occurs when a project adds redundant healthcare capacity in an area where existing providers can already absorb the patient volume.

The established radius for this project is 17 miles. The Applicants have identified 29 zip codes with a population of approximately 381,035 residents within this 17-mile radius. There are two hospitals within this 17-mile radius with acute mental illness beds. The population in the State of Illinois is approximately 12,778,100. The number of acute mental illness beds in the State of Illinois is 4,276 beds.

There are two hospitals within this 17-mile radius, with a total of 153 Acute Mental Illness beds and an average utilization of 37.9% over two years. The existing two hospitals can accommodate an additional 95 patients at the State Board's target occupancy of 85%. It appears that establishing the 96-bed AMI unit will result in unnecessary duplication of services.

TABLE FOUR						
Hospitals with AMI Beds within the 17-mile GSA						
Gateway Regional Medical Ctr				Touchette Regional Hospital		
Year	2024	2025		Year	2024	2025
Beds	103	103		Beds	50	50
Admit	2,833	2,652		Admit	1,547	1,593
Days	13,409	12,916		Days	7,625	7,829
ALOS	4.7	4.87		ALOS	4.9	4.91
ADC	36.7	35.4		ADC	20.9	21.4
Occ	35.70%	34.40%		Occ	41.80%	42.90%

The ratio of beds to population within the 17-mile radius is 0.401 acute mental illness beds per 1,000 residents. The ratio of acute mental illness beds to population in the State of Illinois is 0.334 beds per 1,000 residents. Based on a comparison of the ratio of beds to population within the 17-mile radius to that in the State of Illinois, the ratio is not 1.5 times the State average. There is no surplus of Acute Mental Illness Beds in this 17-mile geographical service area.

F) Staffing Availability – Review Criterion

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered, and that licensure and The Joint Commission staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing a narrative explanation of how the proposed staffing will be achieved.

Southern Illinois Healthcare Foundation will staff the proposed replacement hospital by drawing on its existing network of 30 health centers and an ongoing, formalized physician recruitment process. According to the Applicants, this hiring drive, which began in 2024, has already brought additional doctors and advanced practice nurses to the staff. Because SIHF is a Federally Qualified Health Center (FQHC), the proposed hospital's staffing strategy relies on this formal recruitment initiative to hire physicians and advanced practice nurses, a process the organization expects will accelerate with the new campus's modern facility. SIHF manages a broad network of more than 140 medical providers. This allows the hospital to draw on an established pool of primary, pediatric, and behavioral health providers currently scattered across the region's 30 health centers. Ninety-six of the hospital's 108 beds are dedicated to mental health, which will require specialized professionals. To support this, SIHF works closely with specialized therapists, clinical staff, and regional partners to develop and maintain its community mental health and intensive outpatient programs. The Applicants have provided the required narrative.

G) Performance Requirements – Bed Capacity Minimums

- 1) The minimum unit size for a new AMI unit within an MSA is 20 beds.
- 2) The minimum unit size for a new AMI unit outside an MSA is 10 beds.

Cahokia Heights is in the St. Louis, MO-IL Metropolitan Statistical Area (MSA). The Applicants are requesting 98 acute mental illness beds, which exceeds the number required within the MSA. The Applicants have met the requirements of this criterion.

H) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project's completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The Applicants have submitted the required assurance that, by the second year of operation following project completion, the Applicants will achieve and maintain the State Board's occupancy standards.

IX. Medical Surgical Beds

77 Ill. Adm. Code 1110.200 – Medical Surgical Requirements		
Establishment of Services or Facility	(b)(1)	Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(b)(2)	Planning Area Need – Service to Planning Area Residents
	(b)(3)	Planning Area Need – Service Demand – Establishment of Category of Service
	(b)(5)	Planning Area Need – Service Accessibility
	(c)(1)	Unnecessary Duplication of Services
	(c)(2)	Maldistribution
	(c)(3)	Impact of Project on Other Area Providers
	(e)	Staffing Availability
	(f)	Performance Requirements
	(g)	Assurances

A) Planning Area Need

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

Touchette Regional Hospital is in the F-01 Hospital Planning Area. The Applicants propose establishing 12 medical-surgical beds at the proposed hospital. There is currently a calculated excess of 500 medical, surgical, and pediatric beds in the F-01 Hospital Planning Area. There is no calculated need for medical surgical beds in this Hospital Planning Area. The Applicants have not met the requirements of this criterion.

B) Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or **geographical service area**, as applicable), for each category of service included in the project.

B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will come from area residents.

C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

The geographical service area for this project is a 17-mile radius from Cahokia Heights. The Applicants estimate that there are 381,035 residents within this 17-mile radius. The Applicants state that 90% of patients admitted to the Touchette Regional Hospital medical-surgical unit during the 12 months ending October 2025 resided within this 17-mile radius. Based upon the Applicant's submittal, 50% of the projected patient volume will come from this 17-mile radius.

C) Service Demand – Establishment of Bed Category of Service

The number of beds proposed to establish a new service category is necessary to accommodate the service demand experienced annually by the existing applicant facility over the last 2-year period, as evidenced by historical and projected referrals. If the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C):

A) Historical Referrals

If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities for each proposed category of service for each of the last 2 years. Documentation of the referrals shall include the patient's origin by zip code; the name and specialty of the referring physician; and the name and location of the recipient hospital.

B) Projected Referrals

An applicant proposing to establish a category of service or establish a new hospital shall submit the following:

- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12 months before submission of the application.
- ii) An estimated number of patients the physician will refer annually to the applicant's facility within 24 months after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload.
- iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address, and the physician's specialty; and
- iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

The Applicants are relying on Touchette Regional Hospital's historical utilization to justify the 12-bed medical-surgical unit at the Cahokia Heights facility, rather than on physician referral letters. Over six years, the average daily census for the 12-bed unit was 5 patients or 43%. Historical utilization does not justify the 12-bed unit.

TABLE FIVE							
Historical Utilization Touchette Regional Hospital							
Medical Surgical Beds							
Medical Surgical	2020	2021	2022	2023	2024	2025	Ave
Licensed Beds	66	66	66	66	66	66	66
Staffed Beds	10	11	10	6	12	12	12
Adm	314	480	307	161	120	83	244.2
Days	893	1462	1025	594	424	256	775.7
OB Days	425	998	757	755	729	820	747.3
ALOS	4.2	5.1	5.8	8.4	9.61	12.96	7.7
ADC	3.6	6.7	4.9	3.7	3.16	2.95	4.2
Occ. License Beds	5.50%	10.20%	6.00%	5.60%	4.79%	4.47%	6.09%
Occ. Staff Beds	36.00%	61.30%	48.80%	61.60%	26.32%	24.57%	43.10%

Applicant's Response:

The Applicants state that the hospital currently staffs 12 medical-surgical beds. Even with the unit's small size, there is significant day-to-day variation in the number of patients on the unit (including observation patients), primarily due to the lack of

physicians actively practicing at the hospital and the large percentage of Emergency Department patients transferred to other hospitals when inpatient admission is appropriate. The lack of actively practicing physicians on the Touchette Regional Hospital Medical Staff, the Applicants' recruitment efforts (which have already begun), and the fact that virtually all patients admitted to the hospital are initially seen in the Emergency Department render it meaningless to secure letters from physicians addressing projected admissions. During 2024, as noted above, 114 patients initially seen in the hospital's ED were subsequently admitted to the hospital for either medical or surgical care, while during the same period 549 patients were transferred to other hospitals (approximately 85% of which were transferred to Missouri hospitals) for inpatient care (one patient in need of either medical or surgical care was transferred for approximately 2.6 patients initially seen in the ED).

State board staff notes that the State Board does accept physician recruitment as a valid justification for the proposed hospital beds because physician staffing levels do not equate to patient demand. One of the main purposes of the CON program is to restrict health care costs by preventing the unnecessary duplication of facilities/beds. If hospitals could add beds simply by hiring more staff, it would cause over-bedding and increase health care costs.

D) Service Accessibility

The number of beds being established or added in each service category is necessary to improve access for residents in the planning area. The applicant shall document the following:

A) Service Restrictions

The applicant shall document **that at least one of the following** factors exists in the **planning area**:

- i)** The absence of the proposed service within the planning area.
- ii)** Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care, or charity care.
- iii)** Restrictive admission policies of existing providers.
- iv)** The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.
- v)** For purposes of this subsection (b)(5) only, all services within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) meets or exceeds the utilization standard specified in 77 Ill. Adm. Code 1100.

The State Board defines service accessibility as geographic access to necessary healthcare for residents within a specific area (such as a planning area, market area, or geographical service area. For this criterion, the State Board requires that access in the **planning area** be used.

The F-01 Hospital Planning area includes specific communities, population groups, and facilities that are federally designated Health Professional Shortage Areas by the Health Resources and Services Administration. Parts of Madison County (such as Granite City and Alton) and St. Clair County (including East St. Louis and parts of Belleville) are designated as low-income population Health Professional Shortage Areas due to an insufficient ratio of primary care doctors serving Medicaid or low-income residents. The rural portions of Clinton County and Monroe County experience shortages primarily in

access to Mental Health and Dental Care. Touchette Regional Hospital in Cahokia Heights and clinics operated by the Southern Illinois Healthcare Foundation carry designated facility Health Professional Shortage Area statuses to qualify for federal recruitment incentives. (Source HRSA)

The Applicants have successfully documented that the area population and existing care system exhibit indicators of medical care problems.

E) Unnecessary Duplication/Maldistribution

- 1) The applicant shall document that the project will not result in unnecessary duplication. The applicant shall provide the following information:
 - A) A list of all zip code areas that are located, in total or in part, within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site.
 - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
 - C) The names and locations of all existing or approved health care facilities located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) for the project site provides the categories of bed service proposed by the project.
- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds, and services characterized by such factors as, but not limited to:
 - A) A ratio of beds to population that exceeds one and one-half times the State average.
 - B) Historical utilization (for the latest 12-month period before submission of the application) for existing facilities and services that are below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or
 - C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.
- 3) The applicant shall document that, within 24 months after project completion, the proposed project:
 - A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and
 - B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) below the occupancy standards.

The State Board determines that maldistribution exists when a specific Geographic Service Area or planning area has an excess supply of facilities, beds, or services.

- The ratio of beds or surgical/treatment rooms to the population within the area exceeds one and one-half (1.5) times the State average.
- Existing facilities providing the same service within the area operate below the target occupancy or utilization standards established by the State Board.
- The population within the area is not large enough to generate the volume or caseload required to support the proposed project at or above state occupancy standards

An unnecessary duplication occurs when a project adds redundant healthcare capacity in an area where existing providers can already absorb the patient volume.

The established radius for this project is 17 miles. The Applicants have identified 29 zip codes with a population of approximately 381,035 residents within this 17-mile radius. There are four hospitals within this 17-mile radius. The population in the State of Illinois

is approximately 12,778,100. The number of medical-surgical beds in the State of Illinois is 19,752 beds.

There are four hospitals within this 17-mile radius. Of the four hospitals, only one hospital has medical-surgical beds exceeding the target occupancy of 90% - HSHS St. Elizabeth Hospital-O'Fallon. The three Hospitals (Memorial Hospital, Gateway Regional Medical Center, and HSHS St Elizabeth Hospital) in the 17-mile GSA are operating at 58% and, with an average daily census of 271 patients. The three hospitals can accommodate an additional 152 patients before reaching the target occupancy of 90% ($98,933 \text{ patient-days} \div 365 \text{ days} = 271 \text{ average daily census (ADC)} \div 552 \text{ beds} - 82 \text{ beds} = 470 \text{ beds}$. ($271 \text{ ADC} \div 470 \text{ beds} = 58\% \text{ utilization}$).

TABLE SIX
Hospitals within the 17-mile GSA
2025 Utilization

Hospital	City	Miles	Beds	Admit	Days	OB Days	Total Days	ALOS	ADC	Occ
Touchette Regional Hospital	Cahokia	0	82	83	256	820	1,076	12.96	2.9	3.60%
Memorial Hospital	Belleville	9.4	192	9,916	47,343	3,855	51,198	5.16	140.3	73.06%
Gateway Regional Medical Ctr	Granite City	12.3	166	1,011	4,086	2,092	6,178	6.11	16.9	10.20%
HSHS St Elizabeth's Hospital	O'Fallon	13	112	9,262	36,975	4,582	41,557	4.49	113.9	101.66%
Total			552	20,272	88,660	11,349	100,009			

The ratio of beds to population within the 17-mile radius is 1.45 medical-surgical beds per 1,000 residents. The ratio of beds to population in the State of Illinois is 1.55 medical-surgical beds per 1,000. Based on a comparison of the ratio of beds to population within the 17-mile radius to that in the State of Illinois, it is not 1.5 times the State ratio.

F) Staffing Availability

The applicant shall document that relevant clinical and professional staffing needs for the proposed project are considered, and that licensure and The Joint Commission staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing a narrative explanation of how the proposed staffing will be achieved.

Southern Illinois Healthcare Foundation will staff the proposed replacement hospital by drawing on its existing network of 30 health centers and an ongoing, formalized physician recruitment process. According to the Applicants, this hiring drive, which began in 2024, has already brought additional doctors and advanced practice nurses to the staff. Because SIHF is a Federally Qualified Health Center (FQHC), the proposed hospital's staffing strategy relies on this formal recruitment initiative to hire physicians and advanced practice nurses, a process the organization expects will accelerate with the new campus's modern facility. SIHF manages a broad network of more than 140 medical providers. This allows the hospital to draw on an established pool of primary, pediatric, and behavioral health providers currently scattered across the region's 30 health centers. Ninety-six of the hospital's 108 beds are dedicated to mental health, which will require specialized professionals. To support this, SIHF works closely with specialized therapists, clinical staff, and regional partners to develop and maintain its community mental health and intensive outpatient programs.

G) Performance Requirements – Bed Capacity Minimum

1) Medical-Surgical

The minimum bed capacity for a new medical-surgical category of service within a Metropolitan Statistical Area (MSA), as defined by the U.S. Census Bureau, is 100 beds.

Cahokia Heights is in the St. Louis, MO-IL Metropolitan Statistical Area (MSA). The Applicants are requesting 12 medical-surgical beds, not the 100 beds required by this criterion. The Applicants have not met the requirements of this criterion.

H) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The Applicants have provided the necessary assurance as required by this criterion.

X. Clinical Services Other than Categories of Service

77 Ill. Adm. Code 1110.270	
New Services, Facility, or Equipment	(b) Need Determination – Establishment

A) Need Determination – Establishment

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to the Planning Area Residents

A) Either:

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to residents of the service area; and

2) Service Demand

To demonstrate the need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum of a 2-year historical period and a 2-year projected period for the number of inpatients who will require the subject CSA.

B) Physician Referrals

For CSAs that require physician referrals to build and maintain patient volume, the applicant shall document patient origin information for those referrals. The applicant shall submit original, signed, and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification

of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

3) Impact of the Proposed Project on Other Area Providers

The applicant shall document that, within 24 months after project completion, the proposed project will not:

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

4) Utilization

Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.

The Applicants state that six of the services to be provided (ORs, X-Ray and Fluoroscopy, Surgical Prep and Recovery, Ultrasound, CT, and MRI) are used at volumes comparable to those of the Medical/Surgical unit. As also discussed, the project's future utilization with "pledge" letters from physicians is, in the case of TRH, meaningless. As an alternative to letters from physicians, and because of the impact that the applicant's physician recruitment and the provision of a more contemporary hospital facility will have on utilization (as they have on Medical/Surgical patient days), annual utilization estimates for each of the clinical services were projected using the following conservative growth factors:

- 2024 utilization as a baseline.
- 2024 as reported to HFSRB
- 2025 at the 2024 level
- 2026 + 5% physician recruitment
- 2027 (late) +3% initiation of construction and recruitment
- 2028 +3% construction proceeding
- 2029 (late) +3% completion of construction
- 2030 (mid) +10% hospital opens
- 2031 +10% community acceptance, natural growth
- 2032 +10% community acceptance, natural growth

The \$231 million replacement facility slated for 2030 will fundamentally change the regional market share. Scaling from 50 licensed beds up to 96 dedicated behavioral beds effectively doubles Touchette's licensed capacity. Assuming local competitor bed counts remain unchanged, Touchette's share of the St. Clair/Madison psychiatric bed market will climb from 33% to roughly 48%, absorbing regional demand that currently goes into St. Louis, Missouri, or northern Illinois networks. By constructing a dedicated 24-bed adolescent psychiatric wing, Touchette will secure nearly 100% regional market share for youth AMI services in the immediate Metro East, filling an ongoing regional void.

The Applicants believe the proposed hospital will not affect other Hospitals in the area.

XI. Financial Viability and Economic Feasibility

- A. 77 Ill. Adm. Code 1120.120 – Availability of Funds
- B. 77 Ill. Adm. Code 1120.130 – Financial Viability
- C. 77 Ill. Adm. Code 1120.140 (a) – Reasonableness of Financing Arrangements
- D. 77 Ill. Adm. Code 1120.140 (b) – Terms of Debt Financing
- E. 77 Ill. Adm. Code 1120.140 (c) – Reasonableness of Project Costs
- F. 77 Ill. Adm. Code 1120.140 (d) – Direct Operating Costs

A) Availability of Funds

The proposed hospital is being funded with an \$8.3 million mortgage and grants totaling \$222.75 million. The Applicants' grants totaling **\$222.75 million** are distributed across specific infrastructure and medical development phases under the Illinois healthcare transformation initiatives:

- **\$145.42 Million** is allocated directly for the structural build, site engineering, and utility setup of the new 177,445-square-foot facility on Sandy Ridge Road.
- **\$41.55 Million**: Set aside specifically for advanced medical equipment acquisition, including specialized layout designs and safety fixtures required for psychiatric care.
- **\$20.78 Million**: funds regional workforce hiring, training, and operational costs during the transitional overlap period before the old Bond Avenue location officially closes.
- **\$15 million** for the Touchette Regional Hospital project is coming from the State of Illinois via the Healthcare Transformation Capital Improvement grant program. The funds are administered through the Illinois Department of Healthcare and Family Services (HFS) and the Capital Development Board. It builds upon Illinois' equity-driven Healthcare Transformation Collaboratives initiative. The \$15 million is specifically allocated to the construction of a new adolescent mental health wing.

B) Financial Viability

The Southern Illinois Healthcare Foundation, Inc. Board of Directors is the sole corporate member of Touchette Regional Hospital (TRH), as provided in the TRH Bylaws. The Organization and TRH are separate legal entities; however, the SIHF's Board of Directors, as the sole member, reserves certain high-level approval rights over TRH, and as a result, TRH is considered a controlled affiliate of the Southern Illinois Healthcare Foundation.³ The Organization has not consolidated TRH's financial statements for the years ending December 31, 2025, and 2024. (See Southern Illinois Healthcare Foundation, Inc. 2025 Audit)

SIHF Healthcare's viability depends on public and programmatic support. Program Service Revenue accounts for most of its funding, from clinical services, Medicaid, Medicare, and private insurance reimbursements. As an FQHC, it relies on federal HRSA (Health Resources and Services Administration) grants and state funding to offset the costs of treating underinsured or uninsured patients. With over \$99.6 million in total assets and only \$16.3 million in liabilities, the organization has a good balance sheet with low long-term

³ A **controlled affiliate** is a business entity that is directly or indirectly managed or influenced by another, larger entity. To qualify, the parent entity usually owns a majority of the voting stock (typically over 50%) or possesses the contractual power to direct the affiliate's policies and management. Since SIHF reserves high-level corporate approval rights (including board appointments, budgetary vetoes, and major asset changes), it establishes a controlling financial interest. The IRS requires SIHF and Touchette Regional Hospital to file separate Form 990 tax returns, maintaining transparent, individualized accountability for each entity's operational expenses, executive compensations, and community benefit profiles.

debt. This high equity/net asset position provides a cushion and long-term stability. The organization has \$71.2 million in net assets, indicating it is positioned to maintain ongoing clinical operations across its multi-county area.

Touchette Regional Hospital, Inc. is a safety-net hospital that relies on government and grant subsidies to balance clinical margins, which is standard for safety-net institutions. The Hospital maintains high liquidity and a favorable asset-to-debt ratio. With \$92.1 million in total assets and \$22.3 million in total liabilities, Touchette maintains a good leverage ratio (the percentage of company assets financed with debt). Its net assets of \$69.8 million provide the facility with a cushion to absorb unexpected capital expenditures or shifts in Medicaid policy. Touchette operates as a subsidiary of Southern Illinois Healthcare Foundation, Inc. This alignment allows Touchette to share administrative overhead, integrated billing infrastructure, and regional grant pipelines with a massive regional FQHC clinic network, vastly improving its long-term financial viability.

As seen in the table below, Touchette Regional Hospital does not meet the current ratio, and the net margin percentage for the years 2022, 2023, and 2024.

TABLE SEVEN Financial Viability Touchette Regional Hospital					
	State Standard	2022	2023	2024	2032
Current Ratio	≥ 2.0	1.43	1.37	1.35	2.52
Net Margin %	≥3.0	-4.20%	-2.50%	2.80%	3.30%
Percent Debt to Total Capitalization	≤ 50%	11.10%	7.40%	5.60%	9.90%
Projected Debt Service	≥2.5	0	0	0	5.70%
Days Cash on Hand	≥45 days	98	81	84	191
Cushion Ratio	≥7	0	0	0	21.2

C. Reasonableness of Financing Arrangements

D. Terms of Debt Financing

The Applicants submitted a letter from Commerce Bank stating “*that Touchette Regional Hospital has been a customer of Commerce Bank for 5 years. The relationship includes a loan account that has been paid satisfactorily, deposit accounts that have been maintained, and a robust relationship with Commerce Trust Company. I am aware of the project Touchette is currently working on. Based on the above and with a further understanding of the project, Commerce Bank would consider lending Touchette Regional Hospital up to \$29MM in 2029 to fund the project. This letter is not a commitment. A full underwriting of Touchette Regional Hospital and the project would be required. Today, the terms of a project like this would be a construction line of credit with a term of 18-24 months and a floating rate tied to the Prime Rate.*” (See Page 96 of the Application for Permit)

The \$8.3 million mortgage appears reasonable, as it is approximately 4% of the total project's cost. The Applicants have attested that the proposed funding

represents the least costly option available to them. The Applicants have met the requirements of these criteria.

E) Reasonableness of Project Costs

Only clinical costs are reviewable.

The Applicants have exceeded the State Board Standard for New Construction Costs by \$315.49 per GSF, or approximately \$34.4 million, and for A & E fees by 1.91% of new construction and contingencies, or \$1.1 million.

TABLE EIGHT						
Reasonableness of Project Costs						
Project Uses	Clinical Costs	State Standard		Project	Difference	Justified
Preplanning	\$270,000	1.80%	\$1,501,179	0.32%	-\$1,231,179	Met
Site Survey, Soil Investigation, Site Prep	\$3,000,000	5.00%	\$3,071,479	4.88%	-\$71,479	Met
New construction	\$57,620,170	\$486.53 per GSF	\$52,953,925	\$529.40 per GSF	\$4,666,245	No
Contingencies	\$3,809,400	10%	\$5,762,017	6.61%	-\$1,952,617	Met
A&E Fees	\$4,360,000	5.39%	\$3,311,054	7.30%	\$1,048,946	No
Offsite work	\$1,443,410	NA	NA	NA	NA	NA
Consulting	\$7,569,706	NA	NA	NA	NA	NA
Movable or Other Equipment	\$21,969,246	NA	NA	NA	NA	NA
Net Interest During Construction	\$162,374	NA	NA	NA	NA	NA
Other Costs to be Capitalized	\$200,000	NA	NA	NA	NA	NA
Total	\$100,404,306					

F) Direct Operating Costs

G) Effect of the Project on Capital Costs

The Direct Operating Expenses per adjusted patient day are \$23,189, and the effect of the project on capital costs per adjusted patient day is \$ 4,041. The State Board does not have a standard for direct operating costs or capital costs.

TABLE NINE Size of the Project					
Gross Square Feet					
Department/Service	Beds/Units/Rooms	State Board Standard		Proposed	Difference
		Bed	Total		
Medical/Surgical	12	660	7,920	7,900	-20
Acute Mental Illness	96	660	63,360	63,000	-360
Emergency Dept.	11	900	9,000	8,600	-400
X-Ray	1	1,300	1,300	1,300	0
CT	1	1,800	1,800	1,620	-180
Fluoroscopy	1	1,300	1,300	1,300	0
Mammography	1	900	900	880	-20
Dexascan	1	900	900	715	-185
Ultrasound	2	900	1,800	1,694	-106
Surgery	3	2,750	10,450	10,300	-150
Procedure	2	1,100			
Prep/Recovery	21	400	7,300	7,300	0

TABLE TEN Projected Utilization					
		Proposed	2024	2025	Ave
Department/Services	State Board Standards	Stations/Units/Rooms	Historical Utilization		
Emergency Dept.	2,000 visits	11	13,969	14,154	14,062
radiology/fluoroscopy	8,000 proc.	2	6,678	5,455	6,067
CT	7,000 visits	1	4,219	2,856	3,538
Mammography	5,000 visits	1	1,526	1,620	1,573
Ultrasound	3,100 visits	2	3,865	1,574	2,720
MRI	2,500 proc.	1	242	241	242
Dexascan	No standard	1			
Surgery rooms	3	3			
Cases			291	556	424
Hours	1,500 hours		434	649	542
Procedure rooms		2			
Cases			867	788	828
Hours	1,500 hours		827	537	682
Prep/Recovery	No Standard	21			
Days					
Medical Surgical	60%	12 Beds	1,153	1,076	1,115
Acute Mental Illness	85%	96 Beds	7,625	7,829	7,727

TABLE ELEVEN
Touchette Regional Hospital
(Medicare Cost Reports)
2020-2024

	2020	2021	2022	2023	2024
Total Patient Revenue	\$53,921,982	\$66,655,850	\$61,668,560	\$64,501,493	\$77,812,109
Contractual Allowances	\$4,588,959	\$11,835,843	\$9,027,815	\$4,254,402	\$10,011,362
Net Patient Revenue	\$49,333,023	\$54,820,007	\$52,640,745	\$60,247,091	\$67,800,747
Operating Expenses	\$56,729,022	\$70,974,903	\$66,065,151	\$71,656,452	\$82,642,979
Net Income from Patient Revenue	-\$7,395,999	-\$16,154,896	-\$13,424,406	-\$11,409,361	-\$14,842,232
Other Income	\$7,640,963	\$23,608,352	\$12,016,254	\$11,332,310	\$17,554,912
Net Income	\$244,964	\$7,453,456	-\$1,408,152	-\$77,051	\$2,712,680
Operating Margin	-14.99%	-29.47%	-25.50%	-18.94%	-21.89%
Net Income Margin	0.50%	13.60%	-2.68%	-0.13%	4.00%

TABLE TWELVE
Southern Illinois Healthcare Foundation, Inc.
Audited Financial Statements
December 31st

	2025	2024
Cash	\$18,916,377	\$13,367,554
Current Assets	\$26,797,562	\$20,666,949
Total Assets	\$99,591,058	\$87,540,224
Current Liabilities	\$12,014,891	\$10,365,116
Total Liabilities	\$28,341,738	\$15,065,355
Net Assets	\$71,249,320	\$72,474,869
Patient Service Revenue	\$50,954,207	\$50,421,078
Total Revenue	\$88,486,385	\$89,875,279
Operating Expenses	\$90,721,934	\$92,182,323
Loss from Operations	(\$2,235,549)	(\$2,207,044)
Nonoperating Gain	\$0	(\$711,619)
Revenues in Excess of Expenses	(\$2,235,549)	(\$2,918,663)
Operating Margin	-4.39%	-4.38%
Net Profit Margin	-2.53%	-3.25%

TABLE THIRTEEN
Touchette Regional Hospital
Audited Financial Statements
December 31st

	2024	2023
Cash	\$648,320	\$1,263,005
Current Assets	\$24,550,063	\$21,322,977
Total Assets	\$92,164,388	\$68,965,344
Current Liabilities	\$18,248,965	\$15,580,821
Total Liabilities	\$22,358,923	\$19,523,942
Net Assets	\$69,805,465	\$49,441,402
Patient Service Revenue	\$62,579,925	\$58,025,139
Total Revenue	\$77,378,474	\$64,828,570
Operating Expenses	\$77,422,157	\$67,434,500
Loss from Operations	(\$43,683)	(\$2,605,930)
Nonoperating Gain	\$2,245,963	\$998,891
Revenues in Excess of Expenses	\$2,202,280	(\$1,607,891)
Operating Margin	3.52%	-2.77%
Net Profit Margin	2.84%	-2.38%

SAFETY NET IMPACT STATEMENT

The Applicants stated the following:

The Applicants (Southern Illinois Healthcare Foundation, Inc. (SIHF) and Touchette Regional Hospital (TRH)) are defined as safety-net providers.

SIHF is one of the largest Federally Qualified Health Centers (FQHCs) in the state, serving a 33-county area and operating in 32 locations. Over half of the patients treated at TRH are Medicaid recipients. Both SIHF and TRH operate under the simple principle that all patients are to be served, regardless of their ability to pay.

The geographic service area ("GSA") that will most benefit from the establishment of a replacement hospital, along with the services it provides, includes the greater East Saint Louis area, including Cahokia Heights, East Saint Louis, and the surrounding communities and rural areas. Saint Clair County, the center of the GSA, has been designated as a Health Provider Shortage Area ("HPSA") for primary care physicians, dentists, and mental health providers. In the greater East Saint Louis area, 5.56% of the population is uninsured, and 65% rely on "public" insurance as their only coverage.

The proposed project is planned to address medical care and problems that are more prevalent in the region than in the state, including:

- higher rates of multigenerational poverty, unemployment, and violent crime,
- a higher share of the population with less than a high school degree,
- a disproportionately high older population,
- higher unemployment,
- higher rates of adult smoking and obesity
- higher rates of excessive drinking and drinking-related traffic accidents
- higher rates of sexually transmitted diseases
- higher rates of air pollution and drinking water violations
- a lack of access to specialty services

In addition, the premature birth rate in St. Clair County is approximately 32% higher than the State as a whole; its low-birth-weight rate is approximately 37% higher; its cancer prevalence rate is 7.5% higher than the national rate; and its cardiovascular disease rate is approximately 17% higher. Both SIHF and TRH actively participate in a broad range of community education, screening, employment, housing, and other programs focused on improving the region's healthcare. (See pages 54-88 of the Application for Permit)

TABLE FOURTEEN
Touchette Regional Hospital
Charity Care and Medicaid Information

	2022	2023	2024
Net Revenue	\$49,424,858	\$56,025,139	\$62,579,925
Charity (of patients)			
Inpatient	30	33	52
Outpatient	1,112	714	2,219
Total	1,142	747	2,271
Charity (cost in dollars)			
Inpatient	\$212,166	\$182,665	\$542,858
Outpatient	\$1,252,551	\$1,288,949	\$1,717,266
Total	\$1,464,717	\$1,471,614	\$2,260,124
	2.96%	2.63%	3.61%
Medicaid (for patients)			
Inpatient	860	799	885
Outpatient	28,536	27,150	26,322
Total	29,396	27,949	27,207
Medicaid (revenue)			
Inpatient	\$6,283,888	\$6,364,021	\$8,110,971
Outpatient	\$24,903,008	\$24,987,186	\$26,059,355
Total	\$31,186,896	\$31,351,207	\$34,170,326
	63.10%	55.96%	54.60%

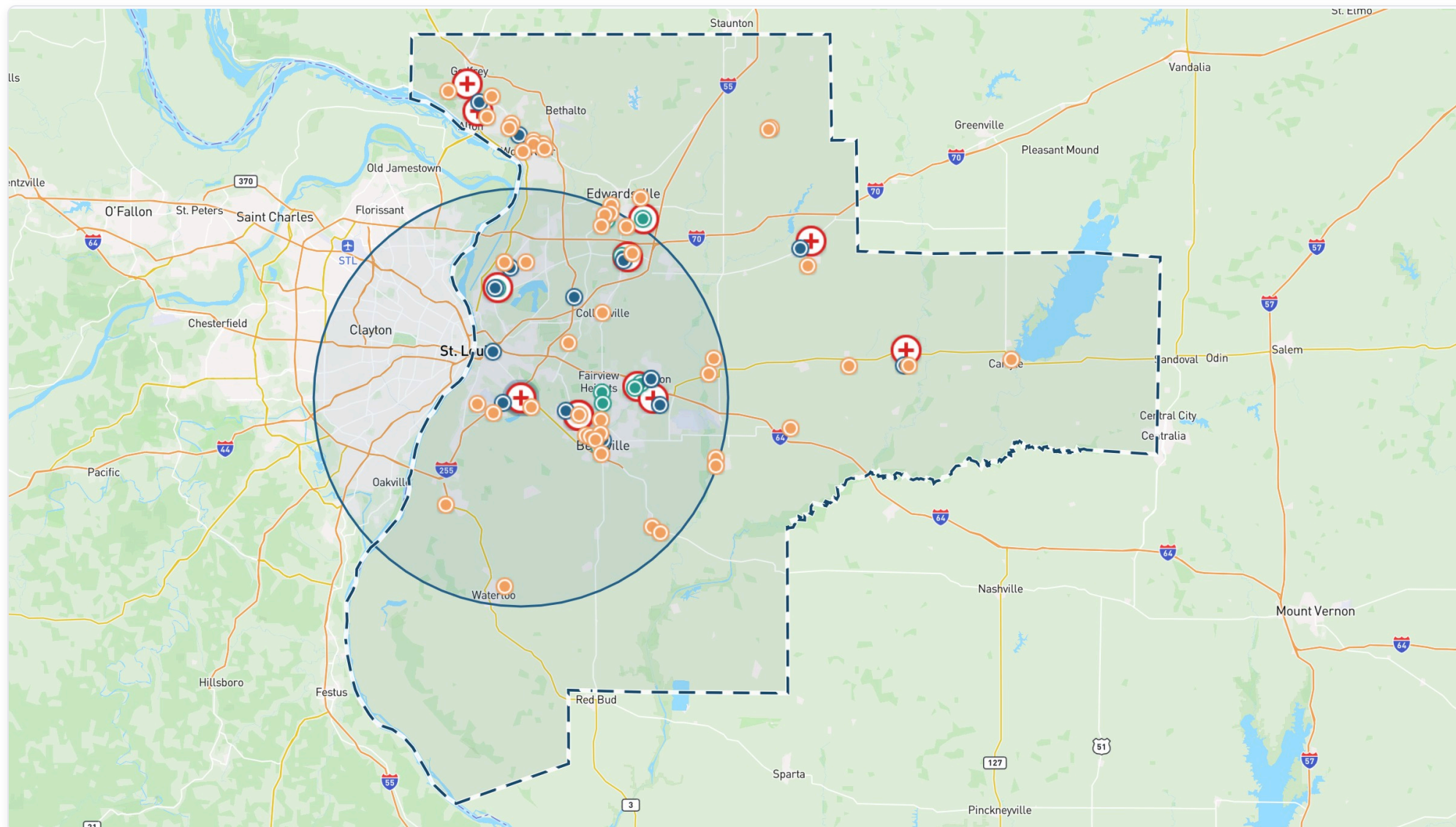
CON Radius & HPA Analysis Report

Geographic inventory of hospital, ASTC, ESRD, long-term care facilities — statutory radius and Health Planning Area shown together

Touchette Regional Hospital

establish 108 bed hospital

CENTER POINT	COUNTY	CLASSIFICATION	STATUTORY RADIUS	HPA	HSA
38.5700°N, 90.1083°W	St. Clair	Mid-size County (17-mile radius)	17 miles	F-01	11 - Metro East





Supply Comparison — Radius vs HPA

St. Clair County · Metro East

HSA 11 · Metro East | HPA F-01 | RADIUS 17 miles | DATA YEAR 2024

HOSPITALS

	RADIUS	HPA
Facilities	7	12
Total beds	1,065	1,404
M-S	732	968
ICU	70	93
OB / GYN	53	89
Pediatric	0	10
NICU	0	0
AMI	170	170
Rehab	40	74

ASTCS

	RADIUS	HPA
Facilities	8	4
Class C cases	4,992	1,617
Submissions on file	3	2

ESRD

	RADIUS	HPA
Facilities	11	13
Authorized stations	189	195
CMS-certified	189	195
In-center treatments	19,995	25,792
Year-end patients	589	597

LONG-TERM CARE

	RADIUS	HPA
Facilities	28	30
Licensed beds	2,113	2,196
Beds set-up	1,936	1,597
Beds occupied	1,643	1,365
Occupancy	84.9%	85.5%

Radius: totals from facilities within the 17-mile statutory radius around the center point. **HPA:** totals from every active facility whose Health Planning Area is F-01, regardless of distance. **Source:** 2024 HFSRB annual surveys.

Demographic Profile — Radius · HPA · Illinois · USA

St. Clair County · Metro East · ACS 2020–2024 5-year estimates

HSA 11 · Metro East

HPA F-01

RADIUS 17 miles

SOURCE ACS 5-year

STATUTORY RADIUS (17 MI)
Area-weighted tract interpolation

369,813 ± 5,345
Population **HIGH RELIABILITY**

HEALTH PLANNING AREA F-01
County sum + partial-county interpolation

586,697 ± 6,205
Population **HIGH RELIABILITY**

Benchmarks — Illinois: 12,694,798 · United States: 334,922,499 (official published ACS statewide / national aggregates, same vintage)

POPULATION & AGE				
	RADIUS	HPA	ILLINOIS	USA
Total population	369,813	586,697	12,694,798	334,922,499
Median age†	39.9	40.5	39.0	38.9
Under 18	22.7%	22.1%	21.8%	22.0%
Age 65+	17.6%	18.1%	17.0%	17.2%
Age 75+	6.9%	7.2%	7.0%	7.0%
Female	51.2%	51.1%	50.6%	50.5%

RACE & ETHNICITY				
	RADIUS	HPA	ILLINOIS	USA
White alone	66.2%	74.4%	61.0%	61.0%
Black alone	22.2%	15.8%	13.6%	12.2%
Asian alone	1.4%	1.2%	6.0%	6.0%
AIAN / NHPI / Other	2.3%	1.8%	8.6%	8.2%
Two or more races	7.9%	6.9%	10.9%	12.6%
Hispanic / Latino	5.5%	4.5%	18.8%	19.3%

INCOME & POVERTY				
	RADIUS	HPA	ILLINOIS	USA
Median household income†	\$80,411	\$82,027	\$83,390	\$80,734
Per-capita income	\$39,835	\$41,032	\$46,406	\$44,673
Below poverty	12.7%	11.6%	11.8%	12.5%
Age 65+ below poverty	11.8%	10.6%	11.3%	11.9%

HEALTH COVERAGE				
	RADIUS	HPA	ILLINOIS	USA
Uninsured (all ages)	5.0%	4.7%	6.9%	8.4%
Uninsured under 19	2.8%	2.6%	3.3%	5.5%
Uninsured 65+	0.3%	0.3%	0.9%	0.8%

DISABILITY & ACCESS				
	RADIUS	HPA	ILLINOIS	USA
With a disability	15.1%	15.1%	12.1%	13.3%
Disability, age 65+	33.6%	33.9%	31.5%	32.9%
Households w/o vehicle	7.1%	6.2%	11.0%	8.4%
Limited-English households	0.7%	0.6%	4.4%	4.3%

HOUSEHOLDS & EDUCATION				
	RADIUS	HPA	ILLINOIS	USA
Households	149,412	238,198	5,036,449	129,227,496
Avg. household size	2.43	2.41	2.46	2.53
Renter-occupied	30.0%	27.3%	32.9%	34.8%
Median home value†	\$198,645	\$201,585	\$263,300	\$332,700
High school grad+	93.5%	93.8%	90.5%	89.6%
Bachelor's+	32.2%	31.6%	37.8%	35.7%

Radius / HPA = ACS 2020–2024 5-year, area-weighted census-tract interpolation; **Illinois / USA** = exact published ACS aggregates. † Radius/HPA medians are weighted approximations (tract medians can't be re-summed); IL/USA medians are exact. Percentages recomputed from aggregated counts; scope reliability = combined population MOE (90% CI).



Facility Inventory

Hospitals and ambulatory surgical treatment centers within 17 miles of St. Clair County — 12 Hospitals, 9 ASTCs

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

#	TYPE	FACILITY NAME	CITY	DIST	M-S	ICU	OB	PED	NICU	AMI	REH	TOTAL
1	HOSP	Touchette Regional Hospital, Inc. - DBA Touchette Regional Hospital	Cahokia Heights	0.0	82	—	—	—	—	50	—	132
2	HOSP	Memorial Hospital Shiloh	Shiloh	4.9	264	26	17	—	—	—	—	307
3	HOSP	Protestant Memorial Medical Center, Inc. - DBA Memorial Hospital-Belleville	Belleville	4.9	—	—	—	—	—	—	—	0
4	ASTC	Metroeast Endoscopic Surgery Center	Fairview Heights	6.7	—	—	—	—	—	—	—	—
5	ASTC	Eye Surgery Center, LLC	Swansea	6.7	—	—	—	—	—	—	—	—
6	ASTC	Bel-Clair Ambulatory Surgical Treatment Center	Belleville	7.6	—	—	—	—	—	—	—	—
7	ASTC	Hope Clinic for Women, Ltd., The	Granite City	9.2	—	—	—	—	—	—	—	—
8	HOSP	American Healthcare Systems Illinois, LLC - DBA Gateway Regional Medical Center	Granite City	9.2	166	12	—	—	—	120	—	298
9	ASTC	Skin Cancer Surgery Center, LLC - DBA Dermatology & Skin Cancer Surgery Center	O'Fallon	9.4	—	—	—	—	—	—	—	—
10	HOSP	HSBS St Elizabeth's Hospital	O'Fallon	9.6	112	20	12	—	—	—	—	144
11	ASTC	O'Fallon Surgical Center, LLC	O'Fallon	9.9	—	—	—	—	—	—	—	—
12	HOSP	The Rehabilitation Institute of Southern Illinois, LLC	Shiloh	10.9	—	—	—	—	—	—	40	40
13	ASTC	Eye Surgery Center of Maryville, LLC	Maryville	14.2	—	—	—	—	—	—	—	—
14	HOSP	Anderson Hospital	Maryville	14.5	108	12	24	—	—	—	—	144
15	ASTC	Edwardsville Ambulatory Surg Ctr, LLC	Glen Carbon	16.1	—	—	—	—	—	—	—	—
16	ASTC	Anderson Surgery Center LLC	Edwardsville	17.7	—	—	—	—	—	—	—	—
17	HOSP	Anderson Rehabilitation Institute, LLC - DBA Anderson Rehabilitation Institute	Edwardsville	17.7	—	—	—	—	—	—	34	34
18	HOSP	OSF Saint Anthony's Health Center	Alton	23.7	38	11	—	—	—	—	—	49
19	HOSP	Alton Memorial Hospital - DBA BJC Outpatient Center at Godfrey	Godfrey	26.0	133	12	30	4	—	—	—	179
20	HOSP	St Joseph's Hospital	Highland	27.0	25	—	—	—	—	—	—	25
21	HOSP	St. Joseph's Hospital	Breese	31.8	40	—	6	6	—	—	—	52
Total — 12 Hospitals, 9 ASTCs					968	93	89	10	—	170	74	1,404



Bed Utilization Analysis

Authorized capacity compared to State Health Plan need formulas for the Health Planning Area and Health Service Area.

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

HEALTH PLANNING AREA · HPA F-01

Metro East

BED CATEGORY	AUTHORIZED	NEED	GAP	% OF NEED
Med-Surg/Pediatric	978	482	+496	202.9%
Obstetrics	89	44	+45	202.3%
Intensive Care Unit	93	86	+7	108.1%
Total	1,160	612	+548	189.5%

HEALTH SERVICE AREA · HSA 11

Metro East

BED CATEGORY	AUTHORIZED	NEED	GAP	% OF NEED
Rehabilitation	74	33	+41	224.2%
Acute Mental Illness	170	65	+105	261.5%
Total	244	98	+146	249.0%

Statutory radius: Per 77 Ill. Adm. Code 1100, radius follows county classification — 10 miles (Cook, DuPage, Kane, Lake, Will), 17 miles (mid-size), 21 miles (rural). **Gap analysis:** Positive values indicate surplus; parentheses indicate shortage. Need calculated per State Health Plan formulas. **Source:** 2024 Annual Hospital Survey responses submitted to HFSRB.

Surgical Volume Analysis

Combined hospital and ASTC operating-room volume within 17 miles of St. Clair County.

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

38,131

TOTAL SURGICAL CASES

9

HOSPITALS

4

ASTCS

32,735

HOSPITAL CASES

5,396

ASTC CASES

VOLUME BY SURGICAL SPECIALTY

Within 17-mile radius of St. Clair County

SURGICAL SPECIALTY	HOSPITALS	ASTCS	TOTAL CASES
General	9,008	5	9,013
Orthopedic	8,302	124	8,426
Ophthalmology	704	3,495	4,199
Urology	4,171	1	4,172
OB/GYN	3,875	7	3,882
Otolaryngology	1,431	475	1,906
Podiatry	1,376	78	1,454
Plastic Surgery	1,014	163	1,177
Cardiovascular	1,176	0	1,176
Gastroenterology	248	694	942
Neurosurgery	916	0	916
Oral/Maxillofacial	240	113	353
Thoracic	274	0	274
Pain Management	0	241	241
Total	32,735	5,396	38,131

TOP FACILITIES BY VOLUME

Ranked by total surgical cases (2024)

#	FACILITY	TYPE	CASES
1	Memorial Hospital Shiloh	HOSP	9,378
2	HSBS St Elizabeth's Hospital	HOSP	7,267
3	Anderson Hospital	HOSP	6,107
4	Alton Memorial Hospital - DBA BJC Outpatient Center at Godfrey	HOSP	4,802
5	O'Fallon Surgical Center, LLC	ASTC	3,085
6	OSF Saint Anthony's Health Center	HOSP	1,864
7	St. Joseph's Hospital	HOSP	1,247
8	Edwardsville Ambulatory Surg Ctr, LLC	ASTC	1,213
9	American Healthcare Systems Illinois, LLC - DBA Gateway Regional Medical Center	HOSP	930
10	St Joseph's Hospital	HOSP	849
11	Bel-Clair Ambulatory Surgical Treatment Center	ASTC	694
12	Anderson Surgery Center LLC	ASTC	404
13	Touchette Regional Hospital, Inc. - DBA Touchette Regional Hospital	HOSP	291

Hospital cases: combined inpatient and outpatient surgical cases from the 2024 Hospital Annual Survey. **ASTC cases:** Class C operating-room cases (general/regional anesthesia) from the 2024 ASTC Annual Survey.

Specialties: 14 standard surgical specialty categories tracked by HFSRB for both facility types.

ESRD Facility Inventory

Dialysis facilities within 17 miles of St. Clair County — 15 facilities.

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

15

ESRD FACILITIES

229

AUTHORIZED STATIONS

229

CMS-CERTIFIED

32,260

IN-CENTER TREATMENTS

688

YEAR-END PATIENTS

#	FACILITY NAME	CITY	DIST	AUTH STNS	CMS CERT	IN-CTR TX	EOY PTS
1	Sauget Dialysis	SAUGET	1.5	22	22	180	45
2	Fresenius Medical Care Belleville	BELLEVILLE	3.8	12	12	6,288	46
3	DaVita Edgemont Dialysis	East St. Louis	4.4	12	12	210	46
4	Metro-East Dialysis	Belleville	7.6	34	34	210	95
5	Fresenius Medical Care Madison County	GRANITE CITY	9.2	9	9	2,946	23
6	DaVita Collinsville Dialysis	COLLINSVILLE	9.3	12	12	210	30
7	Granite City Dialysis	GRANITE CITY	10.7	20	20	240	72
8	O'Fallon Dialysis	O'Fallon	10.8	16	16	210	59
9	Fresenius Medical Care Regency Park	O'Fallon	10.8	20	20	9,081	59
10	Shiloh Dialysis	Shiloh	11.4	16	16	210	62
11	Maryville Dialysis	MARYVILLE	14.0	16	16	210	52
12	Fresenius Medical Care Southwestern Illinois	East Alton	21.4	20	20	9,561	66
13	Alton Dialysis	ALTON	24.4	—	—	—	—
14	Davita Northgrove Dialysis	HIGHLAND	25.9	12	12	210	18
15	Fresenius Medical Care Breese	BREESE	31.5	8	8	2,494	15
Total — 15 facilities				229	229	32,260	688

Stations: authorized and CMS-certified counts are taken from the most recent measurement in the survey year (end-of-year preferred). **Treatments:** in-center treatments are the annual total; year-end patients is the 12/31 census. **Source:** 2024 ESRD Facility Annual Survey. **Suppressed columns:** set-up & staffed stations, isolation stations, nocturnal shift — no values reported across this result set.



Long-Term Care Facility Inventory

Nursing and long-term care facilities within 17 miles of St. Clair County — 47 facilities.

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

47

LTC FACILITIES

3,427

LICENSED BEDS

2,729

BEDS SET UP

2,276

BEDS OCCUPIED

83.4%

OCCUPANCY

2,281

RESIDENTS (12/31)

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	ICF/DD	RESID.
1	DAMMERT GERIATRIC CENTER	BELLEVILLE	1.1	57	57	46	80.7%	57	—	78
2	BRIA OF CAHOKIA	CAHOKIA	2.6	133	133	108	81.2%	133	—	108
3	AUTUMN MEADOWS OF CAHOKIA	CAHOKIA	3.6	—	—	—	—	—	—	—
4	MEMORIAL CARE CENTER	BELLEVILLE	5.0	82	—	57	69.5%	82	—	57
5	CASEYVILLE NURSING & REHAB CTR	CASEYVILLE	5.9	—	—	—	—	—	—	—
6	BRIA OF BELLEVILLE	BELLEVILLE	6.2	—	—	—	—	—	—	—
7	Nexus Pavilion at Belleville	BELLEVILLE	6.5	180	180	116	64.4%	180	—	112
8	EverVella of Swansea	SWANSEA	6.8	120	120	75	62.5%	120	—	75
9	ST PAUL'S SENIOR COMMUNITY	BELLEVILLE	7.0	108	108	100	92.6%	108	—	116
10	Evercare of Swansea	SWANSEA	7.2	—	—	—	—	—	—	—
11	HELIA SOUTHBELT HEALTHCARE	BELLEVILLE	8.0	156	156	99	63.5%	156	—	99
12	Evercare of Collinsville	COLLINSVILLE	9.6	98	90	69	76.7%	98	—	69
13	Nexus at Columbia	COLUMBIA	10.7	—	—	—	—	—	—	—
14	Evercare at Stearns	GRANITE CITY	11.1	109	109	105	96.3%	109	—	105
15	GRANITE NSG & REHAB CENTER (Inactive)	GRANITE CITY	11.1	86	86	77	89.5%	86	—	77
16	Evercare of Granite City	GRANITE CITY	11.1	—	—	—	—	—	—	—
17	MANOR COURT OF MARYVILLE	MARYVILLE	14.9	132	132	118	89.4%	132	—	118
18	FREEBURG TERRACE	FREEBURG	15.1	16	16	16	100.0%	—	16	16
19	OAK HILL	WATERLOO	15.5	144	144	124	86.1%	144	—	124
20	MERIDIAN VILLAGE CARE CENTER	GLEN CARBON	15.5	70	—	62	88.6%	70	—	62
21	CEDAR RIDGE HEALTH & REHAB CTR	LEBANON	15.6	116	116	98	84.5%	116	—	0
22	FREEBURG CARE CENTER	FREEBURG	15.9	118	101	95	94.1%	118	—	95
23	Evercare of Lebanon	LEBANON	16.2	90	90	54	60.0%	90	—	54
24	EDWARDSVILLE TERRACE	EDWARDSVILLE	16.4	16	16	15	93.8%	—	16	15
25	EDEN VILLAGE CARE CENTER	GLEN CARBON	16.4	107	107	54	50.5%	107	—	54
26	LA BELLA OF EDWARDSVILLE	EDWARDSVILLE	16.7	120	120	108	90.0%	120	—	108
27	Nexus at Mascoutah	MASCOUTAH	16.8	55	55	47	85.5%	55	—	47
28	Mascoutah Rehab and Nursing	MASCOUTAH	17.0	—	—	—	—	—	—	—
Total — 47 facilities				3,427	2,729	2,276	83.4%	2877	550	2,281

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	ICF/DD	RESID.
29	EVERCARE AT UNIVERSITY	EDWARDSVILLE	17.4	—	—	—	—	—	—	—
30	EVERCARE OF EDWARDSVILLE	EDWARDSVILLE	19.0	122	110	97	88.2%	122	—	183
31	MADISON TERRACE	WOOD RIVER	20.1	4	4	4	100.0%	—	4	4
32	LINTON TERRACE	WOOD RIVER	20.4	4	4	4	100.0%	—	4	4
33	BRIA OF WOODRIVER	WOOD RIVER	20.7	—	—	—	—	—	—	—
34	THELMA TERRACE	WOOD RIVER	20.8	—	—	—	—	—	—	—
35	PERSHING TERRACE	WOOD RIVER	21.0	—	—	—	—	—	—	—
36	Nexus at Alton	ALTON	22.0	—	—	—	—	—	—	—
37	CLINTON MANOR LIVING CENTER	NEW BADEN	22.2	547	86	77	89.5%	37	510	50
38	ABERDEEN TERRACE	ALTON	22.4	—	—	—	—	—	—	—
39	ALTON MEMORIAL REHAB & THERAPY	ALTON	23.1	—	—	—	—	—	—	—
40	LA BELLA OF ALTON	ALTON	24.7	180	176	138	78.4%	180	—	138
41	BRIA OF GODFREY	GODFREY	25.7	—	—	—	—	—	—	—
42	HIGHLAND HEALTH CARE CENTER	HIGHLAND	25.8	128	102	79	77.5%	128	—	79
43	AVISTON COUNTRYSIDE MANOR	AVISTON	27.0	96	96	62	64.6%	96	—	62
44	HITZ MEMORIAL HOME	ALHAMBRA	29.8	67	56	45	80.4%	67	—	45
45	ALHAMBRA REHAB & HEALTHCARE	ALHAMBRA	30.0	57	54	40	74.1%	57	—	40
46	Evercare of Breese	BREESE	31.9	—	—	—	—	—	—	—
47	CARLYLE HEALTHCARE & SR LIVING	CARLYLE	40.3	109	105	87	82.9%	109	—	87
Total — 47 facilities				3,427	2,729	2,276	83.4%	2877	550	2,281

Bed counts: licensed, set-up, and occupied beds are summed across all reported levels of care. Occupancy uses set-up beds as the denominator when available, otherwise licensed beds. **Source:** 2024 LTC Annual Survey. Em-dash indicates no submission on file. **Suppressed columns:** facility type, nursing-sheltered beds, skilled beds for residents under 22 — no values reported across this result set.