

RECEIVED ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	MIRA Neuro Behavioral Health Center for Children & Adolescents		
Street Address:	6775 Prosperi Drive		
City and Zip Code:	Tinley Park, IL 60477		
County: Cook	Health Service Area: 6	Health Planning Area: A-4	

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	MIRA Neuro Behavioral Health Care, LLC
Street Address:	11800 S. 75th Avenue, Suite 300
City and Zip Code:	Palos Heights, IL 60463
Name of Registered Agent:	Pedersen & Houpt
Registered Agent Street Address:	161 N. Clark Street, Suite 2700
Registered Agent City and Zip Code:	Chicago, IL 60601
Name of Chief Executive Officer:	Christopher Higgins, Psy.D.
CEO Street Address:	11800 S. 75th Avenue, Suite 300
CEO City and Zip Code:	Palos Heights, IL 60463
CEO Telephone Number:	708-671-8440

Type of Ownership of Applicants

- | | |
|---|---|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Joe Ourth
Title:	Partner
Company Name:	Saul Ewing Arnstein & Lehr LLP
Address:	161 N. Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number:	312-876-7815
E-mail Address:	joe.ourth@saul.com
Fax Number:	312-876-6215

Additional Contact [Person who is also authorized to discuss the application for permit]

Name:	Christopher Higgins, Psy.D.
Title:	CEO
Company Name:	MIRA Neuro Behavioral Health Center, LLC
Address:	11800 S. 75th Avenue, Suite 300
Telephone Number:	708-671-8440
E-mail Address:	chigginsbphp@gmail.com
Fax Number:	

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name:	Christopher Higgins, Psy.D.
Title:	CEO
Company Name:	MIRA Neuro Behavioral Health Center, LLC
Address:	11800 S. 75th Avenue, Suite 300, Palos Heights, IL 60463
Telephone Number:	708-671-8440
E-mail Address:	chigginsbphp@gmail.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	MIRA Health Care Properties, LLC
Address of Site Owner:	11800 S. 75th Avenue, Suite 300, Palos Heights, IL 60463
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	MIRA Neuro Behavioral Health Center, LLC		
Address:	11800 S. 75th Avenue, Suite 300, Palos Heights, IL 60463		
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other	
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT 5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT 6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Applicants proposes to establish MIRA Neuro Behavioral Health Center for Children & Adolescents, a new 30-bed behavioral health hospital (the "Hospital" at 6775 Prosperi Drive) in Tinley Park dedicated solely to the care of children and adolescents with acute mental illness.

The hospital will be located in an existing building that will be renovated for care. The existing structure is a two-story building used as a Day Training Facility for Developmentally Delayed and Acute Mentally Ill adults that will be vacated this summer. The building will be owned by Mira Health Care Properties, LLC, a related entity, and space will be leased to the Applicant. The licensed hospital space will be located on the first level. The second level will be used for hospital administration space, the other space in the building will be used by a related entity to provide day treatment for children and adolescents. The hospital space will have a total project cost of \$5,154,176.

The applicant is MIRA Neuro Behavioral Health Care, LLC. MIRA has been founded by four local individuals. The president of the proposed facility currently heads Palos Behavioral Health Professionals which includes psychiatrists, psychologists and social workers with specialty for caring adolescents and children with acute mental illness in the Southland area. There are presently few facilities that provide specialized care for children and none in the area that are devoted strictly for the care of children and adolescents. Because of the lack of these services in the area, several existing hospitals have recognized the need for these type of services and have pledged referrals to the proposed facility.

The anticipated completion date is August 1, 2021.

The Project is considered "Substantive" under the Review Board regulations because it proposes to establish a new health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$2,489,525	\$437,335	\$2,926,860
Modernization Contracts			
Contingencies	223,176	39,075	262,251
Architectural/Engineering Fees	110,630	19,370	130,000
Consulting and Other Fees	170,200	29,800	200,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	77,922	13,643	91,565
Fair Market Value of Leased Space or Equipment	220,500	198,000	418,500
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)	742,500	382,500	1,125,000
TOTAL USES OF FUNDS	\$4,034,452	\$1,119,724	\$5,154,176
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	804,890	223,945	1,030,835
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	3,051,162	737,379	3,788,541
Leases (fair market value)	176,400	158,400	334,800
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$4,034,452	\$1,119,724	\$5,154,176
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☒ Yes ☐ No
 Purchase Price: \$1,900,000.00
 Fair Market Value: \$1,900,000.00

The purchase price for the land and building will be \$1,900,000, but will be owned by Mira Health Care Properties, LLC and a portion of the building leased to the Applicant. The land price is approximately \$400,000. The building cost attributable to hospital space is \$1,125,000.

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ \$500,000.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☒ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): August 1, 2021

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

NA – New Facility

Are the following submittals up to date as applicable:

- ☐ Cancer Registry
☐ APORS
☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS **ATTACHMENT 9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

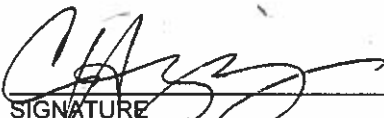
FACILITY NAME: MNBHC		CITY: Tinley Park			
REPORTING PERIOD DATES: From: to:					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					30
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	0	0	0	0	30

CERTIFICATION

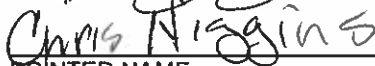
The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of MIRA Neuro Behavioral Health Care, LLC * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.



SIGNATURE



PRINTED NAME



PRINTED TITLE

SIGNATURE

PRINTED NAME

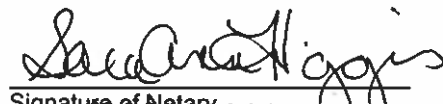
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18th day of March 2019

Notarization:

Subscribed and sworn to before me
this ____ day of _____



Signature of Notary

Seal

Official Seal
Sara Ann Higgins
Notary Public State of Illinois
My Commission Expires 10/18/2022

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

C. Criterion 1110.210 - Acute Mental Illness and Chronic Mental Illness

1. Applicants proposing to establish, expand and/or modernize the Acute Mental Illness and Chronic Mental Illness categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Acute Mental Illness	0	30
<input type="checkbox"/> Chronic Mental Illness		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.210(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.210(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.210(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.210(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.210(b)(5) - Planning Area Need - Service Accessibility	X		
1110.210(c)(1) - Unnecessary Duplication of Services	X		
1110.210(c)(2) - Maldistribution	X		
1110.210(c)(3) - Impact of Project on Other Area Providers	X		
1110.210(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.210(d)(4) - Occupancy			X
1110.210(e)(1) - Staffing Availability	X	X	
1110.210(f) - Performance Requirements	X	X	X
1110.210(g) - Assurances	X	X	
APPEND DOCUMENTATION AS <u>ATTACHMENT 20</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) - Need Determination - Establishment
Service Modernization	(c)(1) - Deteriorated Facilities
	AND/OR
	(c)(2) - Necessary Expansion
	PLUS
	(c)(3)(A) - Utilization - Major Medical Equipment
	OR
	(c)(3)(B) - Utilization - Service or Facility
APPEND DOCUMENTATION AS <u>ATTACHMENT 30</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

\$1,030,835	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$4,123,341	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.

_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$5,154,176	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES** [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total	N/A	N/A	N/A
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total	N/A	N/A	N/A

APPEND DOCUMENTATION AS **ATTACHMENT 37**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT 38**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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Type of Ownership of Applicant/Co-Applicant
Attachment 1

MIRA Neuro Behavioral Health Care, LLC ("MIRA") is an Illinois limited liability company. A copy of MIRA's Good Standing Certificate is attached.

ATTACHMENT 1

File Number

0697714-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MIRA NEURO BEHAVIORAL HEALTH CARE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 15, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of MARCH A.D. 2019 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1907101042 verifiable until 03/12/2020
Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT 1

Site Ownership

Attachment 2

Attached is a copy of the Agreement of Purchase and Sale between Community Services Foundation, Inc. (“Seller”) and MIRA Neuro Behavioral Health Care, LLC (“MIRA” or “Buyer”), which shows that MIRA has control of the site.

AGREEMENT OF PURCHASE AND SALE

THIS AGREEMENT OF PURCHASE AND SALE (this "Agreement") is made and entered into this 18th day of March, 2019 ("Effective Date"), by and between COMMUNITY SERVICES FOUNDATION, INC., an Illinois not-for-profit corporation ("Seller"), and MIRA NEURO BEHAVIORAL HEALTH CARE, LLC, an Illinois limited liability company ("Purchaser").

RECITALS:

A. Seller is the owner of the Property commonly known as 6775 Prosperi Drive, Tinley Park, IL 60477 and related improvements.

B. Seller desires to sell to Purchaser, and Purchaser desires to purchase from Seller, the Property, as hereinafter defined, on the following terms and conditions.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, it is hereby agreed as follows:

1. **Sale.** Seller hereby agrees to sell and deliver, or cause to be sold and delivered, to Purchaser and Purchaser hereby agrees to purchase from Seller, subject and pursuant to the provisions of this Agreement, all of Seller's right, title and interest in and to the following property (collectively, the "Property"):

(a) Fee simple interest in and to that certain land (collectively, the "Land") which is legally described on the attached **Exhibit A** and which consists of approximately 2.341 acres of land, together with one office building of a total of approximately 40,000 square feet located at 6775 Prosperi Drive, Tinley Park, IL 60477;

(b) All buildings, improvements, and fixtures (collectively, the "Improvements") located on the Land, but specifically excluding any improvements and fixtures which are the property of any tenant under any of the Leases (as hereinafter defined);

(c) The entire right, title and interest of the landlord under the any assignable leases affecting the Property, including but not limited to the Verizon/ PI Tower LLC lease, dated April 7, 2017, (the "Cell Tower Lease"), including the interest of the landlord in all security deposits and other funds actually held by Seller pursuant to said lease, if any (collectively, the "Leases");

(d) The personal property of Seller of every kind and description, tangible and intangible, located upon and used in the ownership, maintenance or operation of the Land or the Improvements, and identified on **Exhibit B** attached hereto (collectively, the "Personalty"); and

(e) All of the right, title and interest of Seller in and to all maintenance, utility and service contracts relating to the Property which Purchaser may hereafter elect to accept, and all transferable licenses and permits, if any (collectively, the "Contracts").

2. **Purchase Price; Payment of Purchase Price.** The purchase price for the Property (the "Purchase Price") shall be an amount equal to the sum of One Million Nine Hundred Thousand and No/100 Dollars (\$1,900,000.00), plus or minus prorations as set forth in Paragraph 10 below:

(a) **Earnest Money.** Seller, Purchaser and a duly authorized representative of the Office of Fidelity Title Insurance Company (the "Title Company") shall within two (2) business days after the Effective Date execute the Strict Joint Order Escrow Agreement, substantially in the form attached hereto as **Exhibit C**, (the "Escrow Instructions"). The Purchaser shall deliver to the Title Company earnest money (the "Earnest Money") in the sum of Twenty Five Thousand and No/100ths Dollars (\$25,000.00) in two installments: Ten Thousand Dollars (\$10,000) within two business days after the Effective Date and Fifteen Thousand Dollars (\$15,000) within 30 days following the Effective Date. The Earnest Money shall be held by the Title Company in accordance with the terms of the Escrow Instructions. The Earnest Money shall be invested as Purchaser may direct, subject to Seller's reasonable approval, with all cost of investment borne by Purchaser. Any and all interest earned on the Earnest Money shall be reported to Purchaser's federal tax identification number.

(b) **Balance of Purchase Price.** The balance of the entire Purchase Price, plus or minus prorations as set forth herein, shall be paid by Purchaser to Seller at the Closing (as hereinafter defined) by wire transfer of good federal funds to an account designated by the Title Company for the benefit of Seller.

3. **Possession.** Possession of the Property (together with keys and combinations and codes to all locks and alarms, if any) shall be delivered to Purchaser on the Closing Date (as hereinafter defined), subject to such matters as are permitted by or pursuant to this Agreement and the rights of the tenants under the Leases (collectively, the "Tenants").

4. **Closing.** The closing (the "Closing") shall occur through escrow at 10:00 a.m. (Chicago, Illinois time) thirty (30) days following the "CN Contingency Expiration Date" (as hereinafter defined), as may be extended as provided herein, at the office of the Title Company in Orland Park, Illinois, or at such other time and place as Seller and Purchaser shall agree in writing. The date on which the Closing occurs is hereinafter referred to as the "Closing Date". The Closing shall be consummated through escrow with the Title Company as escrowee. The cost of the escrow closing shall be shared equally by Seller and Purchaser, provided Purchaser shall be solely responsible for any money lender's escrow fee.

5. **Title Matters.** Within ten (10) days following the Effective Date Seller, at Seller's expense, shall deliver a copy to Purchaser of (a) a title commitment (the "Commitment") for an ALTA Owner's Title Policy issued by the Title Company covering the Property, and (b) copies of documents recorded documents described in the Commitment requested by Purchaser or Purchaser's attorney. The policy to be issued pursuant to the Commitment shall provide extended coverage. Purchaser may, at Purchaser's cost, request additional endorsements for the Commitment and Seller will cooperate with Purchaser and the Title Company to facilitate issuance of same. Within five (5) business days after receipt of the Commitment (and all or substantially all of such documents) and the Survey, Purchaser shall notify Seller in writing (the "Objection Notice") which of the liens, encumbrances and other matters described in the Commitment or on

the Survey are unacceptable to Purchaser (the "Unpermitted Matters"), and Seller shall then have until the date that is five (5) business days after Seller's receipt of the Objection Notice to notify Purchaser in writing ("Seller's Response Notice") which of the Unpermitted Matters Seller will cure, by removal from the Commitment or by endorsement (which endorsements must be reasonably acceptable to Purchaser). The matters listed in the Commitment that are not Unpermitted Matters shall be "Permitted Exceptions." If Seller elects not to cure any of the Unpermitted Matters within the time period described above, Purchaser shall have the options of (y) proceeding with this Agreement, in which case any Unpermitted Matter not so cured shall be deemed additional Permitted Exceptions or (z) terminating this Agreement, in which event the Earnest Money, and all interest earned thereon, shall be returned to Purchaser and neither party shall have any further obligations or liabilities hereunder. Purchaser shall exercise one of its options set forth in clause (y) or (z) above by providing written notice thereof to Seller within three (3) business days after receipt of Seller's Response Notice, and, if Purchaser fails to provide such notice within such time, then Purchaser shall be deemed to have elected to proceed in accordance with clause (y).

6. **Survey.** Seller shall obtain an ALTA survey of the Property prepared by a surveyor duly registered in the State of Illinois, and certified by said surveyor to have been prepared in accordance with the most current minimum ALTA survey standards, including Table A items 1, 2, 4, and 7 a (the "Survey"). The Survey shall be delivered to the Purchaser within sixty (60) days following the Effective Date. The cost of the Survey shall be shared equally by the Seller and Purchaser.

7. **Inspection Period; Insurance.**

(a) Purchaser shall have until 5:00 p.m. (Chicago, Illinois time) on the day that is one hundred twenty (120) days after the Effective Date (the "Inspection Period") to: (i) conduct a non-invasive physical inspection of the Property, (ii) investigate the zoning matters, (iii) the suitability of the Property for Seller's intended purposes (collectively, the "Studies") and, (iv) obtain a firm commitment for financing from a lender of Purchaser's choice for the acquisition and/or construction of the improvements on the Property. (The amount and terms of the Purchaser's financing commitment shall be satisfactory to Purchaser, in its sole discretion.) Purchaser shall not be entitled to perform any invasive testing at the Property or to take any other action which might damage the Property without Seller's written consent, which may be withheld in Seller's sole discretion. If any damage occurs at the Property as a result of the Studies or any activities upon the Property by Purchaser or any of Purchaser's Agents (as hereinafter defined), Purchaser shall promptly restore the Property to the condition that existed prior to the commencement of the Studies or such other activities, at Purchaser's sole cost and expense, and shall indemnify the Seller and the Seller Related Parties (as hereinafter defined) as hereinafter set forth, such indemnity to survive Closing or termination of this Agreement. Subject to the terms and conditions hereof, Seller agrees to allow Purchaser and Purchaser's attorneys, architects, engineers, auditors and other experts and representatives (collectively, "Purchaser's Agents") access to the Property during reasonable hours for the purpose of conducting the Studies. Purchaser agrees that Seller may have a representative present at any inspection or other entry upon the Property by Purchaser or any of Purchaser's Agents. Purchaser shall have the right to elect to continue or to terminate this Agreement by providing Seller with written notice of Purchaser's election prior to the expiration

of the Inspection Period. Purchaser's failure to elect to continue this Agreement or to deposit the Additional Earnest Money prior to the termination of the Inspection Period shall be deemed a termination of this Agreement. If Purchaser terminates this Agreement in accordance with the provisions of this Paragraph 7 on or prior to the expiration of the Inspection Period, or if this Agreement is deemed terminated as provided above, the Earnest Money shall be returned to Purchaser, and the parties shall so instruct the Title Company within five (5) days after request for such instruction by either party. After disbursement of the Earnest Money as stated in the preceding sentence, except as otherwise provided herein to the contrary, neither party hereto shall have any further rights or liabilities under this Agreement first accruing after said termination. Purchaser shall be solely responsible for paying all costs and expenses with respect to all of the Studies. Purchaser agrees to inform Seller of the status of the Studies periodically during the Inspection Period and to give Seller copies of all completed Studies, at no cost or expense to Seller.

(b) Prior to the commencement of the Studies, Purchaser, at its sole cost, shall obtain and shall thereafter maintain in full force and effect until the Closing or the termination of this Agreement, the insurance described on Exhibit D attached hereto. Such insurance shall name Seller and such other persons as may be designated by Seller as additional insureds thereunder. Prior to commencement of the Studies or any other tests, inspections or other work at the Property, Purchaser shall deliver to Seller a certificate or certificates of insurance of all insurance policies to be maintained by Purchaser as provided herein. Such insurance shall not constitute the limit of liability of Purchaser under this Agreement.

(c) Within five (5) business days of the Effective Date, Seller will provide Purchaser with access to or copies of any Leases, Contracts, surveys, environmental reports, geotechnical studies and any other plans or studies that to Seller's Knowledge are in Seller's possession concerning the Property (collectively, the "Seller Materials"). Seller's proprietary information and any appraisal information is expressly excluded from the definition of Seller's Materials and shall not be delivered or available to Purchaser.

(d) On or prior to the Inspection Period Expiration Date, Purchaser shall notify Seller of those Contracts which it desires Seller to terminate. Seller will terminate or cause to be terminated effective as of the Closing Date, all Contracts that Purchaser so requests Seller to terminate, but only to the extent that such Contracts by their terms are cancelable prior to the Closing Date without any cost or expense to Seller in excess of the cost of one (1) month's services thereunder. Any Contracts that are not cancelable (or are cancelable at cost to Seller in excess of the cost of one month's services thereunder), for whatever reason, shall be assumed by Purchaser at Closing.

8. Conditions.

(A) Conditions for Purchaser's Benefit. The obligations of Purchaser to consummate the transaction contemplated hereby are subject to the following conditions, any of which, if not fulfilled by the Closing or as otherwise provided herein, shall entitle Purchaser (at its option) to terminate this Agreement and receive an immediate refund of the Earnest Money:

(1) After the expiration of the "Inspection Period" (defined below), (i) no change shall have occurred, without Purchaser's written consent, in the state of title matters disclosed in the Title Commitment and the Survey, and (ii) no material and adverse change shall have occurred in any of the other matters inspected by Purchaser pursuant to Paragraph 8 hereof.

(2) Seller shall have timely complied with its obligations hereunder.

(3) All warranties and representations made by Seller herein shall have been and remain truthful in all material respects.

(4) (i) Purchaser securing a firm written commitment (i.e. a "Certificate of Need") from the applicable state of Illinois agency authorizing Purchaser to operate a mental health facility at the Property within one hundred eighty (180) days of the Effective Date (the "CN Contingency Expiration Date"). Such applications shall be at Purchaser's sole expense. In the event that Purchaser does not provide the Seller with written notice that it failed to obtain such Certificate of Need prior to the CN Contingency Expiration Date, the contingency shall be deemed waived by the Purchaser.

(ii) Purchaser shall have the option to extend (an "Option to Extend") the CN Contingency Expiration Date three (3) separate times for thirty (30) day increments by written notice (the "Extension Notice") from Purchaser to Seller of its election to do so; provided, each Extension Notice shall be served by Purchaser upon Seller within three (3) business days prior to the ensuing CN Contingency Expiration Date.

(iii) In the event that the Seller has vacated the Property at such time as any Extension Notice is given, Purchaser shall pay a non-refundable, non-credited extension fee ("Extension Fee") at the time of delivery of the Extension Notice. The Extension Fee shall be equal to the Seller's estimated "Carry Costs", defined as the cost of:

(A) the utilities (gas, electric, water etc.) and property insurance associated with the maintenance of the vacant Property for the period between the initial CN Expiration Date and the Closing Date (the "Carry Cost Period"), plus,

(B) the debt service cost of Seller's financing associated with its purchase of replacement property (currently 6800 Centennial Dr., Tinley Park, Illinois) for the Carry Cost Period.

(iv) The Extension Fee shall be estimated at such time as Purchaser wishes to exercise each Option to Extend. A reconciliation of the actual Carry Costs will be made as soon as the information is available and either the Seller shall

promptly refund to Purchaser any overpayment of Carry Costs or the Purchaser shall promptly pay to Seller the underpayment of Carry Costs.

(v) In the event that the Seller has not vacated the Property at such time as any Extension Option is exercised, Purchaser shall increase the Earnest Money deposit by Ten Thousand Dollars (\$10,000.00) with each Extension Notice.

(5) The tenant under the Cell Tower Lease not exercising its Right of First Refusal provided for under said Lease within the time frame provided for under the Lease.

(6) The Purchaser obtaining approval of this Agreement from its members on or before ten (10) days following the Effective Date (the "Purchaser Contingency Date"). In the event this Agreement is disapproved, the Purchaser shall give the Seller written notice prior to the Seller Contingency Date. The Earnest Money shall be promptly refunded to the Purchaser, the Agreement shall be terminated and neither party shall have any further obligation to the other except those provisions that expressly survive the termination of this Agreement.

(B) Conditions for Seller's Benefits. The obligations of Seller to consummate the transaction contemplated hereby are subject to the following conditions which, if not fulfilled by the Closing or as otherwise provided herein, shall entitle Seller, at its option, to terminate the Agreement:

(1) Purchaser shall have timely complied with its obligations hereunder.

(2) All warranties and representations made by Purchaser herein shall have been and remain truthful in all material respects.

(3) The Seller obtaining approval of this Agreement from its Board of Directors on or before ten (10) days following the Effective Date (the "Seller Contingency Date"). In the event this Agreement is disapproved, the Seller shall give the Purchaser written notice prior to the Seller Contingency Date. The Earnest Money shall be promptly refunded to the Purchaser, the Agreement shall be terminated and neither party shall have any further obligation to the other except those provisions that expressly survive the termination of this Agreement.

(4) The tenant under the Cell Tower Lease not exercising its Right of First Refusal provided for under said Lease within the time frame provided for under the Lease.

9. Closing Documents.

(a) Seller shall deliver to the Title Company the following documents on the Closing

Date:

- (i) A warranty deed, subject to the Permitted Exceptions and sufficient to permit the Title Company to issue a title policy to Purchaser at Closing in accordance with the terms hereof, subject only to the Permitted Exceptions (the "Title Policy");
- (ii) A bill of sale for the Personalty;
- (iii) A closing statement (the "Closing Statement") setting forth the prorations and adjustments to the Purchase Price as required by the terms of this Agreement;
- (iv) State, county and local transfer tax declarations to the extent required by applicable laws;
- (v) Such evidence of Seller's power and authority and such other customary affidavits and instruments as the Title Company may reasonably require to issue the Title Policy;
- (vi) A Certificate of Non-Foreign Status executed by Seller;
- (vii) An Assignment of Leases executed by Seller in the form attached hereto **Exhibit D** assigning to Purchaser or, if applicable, Purchaser's Designee, all of the right, title and interest of the landlord in and to all of the Leases, and an assumption thereof by Purchaser or Purchaser's Designee, if applicable.
- (viii) An Assignment of Contracts executed by Seller assigning the Contracts to Purchaser or, if applicable, Purchaser's Designee, and an assumption thereof by Purchaser or Purchaser's Designee, if applicable.
- (ix) A letter executed by Seller addressed to the Tenants stating that, among other things, (a) the Property has been sold to Purchaser or Purchaser's Designee, and (b) all rents and other sums due under the Leases from and after the Closing Date are to be paid to or upon the direction of Purchaser or, if applicable, Purchaser's Designee.
- (x) To the extent in Seller's possession, the fully executed original Leases, together with all amendments, extensions and renewals thereof.
- (xi) To the extent in Seller's possession, the fully executed original Contracts assigned to Purchaser, together with all amendments thereof, or in the absence of same, copies of the Contracts in Seller's files.
- (xii) All tenant and Lease files in the possession of Seller.
- (xiii) All keys to the Property and any required code or combination numbers, passes or other similar security devices to the extent the same are in the possession of Seller.

(b) Purchaser shall deliver to the Title Company the following documents on the Closing Date:

- (i) The balance of the Purchase Price as set forth in Paragraph 2(b) above;
- (ii) Counterparts of any documents referenced in Paragraph 9(a) requiring Purchaser's signature; and
- (iii) Such evidence of Purchaser's power and authority and such other customary affidavits and instruments as the Title Company may reasonably require to issue the Title Policy.

10. **Transaction Costs.** Purchaser shall be responsible for municipal transfer taxes allocated to Purchaser by local ordinance, any endorsements to the Title Policy to be issued at Closing other than those required to cure Unpermitted Exceptions which Seller expressly agrees to cure in accordance with the terms hereof, costs of any Survey, recording costs and any other expenses due from or incurred by Purchaser. Seller shall pay State of Illinois and Cook County transfer taxes and any municipal transfer taxes allocated to Seller by local ordinance, the base premium for the Title Policy to be issued at Closing and the cost of any title endorsements required to cure Unpermitted Exceptions which Seller expressly agrees to cure in accordance with the terms hereof. Seller and Purchaser shall each pay one-half of any escrow fees (including "New York Style" closing fees) charged by the Title Company. Purchaser shall be responsible for the costs of Purchaser's Studies and other due diligence activities and any costs relating to any financing obtained by Purchaser. Seller and Purchaser shall each be responsible for the fees of their respective attorneys. Purchaser shall pay the cost of all recording fees for the deed and other documents filed or recorded in connection with the transactions contemplated by this Agreement; provided, however, that Seller shall pay all recording fees for all documents required to remove any Unpermitted Exceptions to the extent agreed to be cured by Seller in accordance with the terms hereof.

11. **Prorations.** Prior to the Closing, Seller shall determine the amounts of the prorations in accordance with this Agreement and notify Purchaser thereof. Purchaser shall review and approve such determination promptly and prior to the Closing, such approval not to be unreasonably withheld or delayed. The prorations shall be calculated as of 11:59 p.m. on the day immediately preceding the Closing Date. Thereafter, Purchaser and Seller shall each inform Title Company of such amounts. The following items shall be prorated as of the Closing Date and shall be deducted from or added to the Purchase Price, as appropriate, payable at the Closing:

(a) All security deposits, if any, held by Seller shall be credited against the Purchase Price at Closing.

(b) All rents for the month that Closing occurs and charges paid under the Leases, including prepaid rent to the extent actually received by Seller. No proration credit shall be given to Seller for any rent or other sums due on or before the date of Closing which are in arrears, but if such amounts are collected by Purchaser after the Closing Date, such rents shall be promptly remitted to Seller. All rents and other charges collected from tenants after the Closing Date shall

be paid over and applied in the following order of priority: (i) first, on account of rents and other sums due to Purchaser from tenants after Closing (ii) second, on account of rents and other sums due to Seller and Purchaser (and prorated between them as of the Closing Date) for the month in which the Closing occurs; and (iii) thereafter, on account of rents and other sums due to Seller for any months prior to the month of Closing. If rents or any portion thereof received by Seller or Purchaser after the Closing are payable to the other party by reason of the foregoing allocation, the appropriate sum shall be promptly paid to the other party, which obligation expressly shall survive the Closing. Seller hereby expressly reserves the right following the Closing to pursue any claims it may have against Tenants for delinquent rentals owing for periods prior to the Closing Date and Purchaser hereby agrees to cooperate with Seller, at no cost or expense to Purchaser, in pursuing such claims.

(c) The Property is exempt from general real estate taxes. Therefore, prorations for general real estate taxes are not applicable.

(d) Subject to the provisions of Paragraph 8 A (4) hereof, all operating expenses of the Property which pertain to a period both prior to and after the Closing Date, to the extent not required to be paid by the Tenants, including, without limitation, utility charges (including, without limitation, water and sewer charges) based on the last ascertainable bills (if current bills are not available) if and to the extent that final meter readings cannot be made and separate bills issued to Seller and Purchaser by the utility suppliers prior to the Closing Date; provided, however, that Seller and Purchaser hereby agree to cooperate to seek to have such final meter readings made prior to Closing and the account party changed to Purchaser effective as of the Closing Date.

(e) The parties shall cooperate to re-prorate prorations after Closing to the extent actual costs are not ascertainable as of the Closing Date.

12. Representations and Warranties; Modification of Representations and Warranties; Condition of the Property.

(a) Purchaser hereby represents and warrants to Seller, as of the Effective Date and as of the Closing Date, as follows:

(i) Purchaser is an Illinois limited liability company, duly organized, validly existing and in good standing under the laws of the State of Illinois.

(ii) Purchaser has full capacity, right, power and authority to execute, deliver and perform this Agreement and all documents to be executed by Purchaser pursuant hereto.

(iii) The consummation of the transaction contemplated by this Agreement will not result in a breach of any of the terms and conditions of, or constitute a default under, any agreement to which Purchaser is now a party, or violate or cause to be violated any judgment or decree of any court, administrative agency or governmental body.

(b) Seller hereby represents and warrants to Purchaser, as of the Effective Date and as of the Closing Date, as follows:

(i) To Seller's knowledge, there is no pending or threatened litigation against Seller or the Property which would materially affect the Property after Closing.

(ii) Subject to Board approval contingency (below), Seller has full capacity, right, power and authority to execute, deliver and perform this Agreement and all documents to be executed by Seller pursuant hereto.

(iii) That the consummation of the transaction contemplated by this Agreement will not result in a breach of any of the terms and conditions of, or constitute a default under, any agreement to which Seller is now a party and which affects the Property, or any part thereof, or violate or cause to be violated any judgment or decree of any court, administrative agency or governmental body.

(iv) Seller is, and at the Closing shall be, a not for profit corporation duly organized, validly existing and in good standing under the laws of the state of Illinois.

(v) The execution of and entry into this Agreement, the execution and delivery of the documents and instruments to be executed and delivered by Seller on the Closing Date, and the performance by Seller of Seller's duties and obligations under this Agreement, are not in violation of any contract, agreement or other instrument to which Seller is a party, any judicial order or judgment of any nature by which Seller is bound, or the organizational documents of Seller.

(vi) To Seller's actual knowledge, except for the Seller's Deliveries and the Record Documents there are no service contracts, development agreements or other agreements affecting the Premises that will be binding on the Buyer or the Premises after the Closing.

In the event that, prior to Closing, Seller discovers that any representation or warranty of Seller is or will be inaccurate, untrue or incorrect, Seller shall give Purchaser one or more notices of any modifications (each, a "Seller Statement of Modification") to the representations and warranties of Seller set forth in this Agreement within five (5) business days after discovering such inaccuracy. In the event of any Seller Statement of Modification concerning a matter which materially adversely affects the current use of the Property, Purchaser shall have the right, exercisable not more than five (5) business days after its receipt of the Seller Statement of Modification to terminate this Agreement, whereupon the Earnest Money shall be returned to Purchaser and, except as otherwise expressly provided herein to the contrary, neither party hereto shall have any further rights or liabilities under this Agreement. In the event that Purchaser has the right to terminate this Agreement pursuant to the terms of this paragraph and fails to deliver such termination notice to Seller within the time period set forth herein, then Purchaser shall be deemed to have elected to proceed to Closing, in which case, such representation or warranty shall be deemed modified and Purchaser shall be deemed to have waived its rights with respect to any such inaccurate, untrue or breached representation or warranty.

(c) When used in this Agreement, the term "to Seller's knowledge" or similar words shall mean and be limited to the actual (and not imputed, implied or constructive) current knowledge, without inquiry, of Mary Pat Ambrosino, Executive Director of Seller. Notwithstanding anything to the contrary set forth in this Agreement, none of the foregoing individuals shall have any personal liability or liability whatsoever with respect to any matters set forth in this Agreement or any of Seller's representations and/or warranties herein being or becoming untrue, inaccurate or incomplete.

(d) **AS-IS, EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES OF SELLER EXPRESSLY SET FORTH IN THIS AGREEMENT OR IN ANY OTHER DOCUMENT EXECUTED PURSUANT TO THIS AGREEMENT, PURCHASER WARRANTS AND ACKNOWLEDGES TO AND AGREES WITH SELLER THAT PURCHASER IS PURCHASING THE PROPERTY IN ITS "AS-IS, WHERE IS" CONDITION "WITH ALL FAULTS" AS OF THE CLOSING DATE AND SPECIFICALLY AND EXPRESSLY WITHOUT ANY WARRANTIES, REPRESENTATIONS OR GUARANTEES, EITHER EXPRESS OR IMPLIED, AS TO ITS CONDITION, FITNESS FOR ANY PARTICULAR PURPOSE, MERCHANTABILITY, OR ANY OTHER WARRANTY OF ANY KIND, NATURE, OR TYPE WHATSOEVER FROM OR ON BEHALF OF SELLER. EXCEPT FOR THE REPRESENTATIONS AND WARRANTIES OF SELLER EXPRESSLY SET FORTH IN THIS AGREEMENT OR IN ANY OTHER DOCUMENT EXECUTED PURSUANT TO THIS AGREEMENT, SELLER SPECIFICALLY DISCLAIMS ANY WARRANTY, GUARANTY OR REPRESENTATION, ORAL OR WRITTEN, PAST OR PRESENT, EXPRESS OR IMPLIED, CONCERNING (A) THE VALUE, NATURE, QUALITY OR CONDITION OF THE PROPERTY, INCLUDING, WITHOUT LIMITATION, THE WATER, SOIL AND GEOLOGY, (B) THE INCOME TO BE DERIVED FROM THE PROPERTY, (C) THE SUITABILITY OF THE PROPERTY FOR ANY AND ALL ACTIVITIES AND USES WHICH PURCHASER MAY CONDUCT THEREON, INCLUDING THE POSSIBILITIES FOR FUTURE DEVELOPMENT OF THE PROPERTY, (D) THE COMPLIANCE OF OR BY THE PROPERTY OR ITS OPERATION WITH ANY LAWS, RULES, ORDINANCES OR REGULATIONS OF ANY APPLICABLE GOVERNMENTAL AUTHORITY OR BODY, (E) THE HABITABILITY, MERCHANTABILITY, MARKETABILITY, PROFITABILITY OR FITNESS FOR A PARTICULAR PURPOSE OF THE PROPERTY, (F) THE MANNER OR QUALITY OF THE CONSTRUCTION OR MATERIALS, IF ANY, INCORPORATED INTO THE PROPERTY, (G) THE MANNER, QUALITY, STATE OF REPAIR OR LACK OF REPAIR OF THE PROPERTY, (H) THE PRESENCE OR ABSENCE OF HAZARDOUS MATERIALS AT, ON, UNDER, OR ADJACENT TO THE PROPERTY OR ANY OTHER ENVIRONMENTAL MATTER OR CONDITION OF THE PROPERTY, (I) ANY AGREEMENTS AFFECTING THE PROPERTY, OR (J) ANY OTHER MATTER WITH RESPECT TO THE PROPERTY. PURCHASER ACKNOWLEDGES AND AGREES THAT SELLER HAS MADE NO AGREEMENT TO ALTER, REPAIR OR IMPROVE ANY OF THE PROPERTY.**

13. **Release.** Purchaser and anyone claiming through Purchaser hereby fully and irrevocably releases Seller and its affiliates, representatives, agents, officers, directors, employees, attorneys, servicers, predecessors, successors, and assigns from any and all claims it may now have or hereafter acquire against Seller or its agents and representatives for any cost, loss, liability, expense, damage, action or cause of action, whether foreseen or unforeseen, arising from or related to the physical condition of the Property, the presence of environmentally hazardous, toxic or dangerous substances, or any other condition (whether patent, latent or otherwise) affecting the Property, except for claims against Seller based upon obligations expressly provided in this Agreement. The provisions of this Paragraph 13 shall survive the Closing or termination of this Agreement.

14. **Indemnification.** The Purchaser agrees to indemnify, defend and hold harmless Seller, and its affiliates, subsidiaries, parent company, representatives, agents, officers, directors, employees, attorneys, shareholders, servicers, tenants, brokers, predecessors, successors, and assigns ("Indemnified Parties") from and against any and all claims, causes of action, whether administrative or judicial, losses, costs (including any and all reasonable attorneys' fees, court costs, and reasonable costs of investigation, litigation, and settlement), expenses, sanctions, curtailments, interest, liabilities, penalties, fines, demands, liens, judgments, compensation, fees, loss of profits, injuries, death, and/or damages, of any kind whatsoever, whether known or unknown, fixed or contingent, joint or several, criminal or civil, or in law or in equity ("Claims") arising from, in connection with, or in any way relating to:

(a) Purchaser's entry onto the Property and inspections or other activities by the Purchaser or its agents, representatives, brokers, employees, contractors, successors or assigns on or about the Property and from and against any mechanic's liens or claims of lien resulting therefrom; and,

(b) The Purchaser's breach of or failure to comply fully with any provision in the Agreement.

(c) The provisions of this Paragraph 14 shall survive the Closing or termination of this Agreement.

15. **Casualty.** If the Improvements shall be destroyed or damaged at any time following the Effective Date but prior to the Closing Date by fire, flood, wind or other casualty, Seller shall give Purchaser prompt written notice (the "Casualty Notice") thereof. If the cost of repair of such damage shall exceed \$25,000.00 (as determined by an estimate of Seller's insurer or an architect retained by Seller), Purchaser shall have the option to terminate this Agreement by giving Seller written notice thereof within ten (10) days of Purchaser's receipt of the Casualty Notice, in which event the Earnest Money shall be immediately returned to Purchaser, and except as otherwise expressly provided herein to the contrary, neither Purchaser nor Seller shall have any further rights or liabilities accruing hereunder after said termination. If Purchaser receives a Casualty Notice and does not elect to terminate this Agreement within the time and in the manner described in the immediately preceding sentence (or does not have the right to terminate this Agreement), (i) Purchaser shall accept the Improvements as so damaged or destroyed, (ii) all of the proceeds of any insurance paid prior to Closing as a result of such damage or destruction shall be assigned by

Seller to Purchaser and delivered to Purchaser at Closing, (iii) the amount of the deductible with respect to the damage or destruction that resulted in such Casualty Notice shall be credited against the Purchase Price to be paid by Purchaser at the Closing; provided, if the amount of said proceeds exceeds the Purchase Price to be paid by Purchaser at the Closing, then the amount of said excess (after payment of the Purchase Price) shall be paid to and retained by Seller. Prior to the Closing Date, Seller may settle any loss with insurance companies of Seller with Purchaser's prior consent, which consent shall not be unreasonably withheld or unduly delayed, and receive the proceeds of insurance applicable thereto as hereinbefore provided, and Purchaser shall execute all necessary proofs of loss, assignments of claim and other items. In the event that such proceeds of insurance shall not be paid prior to the Closing Date, Seller shall pay said amount to Purchaser upon receipt of such insurance proceeds.

16. **Condemnation.** Upon receipt of an offer or any notice or communication from any governmental or quasi-governmental body seeking to take under its power of eminent domain all or any portion of the Land and/or the Improvements prior to the Closing Date, Seller shall promptly notify Purchaser and send such communication, or a copy thereof, to Purchaser. Seller shall transfer the Property to Purchaser on the Closing Date less any portion thereof taken by eminent domain or condemnation; provided, however that if any eminent domain or condemnation action results in the taking or proposed taking of all or a "material portion" (as hereinafter defined) of the Property, Purchaser shall have the right to terminate this Agreement by delivery of written notice thereof to Seller within ten (10) days after receipt by Purchaser of notice of the same. If the Closing Date would occur prior to the expiration of said ten (10) day period, then the Closing Date shall be automatically extended to the date which is five (5) days after the expiration of said ten (10) day period. In the event that Purchaser elects to terminate this Agreement in accordance with the terms hereof, then this Agreement shall be null and void and of no further force and effect and the Earnest Money shall be returned to Purchaser and, except as otherwise expressly provided herein to the contrary, neither Seller nor Purchaser shall have any further rights or liabilities occurring hereunder after said termination. If Purchaser does not elect to terminate this Agreement (or is otherwise not permitted to terminate this Agreement) and the portion of the Land and/or the Improvements so required by the condemning authority is taken on or before the Closing, then the proceeds of such condemnation or sale in lieu thereof paid prior to Closing shall be assigned by Seller to Purchaser and delivered to Purchaser at Closing, and the property so taken or sold shall not be subject to this Agreement. If: (x) Purchaser has the right to terminate this Agreement pursuant to this paragraph but does not elect to terminate and the portion of Land and/or the Improvements so required by the condemning authority is taken after the Closing Date, or (y) Purchaser does not have the right to terminate this Agreement pursuant to this paragraph, then following the Closing, all proceeds of such condemnation or sale in lieu thereof shall be the sole and exclusive property of Purchaser. Seller and Purchaser agree to cooperate with each other to obtain the highest and best price for the condemned property. For purposes hereof, the term "material portion" shall mean a portion of the Property which includes the Land on which the Improvements are located, and which, if taken, would materially and adversely interfere with the operation or use of the Improvements currently existing on the Property.

17. **Right, Title or Interest.** No right, title or interest legal or equitable, in the Property, or any portion thereof shall vest in Purchaser until full payment of the Purchase Price has been made and Seller is obligated to convey the Property to Purchaser as provided in this Agreement.

18. **Seller Default.** Provided Purchaser has complied with all of Purchaser's obligations set forth in this Agreement and is not in default hereunder, if Seller fails to perform or observe in any material respect any of the covenants or agreements to be kept or performed by Seller under this Agreement and such failure remains uncured five (5) days after receipt of written notice thereof from Purchaser, Purchaser, at its election, shall be entitled to (i) waive Seller's default and proceed to close on the terms and conditions set forth in this Agreement; or (ii) terminate this Agreement, and if this Agreement is so terminated, the Earnest Money shall be returned to Purchaser and Purchaser shall receive reimbursement from Seller of actual costs incurred by Purchaser in connection with this Agreement up to a maximum of Twenty-Five Thousand Dollars (\$25,000.00). Such return of Earnest Money and recovery of actual costs shall be in full settlement of all claims, and, except as otherwise expressly provided herein to the contrary, neither Purchaser nor Seller shall have any further rights or liabilities accruing hereunder after said termination. Purchaser waives any right to pursue any other remedy at law or equity for such default of Seller.

19. **Purchaser Default.** If Purchaser fails to perform or observe in any material respect any of the covenants or agreements to be kept or performed by Purchaser under this Agreement, and if such failure remains uncured five (5) days after receipt of written notice thereof from Seller (except that there shall be no cure period on account of the failure of Purchaser to pay any portion of the Purchase Price or any other amounts due in accordance with the terms hereof), or if any of the representations or warranties of Purchaser under this Agreement is untrue in any material respect, Seller shall be entitled, as its sole remedy, to terminate this Agreement prior to Closing, and if this Agreement is so terminated, the Earnest Money shall be delivered to and retained by Seller in full settlement as liquidated damages, and except as otherwise expressly provided herein to the contrary, neither Purchaser nor Seller shall have any further rights or liabilities accruing hereunder after said termination.

20. **Notices.** All notices required or permitted to be delivered hereunder shall be in writing and shall be delivered in person, by overnight express carrier, by United States registered or certified mail with return receipt requested or by electronic mail. If delivered in person, such notices shall be effective on the date of delivery and, if sent by overnight express carrier, shall be effective on the next business day immediately following the day sent and, if so mailed, shall be effective at the time of deposit in any U.S. Post Office or collection box with postage prepaid and, if sent by electronic mail, shall be deemed effective on the day when sent. All notices shall be addressed as follows:

If to Seller: Community Services Foundation, Inc.
6775 Prosperi Drive
Tinley Park, IL 60477
Attn: Mary Pat Ambrosino
Telephone: 708-429-2980
Email: mambrosino@csfil.org

with a copy to: Robert J. Huguelet, Jr., Esq.
Robert J. Huguelet, Jr., P.C.

10749 Winterset Drive
Orland Park, IL 60467
Telephone: (708) 226-9500
Facsimile: (708) 364-7127
Email: rjh@rjhugueletlaw.com

If to Buyer: Mira Neuro Behavioral Health Care, LLC
11800 S. 75th Avenue, Suite 300
Palos Heights, IL 60463
Attn: Christopher Higgins
Telephone: _____
Facsimile: _____
Email: _____

With a copy to: Robert Hennessy, Esq.
11800 South 75th Avenue
Palos Heights, IL 60463
Telephone: (708) 361-0826
Email: rjhatty@hotmail.com

or at such other addresses as either party hereto may designate by giving written notice thereof to the other party hereto in the aforesaid manner.

21. Assignment and Binding Effect.

(a) Purchaser shall not sell, transfer or assign this Agreement or any of Purchaser's rights under this Agreement, or transfer, sell or assign a majority interest in the equity or voting securities of Purchaser, without in each such instance obtaining the prior written consent of Seller (which Seller may grant or withhold at Seller's sole discretion). Any such transfer or assignment without such previous written consent shall not vest in the transferee or assignee any right, title or interest in the Property or under this Agreement, but shall render all of Seller's duties, obligations, covenants and agreements under this Agreement null and void at the election of Seller, and shall constitute a default by Purchaser under this Agreement, pursuant to Paragraph 19 above. If Seller, in its discretion, consents to any such transfer or assignment of the Property or transfer or assignment of this Agreement, any transfer, sale or assignment of a majority interest in the voting or equity securities of Purchaser, the transferee, assignee or lessee of Purchaser shall assume in writing the obligations of Purchaser under this Agreement and shall be jointly and severally liable with Purchaser for all obligations of Purchaser under this Agreement. No sale, assignment, or transfer by Purchaser of its rights under this Agreement or in or to the Property nor any sale, transfer or assignment of a majority interest in the voting or equity securities of Purchaser shall relieve Purchaser from any liability under this Agreement, past, present or future, it being understood and agreed that Purchaser shall remain liable for all Purchaser's obligations under this Agreement.

(b) It is expressly agreed by Seller and Purchaser that all of the provisions of this Agreement shall be binding upon the heirs, successors, legal representatives and assigns of Seller

and Purchaser, and shall inure to the benefit of all heirs, successors, assigns and legal representatives of Seller and Purchaser permitted under this Paragraph 21.

22. Miscellaneous.

(a) Commissions. Seller and Purchaser represent to the other, respectively, that each has not procured a broker for this transaction. Seller and Purchaser shall each indemnify and hold the other harmless from and against any and all claims of all brokers and finders claiming by, through or under the indemnifying party and in any way related to the sale and purchase of the Property, this Agreement or otherwise, including, without limitation, attorneys' fees and expenses incurred by the indemnified party in connection with such claim. This Paragraph 22 (a) shall survive Closing or the termination of this Agreement.

(b) Entire Agreement. Both parties hereto hereby acknowledge that this Agreement constitutes the entire agreement between the parties with respect to the sale and purchase of the Property, and agree that this Agreement shall not be altered, modified or amended except by a written instrument duly executed by both parties hereto.

(c) Modification. No modification, waiver, amendment, discharge or change of this Agreement shall be valid unless the same is in writing and signed by the party against which the enforcement of such modification, waiver, amendment, discharge or change is or may be sought.

(d) Reserved.

(e) Time is of the Essence. Time shall be of the essence in the performance of all covenants, agreements and obligations under this Agreement.

(f) Applicable Law/Venue. This Agreement shall be governed by and construed in accordance with the internal laws of the state where the property is located without regard to such state's choice of law rules.

(g) No Joint Venture. It is understood and agreed that Purchaser and Seller shall in no event be construed for any purpose to be partners, joint venturers, agents or associates of each other in the performance of their respective obligations hereunder or with respect to the Property.

(h) Captions. The captions used in connection with the paragraphs of this Agreement are for convenience of reference only and shall not be deemed to construe or limit the meaning or language of this Agreement.

(i) Severability. If any provision of this Agreement, or portion thereof, is held by a court to be invalid, void or unenforceable, the remainder of such provision and the remaining provisions of this Agreement shall remain in full force and effect and shall in no way be affected, impaired or invalidated, and the invalid or unenforceable provision shall be modified so as to most nearly as possible achieve the intention of this Agreement.

(j) Assignment of Interest in Studies. If for any reason Purchaser does not consummate the Closing, then Purchaser shall, upon Seller's request, assign and transfer to Seller all of Purchaser's right, title and interest in and to any and all Studies, surveys and other information, data and/or documents relating to the Property or any part thereof prepared by or at the request of Purchaser, its employees and agents, and shall deliver to Seller copies of all of the foregoing.

(k) Recording. At all times after the date of this Agreement, neither party shall record or permit to be recorded this Agreement, a copy of this Agreement, or any memorandum, short form Agreement or other document summarizing the terms and provisions of this Agreement. In the event of any breach by either party of the provisions contained in the immediately preceding sentence, the non-breaching party may terminate this Agreement and retain the Earnest Money, as liquidated damages.

(l) Attorneys' Fees. Should any party hereto employ an attorney for the purpose of enforcing or construing this Agreement, or any judgment based on this Agreement, in any legal proceeding whatsoever, including insolvency, bankruptcy, arbitration, declaratory relief or other litigation, the prevailing party shall be entitled to receive from the other party hereto reimbursement for all reasonable attorneys' fees and all costs, whether incurred at the trial or appellate level, including but not limited to service of process, filing fees, court and court reporter costs, investigative costs, expert witness fees and the costs of any bonds, and such reimbursement shall be included in any judgment, decree or final order issued in that proceeding. The "prevailing party" means the party in whose favor a judgment, decree or final order is rendered.

(m) Business Day. In the event that the date for performance of any of the provisions hereof is due on a day that is a Saturday, Sunday or Illinois state or United States national holiday, such due date shall be extended to the immediately succeeding business day.

(n) Proper Execution. The submission by Seller of this Agreement for execution by Purchaser and the actual execution and delivery thereof by Purchaser to Seller shall similarly have no binding force and effect on Seller unless and until Seller shall have executed this Agreement and the Earnest Money shall have been received by the Title Company.

(o) Construction. No provision of this Agreement shall be construed in favor of, or against, any particular party by reason of any presumption with respect to the drafting of this Agreement; both parties, being represented by counsel, having fully participated in the negotiation of this Agreement.

(p) Counterparts. This Agreement may be executed in several counterparts and such executed counterparts shall be considered an original and, when taken together, shall constitute one and the same instrument.

(q) Signatures. Handwritten signatures to this Agreement transmitted by electronic transmission (for example, through use of a Portable Document Format or "PDF" file) shall be valid and effective to bind the party so signing. Each party agrees to promptly deliver to the other party an executed original of this Agreement with its actual signature, but a failure to do so shall

not affect the enforceability of this Agreement, it being expressly agreed that each party to this Agreement shall be bound by its own electronically transmitted handwritten signature and shall accept the electronically transmitted handwritten signature of the other party to this Agreement.

[signature page follows]

IN WITNESS WHEREOF, this Agreement is executed as of the day and year first written above.

SELLER:

COMMUNITY SERVICES FOUNDATION,
an Illinois not for profit corporation

Decubigned by:
By: Mary Pat Ambrosino
Name: Mary Pat Ambrosino
Title: Executive Director

Date of Seller's Acceptance: March 18, 2019

PURCHASER:

MIRA NEURO BEHAVIORAL HEALTH
CARE, LLC, an Illinois corporation

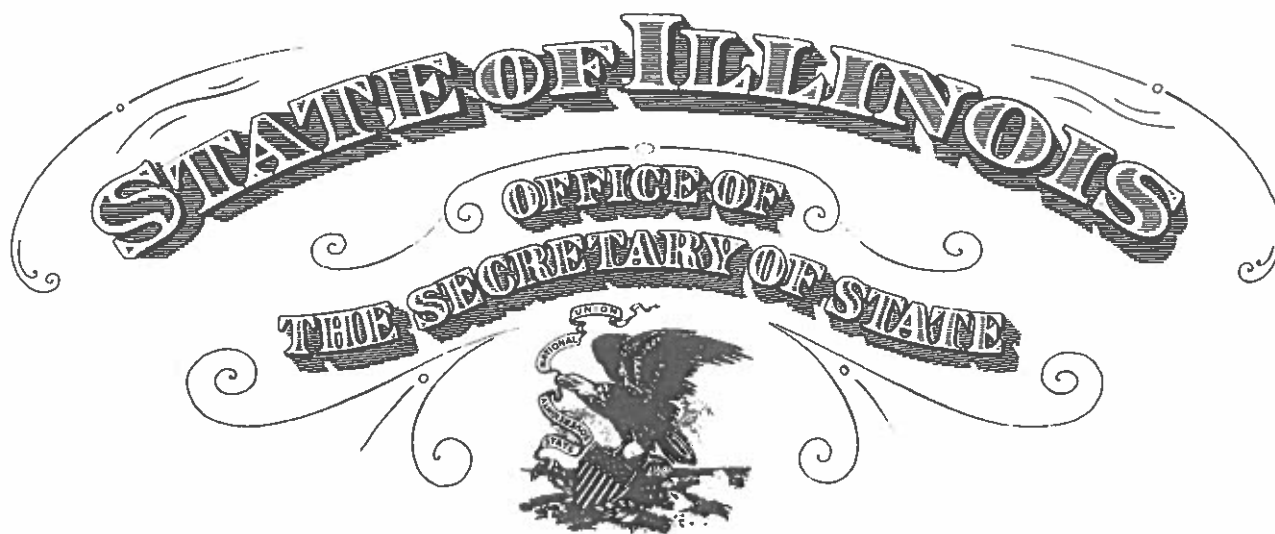
By: [Signature]
Name: Christy Higgins
Title: Manager

Date of Purchaser's Execution: March 18, 2019

Operating Identity/Licensee

Attachment 3

MIRA Neuro Behavioral Health Care, LLC (“MIRA”) is an Illinois limited liability company. A copy of MIRA’s Good Standing Certificate is attached.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MIRA NEURO BEHAVIORAL HEALTH CARE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 15, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 12TH
day of MARCH A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1907101042 verifiable until 03/12/2020

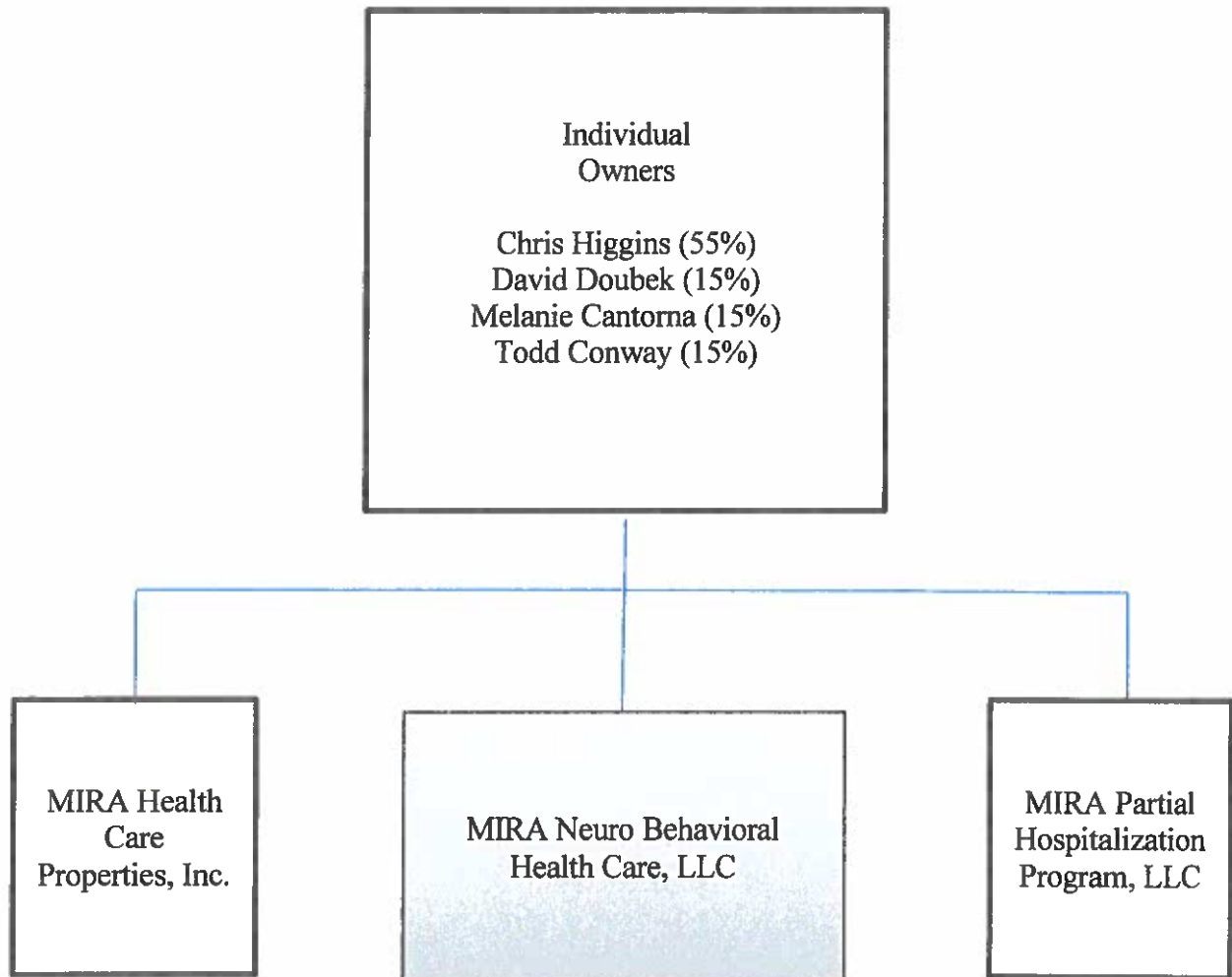
Authenticate at: <http://www.cyberdriveillinois.com>

Organizational Relationships

Attachment 4

A copy of MIRA Neuro Behavioral Health Care, LLC's ("MIRA") organizational chart is attached.

**MIRA Neuro Behavioral Health Care, LLC
Organization Chart**

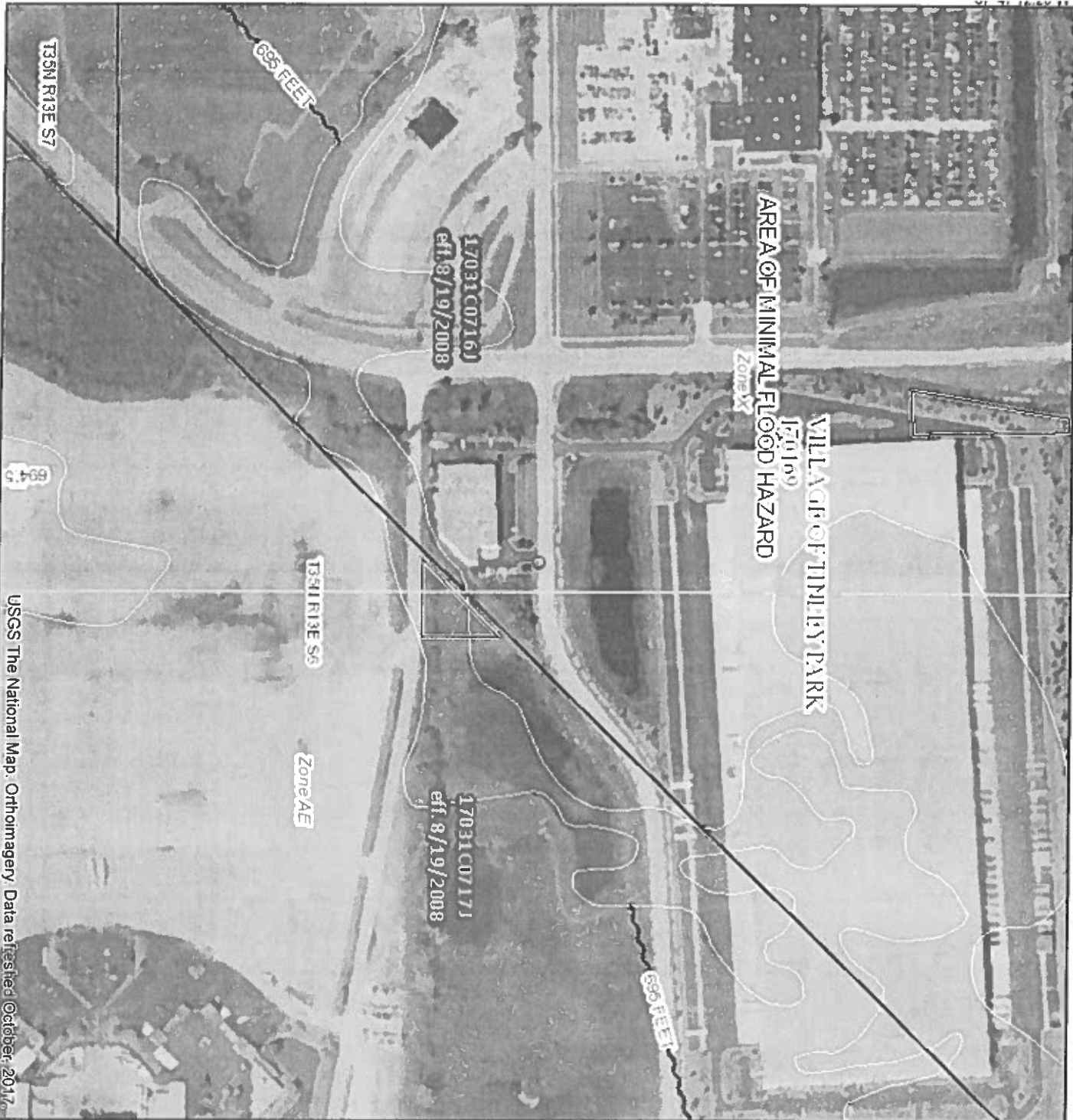


Flood Plain Requirement
Attachment 5

As shown on the attached FEMA map, the site of the Proposed Project is not located in a flood plain and the Proposed Project complies with the Flood Plain Rules under Illinois Executive Order #2005-5.

National Flood Hazard Layer FIRMette

41°33'2.79"N



Legend

SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS

Without Base Flood Elevation (BFE)
Zone A, V, A99
With BFE or Depth Zone AE, A1, A1, A1, VE, AR
Regulatory Floodway

0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile (Zone 2)

Future Conditions 1% Annual Chance Flood Hazard Zone X

Area with Reduced Flood Risk due to Levee. See Notes, Zone X

OTHER AREAS OF FLOOD HAZARD

Area with Flood Risk due to Levee Zone D

OTHER AREAS

Area of Minimal Flood Hazard Zone X
Effective LOMRs
Area of Undetermined Flood Hazard Zone X

GENERAL STRUCTURES

Channel, Culvert, or Storm Sewer
Levee, Dike, or Floodwall

- 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
- 17.5 Coastal Transect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS

Digital Data Available
No Digital Data Available
Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/11/2019 at 6:49:45 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRMette panel number, and FIRMette effective date. Map images for unmapped and unmodernized areas cannot be used for

Historic Resources Preservation Act Requirements Attachment 6

Also attached is a letter from the Illinois Department of Natural Resources noting that no historic, architectural or archaeological sites exists within the Project area.



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

JB Pritzker, Governor
Wayne A. Rosenthal, Director

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

FAX (217) 524-7525

Cook County
Tinley Park

CON - Rehabilitation for a Children's and Adolescents Psychiatric Hospital
6775 Prosperi Dr.
SHPO Log #016122018

February 15, 2019

Joe Ourth
Saul Ewing Arnstein & Lehr LLP
161 N. Clark, Suite 4200
Chicago, IL 60601

Dear Mr. Ourth:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman
Deputy State Historic
Preservation Officer

ATTACHMENT 6

Project Costs and Source of Funds

Attachment 7

Section 1120.110, Project Costs and Sources of Funds

Project Costs and Sources of Funds			
USE OF FUNDS	REVIEWABLE	NONREVIEWABLE	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$2,489,525	\$437,335	\$2,926,860
Modernization Contracts			
Contingencies	\$223,176	\$39,075	\$262,251
Architectural/Engineering Fees	\$110,630	\$19,370	\$130,000
Consulting and Other Fees	\$170,200	\$29,800	\$200,000
Movable and Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	\$77,922	\$13,643	\$91,565
Fair Market Value of Leased Space or Equipment	\$220,500	\$198,000	\$418,500
Other Costs to be Capitalized			
FMV of Building or Other property (excluding land)	\$742,500	\$382,500	\$1,125,000
TOTAL USES OF FUNDS	\$4,034,452	\$1,119,724	\$5,154,176
SOURCE OF FUNDS			TOTAL
Cash and Securities	\$804,890	\$223,945	\$1,030,835
Pledges			
Gifts and Bequests			
Bond Issue (project related)			
Mortgages	\$3,051,162	\$737,379	\$3,788,541
Leases (fair market value)	\$176,400	\$158,400	\$334,800
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOUCES OF FUNDS	\$4,034,452	\$1,119,724	\$5,154,176
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

**MIRA Behavioral Acute Care
FFE & IT Assumptions**

Category		Cost	Quantity	Total	Hardware	Software
FFE						
Beds		1,500	30	45,00		
Desks		600	30	18,000		
Chairs		150	50	7,500		
Sofa		1,000	20	20,000		
Misc.				20,000		
Medical Cabinet				30,000		
Medical Equipment				100,000		
Total				<u>240,500</u>		
IT						
Computers	Desktops/ Laptops per FTE	1,500	20	30,000	30,000	
Servers		10,000	1	10,000	10,000	
Printer/Copier					22,000	
Software	Hospital – EMR/Billing	60,000	1	60,000		60,000
	Microsoft Exchange	3,000	1	3,000		3,000
	Windows Server	3,000	1	3,000		3,000
Phones		50,000	1	50,000	30,000	20,000
Total					<u>92,000</u>	<u>86,000</u>
Total FFE and IT						<u>418,500</u>

Cost Space Requirements

Attachment 9

Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Emergency	\$ 48,000	0	160	160			
Adolescent Unit AMI	\$1,903,100	0	11,960	11,960			
Child Unit AMI	\$ 270,450	0	1,202	1,202			
Therapies	\$ 215,625	0	2,875	2,875			
Consultation	\$ 37,050	0	494	494			
Laboratory	\$ 15,300	0	102	102			
Total Clinical	\$ 2,489,525	0	16,793	16,793	0	0	0
NONREVIEWABLE							
Administration (Business Office, Finance, Med. Records)	\$ 46,080	0	3,072	3,072			
Public (Lobbies, Toilets, Reception)	\$ 48,750	0	975	975			
Operations Support (Receiving, Housekeeping, Staff Lounge)	\$ 64,240	0	3,212	3,212			
Food Service	\$ 36,780	0	1,839	1,839			
Building Support (Mechanical, Electrical, IT)	\$ 155,280	0	1,294	1,294			
Building Circulation (Elevator, Stairs,	\$ 86,205		5,747	5,747			
Total Non-clinical	\$ 437,335	0	18,889	18,334	0		0
TOTAL	\$ 2,926,800	0	35,682	35,682	0		0

Background of Applicant

Attachment 11

Section 1110.230, Background, Purpose of the Project and Alternatives

1. **A listing of all health care facilities owned by the applicant, including licensing, and certification if applicable.**

MIRA Neuro Behavioral Health Care, LLC's ("MIRA") owns no other health care facilities, so this Section is not applicable.

2. **A certified listing of any adverse action taken against any facility owned and/or operated by applicant during the three years prior to the filing of the application.**

There have been no adverse actions taken against MIRA within the prior three years. A letter attesting to this fact is attached.

3. **Authorization permitting HFSRB and DPH access to documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other States; when applicable; and the records of nationally recognized accreditation organizations.**

A letter granting the Review Board and the IDPH access to information to verify information in the application is attached.

MIRA NEURO BEHAVIORAL HEALTH CARE, LLC

March 15, 2019

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: MIRA Neuro Behavioral Health Care, LLC ("MIRA") Application – No Adverse Action

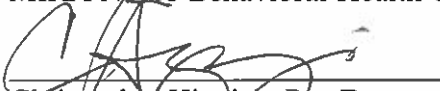
Dear Ms. Avery:

I hereby certify that no disciplinary action relative to "Adverse Action" as defined under Title 77, Section 1130 of the Review Board Rules has been adjudicated against MIRA within three (3) years preceding the filing of the permit application.

I hereby authorize the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to access any documentation that it finds necessary to verify any information submitted including, but not limited to official records, of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

Sincerely,

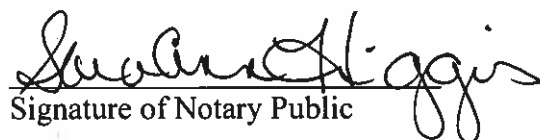
MIRA Neuro Behavioral Health Care, LLC


Christopher Higgins, Psy.D.
Chief Executive Officer

Notarization:

Subscribed and sworn to before me

This 18th day of March 2019


Signature of Notary Public

Seal

34612469.3



MIRA NEURO BEHAVIORAL HEALTH CARE, LLC

March 15, 2019

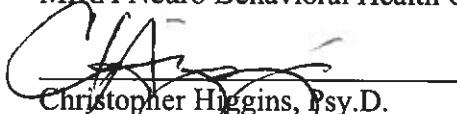
Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: MIRA Neuro Behavioral Health Care, LLC ("MIRA") Application – Access to Information

Dear Ms. Avery:


I hereby authorize the State Board and State Agency access to information from any licensing/certification agency in order to verify any and all documentation or information submitted in relation to this permit application. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of the application as it pertains to Section 1110.230(a)(3)(C) of the Review Board Rules.

MIRA Neuro Behavioral Health Care, LLC


Christopher Higgins, Psy.D.
Chief Executive Officer

Notarization:

Subscribed and sworn to before me
this 18th day of March, 2019


Signature of Notary Public

Seal



Purpose of Project

Attachment 12

Overview of Purpose

MIRA Neuro Behavioral Health Care, LLC's ("MIRA" or "Applicant") seeks to establish a new 30-bed behavioral health hospital (the "Hospital") in Tinley Park, Illinois (the "Project") dedicated to the mental health needs of children and adolescents with acute mental illness ("AMI") in Planning Area A-04.

Research indicates that half of all lifetime cases of mental illness begin by age 14.¹ Helping young children and their parents manage difficulties early in life may prevent the development of disorders.² The Applicant understands that once mental illness develops, it becomes a regular part of a child's behavior and more difficult to treat. With this concern in mind, the Applicant seeks to create a 30 bed hospital dedicates solely for children and adolescents who suffer from AMI. The Applicant has long realized that while the intent of all healthcare providers is to reduce and/or prevent the need for acute and/or intensive unit for its patients, all too often, appropriate outpatient care cannot be accomplished without first helping the children and adolescences become safe, secure, and stable in an inpatient environment.

With this vision in mind, the founders of MIRA seeks to deliver a robust spectrum of inpatient and outpatient behavioral health services with a particular focus on children and adolescents. More specifically, MIRA will have an acute care center that specializes solely on children and adolescents mental health, which helps to ensure that the issues that differentiate children and adolescents from the adult population treatment are clearly understood by the treatment providers for any system of care. Through a related entity located in the same building, the founders of MIRA will create day services that serves its need of children and adolescents needing behavioral health services not requiring an overnight stay. The Applicant believes that it is crucial to have a place where children and adolescents as well as their parents can have confidence that appropriate care and setting are available when acute crisis arises. The applicant also believes that this resource needs to be in the community the child or adolescents'

¹ Kessler, R.; Chiu, W.; Demler, O.; Merikangas, K.; Walters, E. (2005). Prevalence, severity and comorbidity of 12 month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 62(6): pp. 617-627.

² Silverman WK, Hinshaw SP. The Second Special Issue on Evidence-Based Psychosocial Treatments for Children and Adolescents: A Ten-Year Update. *J Clin Child Adolesc Psychol*. 2008 Jan-Mar;37(1).

lives in; so that appropriate coordination of care can be accomplished. Mira will be an essential part of the communities continuum of care for Child and Adolescent Mental Illness needs. The mission MIRA will deliver, upon the Review Board's approval, is a warm and welcoming center for child and adolescent services in the community that provides for a true continuum of care.

To date, the community support for this Project has been overwhelming. The Applicant has received approximately 1200 referrals from physicians and other providers, as well as 44 letters of support from other hospitals, social workers, school officials and community leaders. These 44 letters are attached to this Application.

1. Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.

MIRA will operate its inpatient services twenty-four hours a day, seven days/week year long. It will be able to take appropriate admissions at any time and will be a full service children and adolescents acute care hospital center. The Hospital will be located in Tinley Park near the intersection of Harlem and I-80, and will include 25 adolescent beds and 5 children beds in the acute care unit.

This facility will house all resources necessary for the treatment of acute children and adolescents psychiatric and neurological patients, the sub-acute treatment that bridges the gap between inpatient 24-hour care and traditional outpatient psychiatric and psychological services; and a diagnostic and neurological treatment center that insures clear understanding of the many complicated issues challenging children and adolescents with mental illness.

All of these services at the facility will be arranged to maximize the integration into the community and outpatient continuing the care.

2. Define the planning area or market area, or other, per the Applicant's definition.

MIRA will be located in Tinley Park, Illinois, which is located in Health Service Area 6, A-04. HSA 6, A-04 is located in southern Cook County. The primary service area for MIRA will be the same as HSA 6, A-04, and currently, HSA 6, A-04 includes the hospitals listed below. None of these hospitals are located within the 10 mile or 30 minute travel distance.

Hospital	Number of Psych Beds (C&A = Children & Adolescents)	Location
Palos Community Hospital	<ul style="list-style-type: none"> • 48 Psychiatric Beds • No C&A unit 	Palos
Little Company of Mary Hospital	<ul style="list-style-type: none"> • 42 Beds • No C&A beds 	Evergreen Park
Advocate Christ Medical Center	<ul style="list-style-type: none"> • 66 beds • No C&A beds 	Oak Lawn
Ingalls	<ul style="list-style-type: none"> • 48 Beds • 12 Adolescent Beds 	Harvey

The State of Illinois considers HSA 6, A-04 to have excess capacity with mental illness beds. However, the State's calculation does not differentiate between adult and pediatric beds within the mental illness category of service. MIRA's focus on children and adolescents with AMI in HSA 6, A-04 is unique and precisely accommodates the unmet needs within the area. Mental health care facilities that share similar vision and focus with MIRA within HSA 6, A-04 are scarce, instead of saturated.

MIRA's decision to establish a new mental health care facility for children and adolescents is supported by many healthcare administrators, physicians, and other hospitals located in a wider area offering inpatient psychiatric services to children and adolescents.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.

It is estimated that mental illness affects one in five families in America. The World Health Organization has reported that four of the ten leading causes of disability in the United States (U.S.) and other developed countries are mental disorders. By 2020, major depressive illness will be the leading cause of disability in the world for women and children. About 6%, or one in seventeen Americans, suffer from a serious mental illness - it usually strikes people in the prime of their lives, often during adolescence (22%) and young adulthood.

Stigma erodes confidence that mental disorders are real, treatable health conditions, yet mental illness is being better understood through advanced biochemical research techniques. Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence. Without treatment, the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide, and wasted lives. The economic cost of untreated mental illness is more than 100 billion dollars each year in the U.S.

According to the diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), mental disorder among adolescents (aged 13-18) is prevalent:

- An estimated 49.5% of adolescents at some time had a type of mental disorder.
- Of adolescents with any mental disorder, an estimated 22.2% had severe impairment.

Lifetime Prevalence of Any Mental Disorder Among Adolescents (2001-2004)		
Demographic		Percentage
Overall		49.5
With Severe Impairment		22.2
Sex	Female	51.0
	Male	48.1
Age	13-14	45.3
	15-16	49.3
	17-18	56.7

Although factors that predict mental health problems can be identified in the early years, many families lack adequate access to quality mental health care services. While approximately 13% of youth live with a mental health problem, the National Institute of Mental Health estimates only 20% of these youth get the treatment they need. Mental disorders fall along a continuum of severity. The quality and availability of mental health services vary by state. There is a 25% difference between the states with the highest and lowest percent of children who needed but did not get mental health services (39% to 13.7%).

The lack of treatment leads to various consequences, including but not limited to:

- Serious mental illness costs America \$193.2 billion in lost earnings per year.
- Mood disorders, including major depression, dysthymic disorder and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18- 44.
- Individuals living with serious mental illness face an increased risk of having chronic medical conditions.
- Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.
- Over one-third (37%) of students with a mental health condition age 14-21 and older who are served by special education drop out-the highest dropout rate of any disability group.
- Suicide is the 10th leading cause of death in the U.S., the 3rd leading cause of death for people aged 10-14, and the 2nd leading cause of death for people aged 15-24.
- More than 90% of children who die by suicide have a mental health condition.

All the data above indicate a severe lack of use of mental health services among youth. More studies and findings further reveal that most children and adolescents who need a mental health evaluation do not receive services and that the uninsured have especially high rates of unmet need relative to other children. Rates of use of mental health services are extremely low among preschool children.

Early identification and treatment is of vital importance. The best treatments for serious mental illnesses today are highly effective; between 70% and 90% of individuals have significant reduced symptoms and an improved quality of life with a combination of pharmacological and psychosocial treatments and supports. By ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and the further harm related to the course of illness is minimized.

It is evident that the demand for children-and-adolescents focused behavioral health services is strong, and which is why the Applicant applies for the CON to provide appropriate accommodation to youths with AMI.

4. Cite the sources of the information provided as documentation.

A copy of all sources cited for the information in this Section are attached.

5. Detail how the Project will address or improve the previously referenced issues or problems.

The Project will address the mental health crisis of children and adolescents in HSA 6, A-04 by providing targeted counseling and psychiatric inpatient and outpatient services. In addition, care will be coordinated and specialized across the continuum of care with central intake, which is the best possible solution for children and adolescents with AMI. Upon the approval of this Project, it will help address the issues identified above and enhance accessibility to mental health programs for the youth.

The proposed Project will integrate community health providers and ensure smooth transitions, appropriate placements, and less recidivism. The goal is to provide children and adolescents who suffer from AMI with a true continuum of care, and provide dedicated mental health services and support necessary so that they can heal and begin to lead productive lives.

The Applicant will offer programs for children psychiatric and adolescents. Each program will be separate from each other, keeping these populations apart. Segmenting services will allow the Applicant to provide the most effective care to the populations in need, based on the needs of the HSA 6, A-04.

The Referral Letters that the Applicant has received to date demonstrate the need for MIRA. In addition to the Referral Letters, this Project has received support from practioners at other area hospitals who did not provide child and adolescent psychiatric services (see chart below).

**MIRA Neuro Behavioral Health Care
Letters of Support**

No.	Name	Position	Organization
1.	George W. Borelli, D.O.FAC OEP	Medical Director, Emergency Services	Palos Health / Palos Hospital
2.	Linda A. Vollinger MS, BSN, RN, IL-PEL/CSN	President	Illinois Association of School Nurses
3.	Dr. William Kendall	Superintendent	Bremen High School District 228

4.	Patrick Creed	Director of Counseling	Brother Rice High School
5.	(illegible)	Leadership Team	Carl Sandburg High School
6.	Colleen M. McKay, Ed.D	Superintendent	Cook County School District 130
7.	Robert Machak	Superintendent of Schools	Evergreen Park Elementary School, District 124
8.	Larry Tucker	Principal	Marist High School
9.	Jennifer Murzyn	Dean of Student Support & Activities	Mother McAuley
10.	Dr. Jeannie Stachowiak	Superintendent	North Palos School District 117
11.	Michael J. Riordan, Ed.D	Superintendent	Oak Lawn Community High School District 229
12.	Dr. DJ Skogsberg	Superintendent	Orland School District 135
13.	Robert Nolting	Principal	Victor J. Andrew High School
14.	Dr. Anthony M. Scarsella	Superintendent of Schools	Palos School District 118
15.	Dr. Ronald Cozza	Assistant Superintendent for Curriculum	Palos School District 118
16.	Erin Deval	Director of Student Services	Palos School District 118
17.	Stuart Wrzesinski	Palos South Middle School Principal	Palos School District 118
18.	Jennifer Peloquin Biel	Palos West Elementary School Principal	Palos School District 118
19.	Robert Szklanecki	Palos East Elementary School Principal	Palos School District 118
20.	Elizabeth Kocin, LCSW	Social Worker	Stagg High School District 230
21.	Linda A. Vollinger. MS, RN, PEL/CSN	School Nurse	Stagg High School District 230
22.	Mary Pat Cari	Head Dean	Stagg High School District 230
23.	(illegible)	Associate Principal	Stagg High School District 230
24.	Erin Wenat	Teacher	Stagg High School District 230
25.	Corrine V. Lyons	Dean Assistant	Stagg High School District 230
26.	(illegible)	Dean of Students	Stagg High School District 230
27.	Shannon Siob	Dean	Stagg High School District 230

ATTACHMENT 12

28.	(illegible)	Dean of Students	Stagg High School District 230
29.	Mark Shat	Counselor	Stagg High School District 230
30.	L. John	Counselor	Stagg High School District 230
31.	Kara Steber	Counselor	Stagg High School District 230
32.	Erin Sarnec	Guidance Counselor	Stagg High School District 230
33.	(illegible)	School Counselor	Stagg High School District 230
34.	Randy James	School Social Worker	Stagg High School District 230
35.	Marcelle Karwaier	Counselor	Stagg High School District 230
36.	Sharon	Social Worker	Stagg High School District 230
37.	(illegible)	Principal	Stagg High School District 230
38.	Katheryn B. Mender	Guidance Director	Stagg High School District 230
39.	Paige Lombard	Social Worker	Stagg High School District 230
40.	L. Ellis	Counselor	Stagg High School District 230
41.	(illegible)	Police Officer	Stagg High School District 230
42.	Andy Bee	Teacher	Stagg High School District 230
43.	Mary Dotson	Deans' Secretary	Stagg High School District 230
44.	Michele Dellifo	General Worker	Stagg High School District 230

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

It is projected that approximately 1,200 patients will be admitted to the Hospital in 2022 (i.e., the second year of operation for the proposed Hospital).

The proposed Hospital is expected to reach a utilization level that exceeds the State required minimum of 85% in 2024.

January 8, 2019

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery,

I am currently serving as the Medical Director of Emergency Services at Palos Health in Palos Heights, Illinois. The Palos Health Emergency Department has faced an ongoing challenge in finding appropriate psychiatric inpatient care for adolescents and children that present for behavioral health treatment to our hospital. This has led to inordinately long stays in our Emergency Department awaiting placement. This delay creates a great deal of duress for our staff, our child and adolescent patients, and their parents. Long Emergency Department stays are clearly detrimental to the care of the behavioral health patient, particularly the child and adolescent patient population.

I have attached the total statistics reflecting the total number of patients referred to outside institutions from Palos Health in 2017 and 2018. The addition of a facility capable of caring for the child and adolescent behavioral health patient would be a valuable asset to our community. We would look forward to referring our patients to such a facility.

Respectfully,



George W. Borrelli, D.O. FACOEP
Medical Director, Emergency Services
Palos Health/Palos Hospital
12251 S. 80th Ave
Palos Heights, Illinois 60463



September 28, 2018

Re: Letter of Support for the MIRA Neuro-Behavioral Health Center

The Board of Directors of the Illinois Association of School Nurses are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in this area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to the local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our professional association promotes wellness and educational success of school communities by supporting, developing, and advocating for professional school nurse leaders. We have many children and adolescents under our care who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to age-appropriate outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Respectfully submitted,

Linda A. Vollinger MS, BSN, RN, IL-PEL/CSN

President

Illinois Association of School Nurses

Website: www.iasn.org

Twitter: @ILschoolnurses

Facebook: Illinois Association of School Nurses



BREMEN HIGH SCHOOL DISTRICT 228

15233 Pulaski Road ~ Midlothian, IL 60445
Phone: 708/389-1175 ~ Fax: 708/389-2552
Web: www.bhsd228.com

Bremen High School 708/371-3600
Tinley Park High School 708/532-1900

Hillcrest High School 708/799-7000
Oak Forest High School 708/687-0500

September 28, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Bremen High School School District #228's social workers, psychologists, counselors, administration and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of four high schools and serves over 5,000 local students. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Sincerely,

Dr. William Kendall
Superintendent
Bremen High School District #228

ATTACHMENT 12

September 4, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

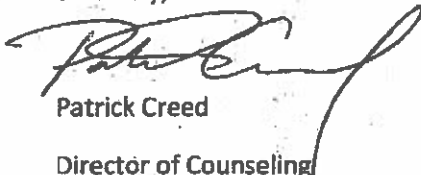
Brother Rice High School counselors and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

We may have adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Sincerely,



Patrick Creed

Director of Counseling

Brother Rice High School

pcreed@brrice.org



CARL SANDBURG HIGH SCHOOL

13300 S. LaGrange Road, Orland Park, IL 60462 Phone: 708.671.3100 Fax: 708.737.7720 <http://sandburg.d230.org>

Jennifer Tyrrell
PRINCIPAL

September 13, 2018

RE: Letter of Support for the MIRA Neuro-Behavioral Health Center

We are pleased to offer our support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents, which is dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty connecting students and families to area hospitals when they are in acute crisis. Our families have experienced difficulties in mental health admissions because 1) there is a lack of available beds, or 2) the general hospitals feel they do not have the appropriate clinical resources to deal with this special patient population.

These circumstances have caused our team to need to refer our students and their families to programs located great distances from our community. Due to distance and travel time, the families of our students who require inpatient admission have difficulty participating in their child's therapy and treatment. We strongly believe that a hospital such as the MIRA Neuro-Behavioral Health Center will be an asset to our local community, and we hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Although we may not have an exact number of anticipated admissions, we can share with you that we assist students from Orland Park, Palos Park, Orland Hills and Tinley Park. We are eager to provide our student population with a reliable, local facility to address their mental health needs.

Thank you for your consideration of this worthy project.

Sincerely,

The Carl Sandburg High School Leadership Team

[Handwritten signatures of the Carl Sandburg High School Leadership Team]



CONSOLIDATED HIGH SCHOOL DISTRICT 230 ☐ THOUGHT - MEANING - ACTION

ATTACHMENT 12



COOK COUNTY SCHOOL DISTRICT 130

Office of the Superintendent

12300 S. Greenwood Avenue
Blue Island, IL 60406

Telephone: (708) 385-6800

Facsimile: (708) 385-8467

December 5, 2018

To whom it may concern:

Cook County School District 130 social workers and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and it will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. Our local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and we hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of three (3) middle schools and eight (8) elementary schools. We have many children or adolescents who require hospitalization on an annual basis. We also have many children, and their families, that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for your consideration of this worthy project.

Sincerely,

A handwritten signature in cursive script that reads "Colleen M. McKay".

Colleen M. McKay, Ed.D.
Superintendent



EVERGREEN PARK ELEMENTARY SCHOOL DISTRICT 124

2929 W. 87th Street • Evergreen Park, Illinois 60805-2328 • 708/423-0950 • Fax 708/423/4292 • Web Site www.d124.org
Building a Foundation for Success

November 7, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

To Whom It May Concern:

The administrative team in Evergreen Park Elementary School District #124 is pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we understand firsthand the challenges in accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of one middle school and four elementary schools. Our students and their families that would benefit from having local access to outpatient psychiatric programs and support. Thank you for consideration of this worthy project.

Sincerely,

Dr. Robert Machak
Superintendent of Schools

Central Middle School
5400 S. Sawyer Ave.
708/424-0148
Fax: 708/220-8406

Northeast School
9058 S. California
708/422-6901
Fax: 708/220-8410

Northwest School
3630 W. 92nd St.
708/425-0475
Fax: 708/220-8103

Southeast School
9800 S. Francisco
708/422-1021
Fax: 708/220-8413

Southwest School
9900 S. Central Park
708/424-2444
Fax: 708/220-8416

ATTACHMENT 12



September 14, 2018

Re: Letter in of Support the MIRA Neuro-Behavioral Health Center

Marist High School's guidance counselors, social workers and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing adolescent psychiatric support for the many students and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service adolescents who require inpatient hospitalization. These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

We have many students who require hospitalization on an annual basis. We also have many students and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Sincerely,

Larry Tucker,
Principal, Marist High School

Margaret G.

Patil Henry

Cathleen Novak



@MARISTCHICAGO



MOTHER MCAULEY

Liberal Arts High School

3737 W. 99th St.
Chicago, IL 60655
773-881-6500
mothermcauley.org

September 26, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Mother McAuley Liberal Arts High School administration, counselors and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school consists of 886 students. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Sincerely,

A handwritten signature in black ink, appearing to read "Mrs. Jennifer Murzyn".

Mrs. Jennifer Murzyn
Dean of Student Support and Student Activities



North Palos
School District 117

September 12, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

North Palos School District #117 social workers and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of one middle school and four elementary schools. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Sincerely,


Dr. Jeannie Stachowiak

Superintendent

7825 W. 103rd Street -- Palos Hills, IL 60465
P (708) 598-5500 F (708) 598-5539 npd117.net

Office of the Superintendent
Dr. Jeannie Stachowiak

OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229

9400 Southwest Highway, Oak Lawn, Illinois 60453-2372
Telephone 708.424.5200
District Fax 708.424.5297
High School Fax 708.424.5263

Michael J. Riordan, Ed.D.
Superintendent
Joseph A. McCurdy
Assistant Superintendent/CSBO

Jeana L. Lietz, Ed.D.
Principal
Lauren B. May
Assistant Principal
Marcus J. Wargin
Assistant Principal
Kevin J. McKeown
Athletic Director
Kathleen A. Murphy
Student Services Director

September 12, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Oak Lawn Community School High District #229 social workers and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of a single high school with over 1800 students enrolled. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Sincerely,



Michael J. Riordan, Ed.D.
Superintendent, Oak Lawn Community High School District 229

Administration Center
15100 South 94th Avenue
Orland Park, Illinois 60462



Dr. DJ Skogsberg, Superintendent
Office: 708/364-3305
E-Mail: djskogsberg@orland135.org

September 10, 2018

RE: Identified Need for Neuro-Behavioral Support in the South Cook Region

TO WHOM IT MAY CONCERN:

Orland School District 135 recognizes a regional need in the southern Cook County Region for an acute care center located in the immediate area. Any facility approved must be dedicated to caring for children and adolescents. We support this project because as an educational system which provides academic and social-emotional learning support, we have experienced difficulty accessing pediatric and adolescent psychiatric care for the many children and families we serve, especially during an acute crisis.

Local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization. These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital focused on neuro-behavioral health and healing will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of a new hospital.

Our school district consists of three (3) middle schools and seven (7) elementary schools, serving an annual average of 5,200 students. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Sincerely,

Dr. DJ Skogsberg, Superintendent

Robert Nolting
Principal



VICTOR J. ANDREW HIGH SCHOOL
9001 W. 171st Street Tinley Park, IL 60487 Phone: 708-342-5800 Fax: 708-737-7724 andrew.d230.org

September 11, 2018


Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Andrew High School District #230 social workers and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of three high schools. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for your consideration of this worthy project.


Principal



Palos School District 118

8800 W. 119th St. | Palos Park, IL 60464 | 708-448-4800 | fax: 708-448-4880 | www.palos118.org

September 10, 2018

To Whom It May Concern:

This letter is in support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents, to be located in Tinley Park, Illinois. It is my understanding that this new facility will provide acute pediatric and adolescent psychiatric support, a resource that will benefit our Palos 118 families seeking acute care services including inpatient hospitalization. Currently, families requiring inpatient hospitalization must rely on services located some distance from our community. Having a facility in Tinley Park will reduce the undue stress placed on families required to travel far distances to seek treatment.

Our school district consists of one middle school and two elementary schools servicing approximately 2,000 students. We know mental illness is a contributor to students dropping out of school and that suicide is the third leading cause of death in youth ages 10-24. During an acute crisis, having an inpatient facility in Tinley Park will provide our Palos 118 families the services they need close to home. I believe this proposed facility can be an asset for our families seeking mental health services.

Thank you for your consideration.

Sincerely,

Dr. Anthony M. Scarsella
Superintendent of Schools



Palos School District 118

8800 W. 119th St. | Palos Park, IL 60464 | 708-448-4800 | fax: 708-448-4880 | www.palos118.org

September 10, 2018

To Whom It May Concern:

This letter is in support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents, to be located in Tinley Park, Illinois. It is my understanding that this new facility will provide acute pediatric and adolescent psychiatric support, a resource that will benefit our Palos 118 families seeking acute care services including inpatient hospitalization. Currently, families requiring inpatient hospitalization must rely on services located some distance from our community. Having a facility in Tinley Park will reduce the undue stress placed on families required to travel far distances to seek treatment.

Our school district consists of one middle school and two elementary schools servicing approximately 2,000 students. We know mental illness is a contributor to students dropping out of school and that suicide is the third leading cause of death in youth ages 10-24. During an acute crisis, having an inpatient facility in Tinley Park will provide our Palos 118 families the services they need close to home. I believe this proposed facility can be an asset for our families seeking mental health services.

Thank you for your consideration.

Sincerely,

Dr. Ronald Cozza
Assistant Superintendent for Curriculum



Palos School District 118

8800 W. 119th St. | Palos Park, IL 60464 | 708-448-4800 | fax: 708-448-4880 | www.palos118.org

September 10, 2018

To Whom It May Concern:

This letter is in support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents, to be located in Tinley Park, Illinois. It is my understanding that this new facility will provide acute pediatric and adolescent psychiatric support, a resource that will benefit our Palos 118 families seeking acute care services including inpatient hospitalization. Currently, families requiring inpatient hospitalization must rely on services located some distance from our community. Having a facility in Tinley Park will reduce the undue stress placed on families required to travel far distances to seek treatment.

Our school district consists of one middle school and two elementary schools servicing approximately 2,000 students. We know mental illness is a contributor to students dropping out of school and that suicide is the third leading cause of death in youth ages 10-24. During an acute crisis, having an inpatient facility in Tinley Park will provide our Palos 118 families the services they need close to home. I believe this proposed facility can be an asset for our families seeking mental health services.

Thank you for your consideration.

Sincerely,

Erin Deval
Director of Student Services



Palos School District 118

8800 W. 119th St. | Palos Park, IL 60464 | 708-448-4800 | fax: 708-448-4880 | www.palos118.org

September 10, 2018

To Whom It May Concern:

This letter is in support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents, to be located in Tinley Park, Illinois. It is my understanding that this new facility will provide acute pediatric and adolescent psychiatric support, a resource that will benefit our Palos 118 families seeking acute care services including inpatient hospitalization. Currently, families requiring inpatient hospitalization must rely on services located some distance from our community. Having a facility in Tinley Park will reduce the undue stress placed on families required to travel far distances to seek treatment.

Our school district consists of one middle school and two elementary schools servicing approximately 2,000 students. We know mental illness is a contributor to students dropping out of school and that suicide is the third leading cause of death in youth ages 10-24. During an acute crisis, having an inpatient facility in Tinley Park will provide our Palos 118 families the services they need close to home. I believe this proposed facility can be an asset for our families seeking mental health services.

Thank you for your consideration.

Sincerely,



Stuart Wrzesinski
Palos South Middle School Principal



Palos School District 118

8800 W. 119th St. | Palos Park, IL 60464 | 708-448-4800 | fax: 708-448-4880 | www.palos118.org

September 10, 2018

To Whom It May Concern:

This letter is in support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents, to be located in Tinley Park, Illinois. It is my understanding that this new facility will provide acute pediatric and adolescent psychiatric support, a resource that will benefit our Palos 118 families seeking acute care services including inpatient hospitalization. Currently, families requiring inpatient hospitalization must rely on services located some distance from our community. Having a facility in Tinley Park will reduce the undue stress placed on families required to travel far distances to seek treatment.

Our school district consists of one middle school and two elementary schools servicing approximately 2,000 students. We know mental illness is a contributor to students dropping out of school and that suicide is the third leading cause of death in youth ages 10-24. During an acute crisis, having an inpatient facility in Tinley Park will provide our Palos 118 families the services they need close to home. I believe this proposed facility can be an asset for our families seeking mental health services.

Thank you for your consideration.

Sincerely,

Jennifer Peloquin Biel
Palos West Elementary School Principal



Palos School District 118

8800 W. 119th St. | Palos Park, IL 60464 | 708-448-4800 | fax: 708-448-4880 | www.palos118.org

September 10, 2018

To Whom It May Concern:

This letter is in support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents, to be located in Tinley Park, Illinois. It is my understanding that this new facility will provide acute pediatric and adolescent psychiatric support, a resource that will benefit our Palos 118 families seeking acute care services including inpatient hospitalization. Currently, families requiring inpatient hospitalization must rely on services located some distance from our community. Having a facility in Tinley Park will reduce the undue stress placed on families required to travel far distances to seek treatment.

Our school district consists of one middle school and two elementary schools servicing approximately 2,000 students. We know mental illness is a contributor to students dropping out of school and that suicide is the third leading cause of death in youth ages 10-24. During an acute crisis, having an inpatient facility in Tinley Park will provide our Palos 118 families the services they need close to home. I believe this proposed facility can be an asset for our families seeking mental health services.

Thank you for your consideration.

Sincerely,

Robert Szklanecki
Palos East Elementary School Principal



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

111th & Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-0803 <http://stagg.d230.org>

September 4, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Stagg High School (District 230) Social Workers, PPS Team Members, and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of three high schools. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Signed,

Elizabeth Foran, LCSW

Position:

Social Worker



ERIC A. OLSEN
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

111th & Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-0803 <http://stagg.d230.org>

September 4, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Stagg High School (District 230) Social Workers, PPS Team Members, and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of three high schools. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Signed,

Wanda A. Vollinger MS, RN, PELCSN

Position:

School Nurse



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

111th & Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-0803 <http://stagg.d230.org>

September 4, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Stagg High School (District 230) Social Workers, PPS Team Members, and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

These conditions only compound the difficulties our families have to face during a crisis. The lack of psychiatric services in our area places undue stress for families who are often unable to travel far distances to seek treatment. We strongly believe that a hospital such as MIRA Neuro-Behavioral Health will be an asset to our local community, and hope that the Illinois Health Facilities and Services Review Board will approve the establishment of this new hospital.

Our school district consists of three high schools. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Signed:

Position:



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

111th & Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-0803 <http://stagg.d230.org>

September 4, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Stagg High School (District 230) Social Workers, PPS Team Members, and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

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Our school district consists of three high schools. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Signed,

Position:



Erik A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

111th & Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-0803 <http://stagg.d230.org>

September 4, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Stagg High School (District 230) Social Workers, PPS Team Members, and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

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Our school district consists of three high schools. We have many children and adolescents who require hospitalization on an annual basis. We also have many children and their families that would benefit from having local access to outpatient psychiatric programs and support.

Thank you for consideration of this worthy project.

Signed,

Avin Wenat

Position:

Teacher



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

111th & Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-0803 <http://stagg.d230.org>

September 4, 2018

Re: Letter of Support the MIRA Neuro-Behavioral Health Center

Stagg High School (District 230) Social Workers, PPS Team Members, and staff members are pleased to offer support for the Certificate of Need application for the MIRA Neuro-Behavioral Health Center for children and adolescents. This acute care center will be located in Tinley Park, Illinois, and will be dedicated to caring for children and adolescents. We support this project because we have personally experienced difficulty accessing pediatric and adolescent psychiatric support for the many children and families we serve, especially during an acute crisis. The local hospitals do not have the appropriate clinical resources to service children and adolescents who require inpatient hospitalization.

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Thank you for consideration of this worthy project.

Signed:

Position:



Eric A. Olsen
PRINCIPAL

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Signed,

Position:

Dean of Students



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Signed,

Position:



Eric A. Olsen
PRINCIPAL

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Signed,

Position:



Eric A. Olseth
PRINCIPAL

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Signed

Position:



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

111th & Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-6803 <http://stagg.d230.org>

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Position:



Eric A. Olsen
PRINCIPAL

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Signed,

Position,



Eric A. Olsen
PRINCIPAL

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Signed,

Position:



Eric A. Olsen
PRINCIPAL

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Signed,

Position:

School Counselor



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Thank you for consideration of this worthy project.

Signed,

Randy James

Position:

School Social Worker



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Signed,

Position:



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

111th & Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-0805 <http://stagg.d230.org>

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Signed,

Position:

Social Worker



Eric A. Olsen
PRINCIPAL

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Signed,

A handwritten signature in blue ink, appearing to read "Eric A. Olsen", written over a horizontal line.

Position:

PRINCIPAL



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Thank you for consideration of this worthy project.

Signed,

Kathryn B. Mender

Position:

Guidance Director



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Signed,

Paige Lombard

Position:

Social Worker



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Signed

Position:



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Signed,

Position:

Police Officer



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Signed,

Position:

Teacher



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Signed,

Mary Rasko

Position:

DEANS' SECRETARY



Eric A. Olsen
PRINCIPAL

AMOS ALONZO STAGG HIGH SCHOOL

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Signed,

Position:



The Mental and Behavioral Health Needs of Children & Adolescents

According to the Centers for Disease Control and Prevention (CDC), approximately 13% of children had a diagnosable mental disorder within the previous year.¹

IMPORTANCE OF EARLY INTERVENTION

Research indicates that half of all lifetime cases of mental illness begin by age 14.³ Helping young children and their parents manage difficulties early in life may prevent the development of disorders. Once mental illness develops, it becomes a regular part of a child's behavior and more difficult to treat.⁴

12-Month Prevalence of Mental Health Disorders in Children and Adolescents (3-17 Years Old)

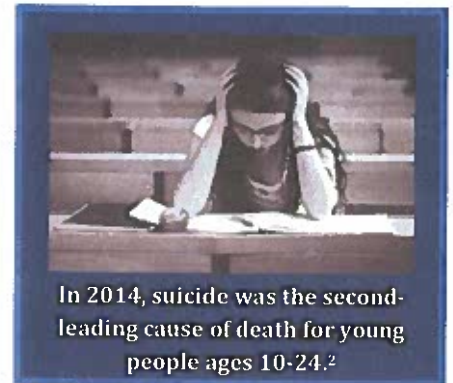


Note. Reprinted from Mental Health Surveillance Among Children—United States, 2005–2011. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

AT-RISK YOUTH POPULATIONS

Factors that predict mental health problems can be identified in the early years of a child's life.

- ◆ Psychosocial influences such as parental relationship problems, abuse, and exposure to violence can increase the risk for mental health problems.⁵
- ◆ In a recent study, nearly 85 percent of all screened children in Child Protective Services screened positive for a diagnosable mental health condition.⁶
- ◆ 70 percent of youth in the juvenile justice system have a diagnosable mental health disorder.⁷



In 2014, suicide was the second-leading cause of death for young people ages 10–24.²

THE ROLE OF HEALTH SERVICE PSYCHOLOGISTS

Health service psychologists (clinical, counseling and school) provide appropriate mental and behavioral health care services, including assessment, screening, psychotherapy, counseling, diagnosis, treatment, prevention, remediation, consultation, and supervision.

- ◆ Treatments with demonstrated benefits in reducing symptoms and improving functioning have been developed for the most common mental health problems experienced by youth; including conduct, anxiety, attention deficit and depressive disorders.⁸
- ◆ Empirical evidence documented over the last 20 years indicates that interventions provided by health service psychologists for children and youth at risk of or exhibiting mental health problems are especially effective.⁹

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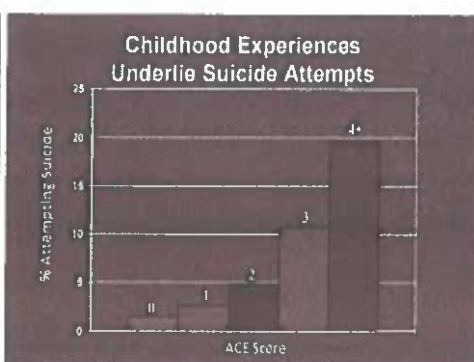
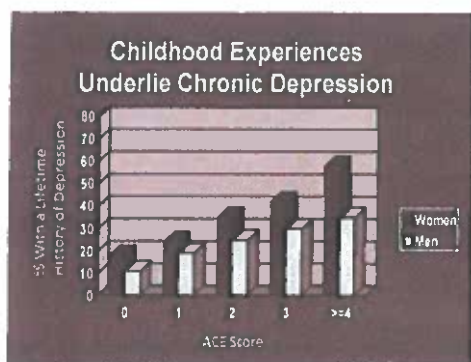
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THE LIFELONG IMPACT OF CHILDHOOD TRAUMA

Childhood experiences, including often unrecognized traumatic events, contribute to the public health problems of the adult population.

- ◆ There is a strong proportionate relationship between adverse childhood experience and contemporary health risks, like smoking, alcoholism, illicit drug use, obesity, and high-level promiscuity.¹
- ◆ Patients with adverse childhood experiences have a higher likelihood of developing heart disease, liver disease and chronic obstructive pulmonary disease, even when controlling for conventional risk factors like hyperlipidemia and smoking.¹



Note. An ACE score is a tally of different types of abuse, neglect, and other adverse experiences. Reprinted from "The Relationship of Adverse Childhood Experience to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare", by V. Felitti & R. Anda, 2009, *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease*. Cambridge University Press.

BARRIERS TO ACCESS AND QUALITY MENTAL HEALTH CARE

Although factors that predict mental health problems can be identified in the early years, many families lack adequate access to quality mental health care services.

- ◆ While approximately 13 percent of youth live with a mental health problem, the National Institute of Mental Health estimates only 20 percent of these youth get the treatment they need.²
- ◆ Based on 2011-2014 combined data, 30.8 percent of people aged 12 or older who needed but did not receive treatment cited lack of health care coverage and inability to afford care as the most significant barrier to receiving substance use treatment.³
- ◆ The quality and availability of mental health services vary by state. There is a 25 percent difference between the states with the highest and lowest percent of children who needed but did not get mental health services (39 percent to 13.7 percent).⁵

BENEFITS OF SERVING YOUTH MENTAL HEALTH NEEDS

The mental and behavioral health of children and adolescents deserves immediate and substantial attention not only to support current functioning, but also to promote healthy long-term functioning.

- ◆ Promoting mental health care and early intervention will likely reduce overall health care burdens and costs.⁵
- ◆ Addressing mental health in children reduces the use of medical services and lessens involvement in and lowers costs of child welfare, juvenile justice, and other social services.⁵
- ◆ Positive behavioral functioning is strongly associated with improved school performance.⁵

Mental health problems and related disorders are associated with lower academic achievement,⁶ greater family distress and conflict,⁷ and poorer social functioning during childhood and into adulthood.⁸

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Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status

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Objective: Policy discussions regarding the mental health needs of children and adolescents emphasize a lack of use of mental health services among youth, but few national estimates are available. The authors use three national data sets and examine ethnic disparities in unmet need (defined as having a need for mental health evaluation but not using any services in a 1-year period) to provide such estimates.

Method: The authors conducted secondary data analyses in three nationally representative household surveys fielded in 1996–1998: the National Health Interview Survey, the National Survey of American Families, and the Community Tracking Survey. They determined rates of mental health service use by children and adolescents 3–17 years of age and differences by ethnicity and insurance status. Among the children defined as in need of mental health services, defined by an estimator of mental health problems (selected items from the Child Behavior Checklist),

they examined the association of unmet need with ethnicity and insurance status.

Results: In a 12-month period, 2%–3% of children 3–5 years old and 6%–9% of children and adolescents 6–17 years old used mental health services. Of children and adolescents 6–17 years old who were defined as needing mental health services, nearly 80% did not receive mental health care. Controlling for other factors, the authors determined that the rate of unmet need was greater among Latino than white children and among uninsured than publicly insured children.

Conclusions: These findings reveal that most children who need a mental health evaluation do not receive services and that Latinos and the uninsured have especially high rates of unmet need relative to other children. Rates of use of mental health services are extremely low among preschool children. Research clarifying the reasons for high rates of unmet need in specific groups can help inform policy and clinical programs.

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It is estimated that one of every five children and adolescents in the United States has a mental disorder (1–3); left untreated, these disorders are often debilitating (4–7). Empirically validated treatments exist for many mental disorders, including attention deficit hyperactivity disorder (ADHD), conduct disorder, mood disorders, and anxiety disorders (4–9). However, recent health policy discussions concerning the mental health needs of children and adolescents have been limited by the lack of national data on rates of mental health service use and unmet need for such services (10).

Populations that may be particularly vulnerable to lower rates of use of mental health services include ethnic minority youth and the uninsured. Previous studies on child mental health service use have largely been based on regional data or data from insured populations and have yielded a mixed pattern of results regarding possible disparities in service use. For example, in a sample of children in New Haven, Conn. (11), African American and Latino children had lower rates of mental health service use than did Caucasian children. A study of a group of insured children (12) found lower rates of service use for African

American but not Latino children than for white children. However, in the Great Smoky Mountains Study (13), African American children did not differ from Caucasian children in service use. How insurance status affects use of child mental health services is also unclear (14, 15).

Recent national studies of adults (16, 17) suggest that, compared with whites, African Americans have lower rates of access, African Americans and Latinos with mental health or substance abuse problems have lower rates of active treatment, and African Americans have lower rates of appropriate care for depressive or anxiety disorders. In addition, uninsured adults have lower rates of access to mental health care and lower rates of active treatment for mental health or substance abuse problems than insured adults (18).

To study rates of use and unmet need for children and adolescents in the United States, we primarily used data from the National Survey of American Families, a large nationally representative sample, and attempted when possible to confirm findings across several national data sets. We hypothesized that the rate of overall mental health service use for children is low and that most children who

need a mental health evaluation do not receive any services (our definition of unmet need). In addition, we hypothesized that minority and uninsured children have greater rates of unmet need for a mental health evaluation than their white and insured counterparts.

Method

Data Sources

We provide separate cross-sectional analyses of three nationally representative household samples of U.S. civilian, noninstitutionalized children 3–17 years old. Full descriptions of the study designs are available elsewhere (19–21). Because methods differ across surveys, we examined rates of use and ethnic and insurance status within each survey and then considered the consistency of conclusions across data sets. The main data set for this study is the National Survey of American Families (19), with supporting analyses from the National Health Interview Survey (20) and the Community Tracking Survey (21) when applicable.

The main data set for the study, the 1997 National Survey of American Families (19, 22, 23), sampled more than 44,000 households and 28,867 children, with larger shares of the sample from 13 states that account for more than half of the U.S. population and a smaller sample of the balance of the nation to permit national estimates. The most knowledgeable adult in the household (95% were parents) provided information about the sampled child, but emancipated minors provided their own information. The survey oversampled people with low incomes. Interviews were conducted in Spanish and English. The response rate was 65.4%.

The 1998 National Health Interview Survey (20) sampled 38,209 households, including 11,017 children, using a multistage stratified cluster design and oversampling African Americans and Latinos. A knowledgeable adult in the household provided information about the randomly selected child. The response rate was 82.4%. The 1996–1997 Community Tracking Survey (21) sampled 32,732 family insurance units, which included 8,852 children and adolescents aged 3–17. Sixty sites were randomly selected on the basis of metropolitan statistical areas, and sites were stratified by region and size. Households were randomly selected. To increase the precision of the national estimates, a smaller supplemental sample was included in this survey that randomly selected households from the 48 continental United States. An adult informant from each family insurance unit provided information about the randomly selected child. Interviews were conducted in English and Spanish. The overall response rate was 65.0%.

Outcome Measures

Each survey elicited information on use of child mental health services over the preceding 12 months. For each data set, we derived a dichotomous variable indicating whether the child had received any mental health care. The National Survey of American Families respondents were asked how many times the child had received mental health services from a doctor, mental health counselor, or therapist, excluding visits for smoking cessation and treatment for substance abuse. The National Health Interview Survey asked whether the adult respondent had seen or talked to a mental health professional about the child. The Community Tracking Survey asked if the child had received any care from a mental health professional.

Children were categorized as having unmet need if they had exceeded a cutoff point on a mental health screening measure (described later in this article) but had not received any mental health services in the past 12 months. Need was not measured in the Community Tracking Survey.

Main Independent Variables

The adult respondent reported the race of each child, which was categorized as white, black, Hispanic, or other; the white and black groups excluded subjects of Hispanic background.

The National Survey of American Families defined current child health insurance coverage as public insurance (Medicaid, Medicare, military insurance, and Indian Health Service insurance), private insurance (employment related or directly purchased), or no insurance. We grouped the National Health Interview Survey and Community Tracking Survey data into similar categories. For children with multiple coverages, a hierarchy was used to assign a child to the applicable category (private insurance, then public insurance, followed by no insurance). Whether a child's health insurance included mental health coverage was not elicited in the surveys.

The measure that estimates need for a mental health evaluation, included in both the National Survey of American Families and the National Health Interview Survey, is the Mental Health Indicator (24), which comprises selected items from the Child Behavior Checklist (25). The original Child Behavior Checklist is a standardized questionnaire of parent-rated child behavior over the preceding 6 months. Child Behavior Checklist items that best discriminated between demographically similar children who were or were not referred for mental health services were chosen for inclusion in the Mental Health Indicator, which is thus a measure of the need for clinical evaluation. The Mental Health Indicator includes four age- and gender-specific items from the Child Behavior Checklist rated on a scale of 0, 1, or 2, for a total possible score of 8; higher scores represent greater need.

Validation of the Mental Health Indicator was based on receiver operator characteristic analysis of Mental Health Indicator scores compared with external criteria such as a lifetime history of ADHD, mental retardation, learning disability, and past use of mental health services (26). The recommended cutoff point for defining a level of need meriting evaluation is a score of 2, but to avoid concerns about overinclusion of minor or transient symptoms, we relied on a more stringent criterion of 3 or higher for analyses of unmet need, with specificity ranging from 88% to 90% for each age-gender category (26). Mental Health Indicator scores are available in the National Health Interview Survey for children 4 and older and in the National Survey of American Families for children 6 and older. The Community Tracking Survey has no child mental health need indicator, so we used the Community Tracking Survey to describe rates of services use only.

Demographic and Parent Characteristic Variables

Demographic information included the child's age and gender and the household income. The U.S. Census poverty ratio was used to assess total family income in each data set. Poor was defined as a ratio below 1.0, indicating that the family income was below the poverty level. In the National Health Interview Survey, this information was missing for 20% of the children, but we imputed the variable using other sociodemographic information.

The designations of West, South, Midwest, and Northeast for regional location were based on the U.S. Census statistical groupings (27).

The adult's level of education was categorized as less than high school, high school, some college, or 4 or more years of post-high school education. Household composition was defined as single-parent household or non-single-parent household. Emancipated minors (0.2% of the youth) were grouped with non-single-parent households for analyses. Mental health functioning of the adult respondent was determined by using the five-item Mental Health Inventory (28), which assesses psychological well-being in adults. Scores on this instrument range from 25 to 100, and higher scores indicate better mental health. A cutoff of 67 or below indicates

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TABLE 1. Use of Mental Health Services Among Children 3–17 Years Old in Three U.S. Surveys in 1996–1998 by Age, Gender, Race, Income, and Insurance Type^a

Characteristic of Children	National Survey of American Families (N=28,867)					National Health Interview Survey (N=11,017)					Community Tracking Survey (N=8,852)				
	Service Use		Analysis			Service Use		Analysis			Service Use		Analysis		
	N	%	χ^2	df	p	N	%	χ^2	df	p	N	%	χ^2	df	p
Age (years)			58.8	1.5	<0.001 ^b			50.7	2	<0.001 ^c			62.4	2	<0.001 ^c
3–5	212	1.9				56	2.9				59	3.2			
6–11	801	5.8				268	6.6				269	8.4			
12–17	907	8.3				337	7.4				344	8.6			
Gender			13.0	1	<0.001			16.5	1	<0.001			4.3	1	0.04
Male	1,103	6.9				401	7.3				368	8.2			
Female	817	5.0				260	5.0				304	6.7			
Race			6.0	2.2	0.06			33.1	3	<0.001 ^d			9.5	3	0.02 ^e
White	1,374	6.4				456	7.2				518	8.1			
Black	264	6.1				89	4.9				68	6.7			
Hispanic	219	4.4				107	3.9				49	5.8			
Other ^f	63	4.5				9	2.8				37	5.6			
Income ^g			3.7	1	0.06			0.5	1	0.49			6.8	1	<0.01
Not poor	1,413	5.6				533	6.1				563	6.9			
Poor	507	7.2				128	6.6				109	9.7			
Insurance type			15.1	1.4	<0.001 ^h			23.6	2	<0.001 ^h			16.9	2	<0.001 ⁱ
Uninsured	191	4.4				48	3.7				35	4.6			
Public	1,619	9.2				175	9.5				154	12.6			
Private	1,110	5.4				437	5.8				483	6.7			

^a Data are from the National Survey of American Families (19, 22, 23), National Health Interview Survey (20), and Community Tracking Study (21). Percents are weighted.

^b Significant differences were between children 6–11 and 3–5 years old ($p<0.001$), 12–17 and 3–5 years old ($p<0.001$), and 12–17 and 6–11 years old ($p<0.01$).

^c Significant differences were between children 6–11 and 3–5 years old ($p<0.001$) and between children 12–17 and 3–5 years old ($p<0.001$).

^d Significant differences were between white and black children ($p=0.01$), white and Hispanic children ($p<0.001$), and white and children in "other" category ($p<0.001$).

^e Significant difference was between white children and children in "other" category ($p<0.05$).

^f Poor income defined as at or below poverty level.

^g Significant differences were between children with public and no insurance ($p<0.001$) and between children with public and private insurance ($p<0.01$).

^h Significant differences were between children with public and private insurance ($p<0.001$), children with private and no insurance ($p<0.01$), and children with public and no insurance ($p<0.001$).

ⁱ Significant differences were between children with public and no insurance ($p<0.001$) and between children with public and private insurance ($p<0.001$).

poor mental health, approximately the lowest 20% of the general population (29).

Statistical Analysis

Descriptive analyses of service use by age group, ethnicity, and insurance status were conducted for each data set separately. We used statistical tests appropriate for the complex sampling design of each data set. We used a modified Pearson's chi-square statistic (30) to test the independence of two categorical variables in the National Survey of American Families data, and a Wald statistic (31) was used to test independence for each two-way table in the National Health Interview Survey and Community Tracking Survey data. For each data set, standard errors of individual coefficients were calculated by using a jackknife replication method (32), which took into account the complex weighting schemes.

We used logistic regression in both the National Survey of American Families and the National Health Interview Survey for the unadjusted analyses of unmet need, which estimated the probability of having no mental health care in a year for those children 6–17 years old who met criteria for need (Mental Health Indicator score of 3 or higher). To examine the effect of race and insurance characteristics on unmet need while controlling for other factors, we performed multiple logistic regression using only the main data set, the National Survey of American Families. Following the Aday and Andersen health service model (33), we included covariates shown in previous studies (11, 12, 15, 34–39) to be significantly associated with service use such as predisposing factors (age, gender, race, parental education, single-parent

household, parental mental health), enabling resources (income, insurance, and regional location), and child's mental health need.

Statistical analyses were performed by using WesVar software (40) for the National Survey of American Families and SUDAAN software (41) for the National Health Interview Survey and Community Tracking Survey. All estimates are weighted to be nationally representative.

Results

Prevalence of Mental Health Service Use and Need

For children aged 3–17, the rate of having any mental health service use varied from 6.0% (both National Survey of American Families and National Health Interview Survey) to 7.5% (Community Tracking Survey) (data not shown). Rates were lower for preschool children (2%–3% for children 3–5 years old) (Table 1). Across data sets, a higher percentage of children with public insurance used services (9%–13%) than did the uninsured (4%–5%) and privately insured (5%–7%) children. In these unadjusted analyses, ethnic minority status was significantly associated with lower rates of use in the Community Tracking Survey and National Health Interview Survey data sets, but

TABLE 2. Use of Mental Health Services and Mental Health Indicator Score in Children 6–17 Years Old in the United States in 1997 by Age, Gender, Race, Income, and Insurance Type (N=21,824)^a

Characteristic of Children	Mental Health Indicator Score								
	0			1 or 2			≥3		
	Total (N=7,898)	Service Use (N=131)		Total (N=9,133)	Service Use (N=555)		Total (N=4,793)	Service Use (N=1,022)	
		N	%		N	%		N	%
Age (years) ^b									
6–11	4,013	62	0.8	4,719	248	4.2	2,464	491	19.5
12–17	3,885	69	1.5	4,414	307	6.9	2,329	531	23.0
Gender									
Male	3,687	53	0.9	4,650	287	5.5	2,464	633	22.8
Female	4,211	78	1.3	4,483	268	5.5	2,329	389	19.0
Race ^c									
White	5,490	111	1.3	6,251	412	6.1	3,049	724	23.9
Black	1,059	6	0.4	1,345	50	3.5	867	169	23.5
Hispanic	1,061	10	1.2	1,199	68	4.8	695	101	11.6
Other	288	4	1.2	338	25	6.4	182	28	10.3
Income ^d									
Not poor	6,494	106	1.0	7,308	450	5.6	3,512	728	21.4
Poor	1,404	25	1.6	1,825	105	5.1	1,281	294	21.1
Insurance type ^e									
Uninsured	1,072	11	0.5	1,249	55	4.8	775	106	12.6
Public	1,132	29	1.9	1,621	116	6.1	1,306	377	27.2
Private	5,694	91	1.1	6,263	384	5.5	2,712	539	21.1

^a Data are from the National Survey of American Families (22, 23). Determination of need was based on the Mental Health Indicator (24), which includes four age- and gender-specific items from the Child Behavior Checklist (25). Need was defined as a Mental Health Indicator score ≥3. Percents are weighted.

^b Significant difference in service use between age groups for Mental Health Indicator score of 1 or 2 ($\chi^2=5.8$, $df=1$, $p<0.05$).

^c Significant difference in service use between race groups for Mental Health Indicator score ≥3 ($\chi^2=13.7$, $df=2.5$, $p<0.01$).

^d Poor was defined as at or below poverty level.

^e Significant difference in service use between insurance groups for Mental Health Indicator score ≥3 ($\chi^2=8.78$, $df=1.7$, $p<0.01$).

not in the National Survey of American Families data. Across data sets, male children had higher rates of mental health use than did female children.

Table 2 shows the use of mental health services among children with different levels of need for these services. The weighted percentage of 6–17-year-olds with mental health problems was 15.2% in the National Health Interview Survey (1,350 out of 8,679) and 20.8% in the National Survey of American Families (4,793 out of 21,260). Data from the National Survey of American Families showed that greater levels of mental health need were associated with higher rates of having any mental health care among children 6–17 years old: 2% of youth with a Mental Health Indicator score of 0, 6% with scores of 1 or 2, and 21% with scores of 3 or greater used mental health services ($\chi^2=151.014$, $df=1.3$, $p<0.001$) (data not shown). The National Health Interview Survey had similar associations between level of need and service use: 1.6% of youth with a Mental Health Indicator score of 0, 8.3% with scores of 1 or 2, and 24.8% with scores of 3 or greater used mental health services ($\chi^2=332.35$, $df=2$, $p<0.000$) (data not shown).

Weighted estimates of unmet need for children under age 6 were available only in the National Health Interview Survey. Of 1,499 children 4–5 years old, 131 (8.5%) were estimated to have mental health problems, but of the 131 children in need, only nine (6.0%) used any mental health services in the preceding year.

Among children 6–17 years old in the National Survey of American Families estimated to have need (Mental Health Indicator score ≥3), 79% had not used mental health ser-

vices in the past 12 months (data not shown). A higher percentage of Hispanic children in need (88%) than white children in need (76%) did not receive care (Table 3). In addition, a higher percentage of uninsured children (87%) than those with public insurance (73%) received no care (Table 3). Likewise, in the National Health Interview Survey, 75% of children who had mental health problems had not received services: 80% of blacks, 82% of Hispanics, and 72% of whites had unmet need ($\chi^2=14.6$, $df=3$, $p<0.01$) (data not shown). Fewer children with public or private insurance than uninsured children had unmet need ($\chi^2=38.0$, $df=2$, $p<0.001$).

After adjusting for other demographic factors and parent characteristics and using multiple logistic regression with the National Survey of American Families data only, we found that Hispanic children with mental health problems had greater odds of having no care, or unmet need, than white children (odds ratio=2.66) (Table 3). The adjusted odds of having unmet need were significantly lower for the publicly insured than for uninsured children (odds ratio=0.39) (Table 3), but there was no significant difference in unmet need between uninsured and privately insured children.

Discussion

To our knowledge, this study is the first to provide national estimates of use of child mental health services and the unmet need for such services. Overall, the data suggest that 6.0%–7.5% of U.S. children receive mental health ser-

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TABLE 3. Unmet Need for Mental Health Care in Children 6–17 Years Old in the United States in 1997 by Age, Gender, Race, Income, and Insurance (N=4,793)^a

Characteristic of Children	N	Children With Unmet Need (N=3,771)		Bivariate and Multivariate Regression Analyses of Unmet Need			
		N	%	Unadjusted		Adjusted ^b	
				Odds Ratio	95% CI	Odds Ratio	95% CI
Age (years)							
6–11	2,464	1,973	80.5	1.00		1.00	
12–17	2,329	1,798	77.0	0.81	0.62–1.06	0.79	0.61–1.03
Gender							
Male	2,886	2,253	77.2	1.00		1.00	
Female	1,907	1,518	81.0	1.26	0.94–1.69	1.31	0.96–1.78
Race							
White	3,049	2,325	76.1	1.00		1.00	
Black	867	698	76.5	0.85	0.54–1.33	1.28	0.9–1.83
Hispanic	695	594	88.4	2.29	1.41–3.73	2.66	1.45–4.91
Other	182	154	89.7	2.44	0.87–6.81	2.69	0.96–7.54
Income ^c							
Not poor	3,512	2,784	78.6	1.00		1.00	
Poor	1,281	987	78.9	1.02	0.72–1.45	1.26	0.83–1.91
Insurance type							
Uninsured	775	669	87.4	1.00		1.00	
Public	1,306	929	72.8	0.64	0.44–0.95	0.39	0.23–0.64
Private	2,712	2,173	78.9	1.04	0.74–1.46	0.66	0.40–1.10

^a Data are from National Survey of American Families (22, 23). Determination of need was based on the Mental Health Indicator (24), which includes four age- and gender-specific items from the Child Behavior Checklist (25). Unmet need was defined as no mental health service use among those with a Mental Health Indicator score ≥ 3 . Percents are weighted.

^b Adjusted for variables listed in table and regional location, parental education, single-parent household, and parental mental health functioning as measured by the five-item Mental Health Inventory (28).

^c Poor was defined as at or below poverty level.

vices, a result confirmed across three data sets. We also found that most children and adolescents who need a mental health evaluation do not get any mental health care in a year, and this was more pronounced for Latinos and the uninsured. "Need" in this study is based on a screening measure that estimates need for clinical evaluation, not necessarily indicating that treatment or intensive services are warranted. Nevertheless, we applied a more stringent cutoff point than recommended for these national surveys specifically to avoid concerns that we would comment on high unmet need for a group largely consisting of milder cases of need.

Another issue is whether we could have underestimated levels of use or need being met because of the brief utilization question in these surveys and emphasis on specialty mental health services. Although this is a general estimate of service use for mental health problems, the service use item in one survey did encompass primary care and non-psychiatric care for mental health problems, yet conclusions were similar about levels of use and unmet need across data sets even though they differed in methodology. In addition, even if the rate of overall unmet need is somewhat lower, there is no reason to assume that comparative estimates of use or unmet need (i.e., across ethnic groups) are biased.

With these caveats in mind, we found that only 21% of the children who need a mental health evaluation receive services. This suggests that about 7.5 million children have an unmet need for mental health services in the United States, largely confirming findings from others (37). At a time of continuing concern over the high costs of health

care, including mental health care, it may be difficult to focus national policy debates on the implications of such a high rate of unmet need among children. However, the implications for children and adolescents with untreated mental health problems can have major developmental consequences. For example, longitudinal studies have found that depressed children are at greater risk for later suicidal behavior, poor academic functioning, substance abuse, and unemployment (42), necessitating improvement in access to effective mental health prevention and early intervention for youth and their families.

Our finding that Latino children have even greater rates of unmet need than white children is particularly concerning given the national estimates suggesting that Latino adolescents have higher rates of suicidal thoughts, depression, and anxiety symptoms and greater rates of dropping out of high school than white adolescents (43). As described in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity (44), services could be improved for Latinos by dealing with barriers such as financial constraints and lack of bilingual bicultural mental health providers. In examining birthplace of parent, we found that unmet need did not significantly differ between children with non-U.S.-born parents (N=79, 93%) and those with U.S.-born parents (N=515, 88%) ($\chi^2=1.42$, $df=1$, $p>0.05$).

Additional research is needed to clarify the mechanisms underlying disparities in unmet need for mental health care among children because these different mechanisms have unique intervention and policy implications. For example, differences in parental attitudes may require edu-

cational interventions, but community differences in service availability require policy targeted at developing resources. Although Latino children had the highest rates of unmet need, the rates for white children were also quite high, emphasizing the general conclusion that there is a high rate of unmet need nationally for mental health care among children and adolescents.

We also found that uninsured children had higher rates of unmet need than publicly insured children, suggesting that Medicaid and other public insurance programs offer an important safety net, but we cannot comment as to whether the uninsured children in these studies were eligible for but not enrolled in public programs such as Medicaid or the State Children's Health Insurance Program. Expanding insurance coverage to currently uninsured children, as proposed by the State Children's Health Insurance Program (45), could be an important avenue for addressing unmet need (46). However, implementation of the State Children's Health Insurance Program has been variable across states (47), with lower enrollment among black and Hispanic children than among white children (48). Our findings for children differ from those found in adults (18), in which the uninsured had less access than the privately insured, but the lower differences by insurance status among children could be partly due to the high level of unmet need across insurance groups among children.

We provide only a first sketch of national mental health care among preschoolers, who are referred most often for behavioral problems such as aggression, defiance, and overactivity (49, 50). Our descriptive findings suggest that the vast majority of preschool children with mental health needs in the United States do not receive services for those problems. The more talked-about public concern is the high rate of psychotropic medication use in young children (51, 52), but an even greater problem may be the lack of any evaluation or care for children with mental health problems. Further research is needed to confirm these findings on larger samples of young children and to determine whether unmet need is due to parent preference, unavailability of services, or problems in recognizing problems or identifying specialists for this age group (53).

As we have suggested, this study is limited by the use of parent-reported screening measures of need and service use; national studies using diagnostic measures for specific childhood disorders, level of impairment, and type and quality of service use are needed. In addition, only noninstitutionalized children were surveyed, which excludes those living in out-of-home placements and the homeless, who may have higher rates of mental health need than the general population (54–56). However, our overall estimate of unmet need is similar to estimates based on diagnostic measures (37), and our findings concerning the use of services were consistent across three independent national data sets.

This study reinforces the finding of the recent Surgeon General's report (10) that there is substantial unmet need for child mental health care in the United States, which is particularly acute for some minority and uninsured groups.

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PrairieCare

A University of Minnesota Medical School Affiliate

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About Us

Mission Statement

**Providing Every Individual Patient The Psychiatric Care
They Truly Need**



Vision Statement

Transforming Psychiatric Healthcare

Values

- **Respect for the intrinsic dignity of patients and their families is the foundation of effective treatment relationships**
- **Ethical care requires both scientific understanding and a compassionate spirit**
- **Attentive collaboration with patients, families and colleagues promotes optimal treatment outcomes**
- **Living these values with patients means living them with each other**

2013

Services

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Free Needs Assessment

PrairieCare is proud to offer Free Needs Assessments to anybody looking for local psychiatric services. A Needs Assessment is a face-to-face interview with a trained counselor to help determine which level of care is most appropriate for that person. Anybody can schedule a Needs Assessment at one of our five locations. PrairieCare can usually offer an assessment within 48 hours of initial contact. ([More Info](#))

Inpatient Hospitalization Program

The Inpatient Hospitalization Program provides multidisciplinary treatment through group, individual, and family therapy sessions. This intensive treatment option for children and adolescents focuses on thorough assessment and symptom stabilization while working on healthy living skills. Those receiving inpatient care receive 24/7 care in the hospital. ([More Info](#))

Location

- Brooklyn Park

Partial Hospitalization Program (PHP)



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PrairieCare provides multidisciplinary treatment through group, individual, and family treatment options for children and adolescents focus on thorough assessment and symptom stabilization while working on healthy living skills. Patients in PHP remain at home while receiving treatment. ([More Info](#))

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Locations

- Brooklyn Park, Medical Office Building
- Chaska
- Edina
- Maplewood



Intensive Outpatient Program (IOP)

The Intensive Outpatient Program is designed for Adult patients who need organized treatment services, but are able to do this within the context of their usual environment. ([More Info](#))

Locations

- Brooklyn Park, Medical Office Building
- Chaska
- Edina
- Rochester
- Woodbury

Center for Neurotherapeutics

The Center for Neurotherapeutics focuses on specialty care for complex neuro-psychiatric disorders. Our services span a variety of diagnoses and treatment modalities. PrairieCare's Center for Neurotherapeutics will offer a vast continuum of care utilizing multidisciplinary teams to provide individualized treatment. ([More Info](#))

- Edina

Behavior Development Program (BDP)

The Behavior Development Program (BDP) is an after-school program designed for elementary aged children who need to focus on skills building and social support to manage behavioral problems. Patients in BDP remain at home and in their school while receiving treatment. ([More Info](#))

Locations

- Brooklyn Park, Medical Office Building
- Edina



- Maplewood



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Healthy Emotions Program (HEP)

The Healthy Emotion's Program (HEP) is an intensive outpatient program for adolescents who are in need of assistance with managing and coping with their emotions. This treatment program will focus on emotional management skill-building and social support. ([More Info](#))

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Locations

- Brooklyn Park, Medical Office Building
- Edina



Clinic Appointments

PrairieCare Medical Group Clinics are open Monday through Friday from 8:00 a.m. to 4:30 p.m. Our medical secretary would be happy to assist you in scheduling an appointment to meet with one of our providers. ([More Info](#))

Locations

- Brooklyn Park
- Chaska
- Edina
- Maplewood
- Rochester
- Woodbury



Do Aftercare Mental Health Services Reduce Risk of Psychiatric Rehospitalization for Children?

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Appropriate and timely aftercare services are considered critical for children and adolescents with previous psychiatric hospitalization. The purpose of the present study was to investigate the relationship between type and amount of aftercare received and rehospitalization among youths who have been previously hospitalized due to psychiatric illness. The sample consisted of 569 youth ages 6–18 who received services in a large public service system. The sample of youth was 58% female and consisted largely of ethnic minorities (51% Hispanic, 26% White, 16% African American, and 7% were another race/ethnicity). Demographic, diagnostic, and service use data was obtained from billing records. Time-dependent Cox regression models evaluated the impact of aftercare (the primary dependent variable of interest) on risk of rehospitalization. Separate models were analyzed for each type of service and all models were adjusted for race/ethnicity, age, gender, diagnosis, insurance status, and comorbid substance use. Seventy percent of youths with a psychiatric hospitalization received aftercare and 28% were rehospitalized within 6 months of discharge. The total hours of services youths received was significantly related to a smaller likelihood of rehospitalization. Having a diagnosis of schizophrenia was associated with a higher risk of rehospitalization and receiving more days of day treatment was associated with a lower risk of rehospitalization. Given the restrictiveness and cost of hospitalization, mental health practitioners should focus on improving access, engagement, and quality of aftercare services.

Keywords: psychiatric hospitalization, aftercare, rehospitalization, community mental health services, youth

Inpatient psychiatric treatment is an expensive and restrictive form of mental health care that is designed to be used only when less restrictive types of care are not viable, yet a substantial number of children and adolescents have multiple psychiatric hospitalizations (Arnold et al., 2003; Fontanella, 2008; James et al., 2010). Frequent hospitalizations can have an adverse impact on clients and their families, due to the stress that results from

separation from friends and families, loss of autonomy, and restrictiveness of the inpatient setting (Causey, McKay, Rosenthal, & Darnell, 1998). Thus, many public sector mental health systems are trying to reduce their rates of rehospitalization (Fontanella, 2008; James et al., 2010). This may be accomplished by providing sufficient and effective aftercare services to youth upon discharge from the hospital. The majority of hospitalized youths do receive aftercare services; specifically, a review of 21 studies indicates that approximately 75% of youths who have been hospitalized for psychiatric reasons receive some level of mental health treatment after they are discharged (Daniel, Goldston, Harris, Kelley, & Palmes, 2004).

Several researchers have examined how aftercare services may be associated with likelihood of rehospitalization and the findings are mixed. Some studies have found that receipt of aftercare services reduces the risk of future inpatient psychiatric treatment (James et al., 2010; Romansky, Lyons, Lehner, & West, 2003), but others have found the opposite (Carlisle, Mamdani, Schachar, & To, 2012). Additionally, a few studies have found no relationship between utilization of aftercare services and subsequent hospitalizations (Blader, 2004; Foster, 1999). The variation in these findings may be due to methodological differences in the research. For instance, the follow-up periods in which a second hospitalization could have occurred ranged from two months (Foster, 1999) to 10 years (Arnold et al., 2003). The current study utilized a follow-up

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period of six months because this was the median follow-up period in a review of 21 rehospitalization studies (Daniel et al., 2004). Further, longer follow-up periods may dilute the impact of aftercare on preventing rehospitalization. Another methodological difference found in the literature is that some studies have examined the effects of different types of aftercare (Fontanella, 2008; Foster, 1999; James et al., 2010), while others have aggregated across multiple types of services to examine the effect of any care (Carlisle et al., 2012; Gearing et al., 2009), thus potentially missing more specific effects associated with individual types of mental health services (e.g., day treatment, outpatient care, medication management, etc.). This study analyzed aftercare services both ways: aggregating across services and examining distinct types of services.

Similarly, only a small body of research has examined the association between the amount (measured in either hours of service, or therapy sessions depending on the study) of aftercare received by children and adolescents and subsequent rehospitalization. The majority of the studies on rehospitalization have examined whether children had any aftercare, instead of how much care was received. Given the acuity of problems that hospitalized children experience, the amount of aftercare needed to reduce risk of rehospitalization may be an important consideration. For example, one session versus multiple sessions of outpatient treatment may be differentially associated with risk of future hospitalization. One of the few studies which examined a dose-effect response utilized a sample of children and adolescents in child welfare protective custody and found a significant inverse relationship between risk of rehospitalization and hours of specific "screening assessment and support services" (e.g., case management) post-hospitalization (Romansky et al., 2003). However, the extent to which these findings are generalizable to youth receiving usual community-based care is unknown.

The purpose of the present study was to retrospectively analyze the relationship between amount of various types of aftercare received in a large public sector mental health system on likelihood of rehospitalization among children and adolescents who were discharged from psychiatric inpatient care within the last six months. It was hypothesized that there would be a dose effect; specifically, more hours of aftercare would be associated with reduced likelihood of rehospitalization.

Method

This study included 569 children who received publicly funded inpatient psychiatric services in the San Diego County Department of Health and Human Services (SD-DHHS) between July 1st 2009 and June 30th 2010. San Diego County is diverse in regard to race/ethnicity and is the sixth most populous county in the United States. Children were eligible to receive publicly funded mental health services if they had a psychiatric diagnosis and Medicaid insurance or no insurance. The SD-DHHS collected demographic, service, and diagnostic data for billing purposes and stored it in county databases. This study was approved by the University of California, San Diego Institutional Review Board.

Aftercare Services

Aftercare services were reported following discharge from the client's first hospitalization in the fiscal year 2009–2010 until

rehospitalization or the end of the six months if rehospitalization did not occur. Aftercare services were received at one of approximately 60 county mental health programs funded by the SD-DHHS. The San Diego County children's behavioral health service system provides a diverse array of services to approximately 18,000 children each year (Child and Adolescent Services Research Center, 2012). Services were divided into six mutually exclusive groups for analyses: outpatient therapy, case management, day treatment, therapeutic behavioral services, medication support, and "other" services. Outpatient services include evaluation and individual, family, and group psychotherapy that are typically provided in local clinics or in schools. Case management services help clients and families access community resources, while day treatment services provide intensive rehabilitation, therapy, and education services for children with more acute mental health problems. Therapeutic behavioral services is an intensive individualized one-to-one behavioral coaching intervention (County of San Diego Health and Human Services Agency, 2012). In addition, medication support is available for children who have been prescribed psychotropic medications.

Analytic Strategy

We conducted a time-dependent Cox regression (Cox, 1972) to evaluate the impact of aftercare on time to first rehospitalization. This study calculated the hazard rates of rehospitalization, which are the probability per month of rehospitalization occurring. In order to assess the potential impact of nonnormality of the data, we also ran the data as log-transformed variables. The directionality of the hazard ratios remained the same. Thus, we reported the non-transformed analyses in the Results section. The benefits of using a survival-analytic method are the ability to include information from clients who were not rehospitalized during the 6-month follow-up period (i.e., they were right-censored) (James et al., 2010) and to incorporate postdischarge services as time-dependent covariates (Singer & Willett, 1991). Aftercare services were split into six one-month-long intervals and the unit of analysis was hours of service for all services, except day treatment. In this county, day treatment is provided in 8-hr service dosage units considered "days". Youth could have received more than one type of aftercare (i.e., services were not mutually exclusive). Given that a combination of medication and therapy is often found to be the most effective treatment for a variety of problems (The MTA Cooperative Group, 1999; Treatment for Adolescents With Depression Study Team, 2004) an additional analysis evaluating the effects of both therapy and medication was conducted. In addition to service variables, other time-independent control variables were included in the models. Specifically, child demographics (age, gender, and race/ethnicity), clinician-assigned primary diagnosis, comorbid substance abuse, and insurance status were entered simultaneously in the models to control for relevant covariates. All analyses were conducted using SAS 9.2.

Results

Sample Description

Of the 569 youths who were hospitalized in one year, 58% were female. Youths ranged in age from 6 to 18 years and their average

Table 1
Average Hours of Service Use

Type of aftercare service (<i>N</i> = 569)	<i>N</i> (%)	Mean (hours) ^a	<i>SD</i>
Case management	175 (31.0)	3.11	3.96
Therapy	299 (53.0)	8.94	8.91
Day treatment	92 (16.0)	29.59 (days)	25.33
Medication support	290 (51.0)	3.11	3.16
Therapeutic behavioral services	67 (12.0)	58.18	78.79
Other (rehabilitation)	131 (23.0)	7.44	9.93
Therapy + medication	208 (36.6)	12.20	10.20

^a This is the average service use for those who received the specific service.

age was 14-years-old (*SD* = 2.6). This diverse sample was 26% White, 51% Hispanic, 16% African American, and 7% were another race/ethnicity. Native American (*n* = 4), Asian/Pacific Islander (*n* = 22), and youth from other ethnic backgrounds (e.g., Iranian, Iraqi; *n* = 11) were combined into a single "other" category because each groups' representation was too small to evaluate separately in the analyses. A large percentage of youths had a primary diagnosis of depressive disorder (47%) or attention deficient hyperactivity disorder/oppositional defiant disorder (23%), while a smaller proportion had a diagnosis of bipolar disorder (17%), schizophrenia (6%), or another diagnosis (7%).

Aftercare Services

The majority (70%) of youths who were hospitalized received at least one type of aftercare within six months of discharge (see Table 1, column 1 for frequencies by service type). Youths may have received multiple services and the number received ranged from 0 to 6 with an average of 1.85 (*SD* = 1.6). Almost 30% of youths did not receive any aftercare, while the majority received outpatient therapy (53%) or medication support (51%). For those who received an aftercare service, the average amount received ranged from 3 hr of case management to almost 30 days of day treatment.

Time-Dependent Survival Analysis

Of the 569 hospitalized youths, 161 (28%) were rehospitalized within six months of discharge from the original hospitalization.

Table 2
Multivariate Survival Analyses Predict Rehospitalization Within Six Months (Time Dependent in Hours)

Service type ^a	Hispanic			Black			Other		
	Hazard ratio ^b	95% CI	<i>p</i>	Hazard ratio ^b	95% CI	<i>p</i>	Hazard ratio ^b	95% CI	<i>p</i>
Case management	0.72	0.49–1.06	.092	1.02	0.63–1.64	.936	0.86	0.43–1.74	.681
Therapy	0.74	0.50–1.08	.116	1.01	0.63–1.62	.965	0.87	0.43–1.75	.694
Day treatment	0.74	0.51–1.09	.126	1.11	0.69–1.80	.658	0.90	0.45–1.82	.774
Medication support	0.75	0.51–1.10	.139	1.09	0.68–1.75	.733	0.88	0.44–1.77	.722
Therapeutic behavioral services ^c	0.74	0.51–1.08	.121	1.04	0.65–1.67	.875	0.86	0.43–1.73	.677
Other (rehabilitation)	0.74	0.50–1.08	.114	1.03	0.64–1.66	.898	0.87	0.43–1.74	.686
Therapy + medication	0.75	0.51–1.09	.131	1.04	0.65–1.68	.860	0.88	0.44–1.77	.711

Note. White is the reference group for the race/ethnicity variable analyses.

^a Each aftercare service variable was analyzed separately and all youth were included in each model. ^b Hazard ratios less than one indicate a lower likelihood of being rehospitalized. ^c Therapeutic behavioral services are an intensive, individualized, one-to-one behavioral coaching.

Table 3
Cox Proportional-Hazards Models Evaluating Whether Aftercare Is Associated With a Reduced Risk of Rehospitalization

Service variable models ^a	Hazard ratio ^b	95% CI	<i>p</i>
Case management	1.11	0.94–1.31	.204
Therapy	0.90	0.82–1.00	.058
Day treatment	0.93	0.87–0.99	.046
Medication support	0.83	0.65–1.04	.105
Therapeutic behavioral services	0.99	0.96–1.02	.480
Other (rehabilitation)	0.99	0.90–1.10	.934
Therapy + medication	0.90	0.82–0.98	.022

Note. *N* = 569.

^a Each aftercare service variable was analyzed separately and all youth were included in each model. For all services except day treatment, the unit of analysis was hours of services. For day treatment the unit of analysis was days, because day treatment is provided in 8-hour units considered "days." All models were adjusted for child race/ethnicity, age, gender, insurance status, comorbid substance use, and diagnosis. Schizophrenia was the only adjustment variable associated with risk of rehospitalization, and was significant in all seven models. ^b Hazard ratios less than one indicate a lower likelihood of being rehospitalized.

Hazard models indicated that race/ethnicity (Table 2), age, and gender were not associated with risk of 6-month rehospitalization. A primary diagnosis of schizophrenia was associated with twice the risk of rehospitalization within six months of discharge across all six service types (*HR* ranged from 2.06 to 2.27).

When services were aggregated, the total amount of services was significantly associated with the likelihood of rehospitalization, such that for each additional hour of aftercare clients were on average one percent less likely to be rehospitalized (*HR* = .99, *p* = .03). To determine what specific services were associated with reduced likelihood of rehospitalization, each service model was analyzed separately (Table 3). While the hazard ratios for each type of service (except for case management), were all in the expected direction (i.e., more services associated with reduced risk of rehospitalization), only day treatment and medication support plus outpatient therapy hours were significantly associated with a lower risk of rehospitalization. Specifically, the average risk of rehospitalization within six months was 7% lower for each "day"

of day treatment youths received ($HR = .93, p = .04$). Further, the risk of rehospitalization was 10% lower for each additional hour of outpatient therapy and medication support youth received ($HR = .90, p = .02$). Outpatient therapy demonstrated a trend toward significance ($HR = .90, p = .058$).

No other statistically significant association was found in relation to hours of different types of aftercare received, and likelihood of rehospitalization.

Discussion

Our investigation revealed that 70% of youths with a psychiatric hospitalization received aftercare mental health services and 28% were rehospitalized within six months of discharge; these rates of aftercare utilization and rehospitalization are generally consistent with other published reports (Fontanella, 2008; James et al., 2010). However, the finding that 30% of the youths did not receive any aftercare is alarming, given the fact that youths who are hospitalized have very serious mental health problems, which are unlikely to remit after a hospitalization. The inpatient providers in this county are required to include aftercare services in their clients' postdischarge plans and to make appointments for the clients prior to release from the hospital. Additionally, if there is a waiting list for services, youths who have had a recent psychiatric hospitalization are given priority. Thus, it seems likely that the youths who do not receive aftercare are failing to attend their initial appointments.

Clients receiving public mental health services in San Diego County are from low socioeconomic status backgrounds and the majority are also from ethnic minority backgrounds. Having low socioeconomic status is associated with greater treatment dropout (Edlund et al., 2002). This might be associated with attendance of aftercare services in this study and is a potential area for future research. Further, while San Diego County places a strong emphasis on providing culturally competent and informed services (e.g., clinicians are required to complete the California Brief Multicultural Competency Scale biennially and four hours of cultural competence training annually), several studies have documented lower rates of service utilization among minority groups (Garland et al., 2005; Kataoka, Zhang, & Wells, 2002). Further, one study found that clients from ethnic minority backgrounds were less likely to enter aftercare and that when they did enter services they remained in aftercare for a shorter period of time (Foster, 1998). This may help us understand the lack of engagement in aftercare services in our sample. These youth might benefit from interventions to increase attendance including assistance with transportation to follow-up care. The provision of in-home services might also help increase continuity of care.

We found that on average, receiving more hours of aftercare service reduced the risk of rehospitalization. Specifically, receiving more day treatment was associated with lower risk of rehospitalization within six months. However, only 16% of the total sample received this type of service. Future studies should examine what it is about the nature of day treatment that may be successful at preventing rehospitalization. For instance, is it the comprehensive nature of day treatment (e.g., generally including therapy, rehabilitation, and therapeutic teaching methods) or the intensity of day treatment services, since they are typically provided throughout the week rather than a limited number of sessions

per week. A dose effect may be one reason that youth who received day treatment were less likely to be rehospitalized, while youth who received other types of aftercare, such as case management and medication support, were not.

While the analyses of the effects of outpatient therapy alone and medication support alone were not significant, combining therapy and medication support hours was associated with a reduced likelihood of rehospitalization. This finding is consistent with research that has shown that receiving both outpatient therapy and medication may be the most effective treatment for some youths (e.g., youth with ADHD and depression) (The MTA Cooperative Group, 1999; Treatment for Adolescents With Depression Study Team, 2004).

Some of the previous studies of the effects of aftercare on risk of rehospitalization reported no significant associations; however, these studies did not examine the amount of aftercare received (Blader, 2004; Carlisle et al., 2012; Foster, 1999). Our findings suggest that understanding the type and amount of aftercare received may be more important than whether or not "any" care was received. It may also be the case that utilization of continuous variables representing amount of care as potential predictors of aftercare increases power to detect effects. Aggregated dichotomous variables representing any care received may limit the range of variables and may obscure meaningful differences in aftercare utilization.

One strength of this study is that it was conducted with a diverse population of youths receiving "usual care" services in a large publicly funded service system, supporting potential generalizability to other large public mental health systems. Further, we extended previous studies by examining both the amount and type of aftercare that children and adolescents received using a rigorous statistical approach, which took into account the time-dependent effects of service delivery and rehospitalization. Although we found few effects, the magnitude of the effects is striking. Specifically, each additional hour of outpatient service was associated with a 10% reduction in risk of rehospitalization. This is particularly noteworthy, given that there was no intervention or assessment addressing the quality of the aftercare services.

These findings must be interpreted with caution because they rely on associations, as opposed to experimental manipulation. It is also possible that unmeasured variables (e.g., problem severity, family functioning, quality of services) may affect relationships between aftercare services and rehospitalization. For example, in the case of problem severity it is possible that youth with more severe or complicated problems may have been assigned to a specific service, impacting their likelihood of rehospitalization.

Another limitation of this study is that we did not have information about the specific content of the services provided. As is common in large public mental health systems, the quality of care may differ not only by program but also by clinician. Further, while we know, for example, that outpatient therapy was received, we do not know what exact type of therapy clinicians provided or whether it was evidence-based. Lastly, while it is unlikely due to the low socioeconomic status of our sample, a small portion of youth receiving services through the public mental health system may have received aftercare services through private sources.

Given the mixed findings regarding the effectiveness of aftercare in the broader literature and the findings within the current study, it is important for future research to examine in greater detail the quality, dose, and intensity of different types of aftercare provided to youths. Research suggests that evidence-based interventions, such as Multidimensional Treatment Foster Care and Multisystemic Therapy are effective in reducing risk of hospitalization (Chamberlain & Reid, 1991; Schoenwald, Ward, Henggeler, & Rowland, 2000). Implementing and providing evidence-based programs and practices with fidelity may further reduce children's risk of rehospitalization in public service systems. The use of services as usual instead of an evidence-based treatment, may be another reason that outpatient therapy was not associated with reduced likelihood of rehospitalization.

Implications

Given the restrictiveness and cost of hospitalization, public service systems should concentrate their efforts on increasing the availability of aftercare services and the number of youths receiving aftercare, especially for those with a diagnosis of schizophrenia. Although the number of youths with schizophrenia is small, they are twice as likely to be rehospitalized as youths with other diagnoses. Additionally, increasing the amount of day treatment and other aftercare services provided to each youth, and offering medication support in conjunction with outpatient therapy could help to prevent future rehospitalizations. Finally, public service systems should focus on improving the quality of aftercare services through use of effective implementation and sustainment of evidence-based practices proven to be effective in reducing symptoms and improving functioning (Aarons, Hurlburt, & Horwitz, 2011; Novins, Green, Legha, & Aarons, 2012). This could ultimately lessen the financial burden on public service systems and protect families from the stress that results from rehospitalizations.

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Evidence In-Sight: Access to child and youth mental health services

Date:

August 26th, 2015

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The following Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

This report was researched and written to address the following three questions:

- How is access conceptualized in the literature with regard to child and youth mental health?
- What are best practices and current models for access?
- What is currently working to support access in the field of child and youth mental health?
- What are some core components of access in other sectors (e.g. health care)?

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). We are available at any time to discuss potential next steps.

We appreciate your responding to a brief satisfaction survey that the Centre will e-mail to you within two weeks. We would also like to schedule a brief phone call to assess your satisfaction with the information provided in the report. Please let us know when you would be available to schedule a 15-minute phone conversation.

Thank you for contacting Evidence In-Sight. Please do not hesitate to follow up or contact us at evidenceinsight@cheo.on.ca or by phone at 613-737-2297.

1. Overview of inquiry

This report was written for a youth service organization interested in developing a clear understanding of the current state of “access” with recommendations for changes to their current practice. The objective is to reduce the frustration and time delays in matching service users with appropriate services and improving outcomes for children, youth and families. Related topics include existing pathways, criteria for admission, different definitions of what access means, issues surrounding first entry, and re-assessment and wait list implications. This report excluded information on centralized telephone intake systems as the requesting agency already had information on these systems.

2. Summary of findings

- Research on the topic of access is limited; many researchers in the field report that while barriers to access are well documented, access itself has not been well conceptualized.
- Access in the child and youth mental health context concerns how children, youth and their families gain entry to the appropriate services through the service system. Access is generally influenced by a variety of factors such as time, cost and type of services being accessed.
- The majority of research focuses on primary care providers as the most common access point in the adult mental health sector.
- Currently, there are many different access models in the field that vary in their approach, goals, components and strategies.
- For any model of access to be effective, sectors should work closely together to follow similar strategies.

3. Answer search strategy

- Search Tools: PsycInfo, PubMed, Google Scholar, Ontario Data Documentation, Extraction Service and Infrastructure (ODESI), CANSIM II, PsycARTICLES, PolicyFILE, and ProQuest Sociology.
- Search Terms Access PLUS child and youth, mental health, models, implementation, best practices, pathways to care, social networks, multi-sectorial, centralized, decentralized, system level

4. Findings

4.1 Conceptualizing access

In the mental health field, proper access to services has become a priority for families, agencies and communities (Mental Health Commission of Canada, 2012). As children, youth and families report barriers to services, agencies try to manage demand by improving access to these supports (Davidson et al., 2010). Much of the research regarding access has focused on the barriers that prevent individuals and families from receiving services, and much less research has focused on ways of addressing these barriers, or information on how systems can improve their access standards. Because of this, much of this report has been guided by literature from the health care field more generally, as mental health can be understood as a critical element within the broader context of health.

MCYS, pathways and coordinated access

The Ministry of Children and Youth Services (MCYS), which funds much of Ontario’s child and youth mental health (CYMH) sector, has placed an explicit emphasis on improving access to services. A key goal of the *Moving on Mental*

Health framework (2012) focuses on helping individuals and families navigate through the service system and creating clear pathways to care. In the subsequent *Child and Youth Mental Health Service Framework* (2013), MCYS outlines the minimum expectations for delivering mental health services. The framework sets out key processes to supporting children, young people and families from first contact to conclusion of services. While MCYS does not define access specifically in their document, it does explore two related topics: **pathways to care** and **coordinated access**.

Pathways to care describe how families and youth get to the appropriate services through the child and youth mental health service system. The service framework aims to address this by establishing clear paths to, through and out of care. Children and youth access services using many different pathways such as school, hospitals, friends and primary care. Because of this, services should not focus on one pathway to care but instead focus on making services easier to access.

Coordinated access is a community-based approach to help children, youth and families receive effective and timely mental health services. This process aims to minimize service gaps and duplication between service providers and sectors by establishing a seamless referral process. Agencies that serve children and youth with mental health concerns work together and collaborate to support young people and families in accessing services. Children and youth needing services are matched with programs that would best suit their needs while being the least invasive option. In the service framework, MCYS describes three minimum expectations to implement coordinated access:

- Clear pathways between sectors are set to help children, families and youth navigate through the service system.
- The lead agency and all child and youth mental health (CYMH) agencies communicate and collaborate with community partners to inform the approach to access to service.
- The impact of this collaboration is held accountable among service providers. This means that services offered to children, youth and families should be regularly reviewed and evaluated.

These expectations emphasize the need for collaboration and accountability between sectors and agencies. MCYS' vision for an accessible system focuses on establishing and/or enhancing partnerships across agencies to offer clear, effective and easy-to-navigate pathways for people who need services.

There are three dimensions to consider when understanding health care access (Boyle, Appleby & Harrison, 2010; McIntye, et al., 2009):

- **Physical access** is concerned with the availability, location, capacity and resources of services. This is usually the most obvious dimension of access, as a deficit here is measurable and tangible.
- **Affordability** is concerned with the cost of services for both the service provider and the individual. This includes cost of program, treatment and aftercare.
- **Acceptability** is concerned on how services fit with the individual's culture, beliefs and personality. According to McIntye et al. (2009), this is an understated component of access, as there are instances where services are available in a community, but do not resonate or align with the individual's beliefs or culture.

As each of these dimensions influences the accessibility of services, organizations should consider all three when implementing a plan for access.

4.2 Components of access

In the health care literature, several components of access are discussed as important elements of the service system. Like parts of an engine, each component must work together with others to perform. Research highlights many different factors that will influence a person's decision to seek help and access services in a timely and efficient manner, such as their personality, perceived benefits, and social support (O'Connor, Martin, Weeks, & Luzian, 2014). Mental health literature in particular highlights three central components of access: wait times, barriers and access points.

Wait times

Wait time is defined as the amount of time between requesting services and receiving services (Davidson et al., 2010). The Canadian Psychiatric Association recommends that referral time to specialists take between two to four weeks (Canadian Psychiatric Association, 2006), but realistically, this can take several months to even years (Robotham & James, 2009). In fact, an estimated 40 percent of children and youth seeking mental health services currently wait a year or longer before receiving care (Children's Mental Health Ontario, 2015). This is particularly frustrating as 70 percent of mental health issues emerge during adolescence (Children's Mental Health Ontario, 2015) and may increase in severity over time if left untreated (Shiner et al., 2009). A survey of agencies providing child and adolescent mental health services in Canada found that current practice does not meet the Canadian Psychiatric Association's standards in wait times, particularly for routine care (Kowalewski et al., 2008).

Barriers to services

In access literature, **barriers to services** are a recurrent theme. These are factors that negatively influence the ability of an individual to seek help (Boyle et al., 2010) and relate to the aforementioned dimensions of access (availability, affordability, acceptability) by creating deficits. For example, if a rural setting has little-to-no mental health services in the area (a deficit in availability), this would be a barrier to mental health service for individuals seeking help (Boyle et al., 2010; McIntye et al., 2009). *For more information on wait times and barriers, please refer to the Centre's 2010 background paper on Access & Wait Times in Child and Youth Mental Health.*

Access points

In every service system or community there are key **access points** (Davidson et al., 2010). These are people, services or organizations that act as a first point of contact to mental health treatment (Steel et al., 2006). Once an individual is empowered to seek help, there are a variety of access points s/he may pursue. For the purposes of this report only mental health agencies, primary care providers and schools will be explored.

Mental health agencies

In an accessible system, mental health agencies have a unique role as an entry point. Unlike the physical health care sector where entry points for specific symptoms and conditions are well mapped, mental health agencies typically have pathways that are much more vague (Boyle et al., 2010). For example, a patient suffering from a physical health concern would most likely access a primary care physician or urgent care facility, depending on severity of symptoms and availability of services. The care providers at this establishment may treat the client directly or refer to a specialist or hospital depending on the presenting issue(s). There isn't such clarity when it comes to mental health issues. For example, if a young person is suffering from mild to moderate feelings of depression, how do they know where to go? In both instances, time is critical to ensuring successful outcomes, but finding access to mental health supports can take dramatically longer compared to finding solutions for physical health concerns (Kowalewski et al., 2008).

Researchers in the health field report that this issue is the result of the tendency to view mental health as separate from physical health, when in fact both are interconnected and influence each other (Boyle et al., 2010; Hoag & McQuillen, 2013). In response, there has been a push for community systems to collaborate together across systems of health and mental health (MCYS, 2013; British Columbia Ministry of Health, 2012), since collaboration allows organizations to combine their services with other agencies in the community to treat clients effectively and refer people to the right help.

Primary care providers

In an Australian study on first contact with mental health services, researchers found that out of a sample of 146 participants, primary care providers (PCPs) were the most popular first access point (45%), followed by self-referrals (13%), hospitals (12%), police (11%), religious personnel (5%) and other pathways (5%) (Steel et al., 2006). Other research has found similar results for mental health access overall, suggesting that PCPs play a crucial role in mental health access since they are the most popular point of entry (Volpe, et al., 2014). Indeed, much of the mental health access research has focused on how best to equip PCPs to respond to mental health inquiries (Aupont et al., 2012). The most common suggestion across the literature is for PCPs to collaborate with mental health agencies and professionals. While PCPs are well versed in a variety of health concerns, their time, resources and mental health expertise may be limited, so directly addressing mental health concerns on their own is likely not ideal. Collaborating with mental health specialists allows PCPs to respond to mental health cases more efficiently by consulting with specialized services such as psychiatrists, psychologists or social workers (Aupont, Doerfler, Connor, Stille, Tsiminetzky & McLaughlin, 2012). This collaboration significantly improves the quality of primary mental health care and access to specialist mental health services (Kisely, Duerden, Shaddick & Jayabarathan, 2006; Power et al., 2007).

Other recommendations such as learning modules focused on child and youth mental health have also shown to be an effective and helpful tool for PCPs. A study on mental health training provided to family physicians in British Columbia found that modules significantly enhanced physician knowledge of child and youth mental disorders, increased physicians confidence in identifying and treating disorders and increased collaboration between community partners (Garcia-Ortega, et al., 2013). Professional organizations such as the College of Family Physicians of Canada serve as a popular resource for physicians needing support on mental health topics (The College of Family Physicians of Canada, 2015).

While the demand for child and youth psychiatric services have increased nationally (Bostelaar, 2014), the shortage of child and youth psychiatrists to meet those needs is problematic (Thomas & Holzer, 2006). As a result, many organizations have focused on psychiatric *nurses* to provide care and reach a wider population (Kolko et al., 2010). Research suggests that psychiatric nurses are more likely to live in rural areas than psychiatrists and therefore have the potential to increase access to quality mental health care in these regions. Similar positions have been introduced in England for the same rationale. For instance, primary mental health workers have been effective in helping to close the service gap between primary care staff and specialist services (Hickey, Kramer & Garraida 2010).

Schools

Literature suggests that schools play an important role as a mental health access point for children and youth. For example, mental health disorders often have their first onset during childhood and adolescence (National Institute of Mental Health, 2005), during a time where children and youth spend much of their time in school. Educators report that

mental illness impacts academic performance, and identify child and youth mental health as a key issue affecting this (Santor, Short, & Ferguson, 2009). Studies have found that school-based programs with youth-friendly professionals greatly improve the child or youth's access to care, and integrate multiple community partners to collaborate on treatment (Clayton, Chin, Blackburn & Echeverria, 2010; Soleimanpour, Geierstanger, Kaller). Mental health care in schools may come in the form of screening initiatives (Husky et al., 2010), special topic program such as suicide prevention (Kataoka, Stein, Nadeem & Wong, 2007), or school-based health centres (Clayton et al., 2010). Mental health promotion is also an opportunity to encourage positive mental health, and showcase accessible local resources students may have been unaware of (Mental Health Commission of Canada, 2013).

Despite this, evidence suggests that school-based mental health programs may be underused, likely due to lack of awareness and stigma (Szumilas, Kutcher, LeBlanc & Langille, 2010). A survey of school-based mental health programs in Canada found that costs associated to programming (e.g. funding, buy-in, overheads) were a significant barrier to services (Mental Health Commission of Canada, 2013). The survey also suggested that school-based programs were shaped by the community needs, and thus there is considerable variability of models between schools. The survey recommends partnership with community mental health agencies to alleviate some of these barriers by sharing workload and capacity (Mental Health Commission of Canada, 2013).

4.3 Implementation and models

While the impact of barriers and wait-times is well documented, our search on implementation of mental health access models yielded little evidence. Indeed, the literature highlights access implementation as crucial gap of knowledge (Campo, Bridges, & Fontanella, 2015; McIntye et al., 2009; Davidson et al., 2010). Currently, there are no best practice guidelines on creating or implementing a mental health access system. While there is limited research, the following considerations emerge from the literature:

- The 2010 Annual Report of the Office of the Auditor General of Ontario recommended that to enhance access to services for children and youth in need, agencies should provide (Office of the Auditor General of Ontario, 2010):
 1. A single point of access or collaborative placement process for available residential services and supports.
 2. Fewer access points for non-residential services, or more collaborative efforts to assess and prioritize client needs, and refer them to the most appropriate non-residential service and support available.
 3. Documentation to support the placement.
- Agencies have noted that not everyone involved in a mental health system has the same conceptualization of access (Illback & Bates, 2011). For example, PCPs may conceptualize improved access as seeing more patients on a day to day basis (McIntye et al., 2009) whereas mental health specialists may conceptualize improved access as decreased wait times (Davidson et al., 2010). This can make it difficult to discuss or assess mental health access within an organization and in a system as a whole, and thus may lead to a fragmentation of services (Mental Health Commission of Canada, 2012).
- Research suggests that organizations in a system discuss what access to services looks like in their community before creating policies and strategies to enhance it (Boyle, Appleby, & Harrison, 2010; McIntye, Thiede, & Birch, 2009). Strategies like community mobilization can gather community partners together to discuss gaps and brainstorm solutions.

- Community mobilization is defined as a capacity building process where community partners strategize, carry out and evaluate activities on a collaborative basis (Florida Department of Health, 2015). Literature on community mobilization outlines various steps this process can take (The Acquire Project, 2006) such as:
 1. A big-picture assessment of the community's issues, needs and resources
 2. Community exploration of issues and priority-setting
 3. Community action planning
 4. Implementation of community action plans
 5. Monitoring and evaluation of community mobilization
- Implementing an access strategy works best when agencies have highlighted specific access tiers through the service system, meaning there is a clear understanding of levels of patient needs and the services that respond best to those needs (Mental Health Commission of Canada, 2012).
- Sectors should have a common assessment tool to reduce reassessment, wait times and re-entry (Ontario Common Assessment of Need, 2010). Further, it is important to have an established referral relationship among sectors (Hoag & McQuillen, 2013).
- There is a strong need for collaboration across sectors to properly implement an access system (Aupont, et al., 2012; Davidson et al., 2010).
- A triage protocol based upon a service agreement must effectively direct patients to the appropriate services (Mental Health and Drug and Alcohol Office, 2012).
- Providers across sectors must hold each other accountable (Teague, Trabin, & Ray, 2006). For example, this may involve following up on patient status and discussing treatment with other service providers.

While implementation literature on access may be limited, there are various examples of access systems that organizations are using. Elements of these various models and examples in the field are explored below.

Models of access

Models of access will be shaped by different factors in various communities. For example, the access system in a rural community in Canada will look different from an urban community in the United States. Because of this variation, it is important to describe some critical factors that will shape and influence an access system, specifically scope, coordination and extent to which these systems are centralized.

Scope

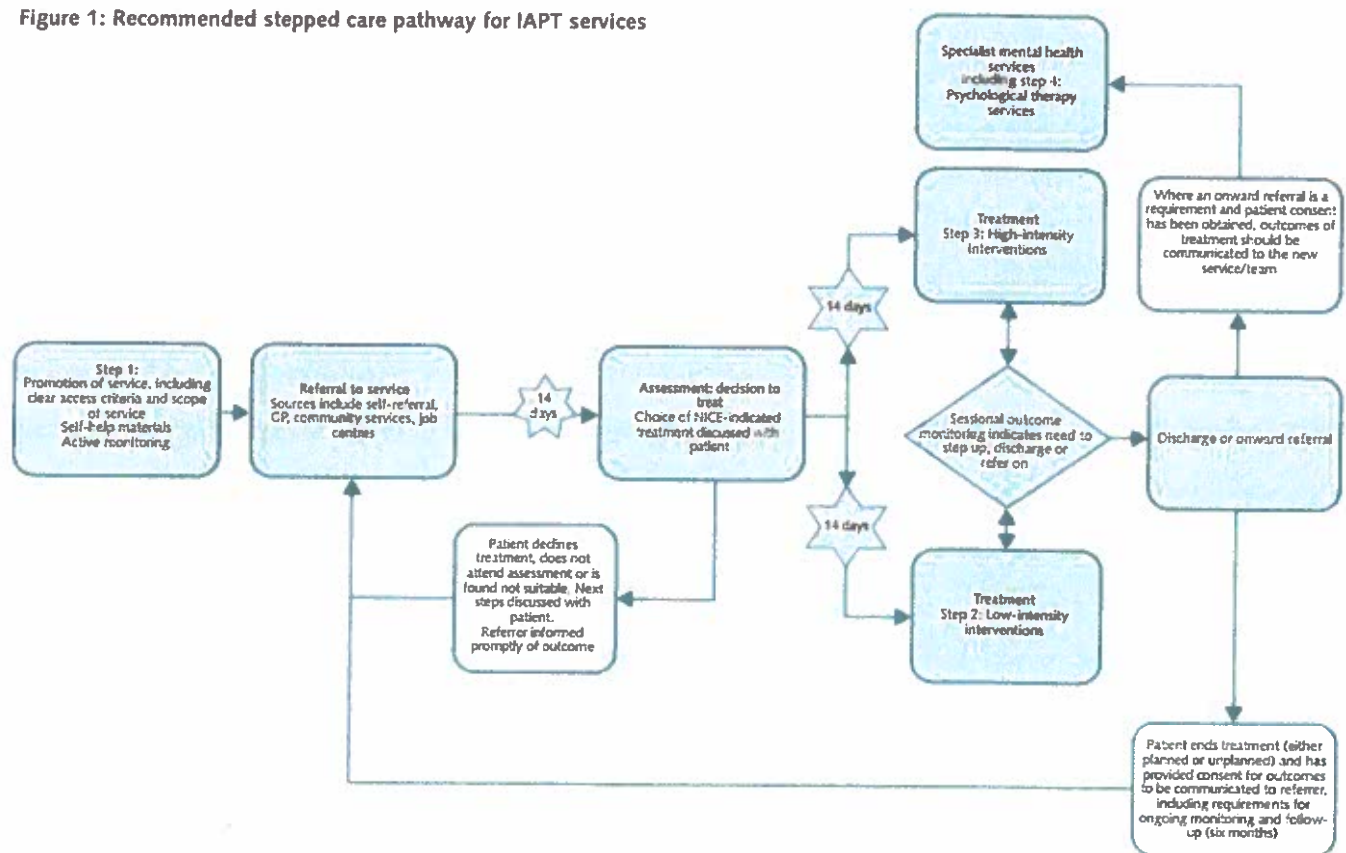
Scope refers to the range of services captured in an access system. These levels are divided into micro and macro levels.

- Micro level models are used to enhance or support access for a specific sector.
 - Example: In the adult sector, some collaborative care models focus on enhancing the PCP's capacity to support a patient and help them access the appropriate service. It also allows the PCP and patient to access psychiatric resources to better assess patients and make more informed decision on treatment and referrals (Shiner, et al., 2009; Steel, et al., 2006).

- Macro level models enhance or establish access at a systems level, with multiple sectors involved.
 - Example: The Improved Access to Psychological Therapies (IAPT) model was developed in response to unmet needs for mental health care identified in a 2006 report (Peachey, Hicks & Adams, 2013). The program is a large-scale initiative that aims to greatly increase the availability of evidence based psychological therapies for depression and anxiety disorders in England for children, youth and adults. The program sets a clear model of what access through this system looks like, which is provided below.

(Peachey, Hicks, & Adams, 2013)

Figure 1: Recommended stepped care pathway for IAPT services



Coordination

As described in MCYS' service framework, coordination of access is an important consideration in implementing a community mental health system. The type of coordination and intensity varies between every partnership and community, but some level of coordination must exist to properly handle demand of client needs. The British Columbia Ministry of Health's report (2012) on integrated models of primary and mental health care in the community highlights three approaches to coordination for both the child and adult sector:

- 1) **Communication approach:** This approach is geared towards those with a mild to moderate severity of need, where services operate separately from each other. Coordination in this context usually means consultation between services when client needs are out of the scope of one service, and are typically informal partnerships. An example would be a family doctor calling a psychiatrist to consult about a patient diagnosis.

- 2) **Co-location and collaboration approach:** This approach is geared towards addressing moderate to severe needs. In this approach, agencies and service providers collaborate by sharing space and/or sharing treatment responsibilities. Consultations between service providers are a regular occurrence, and typically mental health and physical health are treated together. For example, the Australian program Headspace has a PCP and mental health specialist share the same location, easing referrals and collaboration between the two sectors.
- 3) **Integrated approach:** This approach is aimed at addressing severe, persistent and complex needs. Here, health teams consist of experts from multiple fields and care for patients is unified. Since all members are equally accountable for the outcome of patients, care must be intensive and collaborative to effectively treat patients. This is usually seen in hospital settings.

Decentralization vs. Centralization

A decentralized model uses multiple coordinated locations (physical, virtual or both) throughout the community that offer assessments and referrals (Building Changes, 2015). Sites can be led by one agency or by different agencies. All sites are coordinated because they use the same assessment form, targeting tools and referral process (Building Changes, 2015). In this system, there is not one hub that is promoted as the central point of access. In adult offender literature, research has indicated that taking a decentralized intake approach provides service providers with more control over the assessment (Correctional Services Canada, 2001). When demand exceeds capacity, agencies may be forced to redirect clients to other services, possibly adding to wait times and frustration experienced by families. Because of this, centralized intake is the favored model, especially in communities with a large service area and with many different services.

A centralized model uses one entry point where people are assessed to determine the best resources for their specific needs (Building Changes, 2015). This entry point typically employs those with expertise in triage, assessment and referrals, and typically does not offer counselling or treatment services. The entry point can be virtual (telephone or Web) or might be a physical location; in either case, the entry point is promoted as the place of first contact for mental health concerns (Building Changes, 2015). The key to central intake is creating a central hub for young people and families and the need for a central location in order to access services. In their best practices guided on centralized intake, Early Childhood Iowa highlighted benefits of centralized intake (2011):

- Allows maximum usage of services.
- Focuses on a single point of entry.
- Assures that children, youth and families will be linked to the most appropriate services available for them based on their needs.
- Allows for a uniform screening process and a uniform mechanism for referral follow-up.
- Promotes collaboration between programs.
- Eliminates duplication by creating a single point of entry for families.

Duncombe (2008) concluded that the model of the intake system is not as important as its ability to deliver good intake practice. Since good intake practices will differ depending on context, a showcase of different models should provide better insight. Below are access and intake models in the field that have been highlighted by the requesting agency and/or highlighted in literature.

5. Examples of access models

Headspace

Location	Australia
Target client	Children and youth
Description (Headspace, 2008)	Created in 2006, Headspace aims to promote and support early intervention for youth with mental and substance abuse disorders. Designed to complement and integrate primary care and specialist services, the Australian government supported the initiative with an investment of more than \$54 million. Thirty Headspace youth service platforms have been established in metropolitan, regional, rural and remote locations across Australia to build local capacity and improve visibility. Developed and guided by a consortium of researchers and practice experts, Headspace aims to build local and national awareness, create youth- and family-friendly services environments, promote evidenced-based interventions and improve access through co-location, outreach and collaboration
Goals (Headspace, 2008)	<ul style="list-style-type: none"> - Increase community capacity for early identification and intervention of young people at risk of mental health related issues. - Create better access to specialist assistance for health, education and vocational related issues - Create more concise pathways for young people - Provide evidence-based interventions provided through an integrated model of care - Ensure that young people play an active role in shaping the delivery of services
Type of model	<p>Centralized and collaboration approach</p> <p>The Headspace model focuses on providing centralized mental health services, where physical health is a component (Patulny, Muir, Powell, Flaxman, & Oprea, 2013). This is a reversal of the typical shared cared strategy where primary care is the central focus and mental health services act as additional support (British Columbia Ministry of Health, 2012). Their locations offer a variety of mental health and social services, while also offering physical health programs like a check up with a PCP. In this model, assessment and treatment plans are primarily handled by the mental health specialist. PCPs provide additional support where their skills are needed (British Columbia Ministry of Health, 2012).</p>
Core components	<ul style="list-style-type: none"> - Co-location: Primary care services and specialist mental health services share the same space to facilitate referrals, decrease unnecessary pathways to services and decrease wait times (Patulny, Muir, Powell, Flaxman, & Oprea, 2013) - Multiple delivery sites: With over 30 locations around Australia and an online website with group chat options, Headspace aims to capture as many young people as possible across the country. These sites are placed in specific areas to respond to different needs for services have (Muir, Powell, & McDermott, 2012). The head office in Melbourne oversees the marketing for Headspace, manages the needs of other Headspace locations, establishes a youth advisory and engages

	<p>government (Muir, Powell & McDermott, 2012)</p> <ul style="list-style-type: none"> - Public awareness: Headspace has devoted much of its budget to the promotion of its programs and services, resulting in around 1 out of 5 young people knowing about headspace (Patulny, Muir, Powell, Flaxman & Oprea, 2013) - Early Intervention: The Headspace team aims to increase the capacity of their community to identify and refer young people at risk of mental health issues and to increase their help seeking (Headspace, 2008). This involves strategies such as local headspace training and conducting local community awareness and service promotion activities. Establishing referral networks which link general practitioner physicians, schools, universities, group training companies, employers, unions and other key stakeholders in the community is an important part of the task as well as building community capacity for responding to young people's needs (Headspace, 2008) - Expanding scope of programs: By creating clear networks with the community, establishing new sites and having online and school based programs, headspace focuses heavily expanding its reach (Headspace, 2012)
Implementation considerations and evaluation	<p>Headspace's access strategy has focused on building capacity across the service network (Headspace, 2008). From its conception, this has required headspace centres to act as lead organizations in their service area (Muir et al., 2009). This in turn required not only the delivery of shared care services, but also strengthening the capacity of the community through building capacity strategies, evidence-based information, appropriate training and strategic and operational support. The activities of each of the components are framed around the following four priority areas (Headspace, 2012):</p> <ul style="list-style-type: none"> - Setting direction: promoting reformed policy at all levels of government to achieve better access, care and outcomes for young people - Community support: strengthening community understanding and support for young people with mental health issues - Stronger services: establishing integrated multidisciplinary service sites in local communities that provide more effective systems of mental health and other care - Youth and family engagement: working with young people and care givers at all levels of headspace to inform service development <p>There has been strong interest in Headspace's impact on young people. In 2013, researchers found it had generally improved access across the population and also improved access among males and socially and economically disadvantaged youth (Patulny, Muir, Powell, Flaxman & Oprea, 2013). Interviews with young people reported that Headspace locations were easy for youth to identify and access, that services were youth-friendly and that staff played crucial roles in establishing positive relationships (Patulny, Muir, Powell, Flaxman, & Oprea 2013).</p>

	<p>Evaluation on the implementation of Headspace found interesting results for service providers. An extensive, longitudinal evaluation of the program found that (Muir et al., 2009):</p> <ul style="list-style-type: none"> - On average, it took headspace locations seven months to establish an effective network of care - Engagement of psychiatrists to the headspace program was initially very limited - Effective implementation relied heavily on headspace centres to provide strategic direction - Improved access to services relied on both local and national community awareness of activities and programs - Young people accessed and remained engaged with headspace because of its youth friendly nature. Aspects of youth friendliness include the non-clinical environment, the good location of most sites, non-judgmental and trusting relationships between young people and their practitioners, a sense of control over service experiences, low or no cost services and appointment reminders
Website	http://headspace.org.au/

Choice and Partnership Approach (CAPA)

Location	United Kingdom, New Zealand and parts of Australia and Halifax, Canada
Target client	Children and youth
Description (The Choice and Partnership Approach, 2015)	<p>The Choice and Partnership Approach (CAPA) is a service transformation system that originates in the United Kingdom. The aim of CAPA is to engage young people and their families while enhancing access to services in the community. CAPA focuses on providing many access and treatment choices to clients while creating and sustaining partnership between clients and service providers.</p> <p>In this system, young people and their families are invited to an initial 'Choice appointment' where they are offered a choice of day, time, venue, clinician and intervention. After this appointment, families and youth are invited to book 'Partnership appointments'. The aim here is work in partnership with a mental health professional on mutually agreed goals.</p>

Goals	<p>The goals of this system are separated into two categories: Choice and Partnership</p> <p>Choice</p> <p>The aim of the Choice component in CAPA is to gather as much information about the client as possible while providing various options to empower them. As we have seen above in the conceptualization and barriers of access, many factors can influence a person's ability use services (McIntye et al., 2009). Giving clients a choice between referral times, treatment modality and location allows the client to have more deciding power throughout the treatment and referral process (Robotham & James, 2009). Other aims of the Choice appointment include (Choice and Partnership Approach, 2015):</p> <ul style="list-style-type: none"> - Assessment - Motivational enhancement - Psycho-education - Goal setting - Maintenance until partnership appointment <p>Partnership</p> <p>Partnership aims to foster a positive therapeutic alliance between clients and service providers. Young people and families work in partnership with the mental health professional on mutually agreed goals flexibility on treatment type, frequency and intensity (The Choice and Partnership Approach, 2015). Clients have most of the decision-making power in this partnership.</p>
Type of model	<p>Centralized intake and shared care</p> <p>At its core, CAPA takes a centralized intake approach to its system (The Choice and Partnership Approach, 2015). When a client is referred to a CAPA organization or team, they are offered a choice appointment that acts similarly to an assessment found in most centralized intake programs. The Choice appointment aims to assess the client's severity of symptoms, risk and history while aiming to ease access, standardize assessment and reduce wait-times. These goals align very closely with a typical centralized intake model (Duncombe, 2008).</p> <p>Where CAPA differs from most centralized programs is in its client-centered approach (The Choice and Partnership Approach, 2015). Once referred, clients choose from a range of appointment times that best fit with their schedule, where they see a clinician or service provider who knows the service area well. Here, clients and the choice clinician will devise a plan on what services are needed, the intensity of service and any other consideration for treatment. At the end of the appointment, a partnership appointment with either the organization's services or outside services is made to connect clients with the most appropriate programs.</p>

Core components (Robotham & James, 2009; The Choice and Partnership Approach, 2015)	<p>CAPA focuses on 11 key components to implement their model effectively, divided into major categories.</p> <p>Foundational component</p> <ol style="list-style-type: none"> 1. Leadership and management: Three members of staff take the lead on administrative, clinical and management work. These three staff should collaborate and meet regularly. This component is essential to the implementation of CAPA. <p>Choice component</p> <ol style="list-style-type: none"> 2. Language: Terms such as assessment and treatment are replaced with alternative, locally developed terms to create a less stigmatizing environment. 3. Handle demand: Referrals are screened as soon as they become known to clear wait lists on the initial choice appointment. 4. Choice Framework: Children, families and clinicians must develop strategies for help. This includes self-help resources, outside specialist services or help accessing relevant services. <p>Transfer to partnership components</p> <ol style="list-style-type: none"> 5. Full booking to partnership: A 'full booking' appointment system should be used for follow-up appointments. If after the choice appointment a client and choice clinician decide that follow-up is needed, then the client is immediately booked a partnership appointment with a specific clinician. Importantly, clinicians have a certain number of free slots specifically for partnership appointments. All other unused time is focused on seeing other patients. 6. Selecting partnership clinician by skill: Clients are matched with the most relevant clinician based on needs, personality and skills. <p>Partnership components</p> <ol style="list-style-type: none"> 7. Separating core partnership work and specific partnership work Treatment work is separated by intensity and different clinicians work in these categories: <ul style="list-style-type: none"> - Core work: low-medium intensity treatment. High volume, low duration - Specific work: medium-high intensity treatment. Low volume, high duration. 8. Job planning: All members of the CAPA team have clearly stated tasks. For example, clinicians will work specifically on choice appointments, follow-up to partnership appointments and develop training. All staff have the capacity to work efficiently and effectively. <p>Letting go</p> <ol style="list-style-type: none"> 9. Goal setting and care planning: care plans are written down with families, focusing on goals and outcomes to facilitate their engagement after professional treatment ends. Clients and clinician review overall progress. Letting go helps the CAPA teams take on new patients. 10. Peer group supervision: members of the team meet to discuss individual cases,
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	<p>share clinical skills and discuss how to let go of families.</p> <p>11. Team away days: Team building days helps maintain staff relationships and plan for the future.</p>
Implementation considerations and evaluation	<p>An evaluation lead by Robotham and James (2009) looked into how CAPA was being implemented and which key component influenced the service flow the most. Authors found the following:</p> <p>Benefits:</p> <ul style="list-style-type: none"> - The model improved access and reduces wait times for families and youth entering services. - CAPA significantly reduced demand on services. - Service providers and clients reported greater transparency within services. - Service providers reported less demand on specialist services. <p>Challenges:</p> <ul style="list-style-type: none"> - Workers outside of the core CAPA team (such as PCPs or social workers) find this model difficult since their roles are not clearly defined. - Families may wait long periods of time between choice appointment and partnership appointment. - Of the 6 teams evaluated, no team was fully implementing all 11 key components of CAPA. At most, 8 key components were fully implemented. - The most implemented component was separating core partnership work and specific partnership work, while the least implemented was handling demand.
Website	http://www.capa.co.uk/

Youth Wellness Centre (YWC)

Location	Hamilton, Ontario, Canada
Target client	Youth ages 12-25
Description (St. Joseph Healthcare Hamilton, 2014)	<p>St. Joseph's Healthcare Hamilton's Youth Wellness Centre is a mental health service that aims to provide expert mental health care by appointment. Services include counselling, support and service area navigation. Youth and families can self-refer or be referred by a care provider. There are two streams of clinical mental health care at YWC:</p> <ul style="list-style-type: none"> - Early intervention: Young people suffering from emerging mental health and addictions concerns. - Transition support: Young people looking for support in moving from the child and youth mental health sector to the adult mental health sector. <p>The service also includes a mobile team that provides outreach support to college and university students in the area that may face significant barriers as well as services for</p>

	marginalized and street involved youth. The YWC is composed of a multidisciplinary team including an intake coordinator, youth mentor, registered nurse care coordinator, transition coach, social worker, psychiatrist, family educator and psychologist.
Goals (St. Joseph Healthcare Hamilton, 2014)	The Youth Wellness Centre's vision is to create "a service that is system and community linked; focused on youth experiencing emerging mental health difficulties with the goal of rapid assessment, treatment and recovery."
Type of model (Gillett, 2014)	Centralized and shared care YWC takes a centralized approach to their system. To enhance youth empowerment to access services YWC promotes self and community referrals. Once referred to the service, youth and/or families meet with an initial assessment clinician. This clinician screens and assesses the youth, connects with referrals, follows-up with clients on treatment and collaboratively decides on next steps with the youth and families.
Core components (St. Joseph Healthcare Hamilton, 2014)	<ul style="list-style-type: none"> - System navigation: As mentioned above, each client is connected with a clinical staff who acts as a client point person to navigate the service system. This component also focuses on the collaboration and partnership within the service area; mental health organizations should work and engage the community to promote shared-care models that make transitions between services as seamless as possible. - Youth and family friendly identity: Having an approachable location helps youth and families to refer themselves to the program. Youth and families were also engaged throughout the planning of this service so that programs would be as representative and helpful as possible. - Multimodal treatment: After screening and assessment, YWC offers traditional treatment options such as CBT or didactic skills training, as well as some alternatives like peer lead workshops or skills based groups. - Medium to long care: Once clients are referred and a treatment plan is in place, YWC follows youth for 2-5 years, with varying intensity or treatment depending on needs. - Pilot site: YWC is a testing site for a new access model. Data is currently being gathered on the effectiveness of this system.
Implementation considerations and evaluation	At the moment, there is no publicly available evaluation of YWC.
Website	www.stjoes.ca/hospital-services/mental-health-addiction-services/mental-health-services/youth-wellness-centre

Contact Brant

Location	Brantford, Ontario, Canada
Target client	Children, youth and families
Description (Contact Brant, 2014)	Contact Brant is a mental health service that provides centralized intake for children, families and youth. They provide information about services, conduct assessments and triage, link to appropriate mental health services and help clients plan for treatment. Intake is completed by phone, in office or in the community according to clients' preferences.
Goals (Contact Brant, 2014)	While not explicitly expressing program goals, Contact Brant's mandate provides information on the direction and aims of the program: <ul style="list-style-type: none"> - Act as the main contact for mental health service information in the Brantford region. - Be the single point of access for mental health services. - Provide brief intervention for urgent or highly complex mental health situations. - Provide information to the community and ministries on planning for the service system.
Type of model	Centralized intake and communication Contact Brant takes a traditional centralized approach (Shaw, Chmiel, Ruman, & Angus, 2013). Their services provide assessment and referrals, rather than explicit mental health treatment (Contact Brant, 2014). Because treatment is not part of their mandate, Contact Brant has a limited involvement in care. Their main purpose in care is to provide accurate assessment and referrals (Shaw, Chmiel, Ruman, & Angus, 2013).
Core components (Shaw, Chmiel, Ruman, & Angus, 2013)	<ul style="list-style-type: none"> - Screening: Screening includes triaging with appropriate assessment tools, such as the Brief Child and Family Phone Interview or the locally developed common tool for intake. - There are four full time resource coordinators responsible for facilitating intake and referrals, as well as follow up with clients on treatment progress. - Proper planning: The intake system model matches community needs and priorities. - Matching: Client perspectives are matched with treatment options.
Implementation considerations and evaluation (Shaw, Chmiel, Ruman, & Angus, 2013)	While this service has not been independently researched, an evaluation of Contact Brant found that the service helps families navigate services better and get to the right program, and therefore reduces unnecessary wait times or demand for partnering services. Client surveys found that most families found the service helpful, but were unclear as to the role Contact Brant had after intake. Specifically, many families accessed the service under the assumption that Contact Brant offered counselling service which it does not. Families recommended that Contact Brant better their advertising to enhance access awareness.

Website	http://www.contactbrant.net/
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Mood Disorders Association of BC (MDABC)

Location	British Columbia, Canada
Target Client	Youth and adults
Description (The Mood Disorders Association of British Columbia, 2012)	<p>The Mood Disorders Association of BC (MDABC) is a nonprofit mental health organization that provides treatment, support, education and hope for people living with a mood disorders and other mental health concerns. The organization has many different services, such as counselling, workshops, educational videos and group therapy.</p> <p>A unique service they provide is Rapid Access to Psychiatric Services. This aims to create new treatment options that family physicians can offer to patients who are suffering from mental health issues. Patients referred to the program receive a one-on-one consultation by a psychiatrist, who then provides them and the referring family physician with a written consultation that includes a diagnosis and treatment recommendation. Patients can then choose to either have their family doctor initiate psychiatric treatment or to attend the drop-in group medical visits and have program psychiatrists manage their treatment. They can also choose to receive follow-up treatment through future drop-in group medical visits or e-mail communication with program psychiatrists.</p>
Goals (The Mood Disorders Association of British Columbia, 2012)	<ul style="list-style-type: none"> - Provide treatment, support and education. - Reduce the stigma. - Engage the community in mental health well-being. - Provide rapid access to psychiatric services. - Encourage the development of effective self-help models. - Encourage research into mood disorders and self-help models.
Type of model	<p>Decentralized and shared care</p> <p>The Mood Disorders Association of BC (MDABC) model takes a decentralized approach. Since their services do not promote a centralized intake program and do not systematically partner with their mental health community, MDABC acts more as a specialized hub and component of the service system. MDABC conducts its own assessments, independent from what other organization may use. The link to psychiatric services available for patients and primary care providers adds a shared care component to their services.</p>
Core components (The Mood Disorders Association of British Columbia,	<p>While providing limited resources on their core components and goals, MDABC states five key elements to their services:</p> <ul style="list-style-type: none"> - MDABC provides innovative ways to increase access to services, such as group appointments and client motivating techniques. - MDABC reports offering research and teaching opportunities for clients and

2012)	<p>service providers.</p> <ul style="list-style-type: none"> - MDABC strives to provide clinical excellence. - MDABC builds community capacity by helping patients engage with their community and by partnering with organizations.
Implementation considerations and evaluation (Hoag & McQuillen, 2013)	<p>While there is no publicly available evaluation of MDABC as a whole or their implementation of services, Hoag and McQuillen studied the agency's Rapid Access to Psychiatry program with the following results:</p> <ul style="list-style-type: none"> - MDABC's rapid access model helped psychiatrists assess 6.7 times as many new patients and conduct 553 more follow-up visits per year than psychiatrists providing traditional outpatient psychiatric care. - Rapid access to psychiatry was three times less costly per annum for moderate cases and more than four times less costly for severe cases than traditional psychiatric outpatient care. - PCPs surveyed reported a high level of satisfaction with timely patient access to care. Patients surveyed reported a high level of satisfaction with wait times, quality of care and quality of information, and were satisfied with the wait time for referrals.
Website	http://www.mdabc.net/

The Community Outreach in Paediatrics/Psychiatry and Education program (COPE)

Location	Calgary, Alberta, Canada
Target Client	Children in elementary school
Description (Calgary Board of Education, 2014; Davidson et al., 2010)	<p>The Community Outreach in Pediatrics/Psychiatry and Education (COPE) seeks to link children, families, schools and mental health professionals. Participating schools refer students with developmental, behavioural, or emotional difficulties and, following a multidisciplinary screening, physicians conduct assessments within the school setting. An action plan is then developed with the team and the family, in order to link children with needed services.</p>
Goals (Calgary Board of Education, 2014; McLennan et al., 2008)	<ul style="list-style-type: none"> - To provide early identification of children with emotional and behavioural problems. - To provide early medical consultation and provision of comprehensive assessment of psychosocial and health status to better match needs and interventions. - To improve access to existing health and mental health services. - To aim for more effective utilization of health and education resources to identify and direct children to more appropriate interventions. - To improve psychosocial outcomes of children served by the program.

Type of model (McLennan, Reckord, & Clarke, 2008)	Centralized intake and collaboration COPE acts as a centralized intake hub within a school context. All schools within the area refer children to the same program, where assessments and treatment recommendation are determined. COPE does not provide treatment, but rather provides specialized assessment, consultation treatment recommendations and referrals. Treatment strategy involves physicians, school personnel, and a behavior specialist or psychiatrist to provide a collaborative care approach. After consultation and recommendation, treatment is for the most part handled by the referring physician or school personnel.
Core components (McLennan et al., 2008)	<ul style="list-style-type: none"> - Screening: multidisciplinary team to enhance validity of assessment and provide more than one opinion on treatment and diagnosis does assessments. - Multidisciplinary teams consisting of a physician, family therapist and school personnel.
Implementation considerations and evaluation (McLennan et al., 2008)	Researchers found that that while the COPE program helped families access services such as assessments, referrals, specialist consultations and treatment recommendations, there were three major limitation to the program: <ul style="list-style-type: none"> - This approach did not reduce the demand on the service system, but acted more as a redirect. Since the program did not provide treatment itself, only recommendation and consultation, families often need to contact community agencies to maintain treatment. - Psychiatrist or pediatricians that focus on child mental health are in shortage in Calgary, and often the COPE program itself suffered from significant wait-times. - Since referrals came primarily from school personnel, most children seen were referred due to externalizing behaviors. There is likely a population of children who are not referred since their behaviors were not evident to the school personnel.
Website	http://www.hullservices.ca/service/hull-family-and-education-service

6. Next steps and other resources

Access to services is a complex and important topic for health care providers. There are many different factors influencing agencies' capabilities to increase access to services. Literature on access systems, however, is limited and requires further exploration. The most common recommendations in the available literature include community organizations partnering together to increase overall capacity, taking a coordinated access approach and creating opportunities to empower clients to access services.

The Ontario Centre of Excellence for Child and Youth Mental Health has a number of resources and services available to support agencies with implementation, evaluation, knowledge mobilization, youth engagement and family engagement. For more information, visit:

<http://www.excellenceforchildandyouth.ca/what-we-do> or check out the Centre's resource hub at <http://www.excellenceforchildandyouth.ca/resource-hub>.

For general mental health information, including links to resources for families:

<http://www.ementalhealth.ca>

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Alternatives

Attachment 13

Alternatives

1. Do Nothing / Maintain the Status Quo

The Applicant considered doing nothing. However, realizing the unmet demand for a children and adolescents focused mental health facility repels the consideration of doing nothing. Children and adolescents with AMI are lacking necessary care and doing nothing will not help address the current mental needs.

2. Project of Greater or Lesser Scope and Cost

A project with a greater scope was considered. This would incur more costs and expenses related to a potentially larger hospital building. The Applicants were able to find a suitable existing building that will accommodate approximately 30 beds. To do a Project of larger size would have required new construction at a much higher cost.

A project with a lesser scope was also contemplated. The Review Board requires at least 20 beds to be included in a standard AMI project. After consideration and projections, a 20-bed AMI facility is not sufficient to meet the demands and adequately service the children and adolescents, and not economically feasible to pursue.

3. Joint Venture with Other Providers

Although this Project is not a joint venture, the Applicant has worked collaboratively with area hospitals to address the need for child and adolescents care in a dedicated facility where these services do not otherwise exist. Advocate Christ Medical Center and Palos Hospital recognize this unmet need and have pledged to refer patients to this proposed facility.

4. Utilize Other Available Health Resources

Utilizing other available health resources is not feasible because, as set forth in the Application, there are no AMI facilities within 10 miles of where MIRA is located. Patients and their parents are facing significant inconvenience and challenge when they must travel to seek proper treatment. Additionally, most of AMI facilities in AMI Planning Area A-04 do not offer mental healthcare services to children and adolescents.

5. Proposed Alternative

The proposed Project establishes a 30-bed AMI facility dedicated solely for children and adolescents. MIRA aims to provide a true continuum care to children and adolescents and help enhance the accessibility to mental healthcare services.

Comparison of Alternatives

Alternative	Cost	Pros	Cons
1. Do Nothing	\$0	No upfront costs and expenses.	Children and adolescents with acute mental illness are traveling far away for care. No convenient medical assistance provided in surrounding areas to ensure proper and timely treatment.
2 - 1 . Project of Greater or Lesser Scope and Cost	60-Bed new construction equals \$15 million	May be able to serve more children and adolescents with AMI and provide more convenience for patients' parents. Growth capacity.	Greater costs and higher business investments and associated business risks.
2 - 2. Project of Lesser Scope and Cost	20-Bed new construction Equals \$8 million	Lower construction costs.	Review Board rules require a minimum of 20 beds. Not economically feasible. Not adequately satisfy the need as there is a larger demand. Less convenient for targeted patients.
3. Joint Venture with Other Providers	\$5.5 million	While the proposed Project is not a joint venture, MIRA has worked collaboratively with area hospitals including Advocate Christ Medical Center and Palos Hospital to address the need for these services in the planning area.	At this time potential joint venture partners have not approached the Applicants.
4. Utilize Other Available Health Resources	N/A	Children and adolescents with acute mental illness may be treated. Cost effective.	Inconvenient medical assistance when parents must to travel to seek proper treatment. A majority of AMI facilities in AMI Planning Area A-04 do not offer mental healthcare services to children and adolescents and none within 10 miles.
5. Proposed Alternative	\$5.2 million	Children-and-adolescents centric. Dedicated care. Convenient for patients and their parents.	

Project Scope, Utilization, and Unfinished/Shell Space

Attachment 14

Project Scope, Utilization and Unfinished/Shell Space

The Hospital will be located in an existing two-story building in Tinley Park, Illinois. The building is presently owned by Community Services Foundation and had been used for care of individuals with intellectual disabilities as a Community Integrated Day Training Facility. That program will be relocating to a new site and the building will become available in the summer of 2019.

The building will be owned by MIRA Health Care Properties, Inc., which has the exact same ownership of MIRA Neuro Behavioral Health Care, LLC. The Hospital clinical functions will be located on the first floor. The second floor will also include space for Hospital administrative services, but will not be located in the licensed hospital space. Costs and space for the administrative space is reported in this CON application as non-clinical space. Other parts of the second floor space will be leased to MIRA Partial Hospitalization Program, LLC, which will be a separate entity that provides day services for mental health services not provided by through the Hospital. Other space on the second floor will be leased to professionals providing psychiatric, psychological and other counseling and mental health care through their private practices.

The build out of the hospital space has been designed to meet the unique hospital services for child and adolescent behavioral health services, and has been designed to comply with all IDPH licensing standards and Review Board guidelines. Detail of clinical space allocations are shown below.

As a dedicated child and adolescent behavioral health hospital, MIRA will not require the comprehensive clinical services of a general hospital.

1. Emergency Department. Illinois Department of Public Health regulations require that hospitals have an emergency department. The state standard is 2,000 visits per ED room. MIRA does not anticipate that its emergency department will receive large numbers of patients. It will have one emergency treatment room. Although the number of patients who will present at the emergency department is small, because there is only a single treatment room and the Board's convention is to round up, MIRA's utilization will justify one emergency room.

Similarly, the space required for an AMI emergency room can be relatively limited in that it will not require extensive equipment or space for acute medical services. The proposed emergency room has been appropriately sized at 160 DGSF, well with the state standard of 900 DGSF/treatment room.

2. Laboratory. The only laboratory space within the proposed Hospital will be a 102 GSF area located in the nursing unit. The laboratory will be used for simple procedures such as some blood tests. Most laboratory services will be performed off-site. There is no state standard for laboratories.

3. Consultation Rooms. There will be four rooms available for consultation for mental health purposes. The total space for the four rooms is 494 SF. There is no state standard for mental health consultation rooms.

4. Therapy/Activity space. This space is open space designed for activities for the child and adolescent patients. This space can be used for exercise, occupational and other types of therapy, recreation and other purposes. This open, two story space will total 2,875 SF. There is no state standard for this type of space.

SIZE OF PROJECT					
DEPARTMENT/SERVICE	KEY RMS	PROPOSED BGSF/DGSF	STATE STANDARD EACH/TOTAL	DIFFERENCE	MET STANDARD?
Emergency	1	160	900/900	-740	Yes
Adolescent Unit AMI	25	11,960	560/14000	-2040	Yes
Child Unit AMI	5	1,202	560/2800	-1598	Yes
Activity / Therapy		2,875	N/A		
Consultation	4	494	N/A		
Laboratory	1	102	N/A		
Total Clinical Service Areas		16,793			

Project Services Utilization

Attachment 15

Appendix B, Project Services Utilization

1110.120 c) Project Size Utilization – For areas for which there are utilization standards as shown in Appendix B

Utilization	Dept./Service	Projected Utilization	State Standard	Meet Standard?	Units
FY22	AMI	70%	85%	No	30
FY23	AMI	85%	85%	Yes	30

MIRA reasonably expects to achieve the state standard utilization of 85%. As documented in Attachment 20, the Applicant has obtained referral letters totaling 1197 referrals. The statewide average length of stay (ALOS) for an adolescent AMI patient is 9.6 days, as reported in the 2017 annual profile summary (see attached). The Applicant has projected a conservative ALOS of only 8.0 days, much less than the statewide average and much less than the ALOS used in the most recent AMI CON application for a new psychiatric hospital. For a 30-bed hospital, this will equal 9,308 patient days in 2023 which equates to an 85% utilization. If the Applicant had used the statewide ALOS or the ALOS in the most recent AMI application, the Applicant could achieve target utilization with only 970 referrals instead of the 1197 referrals contained in this Application.

Project Services Utilization

Attachment 20

Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.210(b)(1) – Planning Area Need, Formula Calculation

The Applicant is proposing to construct and establish MIRA Neuro Behavioral Health Care, LLC (“MIRA”), a 30-bed behavioral health hospital with a particular focus on children and adolescents, in Tinley Park, Illinois, which is located in AMI Planning Area A-04.

AMI Planning Area A-04 current shows an excess of 65 beds. See Board’s Addendum to Inventory of Healthcare Facilities and Services and Need Determinations (September 1, 2017).

The bed need inventory separates adults from adolescents for reporting purposes. However, the bed need calculation creates no separate need determination for children and adolescents. The Applicant seeks to establish a 30-bed facility solely dedicated to children and adolescents only. There is bed need calculation for children and adolescents only. In the entire AMI Planning Area A-04, there are five hospitals that offer behavioral health services (see Chart I below). Only one hospital (i.e., Ingalls Memorial Hospital) provides services to children and adolescents. The other four do not treat children and adolescents. Ingalls Memorial Hospital is 10.5 miles away from where the proposed Project is located and has only 12 beds for adolescents.

The State’s bed need inventory calculation for AMI has a significant difference from the bed need calculations for other categories of services which understates the AMI need in this planning area. When the Board calculates bed need for Medical Surgical, Obstetrics and Pediatrics its formula factor in the migration of patients in or out of the planning area. When it makes the calculation for AMI, the bed need is not adjusted for migration. Consequently, you have widely divergent Expected Use Rates in the bed need calculation. The expected use rate uses historical hospital utilization in the planning area in proportion to population of the planning area. For example, the expected use rate can vary from one health service area to another. When it comes to AMI services it would seem that the use rate for the Illinois population would be fairly consistent. Instead, you have rate at which Illinois patients are expected to use AMI services vary greatly. In the A-04 area the expected use rate is 33.1%. In A-04, however, the

expected use rate is 288.4%. This disparity in use rates appears not to be because the rate of mental illness differs greatly, but instead because there is not an adjustment for migration. If the statewide use rate of 72.76% were used instead, there would be a calculated need for 151 additional AMI beds in A-04.

The table below is also helpful in showing that A-04 is the largest planning area in the state by population, with an expected population of 1,181,130. Yet, for over 1,000,000 residents, there are only 12 adolescent AMI beds in the area.

<u>Planning Area</u>	<u>Beds</u>	<u>Population 2020</u>	<u>Population/Bed</u>	<u>Experienced AMI Use Rate</u>
HSA 1	66	771,660	11,692	23.3%
HSA 2	140	672,500	4,804	49.7%
HSA 3	242	575,640	2,378	91.0%
HSA 4	217	857,910	3,953	57.2%
HSA5	81	562,270	6,941	29.9%
HSA 6 – AREA A-01	435	957,960	2,202	107.1%
HSA 6 – AREA A-02	729	842,680	1,156	288.4%
HSA 6 – AREA A-03	224	736,480	3,288	36.9%
HSA 6 & 7- AREA A-04	195	1,181,130	6,057	33.1%
HSA 7 – AREA A-05	275	939,010	3,114	79.8%
HSA 7 – AREA A-06	340	493,100	1,450	133.1%
HSA 7 – AREA A-07	589	630,510	1,070	203.0%
HSA 7 – AREA A-08	121	451,000	3,727	14.3%
HSA 8 – AREA A-09	59	764,400	12,956	17.6%
HSA 8 – AREA A-10	34	345,060	10,148	23.5%
HSA 7 & 8 – AREA A-11	30	449,050	14,970	15.8%
HSA 8 & 9 – AREA A-12	95	416,600	4,385	42.7%
HSA 9 – AREA A-13	175	851,130	4,864	17.7%
HSA 9 – AREA A-14	89	117,170	1,316	150.3%
HSA 10	54	207,170	3,836	65.7%
HSA 11	150	665,530	4,437	47.9%
Total	4,340	13,487,960		
Average Rate Use				72.76%

Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.210(c)(2) – Planning Area Need, Service to Planning Area Residents

The local, state and national behavioral health data demonstrates that this Project is desperately needed. According to the American Hospital Association, one in four Americans suffer from mental illness or substance abuse disorder each year, and the majority also have a comorbid physical condition.

This mental health crisis is particularly pronounced in Cook County. There is only one mental health provider that treats children and adolescents in AMI Planning Area A-04, which is few relative to the number of children and adolescents in the area.

Experts in the field of behavioral health recommend a range of 40 to 50 AMI beds per 100,000 residents. On average, in Illinois, there are 35 AMI beds per 100,000 residents. The 220 population of Planning Area A-04 is estimated to be 998,142, and currently there is only one hospital with 12 AMI beds in AMI Planning Area A-04. This means there are only 12 AMI beds for children and adolescents in the entire AMI Planning Area A-04, which is significantly below the experts' recommendation as well as the average standard in the State of Illinois. This shows a need for mental health providers and AMI beds.

The lack of adequate AMI beds have required the children and adolescents of AMI Planning Area A-04 to either go without treatment or leave the Planning Area for treatment. Accessing programs outside AMI Planning Area A-04 presents obstacles for coordination of care and long travel times for family and support.

Indeed, mental health services for children and adolescents (as compared to any other health service) were hard to access in Cook County (as measured by cost of needed services, wait for services and distance to services). Budget issues led to the closure of the Tinley Park Mental Health Center ("TPMHC") in 2012, leaving a shortage of mental health services in Cook County. TPMHC, a 75-bed inpatient AMI hospital, admitted and treated 2,000 behavioral health patients on an annual basis. The closure of TPMHC created more difficulty in accessing appropriate care and longer trips to remaining facilities which had a significant impact on family support.

The Review Board's rules contemplate that a behavioral health hospital has a service area

ATTACHMENT 20

up to 10 miles of the behavioral health hospital. No behavioral health hospital dedicated to children and adolescents is within 10 miles of where the proposed Hospital is located (see, Chart I below).

CHART I

Name	Address	Type	Treating Children and Adolescents	CON Utilization Rate for AMI	Distance from MIRA	Numbers of Bed for Adults	Numbers of Bed for Children and Adolescents
Ingalls Memorial Hospital	1 Ingalls Dr, Harvey, IL 60426	General	Yes	57%	10.5 miles	51	12
Palos Community Hospital	12251 S 80th Ave, Palos Heights, IL 60463	General	No	43%	10 miles	34	0
MetroSouth Medical Center	12935 S. Gregory Street, Blue Island, IL 60406	General	No	73.2%	13 miles	12	0
Advocate Christ Medical Center	4440 95th St, Oak Lawn, IL 60453	General	No	67.6%	18 miles	35	0
Little Company of Mary Hospital	736 W 95th St. Chicago, IL 60628	General	No	35.5%	19 miles	24	0

The Applicant applied a conservative 8 day average length of stay figure to the projected admissions. The below chart (see Chart II) details and summarizes the projected occupancy for MIRA. MIRA will achieve target utilization within two years.

	Operating	
	Annual Year 2	Annual Year 3
# BEDS	30	30
PATIENT DAYS	5,840	9,308
AVERAGE DAILY CENSUS	16.0	25.5
% OCCUPANCY	53%	85%
AVERAGE LENGTH OF STAY	8	8
# DISCHARGES	730	1,163

See Purpose of the Project, Background, for additional support for this Criterion.

Hospital Profile - CY 2017
Advocate Christ Medical Center
Oak Lawn
Page 1
Ownership, Management and General Information

ADMINISTRATOR NAME: Richard Heim
ADMINSTRATOR PHONE: 708-684-5010
OWNERSHIP: Advocate Health Care
OPERATOR: Advocate Health Care
MANAGEMENT: Church-Related
CERTIFICATION:
FACILITY DESIGNATION: General Hospital
ADDRESS: 4440 West 95th Street

Patients by Race

White 53.0%
 Black 35.6%
 American Indian 0.6%
 Asian 0.7%
 Hawaiian/ Pacific 0.1%
 Unknown 9.9%

Patients by Ethnicity

Hispanic or Latino: 12.0%
 Not Hispanic or Latino: 81.0%
 Unknown: 6.9%
 IDPH Number: 0315
 HPA A-04
 HSA 7

CITY: Oak Lawn

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	394	394	394	25,483	136,234	2,316	5.4	379.6	96.3	96.3
0-14 Years				0	0					
15-44 Years				3,907	19,783					
45-64 Years				8,270	44,974					
65-74 Years				5,926	32,927					
75 Years +				7,380	38,550					
Pediatric	45	45	45	3,467	11,500	1,356	3.7	35.2	78.3	78.3
Intensive Care	153	153	153	9,707	38,139	27	3.9	104.6	68.3	68.3
Direct Admission				6,266	24,619					
Transfers				3,441	13,520					
Obstetric/Gynecology	56	56	56	5,164	14,352	61	2.8	39.5	70.5	70.5
Maternity				4,677	12,915					
Clean Gynecology				487	1,437					
Neonatal	64	58	58	1,528	17,555	0	11.5	48.1	75.1	82.9
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	39			1,459	9,616	0	6.6	26.3	67.6	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		35	35	1,459	9,616	0	6.6	26.3		75.3
Rehabilitation	37	37	37	912	11,610	0	12.7	31.8	86.0	86.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	35					5282				
Facility Utilization	788			44,279	239,006	9,042	5.6	679.6	86.2	

(Includes ICU Direct Admissions Only)
Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	42.0%	23.5%	0.0%	30.0%	3.4%	1.1%	
	18597	10406	0	13284	1517	475	44,279
Outpatients	27.8%	27.5%	0.0%	41.4%	2.6%	0.7%	
	101471	100376	0	151112	9487	2558	365,004

<u>Financial Year Reported:</u>	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	38.5%	16.1%	0.0%	41.5%	3.9%	100.0%		8,948,000
	303,900,360	127,282,313	0	328,125,661	30,808,978	790,117,312	6,039,000	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	22.1%	9.5%	0.0%	62.7%	5.7%	100.0%		0.8%
	72,736,952	31,164,152	0	206,130,438	18,588,183	328,619,725	2,909,000	

Birth Data

Number of Total Births: 4,300
 Number of Live Births: 4,276
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 15
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 4
 CSections Performed: 1,495

Newborn Nursery Utilization

Level I 16
 Level II 0
 Level II+ 0
 Beds 7,971
 Patient Days 0
 Total Newborn Patient Days 7,971

Organ Transplantation

Kidney: 19
 Heart: 23
 Lung: 10
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 52

Laboratory Studies

Inpatient Studies 1,514,554
 Outpatient Studies 536,083
 Studies Performed Under Contract 0

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	6	6	2740	538	12494	1354	13848	4.6	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	10	6	16	2909	2759	8308	5612	13920	2.9	2.0
Gastroenterology	0	0	0	0	0	1	0	2	2	0.0	2.0
Neurology	0	0	1	1	1382	107	6110	283	6393	4.4	2.6
OB/Gynecology	0	0	2	2	648	1510	2128	3168	5296	3.3	2.1
Oral/Maxillofacial	0	0	0	0	40	110	117	328	445	2.9	3.0
Ophthalmology	0	2	1	3	32	1301	75	2096	2171	2.3	1.6
Orthopedic	0	0	5	5	3348	2683	10341	5618	15959	3.1	2.1
Otolaryngology	0	0	1	1	299	1513	808	2580	3388	2.7	1.7
Plastic Surgery	0	0	2	2	359	1213	927	2283	3210	2.6	1.9
Podiatry	0	0	0	0	194	219	443	484	927	2.3	2.2
Thoracic	0	0	2	2	689	235	2415	441	2856	3.5	1.9
Urology	0	0	2	2	448	1022	1174	2076	3250	2.6	2.0
Totals	0	12	28	40	13088	13211	45340	26325	71665	3.5	2.0

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	30	Stage 2 Recovery Stations	80
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Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	3	7	0	10	4073	9493	4686	8002	12688	1.2	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1
	Adult & Child
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	4,211
Patients Admitted from Trauma	2,394
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	63
Persons Treated by Emergency Services:	104,922
Patients Admitted from Emergency:	22,274
Total ED Visits (Emergency+Trauma):	109,133

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	365,004
Outpatient Visits at the Hospital/ Campus:	336,852
Outpatient Visits Offsite/off campus	28,152

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	6
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	2

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	6,284
Diagnostic Catheterizations (0-14)	149
Diagnostic Catheterizations (15+)	3,887
Interventional Catheterizations (0-14):	231
Interventional Catheterization (15+)	1,090
EP Catheterizations (15+)	927

Cardiac Surgery Data

Total Cardiac Surgery Cases:	1,754
Pediatric (0 - 14 Years):	179
Adult (15 Years and Older):	1,575
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	471

Diagnostic/Interventional Equipment**Examinations**

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	15	0	#####	62,813	0
Nuclear Medicine	6	0	2,966	3,445	0
Mammography	6	0	0	22,103	0
Ultrasound	15	0	17,751	25,829	0
Angiography	4	0			
Diagnostic Angiography			7,464	3,864	0
Interventional Angiography			1,642	577	0
Positron Emission Tomography (PET)	1	0	0	1,344	0
Computerized Axial Tomography (CAT)	7	0	35,027	29,702	0
Magnetic Resonance Imaging	8	0	7,673	10,068	0

Therapeutic Equipment

	Owned	Contract	Therapies/Treatments
Lithotripsy	0	1	119
Linear Accelerator	2	0	11,922
Image Guided Rad Therapy			3,825
Intensity Modulated Rad Thrpy			4,267
High Dose Brachytherapy	1	0	255
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	1	0	108

Hospital Profile - CY 2017

Ingalls Memorial Hospital

Harvey

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Ownership, Management and General Information				Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Kurt Johnson			White	30.8%	Hispanic or Latino:	4.5%
ADMINISTRATOR PHONE	708-915-6101			Black	65.6%	Not Hispanic or Latino:	92.2%
OWNERSHIP:	Ingalls Memorial Hospital			American Indian	0.1%	Unknown:	3.2%
OPERATOR:	Ingalls Memorial Hospital			Asian	0.2%		
MANAGEMENT:	Not for Profit Corporation			Hawaiian/ Pacific	0.0%	IDPH Number:	1099
CERTIFICATION:				Unknown	3.2%	HPA	A-04
FACILITY DESIGNATION:	General Hospital					HSA	7
ADDRESS	One Ingalls Drive	CITY: Harvey	COUNTY: Suburban Cook County				

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	298	195	195	7,478	36,415	9,058	6.1	124.6	41.8	63.9
0-14 Years				0	0					
15-44 Years				1,103	4,079					
45-64 Years				2,626	12,021					
65-74 Years				1,743	9,502					
75 Years +				2,006	10,813					
Pediatric	17	12	12	268	628	550	4.4	3.2	19.0	26.9
Intensive Care	25	17	17	1,295	3,913	76	3.1	10.9	43.7	64.3
Direct Admission				1,036	3,201					
Transfers				259	712					
Obstetric/Gynecology	21	21	19	1,314	3,454	101	2.7	9.7	46.4	46.4
Maternity				984	2,473					
Clean Gynecology				330	981					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	78			2,637	16,236	0	6.2	44.5	57.0	
Adolescent AMI		12	12	554	2,916	0	5.3	8.0		66.6
Adult AMI		51	51	2,083	13,320	0	6.4	36.5		71.6
Rehabilitation	46	40	30	580	7,673	0	13.2	21.0	45.7	52.6
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	485			13,313	68,319	9,785	5.9	214.0	44.1	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.0%	33.2%	0.2%	17.2%	1.1%	4.3%	
	5860	4415	28	2288	149	573	13,313
Outpatients	33.8%	21.7%	1.4%	37.1%	3.4%	2.6%	
	119586	76848	4850	131146	11950	9023	353,403

Financial Year Reported:	10/1/2016 to	6/30/2017	Inpatient and Outpatient Net Revenue by Payor Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	58.9%	14.7%	0.2%	23.9%	2.3%	100.0%		5,324,756
	48,043,423	12,032,729	164,667	19,524,002	1,853,658	81,618,479	906,411	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	28.8%	7.8%	0.3%	62.5%	0.7%	100.0%		2.5%
	38,078,552	10,264,025	350,620	82,785,486	910,974	132,389,657	4,418,345	

Birthing Data

Number of Total Births:	954
Number of Live Births:	947
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	23
C-Section Rooms:	2
CSections Performed:	228

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	7	1	3
Patient Days	1,761	754	993
Total Newborn Patient Days			3,508

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

Laboratory Studies

Inpatient Studies	391,716
Outpatient Studies	842,129
Studies Performed Under Contract	17,282

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	14	11	104	17	121	7.4	1.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	7	7	468	1246	1199	2180	3379	2.6	1.7
Gastroenterology	0	0	0	0	24	9	46	17	63	1.9	1.9
Neurology	0	0	0	0	113	26	774	78	852	6.8	3.0
OB/Gynecology	0	0	0	0	55	400	133	614	747	2.4	1.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	8	263	21	462	483	2.6	1.8
Orthopedic	0	0	0	0	667	1014	2166	1614	3780	3.2	1.6
Otolaryngology	0	0	0	0	14	182	29	363	392	2.1	2.0
Plastic Surgery	0	0	0	0	0	1	0	4	4	0.0	4.0
Podiatry	0	0	0	0	67	177	119	315	434	1.8	1.8
Thoracic	0	0	0	0	40	35	93	19	112	2.3	0.5
Urology	0	0	1	1	87	422	175	537	712	2.0	1.3
Totals	0	0	9	9	1557	3786	4859	6220	11079	3.1	1.6
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		9	Stage 2 Recovery Stations		36		

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	414	494	753	836	1589	1.8	1.7
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	16	484	15	443	458	0.9	0.9
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	30
Persons Treated by Emergency Services:	48,968
Patients Admitted from Emergency:	8,157
Total ED Visits (Emergency+Trauma):	48,968

Free-Standing Emergency Center

Beds in Free-Standing Centers	36
Patient Visits in Free-Standing Centers	69,708
Hospital Admissions from Free-Standing Center	4

Outpatient Service Data

Total Outpatient Visits	353,403
Outpatient Visits at the Hospital/ Campus:	162,020
Outpatient Visits Offsite/off campus	191,383

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,114
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	761
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	206
EP Catheterizations (15+)	147

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	8

Diagnostic/Interventional Equipment**Examinations****Therapeutic Equipment**

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>	<u>Owned Contract</u>		<u>Therapies/ Treatments</u>
General Radiography/Fluoroscopy	14	0	29,462	71,849	0	0	0	0
Nuclear Medicine	6	0	977	1,872	0	2	0	4,576
Mammography	6	0	0	12,393	0			372
Ultrasound	13	0	3,985	15,682	0			780
Angiography	2	0				1	0	7
Diagnostic Angiography			252	832	0			0
Interventional Angiography			3,271	3,904	0			0
Positron Emission Tomography (PET)	1	0	0	438	0			0
Computerized Axial Tomography (CAT)	5	0	10,894	24,216	0			0
Magnetic Resonance Imaging	5	0	2,038	6,538	0	0	0	0
								0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Ownership, Management and General Information

ADMINISTRATOR NAME: Dennis A. Reilly
 ADMINSTRATOR PHONE: 708 229-5004
 OWNERSHIP: American Province of the Little Company of Mary Si
 OPERATOR: American Province of the Little Company of Mary Si
 MANAGEMENT: Church-Related
 CERTIFICATION:
 FACILITY DESIGNATION: General Hospital
 ADDRESS: 2800 W 95th St.

Patients by Race

White 37.2%
 Black 60.4%
 American Indian 0.0%
 Asian 0.3%
 Hawaiian/ Pacific 0.0%
 Unknown 2.1%

Patients by Ethnicity

Hispanic or Latino: 5.5%
 Not Hispanic or Latino: 92.4%
 Unknown: 2.1%
 IDPH Number: 1271
 HPA A-04
 HSA 7

CITY: Evergreen Park

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	208	167	167	8,013	40,767	7,988	6.1	133.6	64.2	80.0
0-14 Years				0	0					
15-44 Years				833	3,560					
45-64 Years				2,501	11,882					
65-74 Years				1,673	8,846					
75 Years +				3,006	16,479					
Pediatric	20	10	8	159	408	272	4.3	1.9	9.3	18.6
Intensive Care	29	26	26	1,521	4,299	0	2.8	11.8	40.6	45.3
Direct Admission				1,126	3,069					
Transfers				395	1,230					
Obstetric/Gynecology	17	17	17	1,195	2,980	277	2.7	8.9	52.5	52.5
Maternity				1,087	2,712					
Clean Gynecology				108	268					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	24			602	3,082	26	5.2	8.5	35.5	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		24	22	602	3,082	26	5.2	8.5		35.5
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	298			11,095	51,536	8,563	5.4	164.7	55.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	54.5%	19.1%	0.0%	23.2%	2.5%	0.7%	
	6045	2119	0	2574	281	76	11,095
Outpatients	27.0%	15.2%	0.0%	54.6%	1.8%	1.4%	
	52886	29646	0	106913	3520	2688	195,653

<u>Financial Year Reported:</u>	7/1/2016 to	6/30/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	51.5%	19.2%	0.0%	28.4%	0.9%	100.0%			5,566,952
	44,855,487	16,703,450	0	24,693,722	774,191	87,026,850	1,870,496		
Outpatient Revenue (\$)	27.2%	29.0%	0.0%	41.6%	2.1%	100.0%			Total Charity Care as % of Net Revenue
	28,708,017	30,591,995	0	43,838,290	2,212,726	105,351,028	3,696,456		2.9%

Birth Data

Number of Total Births: 1,034
 Number of Live Births: 1,031
 Birthing Rooms: 0
 Labor Rooms: 5
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 5
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 2
 CSections Performed: 319

Newborn Nursery Utilization

Level I 39
 Level II 6
 Level II+ 10
 Patient Days 1,799
 Total Newborn Patient Days 3,057

Laboratory Studies

Inpatient Studies 296,476
 Outpatient Studies 447,274
 Studies Performed Under Contract 29,703

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	157	395	441	758	1199	2.8	1.9
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	519	405	989	516	1505	1.9	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	38	11	89	20	109	2.3	1.8
OB/Gynecology	0	0	0	0	151	352	385	334	719	2.5	0.9
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	4	675	5	458	463	1.3	0.7
Orthopedic	0	0	0	0	376	170	903	271	1174	2.4	1.6
Otolaryngology	0	0	0	0	53	211	66	203	269	1.2	1.0
Plastic Surgery	0	0	0	0	7	51	16	120	136	2.3	2.4
Podiatry	0	0	0	0	87	70	100	106	206	1.1	1.5
Thoracic	0	0	0	0	1	1	1	2	3	1.0	2.0
Urology	0	0	1	1	296	220	611	264	875	2.1	1.2
Totals	0	0	9	9	1689	2561	3606	3052	6658	2.1	1.2
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		6		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	5	5	1480	4167	806	2095	2901	0.5	0.5
Laser Eye Procedures	0	0	1	1	0	10	0	3	3	0.0	0.3
Pain Management	0	0	1	1	31	277	12	78	90	0.4	0.3
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

BRONCHOSCOPY					50	26	50	30	80	1.0	1.2
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	30
Persons Treated by Emergency Services:	48,017
Patients Admitted from Emergency:	8,855
Total ED Visits (Emergency+Trauma):	48,017

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	242,801
Outpatient Visits at the Hospital/ Campus:	185,447
Outpatient Visits Offsite/off campus	57,354

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	676
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	435
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	241
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment**Examinations****Therapeutic Equipment****Therapies/ Treatments**

	Owned Contract		Inpatient Outpt		Contract		Owned Contract		
General Radiography/Fluoroscopy	20	0	15,604	44,100	0	Lithotripsy	0	0	0
Nuclear Medicine	3	0	917	1,539	0	Linear Accelerator	2	0	3,003
Mammography	4	0	19	11,040	0	Image Guided Rad Therapy			1,904
Ultrasound	13	0	4,691	15,760	0	Intensity Modulated Rad Thrpy			1,074
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			313	416	0	Proton Beam Therapy	0	0	0
Interventional Angiography			1,435	1,902	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	654	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	7,593	16,264	0				
Magnetic Resonance Imaging	2	0	1,848	3,863	0				

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Ownership, Management and General Information

ADMINISTRATOR NAME: John Baird
 ADMINSTRATOR PHONE 708-597-2000 Ext. 5201
 OWNERSHIP: Blue Island Hospital Company LLC
 OPERATOR: Blue Island Hospital Company LLC
 MANAGEMENT: Limited Liability Company
 CERTIFICATION:
 FACILITY DESIGNATION:
 ADDRESS 12935 South Gregory Street

Patients by Race

White 25.7%
 Black 65.7%
 American Indian 0.0%
 Asian 0.2%
 Hawaiian/ Pacific 0.2%
 Unknown 8.3%

Patients by Ethnicity

Hispanic or Latino: 9.6%
 Not Hispanic or Latino: 86.8%
 Unknown: 3.6%
 IDPH Number: 5835
 HPA A-04
 HSA 7

CITY: Blue Island

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported:	1/1/2017 to	12/31/2017	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%		565,791
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%		0.4%
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655	

Birthing Data

Number of Total Births: 1,384
 Number of Live Births: 1,399
 Birthing Rooms: 0
 Labor Rooms: 5
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 13
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 2
 CSections Performed: 449

Newborn Nursery Utilization

Level I Level II Level II+
 Beds 10 10 8
 Patient Days 292 18 1,571
 Total Newborn Patient Days 1,881

Laboratory Studies

Inpatient Studies 9,178
 Outpatient Studies 29,965
 Studies Performed Under Contract 2,158

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		12	Stage 2 Recovery Stations		28		

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	27
Persons Treated by Emergency Services:	45,523
Patients Admitted from Emergency:	5,954
Total ED Visits (Emergency+Trauma):	45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment**Examinations****Therapeutic Equipment****Therapies/ Treatments**

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	0	0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Therapy			0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad Thrpy			0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			136	17	0	Proton Beam Therapy	0	0	0
Interventional Angiography			293	120	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2017
Palos Community Hospital
Palos Heights

Page 1

Ownership, Management and General Information

ADMINISTRATOR NAME: Terence Moisan, MD
ADMINSTRATOR PHONE: 708-923-5000
OWNERSHIP: Palos Community Hospital
OPERATOR: Palos Community Hospital
MANAGEMENT: Not for Profit Corporation
CERTIFICATION:
FACILITY DESIGNATION: General Hospital
ADDRESS: 12251 South 80th Avenue

CITY: Palos Heights

COUNTY: Suburban Cook County

Patients by Race

White 80.3%
 Black 5.1%
 American Indian 0.0%
 Asian 0.4%
 Hawaiian/ Pacific 0.0%
 Unknown 14.1%

Patients by Ethnicity

Hispanic or Latino: 2.9%
 Not Hispanic or Latino: 92.2%
 Unknown: 4.8%
 IDPH Number: 3210
 HPA A-04
 HSA 7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	306	268	231	15,764	70,629	6,574	4.9	211.5	69.1	78.9
0-14 Years				0	0					
15-44 Years				1,257	3,805					
45-64 Years				3,606	13,981					
65-74 Years				3,465	15,541					
75 Years +				7,436	37,302					
Pediatric	0	8	2	11	12	31	3.9	0.1	0.0	1.5
Intensive Care	36	24	24	2,993	7,586	6	2.5	20.8	57.8	86.7
Direct Admission				2,022	4,725					
Transfers				971	2,861					
Obstetric/Gynecology	28	26	13	730	1,712	367	2.8	5.7	20.3	21.9
Maternity				730	1,712					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	40			1,374	5,886	0	4.3	16.1	40.3	
Adolescent AMI		0	0	1	21	0	21.0	0.1		0.0
Adult AMI		34	28	1,373	5,865	0	4.3	16.1		47.3
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	24					3421				
Facility Utilization	410			19,901	85,825	10,399	4.8	263.6	64.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	62.8%	6.7%	0.0%	27.9%	0.7%	2.0%	
	12491	1327	0	5547	130	406	19,901
Outpatients	42.2%	8.3%	0.0%	46.1%	2.2%	1.1%	
	88266	17363	0	96526	4655	2402	209,212

Financial Year Reported:

to

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	57.4%	4.2%	0.0%	35.6%	2.8%	100.0%		2,151,441
	113,166,000	8,350,000	0	70,278,000	5,486,000	197,280,000	663,062	
Outpatient Revenue (\$)	31.7%	2.7%	0.0%	58.3%	7.3%	100.0%		
	54,966,000	4,676,000	0	101,274,000	12,660,000	173,576,000	1,488,379	0.6%

Birth Data
Newborn Nursery Utilization
Organ Transplantation

Number of Total Births:	624		Level I	Level II	Level II+	Kidney:	0
Number of Live Births:	624	Beds	16	6	0	Heart:	0
Birthing Rooms:	0	Patient Days	1,260	190	0	Lung:	0
Labor Rooms:	0	Total Newborn Patient Days			1,450	Heart/Lung:	0
Delivery Rooms:	0					Pancreas:	0
Labor-Delivery-Recovery Rooms:	0					Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	28					Total:	0
C-Section Rooms:	2	Inpatient Studies			904,433		
CSections Performed:	204	Outpatient Studies			606,601		
		Studies Performed Under Contract			75,017		

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	315	0	1343	0	1343	4.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	12	12	1235	1559	3783	3126	6909	3.1	2.0
Gastroenterology	0	0	0	0	7	3	11	5	16	1.6	1.7
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	105	677	305	1197	1502	2.9	1.8
Oral/Maxillofacial	0	0	0	0	8	42	30	93	123	3.8	2.2
Ophthalmology	0	0	0	0	4	883	5	1150	1155	1.3	1.3
Orthopedic	0	0	0	0	1614	996	4493	2217	6710	2.8	2.2
Otolaryngology	0	0	0	0	33	119	46	231	277	1.4	1.9
Plastic Surgery	0	0	0	0	156	381	249	640	889	1.6	1.7
Podiatry	0	0	0	0	98	106	145	248	393	1.5	2.3
Thoracic	0	0	0	0	205	76	488	127	615	2.4	1.7
Urology	0	0	0	0	376	672	764	1158	1922	2.0	1.7
Totals	0	0	14	14	4156	5514	11662	10192	21854	2.8	1.8

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

15

Stage 2 Recovery Stations

55

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	2723	5102	2261	3996	6257	0.8	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

Multipurpose Room=1					32	548	41	507	548	1.3	0.9
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	34
Persons Treated by Emergency Services:	63,059
Patients Admitted from Emergency:	16,580
Total ED Visits (Emergency+Trauma):	63,059

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	209,212
Outpatient Visits at the Hospital/ Campus:	139,052
Outpatient Visits Offsite/off campus	70,160

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	2,372
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,308
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	475
EP Catheterizations (15+)	589

Cardiac Surgery Data

Total Cardiac Surgery Cases:	286
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	286
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	208

Diagnostic/Interventional Equipment**Examinations**

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>
General Radiography/Fluoroscopy	11	0	24,872	51,311	0
Nuclear Medicine	4	0	1,725	3,627	0
Mammography	3	0	47	11,026	0
Ultrasound	10	0	7,356	12,611	0
Angiography	1	0			
Diagnostic Angiography			353	311	0
Interventional Angiography			487	378	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	4	0	8,129	31,968	0
Magnetic Resonance Imaging	1	0	2,194	3,298	0

Therapeutic Equipment

	<u>Owned Contract</u>		<u>Therapies/ Treatments</u>
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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Facility Utilization Data by Category of Service

(Includes ICU Direct Admissions Only)

[illegible][illegible]

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	0	0	0	0	0	0	0	0.0	0.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	0	0	0	0	0	0	0	0.0	0.0

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

0

Stage 2 Recovery Stations

0

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

0	0	0	0	0	0	0	0	0	0	0.0	0.0
0	0	0	0	0	0	0	0	0	0	0.0	0.0
0	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	None
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	0
Patients Admitted from Emergency:	0
Total ED Visits (Emergency+Trauma):	0

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	194,579
Outpatient Visits at the Hospital/ Campus:	86,358
Outpatient Visits Offsite/off campus	108,221

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional EquipmentExaminationsTherapeutic EquipmentTherapies/ Treatments

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		
General Radiography/Fluoroscopy	0	0	0	0	0	Lithotripsy	0	0	0
Nuclear Medicine	0	0	0	0	0	Linear Accelerator	0	0	0
Mammography	0	0	0	0	0	Image Guided Rad Therapy			0
Ultrasound	0	0	0	0	0	Intensity Modulated Rad Thrpy			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0				
Magnetic Resonance Imaging	0	0	0	0	0				

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Hospital Profile - CY 2017

Linden Oaks Hospital

Naperville

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Ownership, Management and General Information

ADMINISTRATOR NAME: Blake Lindley
 ADMINSTRATOR PHONE: 630-527-3564
 OWNERSHIP: Naperville Psychiatric Ventures d/b/a Linden Oaks
 OPERATOR: Naperville Psychiatric Ventures d/b/a Linden Oaks
 MANAGEMENT: Other Not for Profit
 CERTIFICATION:
 FACILITY DESIGNATION: Psychiatric Hospital
 ADDRESS: 852 South West Street

Patients by Race

White 81.4%
 Black 5.7%
 American Indian 0.2%
 Asian 2.6%
 Hawaiian/ Pacific 0.0%
 Unknown 10.0%

Patients by Ethnicity

Hispanic or Latino: 9.2%
 Not Hispanic or Latino: 86.3%
 Unknown: 4.5%
 IDPH Number: 5058
 HPA A-05
 HSA 7

CITY: Naperville

COUNTY: DuPage County

Facility Utilization Data by Category of Service

<u>Clinical Service</u>	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	108			4,433	30,654	0	6.9	84.0	77.8	
Adolescent AMI		29	29	1,172	8,107	0	6.9	22.2		76.6
Adult AMI		79	79	3,261	22,547	0	6.9	61.8		78.2
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	108			4,433	30,654	0	6.9	84.0	77.8	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	14.3%	4.0%	0.5%	74.5%	3.5%	3.2%	
	633	179	22	3303	156	140	4,433
Outpatients	5.3%	7.5%	0.1%	84.6%	2.4%	0.1%	
	3523	5027	82	56333	1602	47	66,614

<u>Financial Year Reported:</u>	7/1/2016 to	6/30/2017	<u>Inpatient and Outpatient Net Revenue by Payer Source</u>				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals		
Inpatient Revenue (\$)	25.7%	3.8%	0.9%	79.8%	-10.2%	100.0%		3,524,488
	6,394,750	945,358	219,627	19,836,051	-2,546,850	24,848,937	2,951,328	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	0.4%	2.5%	0.1%	97.6%	-0.6%	100.0%		7.7%
	89,236	523,892	21,855	20,529,253	-135,630	21,028,605	573,160	

Birthing Data

Number of Total Births: 0
 Number of Live Births: 0
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 0
 CSections Performed: 0

Newborn Nursery Utilization

Level I 0
 Level II 0
 Level II+ 0
 Beds 0
 Patient Days 0
 Total Newborn Patient Days 0

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Laboratory Studies

Inpatient Studies 0
 Outpatient Studies 0
 Studies Performed Under Contract 17,949

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	0	0	0	0	0	0	0	0.0	0.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	0	0	0	0	0	0	0	0.0	0.0

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	0	Stage 2 Recovery Stations	0
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Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	None
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	0
Patients Admitted from Emergency:	0
Total ED Visits (Emergency+Trauma):	0

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	66,614
Outpatient Visits at the Hospital/ Campus:	3,633
Outpatient Visits Offsite/off campus	62,981

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment**Examinations****Therapeutic Equipment****Therapies/ Treatments**

	<u>Owned Contract</u>		<u>Inpatient Outpt</u>		<u>Contract</u>		<u>Owned Contract</u>		
General Radiography/Fluoroscopy	0	0	0	0	0	Lithotripsy	0	0	0
Nuclear Medicine	0	0	0	0	0	Linear Accelerator	0	0	0
Mammography	0	0	0	0	0	Image Guided Rad Therapy			0
Ultrasound	0	0	0	0	0	Intensity Modulated Rad Thrpy			0
Angiography	0	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0				
Magnetic Resonance Imaging	0	0	0	0	0				

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.210(c)(3) – Service Demand – Establishment of AMI

MIRA Neuro Behavioral Health Care, LLC's ("MIRA" or "Applicant") seeks to establish a new 30-bed behavioral health hospital (the "Hospital") on 6775 Prosperi Drive, Tinley Park, Illinois (the "Project") to address the mental health crisis of children and adolescents with acute mental illness.

To this date, the Applicant has received commitment letters for approximately 1200 annual, in-patient AMI referrals from inside AMI Planning Area A-04. These referral letters demonstrate a strong need for the proposed Project. Copies of those referral letters are attached.

When evaluating utilization, the Applicant applied the more conservative 8 average length of stay figure to the projected admissions. Chart II above details and summarizes the projected occupancy for MIRA. MIRA will achieve target utilization within two years.

The Review Board typically requires that a new hospital meet the relevant utilization standards in the second year of operation. The Applicant is confident that it will meet or exceed the utilization standards in its second year of operation.

It is not unreasonable to anticipate a soft start for the proposed Project, as the Project will need to meet all State of Illinois hospital licensure requirements, Joint Commission accreditation requirements, Medicare/Medicaid conditions of participation (for accepting insurance purposes), and other applicable industry requirements, all of which require time to obtain. From a conservative standard point, the number of patients that the proposed Project is able to take on at the very beginning of its operation may be few in an effort to keep its operating costs down. However, the Applicant is optimistic and confident that it will meet the utilization standards in its second year of operation.

See Purpose of the Project, Background, for additional support for this Criterion.

Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.210(c)(5) – Planning Area Need, Service Accessibility

From the resources cited throughout the Application, the access to mental health services in this country is lacking. More specifically, the top large counties in the United States have 1 mental health provider for every 370 residents. In Illinois, the average large county has 1 mental health provider for every 560 residents.

This mental health crisis is more severe in Cook County (the home of MIRA), because Cook County traditionally has the largest population in Chicagoland, and it is facing more explosive population growth. There is only one mental health provider that treats children and adolescents in AMI Planning Area A-04, which is few relative to the number of children and adolescents in the area.

Not only are mental health providers needed in Cook County; but so are AMI beds. Experts in the field of behavioral health recommend a range of 40 to 50 AMI beds per 100,000 residents. On average, in Illinois, there are 35 AMI beds per 100,000 residents. In Cook County, there are 40.52 AMI beds per 100,000 residents.

The number of children and adolescents in AMI Planning Area A-04 is estimated to be 998,142, and currently there is only one hospital with 12 AMI beds in AMI Planning Area A-04. This means there are only 12 AMI beds for 998,142 children and adolescents in AMI Planning Area A-04, which is significantly below the experts' recommendation as well as the average standard in the state of Illinois. This desperately shows a need for mental health providers and AMI beds.

The following chart summarizes the current utilization rate for the 8 hospitals that Illinois has:

Name	Address	Type	Treating Children and Adolescents	CON Utilization Rate for AMI	Distance from MIRA	Numbers of Bed for Adults	Numbers of Bed for Children and Adolescents
Alexian Brothers Behavioral Hospital	1650 Moon Lake Blvd, Hoffman Estates, IL 60169	Psychiatric	Yes	90.6%	53.8 miles	116	25
Linden Oaks Behavioral Health	852 S West St, Naperville, IL 60540	Psychiatric	Yes	77.8%	42.6 miles	79	29
Ingalls Memorial Hospital	1 Ingalls Dr, Harvey, IL 60426	General	Yes	57%	10.5 miles	51	12
Silver Cross Hospital	1900 Silver Cross Boulevard, New Lenox, IL 60451	General	No	82.8%	13 miles	20	0
Palos Community Hospital	12251 S 80th Ave, Palos Heights, IL 60463	General	No	43%	10 miles	34	0
MetroSouth Medical Center	12935 S. Gregory Street, Blue Island, IL 60406	General	No	73.2%	13 miles	12	0
Advocate Christ Medical Center	4440 95th St, Oak Lawn, IL 60453	General	No	67.6%	18 miles	35	0
Little Company of Mary Hospital	736 W 95th St, Chicago, IL 60628	General	No	35.5%	19 miles	24	0

From the chart above, three hospitals out of eight provide mental health care services to children and adolescents (i.e., Alexian Brothers Behavioral Hospital, Linden Oaks Behavioral Health and Ingalls Memorial Hospital). But Alexian Brothers Behavioral Hospital and Linden Oaks Behavioral Health are outside AMI Planning Area A-04, which requires travel time and increase inconvenience for youth and their parents. Additionally, Alexian Brothers Behavioral Hospital has exceeded the state standard utilization rate of 85%, while Linden Oaks Behavioral Health is close to 85%. Approving the proposed Project can help reduce the burden of Alexian Brothers Behavioral Hospital and Linden Oaks Behavioral Health and provide more convenience to youth and their parents.

AMI Planning Area A-04 is under-bedded when it comes to inpatient behavioral health services for children and adolescents. The lack of accessibility to mental health services for children and adolescents poses an undue burden on family members and other supporters who must travel long distances to visit and support their loved one. In addition, it complicates follow-

up support services and adds to confusion and a disjointed approach to care. Having continuum of care for the patients with the same physicians and support staff are all important to bringing patients to stable status.

See Purpose of the Project, Background, for additional support for this Criterion.

Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.210(d)(1) – Unnecessary Duplication of Services

This Project will not result in an unnecessary duplication of services. The overwhelming level of support for this Project, as witnessed by the over 1200 referrals and support letters, also highlights the lack of necessary behavioral services in AMI Planning Area A-04. And, by definition, a lack of services means that there cannot be a duplication of services. As this Application clearly lays out, in AMI Planning Area A-04, there is only 1 hospital out of 5 that treats children and adolescents who suffer from AMI (see Chart I). This Project will fill in the gap and provides targeted services to children and adolescents.

As also showed in the chart below, there is no hospital located within 10 miles of the proposed Hospital. This Project will not unnecessarily duplicate any services.

Name	Address	Type	Treating Children and Adolescents	CON Utilization Rate for AMI	Distance from MIRA	Numbers of Bed for Adults	Numbers of Bed for Children and Adolescents
Alexian Brothers Behavioral Hospital	1650 Moon Lake Blvd, Hoffman Estates, IL 60169	Psychiatric	Yes	90.6%	53.8 miles	116	25
Linden Oaks Behavioral Health	852 S West St, Naperville, IL 60540	Psychiatric	Yes	77.8%	42.6 miles	79	29
Ingalls Memorial Hospital	1 Ingalls Dr, Harvey, IL 60426	General	Yes	57%	10.5 miles	51	12
Silver Cross Hospital	1900 Silver Cross Boulevard, New Lenox, IL 60451	General	No	82.8%	13 miles	20	0
Palos Community Hospital	12251 S 80th Ave, Palos Heights, IL 60463	General	No	43%	10 miles	34	0
MetroSouth Medical Center	12935 S. Gregory Street, Blue Island, IL 60406	General	No	73.2%	13 miles	12	0
Advocate Christ Medical Center	4440 95th St, Oak Lawn, IL 60453	General	No	67.6%	18 miles	35	0
Little Company of Mary Hospital	736 W 95th St, Chicago, IL 60628	General	No	35.5%	19 miles	24	0

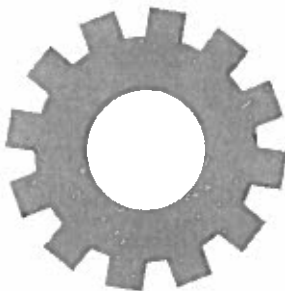
Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.730(d)(2) – Maldistribution of Services

This Project will not result in a maldistribution of services. As stated in the Application, there is no mental health care facilities within 10 miles of MIRA, thus there should not be any maldistribution of services.

To further demonstrate compliance with this Criterion, an applicant needs to show that the ratio of beds to population exceeds one and one-half times the State of Illinois average. The State of Illinois ratio for AMI beds is 1 bed for every 3,195 residents. Utilizing the GIS map, the number of population within 10 miles of MIRA's location is approximately 697,225. With a population number at 697,225, this area could 145 beds without there being a maldistribution. Applying that ratio, it is clear that the Applicant has satisfied this Criterion.



3 Easy Steps

- 1. Click "Continue"
- 2. Run and Install
- 3. Open new Tab

Input

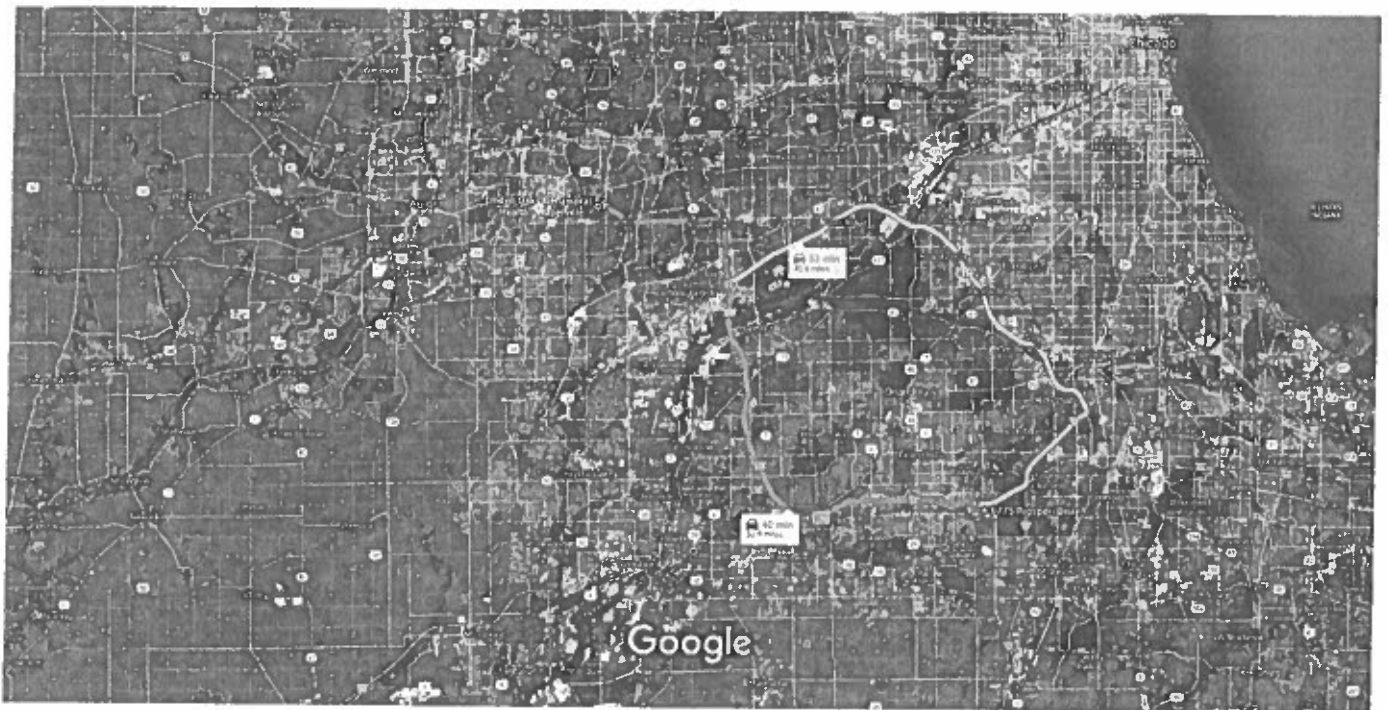
Add Radius manually : Radius 16.0934 km OR 10.00 miles Location :

Output

The estimated population in the defined area is 697,225

Google Maps

6775 Prosperi Drive, Tinley Park, IL to Linden Oaks Behavioral Health - Naperville Main Inpatient Campus Drive 32.9 miles, 40 min



Imagery ©2019 TerraMetrics, Map data ©2019 Google 2 mi

via I-80 W and I-355 N

40 min

Fastest route, the usual traffic

32.9 miles

▲ This route has tolls.

via I-294 N

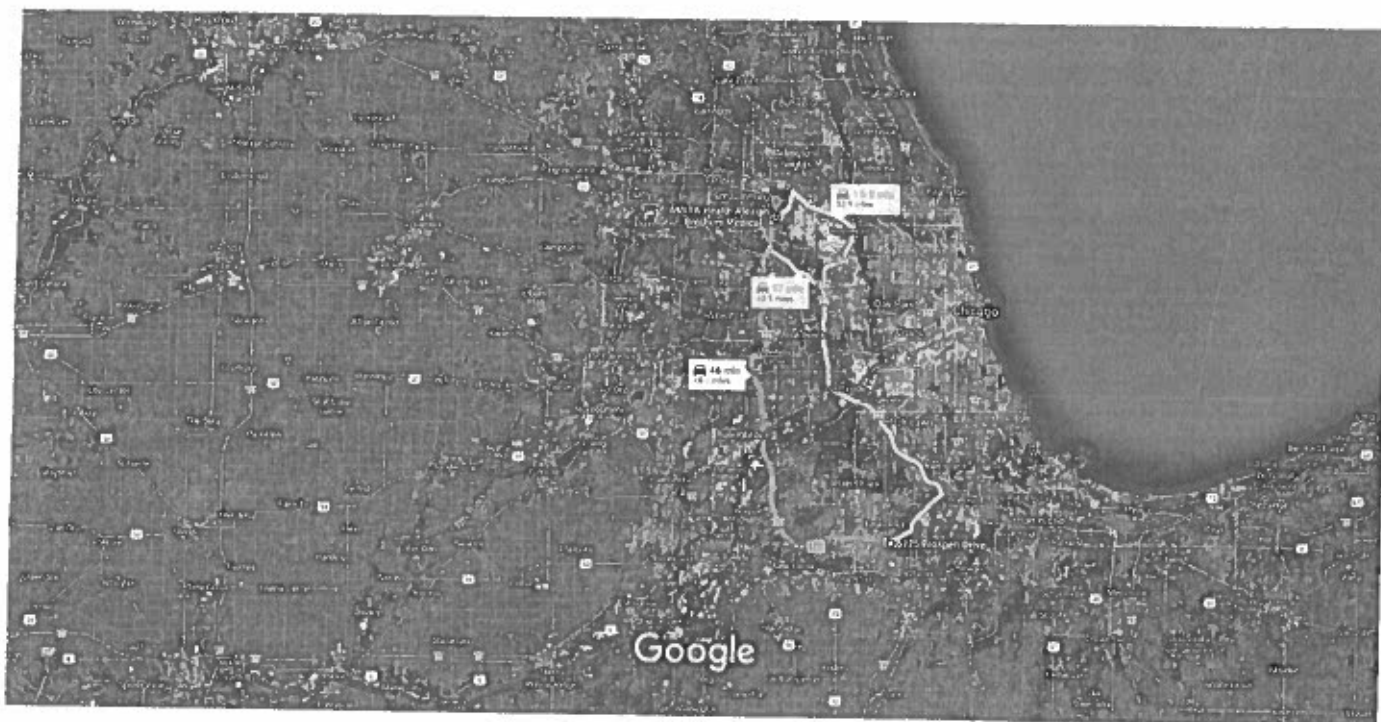
53 min

42.6 miles

ATTACHMENT-20

Google Maps

6775 Prosperi Drive, Tinley Park, IL to AMITA Health Alexian Brothers Medical Center Elk Grove Village Drive 46.1 miles, 46 min



Imagery ©2019 TerraMetrics, Map data ©2019 Google 5 mi

via I-355 N 46 min

Fastest route, the usual traffic 46.1 miles

⚠ This route has tolls

via I-294 N 57 min

Slowdown on I-294 N causing 7-min delay 45.5 miles

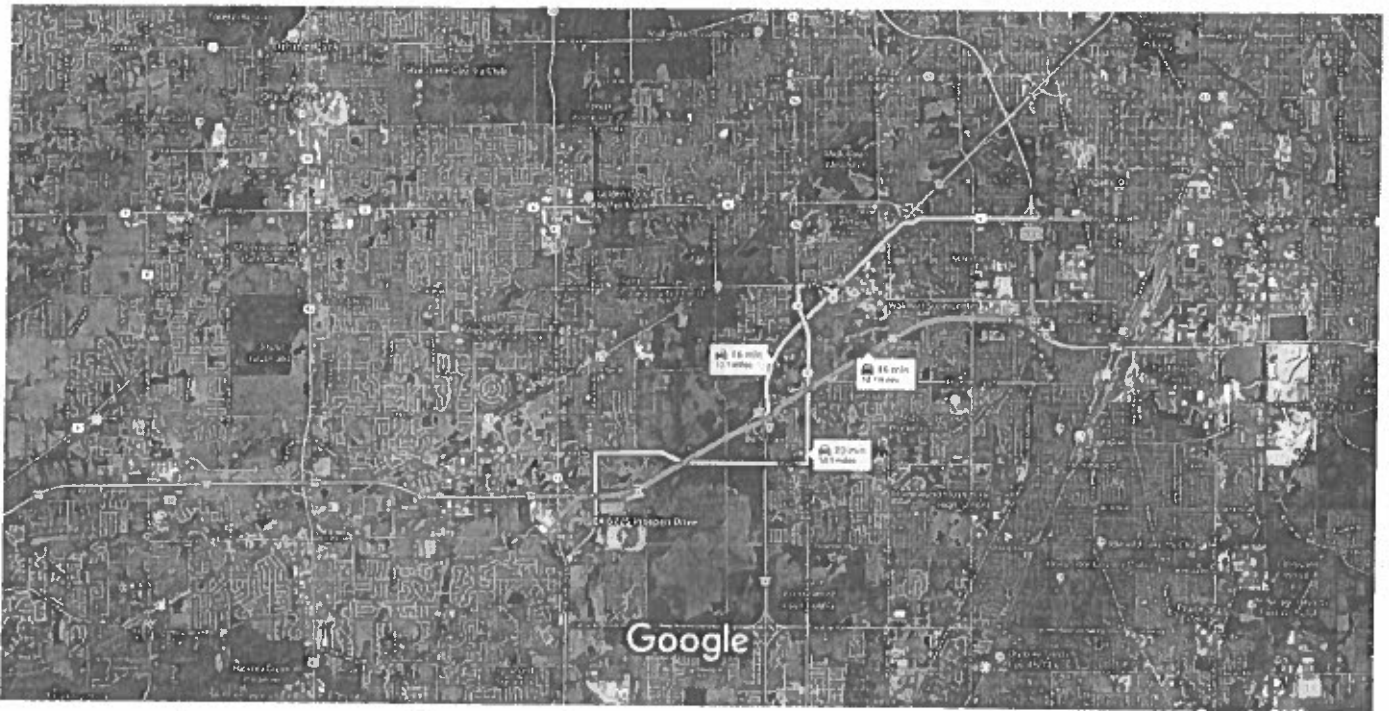
via I-294 N and I-90 W 1 h 5 min

Slowdown on I-294 N causing 7-min delay 52.9 miles

Google Maps

6775 Prosperi Dr, Tinley Park, IL 60477 to
Ingalls, 1 Ingalls Dr, Harvey, IL 60426

Drive 10.4 miles, 16 min



Imagery ©2019 DigitalGlobe, Landsat / Copernicus, U.S. Geological Survey, USDA Farm Service Agency, Map data
©2019 Google

1 mi

via I-80 E 16 min

Best route 10.4 miles

▲ This route has tolls.

via I-57 N 16 min

10.1 miles

via 183rd St 20 min

10.9 miles

ATTACHMENT-20

Google Maps

6775 Prosperi Dr, Tinley Park, IL 60477 to
Palos Community Hospital Heliport

Drive 10.1 miles, 21 min



Imagery ©2019 TerraMetrics, Map data ©2019 Google 2 mi

via S Harlem Ave 21 min
Fastest route, the usual traffic 10.1 miles

via Oak Park Ave 23 min
10.1 miles

via S 80th Ave 25 min
11.0 miles

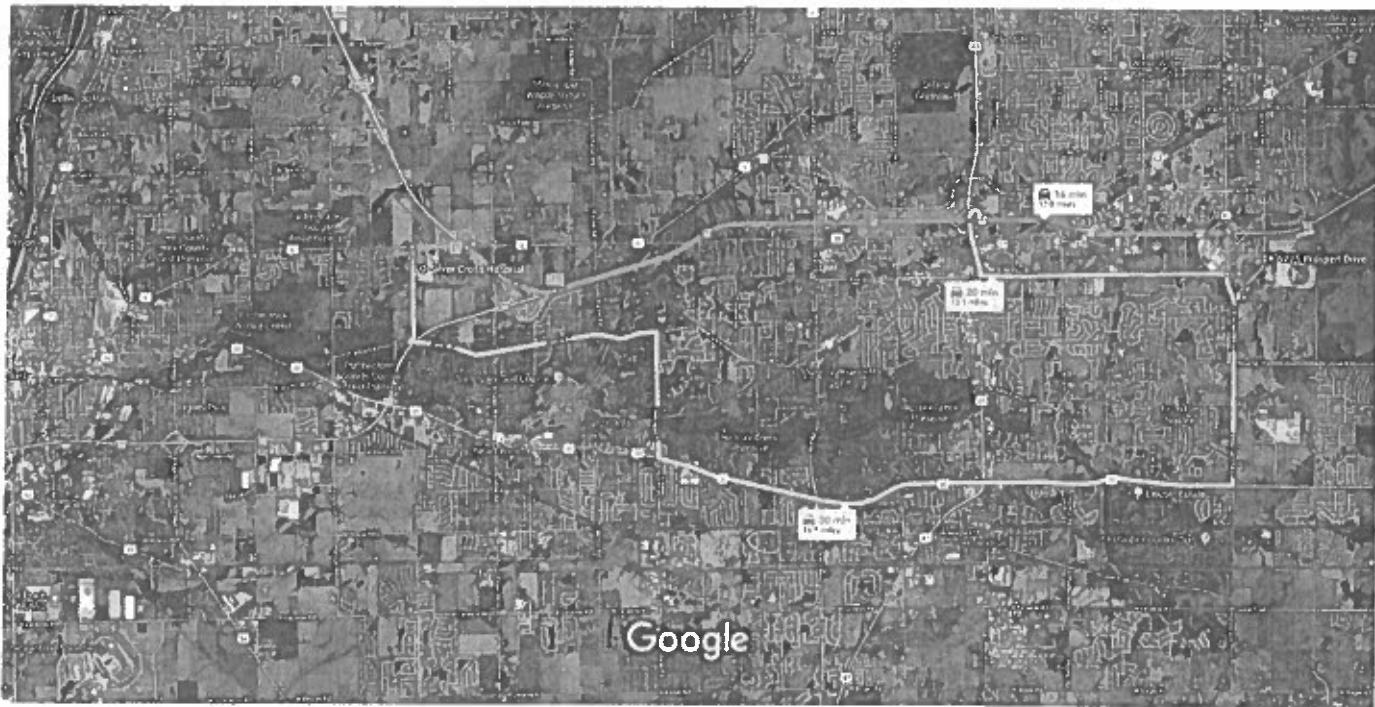
ATTACHMENT-20

3/13/2019, 9:24 A

Google Maps

6775 Prosperi Dr, Tinley Park, IL 60477 to
Silver Cross Hospital

Drive 13.0 miles, 16 min



Imagery ©2019 DigitalGlobe, Landsat / Copernicus, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2019 Google

via I-80 W

16 min

Fastest route, the usual traffic

13.0 miles

⚠ This route has tolls.

via W 191st St and I-80 W

20 min

13.1 miles

via US-30 W

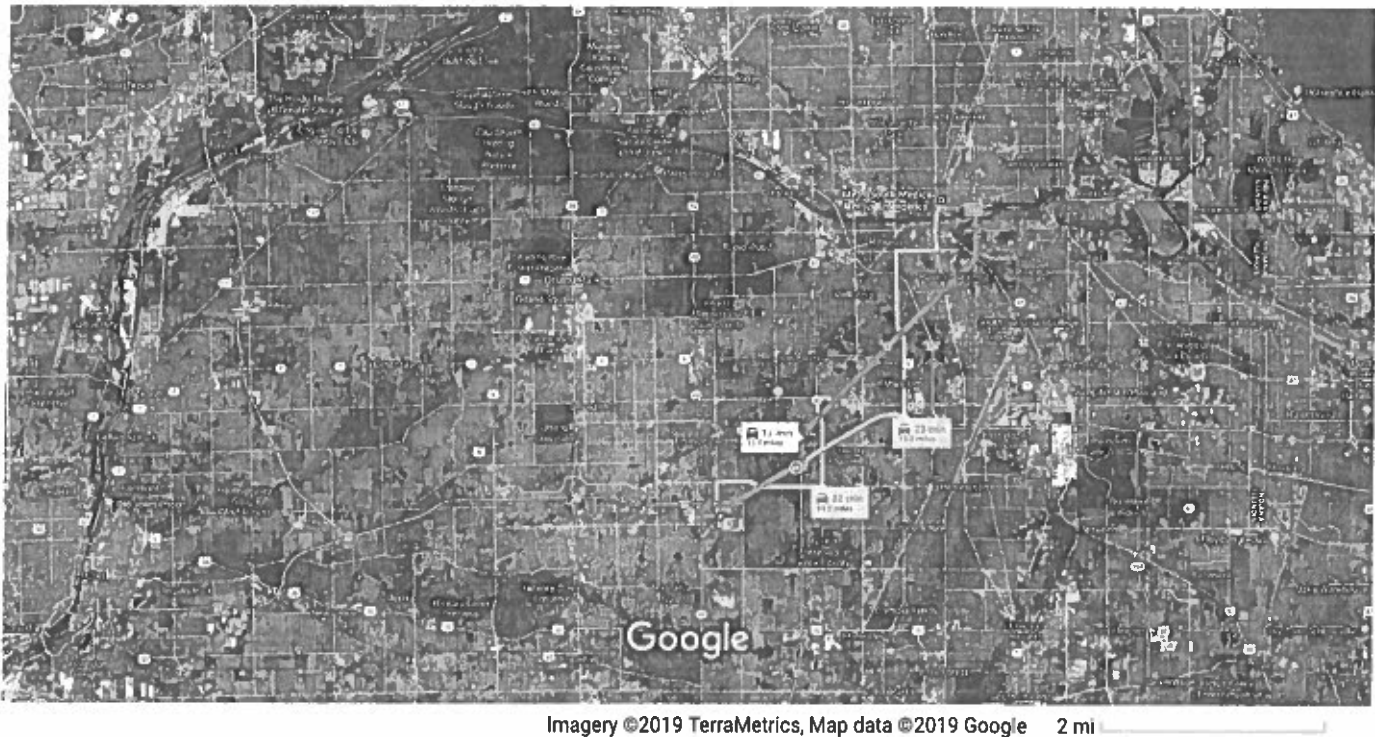
30 min

16.5 miles

Google Maps

6775 Prosperi Dr, Tinley Park, IL 60477 to Drive 13.4 miles, 17 min

MetroSouth Medical Center Emergency Department



via I-57 N	17 min
Fastest route, the usual traffic	13.4 miles

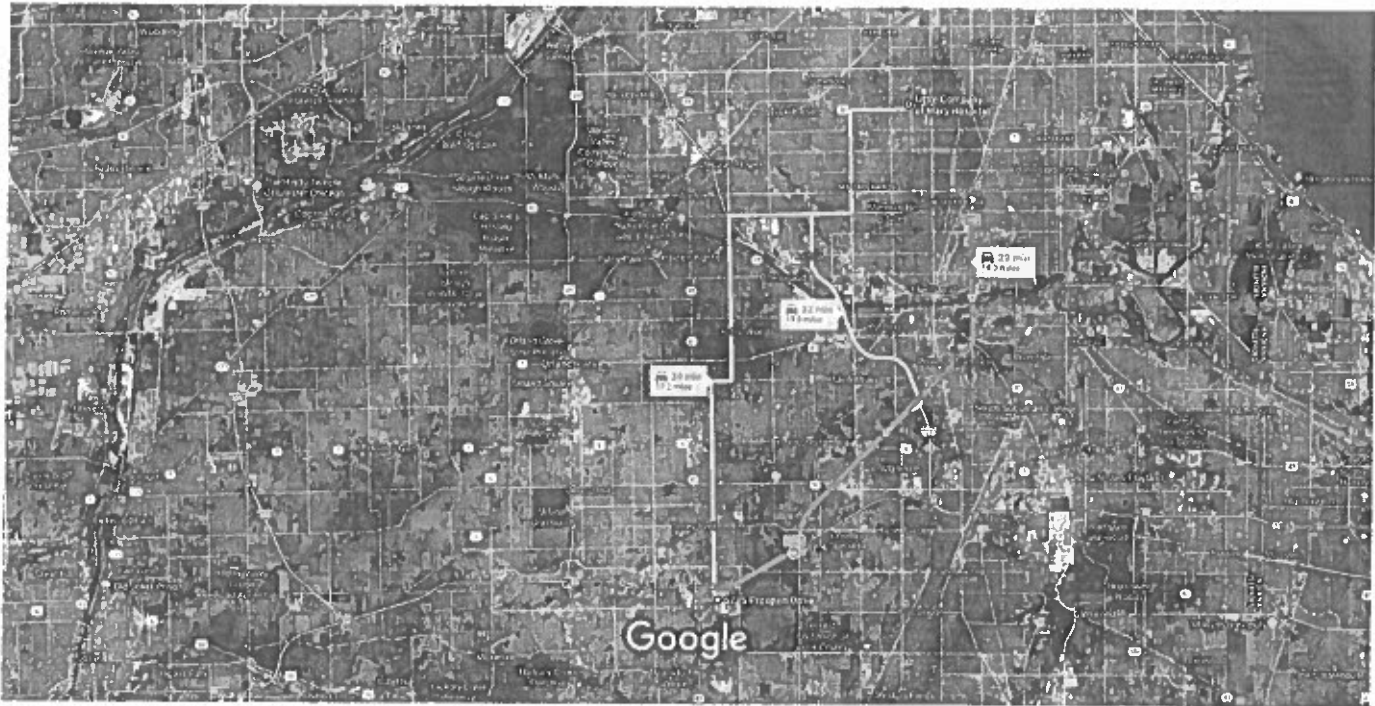
via 183rd St and I-57 N	22 min
	14.2 miles

via I-80 E and Kedzie Ave	23 min
	13.2 miles

Google Maps

6775 Prosperi Dr, Tinley Park, IL 60477 to
Little Company of Mary Hospital

Drive 18.0 miles, 29 min



Imagery ©2019 TerraMetrics, Map data ©2019 Google 2 mi

- via I-57 N

Fastest route now due to traffic conditions

29 min

18.0 miles
- via I-57 N and I-294 N

32 min

19.9 miles
- via Oak Park Ave

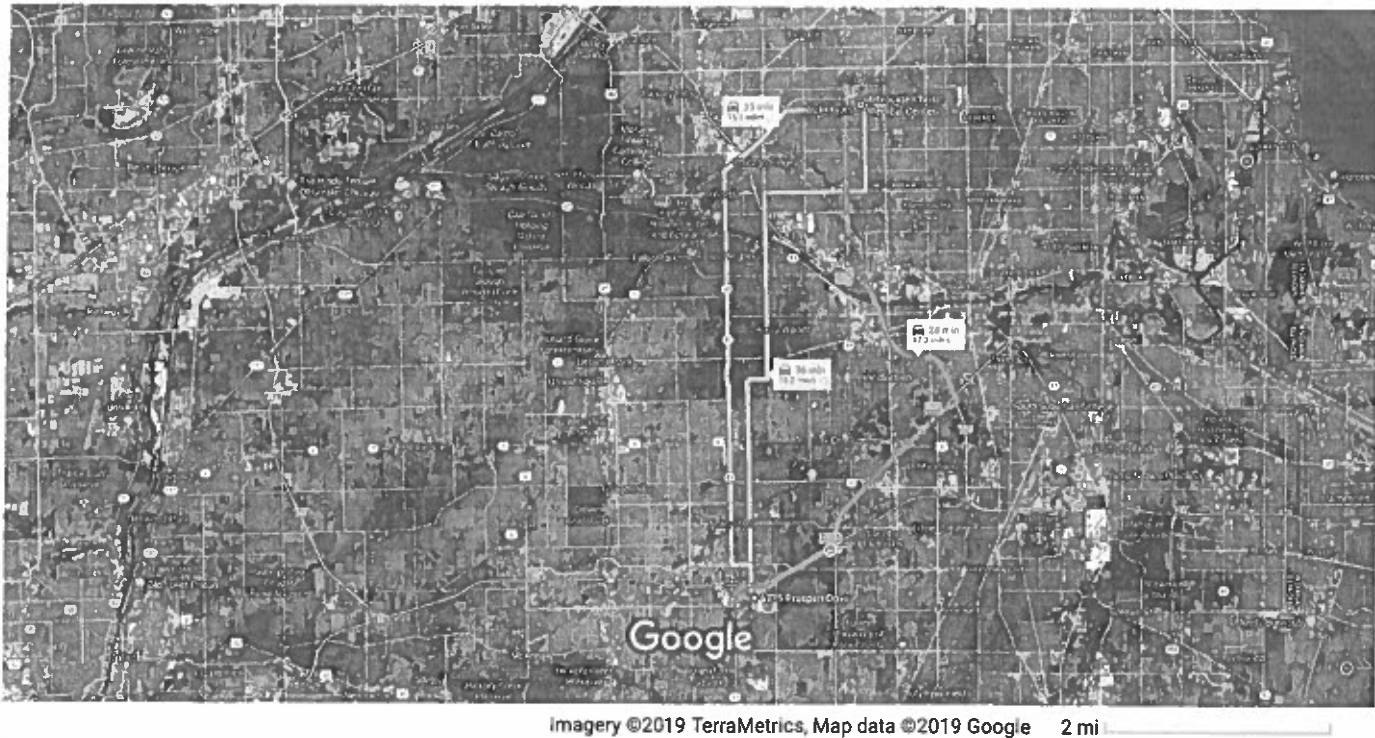
39 min

17.2 miles

Google Maps

6775 Prosperi Dr, Tinley Park, IL 60477 to Advocate Christ Medical Center

Drive 17.8 miles, 28 min



via I-57 N

Fastest route, lighter traffic than usual

28 min

17.8 miles

⚠ This route has tolls.

via Oak Park Ave and S Ridgeland Ave

36 min

15.2 miles

via S Harlem Ave

35 min

15.2 miles

Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.730(d)(3) – Impact on Other Area Providers

This Project will not negatively impact other area providers in AMI Planning Area A-04.

As set for in this Application, there is a mental health need in AMI Planning Area A-04. There are no other providers within the 30 minute travel time. The closest area provider of AMI services is Palos Hospital which does not offer child adolescent services and which supports this Project. The referrals in this application are for area residents who currently travel for care outside the planning area. The closet area provider of AMI services for adolescences is outside the 10 mile travel time. Further, none of the referrals contained in this application take any patients form that provider.

This Project will not lower the utilization of other AMI Planning Area A-04 hospitals, because majority of the hospitals do not even treat children and adolescents with AMI. Indeed, the proposed Project will be a key resource for every healthcare provider in AMI Planning Area A-04.

Moreover, this Project will provide a resource for the emergency departments in AMI Planning Area A-04.

Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.210(f) – Staffing Availability

MIRA has reviewed IDPH and Joint Commission requirements for staffing. Many of the professionals involved practices in the area are part of Palos Behavioral Health Professionals. Although it is too early to determine final roles and functions, MIRA will be able to draw upon the expertise of the professionals listed below in fulfilling staffing at MIRA.

The Applicant has set timelines and plans for recruiting the additional staffing and is confident that it will be able to staff the proposed Hospital. The Applicant has the qualifications, background, and characters to adequately provide services at the proposed Hospital.

Core of the Clinical Team

- **Christopher Higgins, Psy.D.**, is a Licensed Clinical Psychologist and the Clinical Director of Palos Behavioral Health Professionals. Dr. Higgins started PBHP in 2001. He has over 25 years' experience in the field of psychology. Dr. Higgins obtained his Psy.D. from Adler Institute of Professional Psychology in Chicago. Dr. Higgins works primarily with adults dealing with parenting, marital, depression, or other adult issues. Dr. Higgins also serves as President of the Community Service Foundation Board. CSF serves the population of Mentally Delayed Adults.
- **Vijay Chand, M.D.**, is a practicing psychiatrist. Dr. Chand completed his general psychiatry residency at Nassau University Medical Center in New York, where he served as Chief Resident. After residency, he completed a fellowship in Child and Adolescent Psychiatry at Johns Hopkins Hospital in Maryland, where he served as Chief Resident. He has a passion to work closely with children and adolescents, and utilizes a systematic, multidisciplinary, and evidence-based approach to clinical care. His areas of interests include mood and anxiety disorders, psychosis, behavioral disorders, and neurodevelopmental disorders (ADHD and Autism).

- **Eliza Sukiennik M.D.**, is a practicing psychiatrist. Dr. Sukiennik joins us from Mayo Clinic in Rochester, Minnesota, where she completed her residency in General Psychiatry and was the Chief Fellow of Child and Adolescent Psychiatry. Dr. Sukiennik is board Certified for Child and Adolescent Psychiatry.
- **Tammy S. Yuen, M.D.**, is a practicing Psychiatrist in Northbrook and Deerfield, IL. Dr. Yuen graduated from Rush Medical College of Rush University Medical Center in 2001 and has been in practice for 13 years. Her specialties include Psychiatry and Child Psychiatry both Board Certified.
- **Julie Johnson, Psy.D.**, is a licensed psychologist. She is also a supervisor and training director for the pre-doctoral internship program. She graduated from the Illinois School of Professional Psychology and has over 12 years' experience with the child, adolescent, and adult treatment. Julie likes to travel, eat new foods, and enjoys family time.
- **Jessica Mikulecky, Psy.D.**, is a Licensed Clinical Psychologist, earning her Master's in Counseling and Doctorate from the Adler School of Professional Psychology. She works primarily with adolescents and adults, and is also involved in psychological testing at Palos Behavioral Health Professionals.
- **Corey Cashen, Psy.D.**, received his doctorate in Clinical Psychology from The Chicago School of Professional Psychology in 2008 and has been practicing as a psychotherapist since 2006. His areas of clinical specialty include working with pre-adolescents, adolescents, and young adults who have struggles related to trauma, depression, anxiety, confidence issues, substance abuse, oppositional behavior, and family relationship difficulties. Dr. Cashen is also the Clinical Director of our Mokena location.

Specific Service Review Criteria**Acute Mental Illness and Chronic Mental Illness****1110.210(g) – Performance Requirements**

The Applicant is proposing to construct and establish a 30-bed behavioral health hospital with a particular focus on children and adolescents. The minimum bed capacity for a hospital in a MSA is 20 beds. This Project satisfies this criterion on AMI.

Specific Service Review Criteria

Acute Mental Illness and Chronic Mental Illness

1110.210(h) – Assurances

As required by the Review Board, a new hospital is expected to meet the relevant utilization standards in the second year of operation. As set forth and demonstrated herein, the Applicant has documented that the proposed Hospital, in its second year of operation, will meet or exceed 85% utilization the relevant utilization standards.

In further support of this Criterion, an Affidavit from Christopher Higgins, the Chief Executive Officer of MIRA, is attached.

MIRA NEURO BEHAVIORAL HEALTH CARE, LLC

March 15, 2019

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: MIRA Neuro Behavioral Health Care, LLC ("MIRA") – Assurance of Occupancy

Dear Ms. Avery:

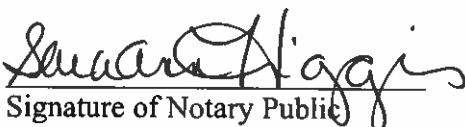
This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, MIRA understands that it is expected to achieve and maintain the occupancy specified in §1110.234(e)(1) by the second year of operation after project completion. MIRA Neuro Behavioral Health Care, LLC reasonably expects to meet this occupancy target in its third year of operation.

MIRA Neuro Behavioral Health Care, LLC


Christopher Higgins, Psy.D.
Chief Executive Officer

Notarization:

Subscribed and sworn to before me
this 18th day of March, 2019


Signature of Notary Public

Seal



Projected Referrals

MIRA Neuro Behavioral Health Care

Referral Letters

<u>No.</u>	<u>Referral Source</u>	<u>Linden Oaks</u>		<u>Alexian Brothers</u>		<u>City Hospital</u>		<u>Other</u>		<u>Projected Referrals</u>
		<u>2016</u>	<u>2017</u>	<u>2016</u>	<u>2017</u>	<u>2016</u>	<u>2017</u>	<u>2016</u>	<u>2017</u>	
1.	Advocate Christ Hospital & Medical Center, Sarah Herron, MD	10	5	1	1	44	61	148	159	200
2.	Palos Community Hospital, George Borelli, DO.FACOEP									84
3.	Hasaan Alzien, MD	14	16	13	16	10	16			48
4.	Jennifer An, MD	4	4	2	2			2	2	6-7
5.	Rajitha Avva, MD	15	15	8	10	5	5			30
6.	Natasha Begich, Psy.D., BCN	10	10	5	5					15
7.	Jonathan Belgrad, MD									3
8.	Julie Bennington, Psy.D.			1	1				1	10
9.	Sital Bhargarva, MD	2	5					2		10
10.	Martin Borenstein, MD	15	20			3	3			20
11.	Richard Ackley, Ph.D.	3	3	2	3	3	2			4-5
12.	Charmaine Cardozo, MD	1-2	1-2			5-6	5-6			6
13.	Grace Carreon, MD	2	2					2	3	6
14.	Corey Cashen, Psy.D.	8	7	2	1	5	6	3	5	15
15.	Vijay Chand, MD		6		2				2	10-15
16.	Debi Dalla-Costa, MA LCPC			5	5	15	15	10	10	20
17.	Prashant Deshpandhe, MD									4
18.	Kevin Germino, MD	25	30			5	5			30
19.	Breanne Cremillion, Psy.D.	2	1		1				2	17
20.	Abbate, Alyssa, Psy. D.	2	3	1	3	1	1	2	2	10
21.	Christopher Higgins, Psy.D.	6	6	4	4					10-12
22.	Catherine Jackson, Psy.D.									3-5
23.	Anna Jasiewicz, Psy.D., BCN	5	5	2	2					7
24.	Amanda Kenkins, Psy.D.	2	1		2	1				4
25.	Julie Johnson, Psy.D.	3	2			3	3			6
26.	Patrick Kaulen, Psy.D.	4	4	1	2	4	4			10

ATTACHMENT 20

27.	Beth Ledvora, MD	4	4	1	1					5
28.	Mara Maas, MD	6	6					3	3	6-7
29.	Lyna Massih, MD	6	6			3	3-4			6-7
30.	Neel Mehta, Psy.D.	5	5	5	5					10
31.	Jessica Mikulecky, Psy.D	2	2	2	1		1			5-10
32.	Anna Morrill-Plohm, MA, CPC	10	12	5	3	10	7			20
33.	Christina Nolan,EDd,NCC,LCPC	7	5	1	2		3			20
34.	Valerie Nowubsjum Psy.D.	`		50+	50+					50
35.	Patrick O’Meal, MD	2	3	1	1	1	1			5
36.	Kaushik Pandya, MD	2	3	3	4	0	1			5
37.	Elizabeth Polek, Psy.D.							2	1	3
38.	Suresh Pratuangtham, MD									2
39.	Cynthia Rangel, Psy.D	10	10	5	5					15
40.	Rian Rowles, MD	20	25			15	30	20	20	40
41.	Jennifer AB Sarna, Psy.D		5				10+			20+
42.	Elizabeth Smith, Psy.D	3	8	2	3	5	6	3	4	25
43.	Ananya Spann, MD	15	20			3	3			20
44.	Nicholas Stamat, MD									15
45.	Elizabeth Stringer, MD									6
46.	Evan Suan, MD	3	2		1	5	5			10
47.	Eliza Suikkenik, MD		8		9		10		5	20-40
48.	Pradeep Thapar, MD							10	14	10
49.	Napatia Tronshaw, MD	80	80	10	10	20	20			80-100
50.	Semone West, MD	15	25			25	30	40	45	75
51.	John Williamson, MD	15	25			25	30	40	45	75
52.	David Yesko, Psy.D	5	5							5
53.	Tammy Yuen, MD			5	5	5	5			10
54.	Thomas Waidzunas, MD					3	3	7		10-15
TOTAL		344	406	137	160	225	296	294	323	1197

ATTACHMENT 20

November 16, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.


<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>10</u>	<u>5</u>
Alexian Brothers	<u>1</u>	<u>1</u>
Downtown Hospitals	<u>44</u>	<u>61</u>
Other	<u>148</u>	<u>159</u>

I estimate that I will refer 200 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

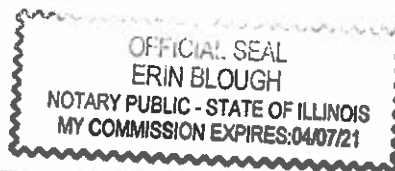
 / Sarah Heron
Signature/Printed Name

Given under my hand and official seal,

this 16th day of November 2018.

My Commission expires: 4/7/2021


NOTARY PUBLIC



Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

January 8, 2019

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery,

I am providing this letter to assist the review board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. The referral is in response to Review Criterion 1110.1540© in support of the proposed hospital in Tinley Park, Illinois.

During 2017 and 2018, Palos Health referred the following number of adolescents and children for psychiatric services to the outside institutions:

2017- 94 patients

2018- 73 patients

Total- 167 patients

I estimate that we would refer at least this same number of patients to the proposed facility during its second year of operation.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in support of another project.

Respectfully,



George W. Borrelli, D.O. FACOEP
Medical Director, Emergency Services
Palos Health/Palos Hospital
12251 S. 80th Ave
Palos Heights, Illinois 60463



Sara Ann Higgins
1/8/19

INPATIENT ORIGIN TREND BY ZIPCODE

ZIPCODE	PALOS Discharges			PALOS % TOTAL Palos Discharges		
	2016	2017	2018*	2016	2017	2018*
	Annualized			Annualized		
60462 - ORLAND PARK	2,208	2,313	2,189	13.6%	13.4%	13.3%
60477 - TINLEY PARK	1,496	1,612	1,641	9.2%	9.3%	10.0%
60463 - PALOS HEIGHTS	1,483	1,593	1,512	9.1%	9.2%	9.2%
60465 - PALOS HILLS	965	1,056	1,000	5.9%	6.1%	6.1%
60452 - OAK FOREST	847	910	995	5.2%	5.3%	6.0%
60467 - ORLAND PARK	848	838	883	5.2%	4.8%	5.4%
60453 - OAK LAWN	840	986	864	5.2%	5.7%	5.2%
60464 - PALOS PARK	746	835	831	4.6%	4.8%	5.0%
60487 - TINLEY PARK	634	727	693	3.9%	4.2%	4.2%
60482 - WORTH	602	689	657	3.7%	4.0%	4.0%
60803 - ALSIP	519	587	591	3.2%	3.4%	3.6%
60415 - CHICAGO RIDGE	584	580	560	3.6%	3.4%	3.4%
60445 - MIDLOTHIAN	989	854	453	6.1%	4.9%	2.8%
60439 - LEMONT	384	370	449	2.4%	2.1%	2.7%
60457 - HICKORY HILLS	467	479	431	2.9%	2.8%	2.6%
60455 - BRIDGEVIEW	438	477	404	2.7%	2.8%	2.5%
60459 - BURBANK	435	437	403	2.7%	2.5%	2.4%
60491 - HOMER GLEN	330	440	395	2.0%	2.5%	2.4%
60655 - CHICAGO	270	306	335	1.7%	1.8%	2.0%
60423 - FRANKFORT	352	305	273	2.2%	1.8%	1.7%
60448 - MOKENA	258	247	272	1.6%	1.4%	1.7%
60458 - JUSTICE	220	240	265	1.4%	1.4%	1.6%
60451 - NEW LENOX	158	158	163	1.0%	0.9%	1.0%
60441 - LOCKPORT	126	152	123	0.8%	0.9%	0.7%
60805 - EVERGREEN PARK	91	105	91	0.6%	0.6%	0.6%
*Annualized based on 3 Quarters 2018	16,290	17,296	16,472	100.0%	100.0%	100.0%

December 5, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>2</u>	<u>3</u>
Alexian Brothers	<u>1</u>	<u>3</u>
Downtown Hospitals	<u>1</u>	<u>1</u>
Other	<u>2</u>	<u>2</u>

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

[Signature] Alissa Abbate, PsyD
Signature/Printed Name

Given under my hand and official seal,

this 5th day of Dec, 2018.

My Commission expires: 10/18/22
[Signature]
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

November 27, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

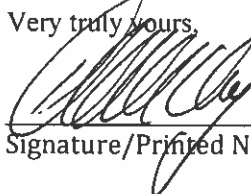
<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>3</u>	<u>3</u>
Alexian Brothers	<u>2</u>	<u>3</u>
Downtown Hospitals	<u>3</u>	<u>2</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 4-5 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.


The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,


Signature/Printed Name Sara Ann Higgins, Ph.D.

Given under my hand and official seal,

this 27th day of Nov, 2018.

My Commission expires: 10/18/22

NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

November 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>14</u>	<u>16</u>
Alexian Brothers	<u>13</u>	<u>16</u>
Downtown Hospitals	<u>10</u>	<u>16</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 48 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

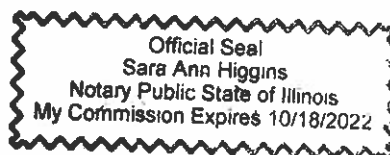
Hassan Alzien MD
Signature/Printed Name

Hassan Alzien, MD

Given under my hand and official seal,
this 28 day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

November 30, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>4</u>	<u>4</u>
Alexian Brothers	<u>2</u>	<u>2</u>
Downtown Hospitals	<u> </u>	<u> </u>
Other	<u>2</u>	<u>2</u>

I estimate that I will refer 6-7 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Sara Ann Higgins Jennifer An
Signature/Printed Name

Given under my hand and official seal,

this 8th day of Nov, 2018.

My Commission expires:

Sara Ann Higgins
NOTARY PUBLIC



Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

November 30, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>15</u>	<u>15</u>
Alexian Brothers	<u>8</u>	<u>10</u>
Downtown Hospitals	<u>5</u>	<u>5</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 30 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,


Signature/Printed Name Rajitha Arva MD

Given under my hand and official seal,

this 30th day of Nov, 2018.

My Commission expires: 10/18/22


NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

November 7, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>10</u>	<u>10</u>
Alexian Brothers	<u>5</u>	<u>5</u>
Downtown Hospitals	<u>0</u>	<u>0</u>
Other	<u>0</u>	<u> </u>

I estimate that I will refer 15 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Natasha Begich, Psy.D., BCN
Signature/Printed Name

Natasha Begich, Psy.D., BCN

Given under my hand and official seal,

this 7th day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

October 3/, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.


<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	_____	_____

I estimate that I will refer 3 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

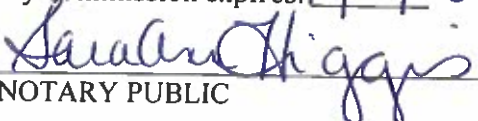
The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

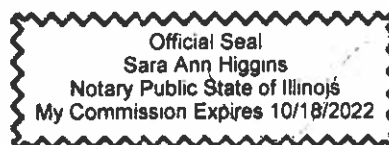
Very truly yours,



Signature/Printed Name
Jonathan Belgrad MD

Given under my hand and official seal,
this 31st day of Oct, 2018.

My Commission expires: 10/18/22

NOTARY PUBLIC



Count of Patients by City

Count of Patient Account Number		
City	Total	% of Total
TINLEY PARK	1063	10.0%
Orland Park	988	9.3%
FRANKFORT	934	8.8%
MOKENA	901	8.5%
NEW LENOX	801	7.5%
CHICAGO	763	7.2%
OAK LAWN	542	5.1%
OAK FOREST	332	3.1%
PALOS HEIGHTS	324	3.0%
Palos Park	298	2.8%
HOMER GLEN	293	2.8%
Lockport	279	2.6%
Palos Hills	224	2.1%
LEMONT	191	1.8%
Alsip	173	1.6%
Manhattan	172	1.6%
0	165	1.6%
Evergreen Park	144	1.4%
MIDLOTHIAN	135	1.3%
WORTH	119	1.1%
Orland Hills	108	1.0%
Crestwood	107	1.0%
Burbank	103	1.0%
HICKORY HILLS	102	1.0%
MONEE	99	0.9%
CHICAGO RIDGE	74	0.7%
JOLIET	68	0.6%
PLAINFIELD	58	0.5%
Bridgeview	54	0.5%
HOMEWOOD	51	0.5%
JUSTICE	46	0.4%
MANTENO	40	0.4%
Blue Island	28	0.3%
BEECHER	26	0.2%
ROMEOVILLE	25	0.2%
Hometown	24	0.2%
Matteson	24	0.2%
Crown Point	23	0.2%
MINOOKA	23	0.2%
Posen	21	0.2%
PEOTONE	21	0.2%
DARIEN	19	0.2%
Burr Ridge	17	0.2%
MERRIONETTE PARK	16	0.2%
CRETE	15	0.1%
SHOREWOOD	15	0.1%
Naperville	15	0.1%

PARK FOREST	14	0.1%
Willow Springs	14	0.1%
CHANNAHON	13	0.1%
Orland Park	13	0.1%
BOURBONNAIS	13	0.1%
CEDAR LAKE	12	0.1%
BROOKFIELD	11	0.1%
FLOSSMOOR	11	0.1%
Downers Grove	10	0.1%
WESTMONT	10	0.1%
ELWOOD	10	0.1%
HINSDALE	10	0.1%
CHICAGO HEIGHTS	9	0.1%
Lansing	9	0.1%
Dyer	9	0.1%
St John	8	0.1%
Evergreen Pk	8	0.1%
WILLOWBROOK	8	0.1%
RIGHTON PARK	8	0.1%
MARKHAM	8	0.1%
Palos Heights	8	0.1%
LA GRANGE	8	0.1%
BOLINGBROOK	8	0.1%
South Holland	7	0.1%
WESTERN SPRINGS	7	0.1%
MUNSTER	7	0.1%
SUMMIT	6	0.1%
MORRIS	6	0.1%
AURORA	6	0.1%
COUNTRYSIDE	6	0.1%
MICHIGAN CITY	5	0.0%
GRIFFITH	5	0.0%
University Park	5	0.0%
LYONS	5	0.0%
GRANT PARK	5	0.0%
WHEATON	5	0.0%
Tinley Park	5	0.0%
HAMMOND	5	0.0%
Valparaiso	5	0.0%
Crest Hill	5	0.0%
COUNTRY CLUB HILLS	5	0.0%
SAINT JOHN	5	0.0%
OAK BROOK	5	0.0%
ITASCA	4	0.0%
GLENWOOD	4	0.0%
Thornton	4	0.0%
LA PORTE	4	0.0%
HIGHLAND	4	0.0%
CAPE CORAL	4	0.0%
Palos Park	4	0.0%
BERWYN	4	0.0%
Byron	4	0.0%

Mokena	4	0.0%
Bollingbrook	4	0.0%
LOWELL	3	0.0%
Lagarange	3	0.0%
HAZEL CREST	3	0.0%
LaGrange	3	0.0%
San Clemente	3	0.0%
Naples	3	0.0%
COBDEN	3	0.0%
LaGrange Park	3	0.0%
Palos Hts	3	0.0%
New Lenox	3	0.0%
Palos Pk	3	0.0%
GODLEY	3	0.0%
STEGER	3	0.0%
ELMHURST	3	0.0%
Bridgeview	3	0.0%
Oak Park	3	0.0%
GLENDALE HEIGHTS	3	0.0%
LA GRANGE PARK	3	0.0%
WOODRIDGE	3	0.0%
Bourbannais	3	0.0%
Lisle	2	0.0%
CANTON	2	0.0%
HARVEY	2	0.0%
HAYMARKET	2	0.0%
ROCKDALE	2	0.0%
WILMINGTON	2	0.0%
GENEVA	2	0.0%
CHARLOTTE	2	0.0%
Diamond	2	0.0%
EVANSTON	2	0.0%
CHAMPAIGN	2	0.0%
Palos Hills	2	0.0%
Hobart	2	0.0%
Calumet Park	2	0.0%
SOUTH CHICAGO HEIGHTS	2	0.0%
Champaign	2	0.0%
St. John	2	0.0%
COAL CITY	2	0.0%
CARTERVILLE	2	0.0%
HEBRON	2	0.0%
DOLTON	2	0.0%
PHOENIX	2	0.0%
ORLAND Park	2	0.0%
Portage	2	0.0%
ROCHESTER	2	0.0%
Orland Pk	2	0.0%
Olympia Fields	1	0.0%
HomerGlen	1	0.0%
SCOTTSDALE	1	0.0%
Bourbonnias	1	0.0%

Waldorf	1	0.0%
Middletown	1	0.0%
ROCKFORD	1	0.0%
Cayce	1	0.0%
NORMAL	1	0.0%
LYNWOOD	1	0.0%
Tinley Pk	1	0.0%
OSWEGO	1	0.0%
INDIAN HEAD PARK	1	0.0%
Ottawa	1	0.0%
New Brighton	1	0.0%
Bradenton	1	0.0%
New Lennox	1	0.0%
Jacksonville	1	0.0%
CUSTER PARK	1	0.0%
Brea	1	0.0%
Steamboat	1	0.0%
Mabhattan	1	0.0%
MEDIA	1	0.0%
EAST PROVIDENCE	1	0.0%
Homewood	1	0.0%
Monee	1	0.0%
West Des Moines	1	0.0%
Bloomingtondale	1	0.0%
Iowa City	1	0.0%
BUFORD	1	0.0%
Grant Park	1	0.0%
APEX	1	0.0%
New Buffalo	1	0.0%
Park Ridge	1	0.0%
Frankfort	1	0.0%
PASADENA	1	0.0%
LAKE VILLA	1	0.0%
PEARLAND	1	0.0%
GARY	1	0.0%
ADDISON	1	0.0%
Apple River	1	0.0%
ELKHORN	1	0.0%
North Richland Hills	1	0.0%
Chandler	1	0.0%
Norwel	1	0.0%
Plainfield	1	0.0%
GOOD HOPE	1	0.0%
PORT NECHES	1	0.0%
Louisville	1	0.0%
Joilet	1	0.0%
CALUMET CITY	1	0.0%
Brooklyn	1	0.0%
Villa Park	1	0.0%
REDDING	1	0.0%
WANATAH	1	0.0%
RICHMOND	1	0.0%

Westborough	1	0.0%
APO	1	0.0%
Merrionette Park	1	0.0%
River Forest	1	0.0%
Willow Springs	1	0.0%
RIVERDALE	1	0.0%
Mesa	1	0.0%
Riverside	1	0.0%
Robbins	1	0.0%
Orland Pk, Il	1	0.0%
Lockport	1	0.0%
LOMBARD	1	0.0%
Grand Total	10629	

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	<u>1</u>	<u>1</u>
Downtown Hospitals	_____	_____
Other	_____	<u>1</u>

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

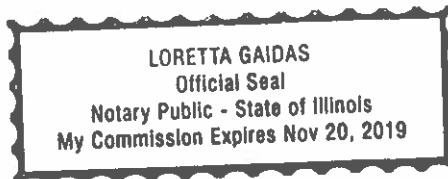
Julie A. Bennington, PsyD
Julie Bennington, Psy.D

Given under my hand and official seal,

this 28th day of September 2018.

My Commission expires: 11/20/19

Loretta Gaidas
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

November 13, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>2</u>	<u>5</u>
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	<u>2</u>	_____

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

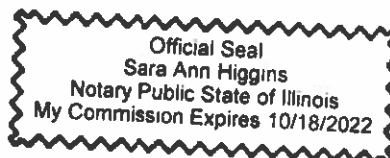
Very truly yours,

Signature/Printed Name

Sital Bhargava, MD

Given under my hand and official seal,
this 13th day of Nov, 2018.

My Commission expires: 10/18/22
Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				
Bridgeview	60455				
Burbank	60459				
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	
Chicago Ridge	60451				
Countryside	60525				
Crestwood	60418	60445			
Darien	60561				
Evergreen Park	60805				
Frankfort	60423				25
Hickory Hills	60457				
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				
Manhattan	60442				5
Midlothian	60445				
Mokena	60448				
New Lenox	60451				25
Oak Forest	60452				
Oak Lawn	60453-60459				
Orland Hills	60477	60487			
Orland Park	60462	60467			10
Palos Heights	60463				
Palos Hills	60465				
Palos Park	60464				
Tinley Park	60477	60478	60487		10
Western Springs	60558				
Worth	60482				

Dr. Martin Borenstein
16660 S. 107th Avenue
Orland Park, IL 60467
708-403-8500

October 23, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion 1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

HOSPITAL NAME	2016	2017
Linden Oaks	15	20
Downtown Hospitals	3	3

I estimate that I will refer 20 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Thank you,



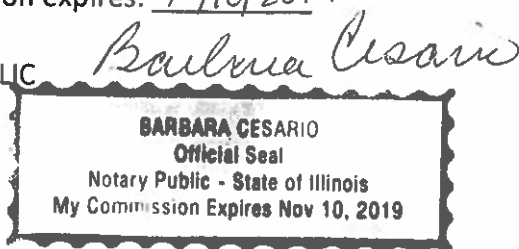
Martin Borenstein, MD

Given under my hand and official seal,

This 24th day of October, 2018

My Commission expires: 10/10/2019

NOTARY PUBLIC



AREA 1

				# of Pts	% of pts
Orland Park	60462	60467		196	
Palos Heights	60463			16	
Palos Park	60464			13	
Tinley Park	60477	60478	60487	213	
Mokena	60448			93	
				438	42.73%

AREA 3

Palos Hills	60465			8	
Worth	60482			9	
Oak Lawn	60453-60459			12	
Evergreen Park	60805			1	
				30	2.93%

TTL PT
1025

AREA 3

Chicago Ridge	60451			5	
Alsip	60803			6	
Crestwood	60418	60445		10	
Bridgeview	60455			1	
Burbank	60459			2	
Hickory Hills	60457			3	
				27	2.63%

AREA 4

Oak Forest	60452			61	
Midlothian	60445			14	
				75	7.32%

AREA 5

Chicago	60638	60643	60652	60655	46	4.49%
---------	-------	-------	-------	-------	----	-------

AREA 7

Frankfort	60423			133	
New Lenox	60451			146	
Lemont	60439			15	
Lockport	60441			62	
Homer Glen	60491			47	
				403	39.32%

AREA 6					
Hometown				2	
Hazel Crest				2	
Berwyn				1	
Justice				1	
				6	0.59%

November 8, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>1-2</u>	<u>1-2</u>
Alexian Brothers	<u> </u>	<u> </u>
Downtown Hospitals	<u>5-6</u>	<u>5-6</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

CCar do zomo / CARDOZO
Signature/Printed Name

Given under my hand and official seal,

this 8th day of Nov, 2018.

My Commission expires:

Sara Ann Higgins
NOTARY PUBLIC



Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

November 8
October _____, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

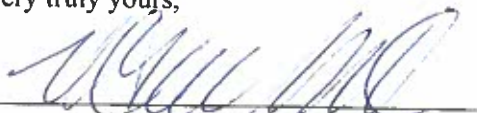
Hospital Name	2016	2017
Linden Oaks	<u>2</u>	<u>2</u>
Alexian Brothers	—	—
Downtown Hospitals	—	—
Other	<u>2</u>	<u>3</u>

I estimate that I will refer 6 patients to the proposed hospital during its second year of operation.

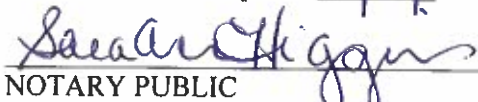
Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,


Signature/Printed Name
DR. Grace Carson

Given under my hand and official seal,
this 10 day of Nov, 2018.

My Commission expires: 10/18/22

NOTARY PUBLIC



Count of Patients by City

Count of Patient Account Number		
City	Total	% of Total
TINLEY PARK	1063	10.0%
Orland Park	988	9.3%
FRANKFORT	934	8.8%
MOKENA	901	8.5%
NEW LENOX	801	7.5%
CHICAGO	763	7.2%
OAK LAWN	542	5.1%
OAK FOREST	332	3.1%
PALOS HEIGHTS	324	3.0%
Palos Park	298	2.8%
HOMER GLEN	293	2.8%
Lockport	279	2.6%
Palos Hills	224	2.1%
LEMONT	191	1.8%
Alsip	173	1.6%
Manhattan	172	1.6%
0	165	1.6%
Evergreen Park	144	1.4%
MIDLOTHIAN	135	1.3%
WORTH	119	1.1%
Orland Hills	108	1.0%
Crestwood	107	1.0%
Burbank	103	1.0%
HICKORY HILLS	102	1.0%
MONEE	99	0.9%
CHICAGO RIDGE	74	0.7%
JOLIET	68	0.6%
PLAINFIELD	58	0.5%
Bridgeview	54	0.5%
HOMEWOOD	51	0.5%
JUSTICE	46	0.4%
MANTENO	40	0.4%
Blue Island	28	0.3%
BEECHER	26	0.2%
ROMEDEVILLE	25	0.2%
Hometown	24	0.2%
Matteson	24	0.2%
Crown Point	23	0.2%
MINOOKA	23	0.2%
Posen	21	0.2%
PEOTONE	21	0.2%
DARIEN	19	0.2%
Burr Ridge	17	0.2%
MERRIONETTE PARK	16	0.2%
CRETE	15	0.1%
SHOREWOOD	15	0.1%
Naperville	15	0.1%

PARK FOREST	14	0.1%
Willow Springs	14	0.1%
CHANNAHON	13	0.1%
Orland Park	13	0.1%
BOURBONNAIS	13	0.1%
CEDAR LAKE	12	0.1%
BROOKFIELD	11	0.1%
FLOSSMOOR	11	0.1%
Downers Grove	10	0.1%
WESTMONT	10	0.1%
ELWOOD	10	0.1%
HINSDALE	10	0.1%
CHICAGO HEIGHTS	9	0.1%
Lansing	9	0.1%
Dyer	9	0.1%
St John	8	0.1%
Evergreen Pk	8	0.1%
WILLOWBROOK	8	0.1%
RICHTON PARK	8	0.1%
MARKHAM	8	0.1%
Palos Heights	8	0.1%
LA GRANGE	8	0.1%
BOLINGBROOK	8	0.1%
South Holland	7	0.1%
WESTERN SPRINGS	7	0.1%
MUNSTER	7	0.1%
SUMMIT	6	0.1%
MORRIS	6	0.1%
AURORA	6	0.1%
COUNTRYSIDE	6	0.1%
MICHIGAN CITY	5	0.0%
GRIFFITH	5	0.0%
University Park	5	0.0%
LYONS	5	0.0%
GRANT PARK	5	0.0%
WHEATON	5	0.0%
Tinley Park	5	0.0%
HAMMOND	5	0.0%
Valparaiso	5	0.0%
Crest Hill	5	0.0%
COUNTRY CLUB HILLS	5	0.0%
SAINT JOHN	5	0.0%
OAK BROOK	5	0.0%
ITASCA	4	0.0%
GLENWOOD	4	0.0%
Thornton	4	0.0%
LA PORTE	4	0.0%
HIGHLAND	4	0.0%
CAPE CORAL	4	0.0%
Palos Park	4	0.0%
BERWYN	4	0.0%
Byron	4	0.0%

Mokena	4	0.0%
Bollingbrook	4	0.0%
LOWELL	3	0.0%
Lagarange	3	0.0%
HAZEL CREST	3	0.0%
LaGrange	3	0.0%
San Clemente	3	0.0%
Naples	3	0.0%
COBDEN	3	0.0%
LaGrange Park	3	0.0%
Palos Hts	3	0.0%
New Lenox	3	0.0%
Palos Pk	3	0.0%
GODLEY	3	0.0%
STEGER	3	0.0%
ELMHURST	3	0.0%
Bridgeview	3	0.0%
Oak Park	3	0.0%
GLENDALE HEIGHTS	3	0.0%
LA GRANGE PARK	3	0.0%
WOODRIDGE	3	0.0%
Bourbannais	3	0.0%
Lisle	2	0.0%
CANTON	2	0.0%
HARVEY	2	0.0%
HAYMARKET	2	0.0%
ROCKDALE	2	0.0%
WILMINGTON	2	0.0%
GENEVA	2	0.0%
CHARLOTTE	2	0.0%
Diamond	2	0.0%
EVANSTON	2	0.0%
CHAMPAIGN	2	0.0%
Palos Hills	2	0.0%
Hobart	2	0.0%
Calumet Park	2	0.0%
SOUTH CHICAGO HEIGHTS	2	0.0%
Champaign	2	0.0%
St. John	2	0.0%
COAL CITY	2	0.0%
CARTERVILLE	2	0.0%
HEBRON	2	0.0%
DOLTON	2	0.0%
PHOENIX	2	0.0%
ORLAND Park	2	0.0%
Portage	2	0.0%
ROCHESTER	2	0.0%
Orland Pk	2	0.0%
Olympia Fields	1	0.0%
HomerGlen	1	0.0%
SCOTTSDALE	1	0.0%
Bourbonnias	1	0.0%

Waldorf	1	0.0%
Middletown	1	0.0%
ROCKFORD	1	0.0%
Cayce	1	0.0%
NORMAL	1	0.0%
LYNWOOD	1	0.0%
Tinley Pk	1	0.0%
OSWEGO	1	0.0%
INDIAN HEAD PARK	1	0.0%
Ottawa	1	0.0%
New Brighton	1	0.0%
Bradenton	1	0.0%
New Lennox	1	0.0%
Jacksonville	1	0.0%
CUSTER PARK	1	0.0%
Brea	1	0.0%
Steamboat	1	0.0%
Mabhattan	1	0.0%
MEDIA	1	0.0%
EAST PROVIDENCE	1	0.0%
Homewood	1	0.0%
Monee	1	0.0%
West Des Moines	1	0.0%
Bloomingtondale	1	0.0%
Iowa City	1	0.0%
BUFORD	1	0.0%
Grant Park	1	0.0%
APEX	1	0.0%
New Buffalo	1	0.0%
Park Ridge	1	0.0%
Frankfort	1	0.0%
PASADENA	1	0.0%
LAKE VILLA	1	0.0%
PEARLAND	1	0.0%
GARY	1	0.0%
ADDISON	1	0.0%
Apple River	1	0.0%
ELKHORN	1	0.0%
North Richland Hills	1	0.0%
Chandler	1	0.0%
Norwel	1	0.0%
Plainfield	1	0.0%
GOOD HOPE	1	0.0%
PORT NECHES	1	0.0%
Louisville	1	0.0%
Joilet	1	0.0%
CALUMET CITY	1	0.0%
Brooklyn	1	0.0%
Villa Park	1	0.0%
REDDING	1	0.0%
WANATAH	1	0.0%
RICHMOND	1	0.0%

Westborough	1	0.0%
APO	1	0.0%
Merrionette Park	1	0.0%
River Forest	1	0.0%
Willow Springs	1	0.0%
RIVERDALE	1	0.0%
Mesa	1	0.0%
Riverside	1	0.0%
Robbins	1	0.0%
Orland Pk, Il	1	0.0%
Lockport	1	0.0%
LOMBARD	1	0.0%
Grand Total	10629	

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>8</u>	<u>7</u>
Alexian Brothers	<u>2</u>	<u>1</u>
Downtown Hospitals	<u>5</u>	<u>6</u>
Other	<u>3</u>	<u>5</u>

I estimate that I will refer 15 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

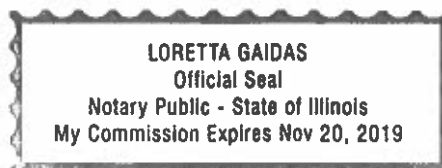

Corey Cashen, Psy.D.

Given under my hand and official seal,

this 28th day of Sept, 2018.

My Commission expires: 11/20/19


NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

November 11th, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>6</u>	<u>6</u>
Alexian Brothers	<u>2</u>	<u>2</u>
Downtown Hospitals	<u> </u>	<u> </u>
Other	<u>2</u>	<u>2</u>

I estimate that I will refer 10-15 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

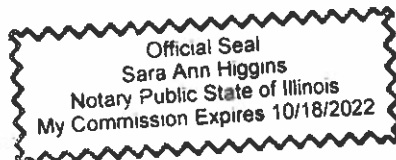
Visay Chand, MD / Visay Chand, MD
Signature / Printed Name

Given under my hand and official seal,

this 11 day of November 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u> </u>	<u> </u>
Alexian Brothers	<u>5</u>	<u>5</u>
Downtown Hospitals	<u>15</u>	<u>15</u>
Other	<u>10</u>	<u>10</u>

I estimate that I will refer 20 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

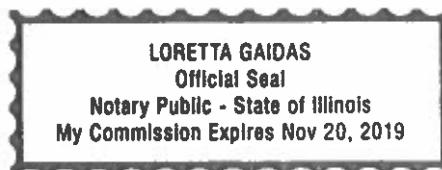
Debi Della Costa
Debi Della Costa

Given under my hand and official seal,

this 28th day of Sept, 2018.

My Commission expires: 11/20/19

Loretta Gaidas
NOTARY PUBLIC



City	Zip Code				# of Patients
Alsip	60803				
Bridgeview	60455				
Burbank	60459				
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	
Chicago Ridge	60451				
Countryside	60525				
Crestwood	60418	60445			
Darien	60561				
Evergreen Park	60805				
Frankfort	60423				
Hickory Hills	60457				
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				
Manhattan	60442				
Midlothian	60445				
Mokena	60448				
New Lenox	60451				
Oak Forest	60452				
Oak Lawn	60453-60459				
Orland Hills	60477	60487			
Orland Park	60462	60467			
Palos Heights	60463				
Palos Hills	60465				
Palos Park	60464				
Tinley Park	60477	60478	60487		
Western Springs	60558				
Worth	60482				

Munster IN 46321
 Crown Point IN 46307
 St. John IN 46373
 Schererville IN 46307
 DeMotte IN 46310

4
 4
 4
 4
 4

October 29, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

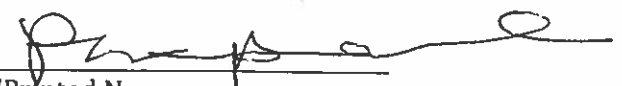
<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	_____	_____

I estimate that I will refer 4 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,


Signature/Printed Name
Prashant Deshpande MD FACP

Given under my hand and official seal,
this 29 day of Oct, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



Count of Patients by City

Count of Patient Account Number		
City	Total	% of Total
TINLEY PARK	1063	10.0%
Orland Park	988	9.3%
FRANKFORT	934	8.8%
MOKENA	901	8.5%
NEW LENOX	801	7.5%
CHICAGO	763	7.2%
OAK LAWN	542	5.1%
OAK FOREST	332	3.1%
PALOS HEIGHTS	324	3.0%
Palos Park	298	2.8%
HOMER GLEN	293	2.8%
Lockport	279	2.6%
Palos Hills	224	2.1%
LEMONT	191	1.8%
Alsip	173	1.6%
Manhattan	172	1.6%
0	165	1.6%
Evergreen Park	144	1.4%
MIDLOTHIAN	135	1.3%
WORTH	119	1.1%
Orland Hills	108	1.0%
Crestwood	107	1.0%
Burbank	103	1.0%
HICKORY HILLS	102	1.0%
MONEE	99	0.9%
CHICAGO RIDGE	74	0.7%
JOLIET	68	0.6%
PLAINFIELD	58	0.5%
Bridgeview	54	0.5%
HOMEWOOD	51	0.5%
JUSTICE	46	0.4%
MANTENO	40	0.4%
Blue Island	28	0.3%
BEECHER	26	0.2%
ROMEOVILLE	25	0.2%
Hometown	24	0.2%
Matteson	24	0.2%
Crown Point	23	0.2%
MINOOKA	23	0.2%
Posen	21	0.2%
PEOTONE	21	0.2%
DARIEN	19	0.2%
Burr Ridge	17	0.2%
MERRIONETTE PARK	16	0.2%
CRETE	15	0.1%
SHOREWOOD	15	0.1%
Naperville	15	0.1%

PARK FOREST	14	0.1%
Willow Springs	14	0.1%
CHANNAHON	13	0.1%
Orland Park	13	0.1%
BOURBONNAIS	13	0.1%
CEDAR LAKE	12	0.1%
BROOKFIELD	11	0.1%
FLOSSMOOR	11	0.1%
Downers Grove	10	0.1%
WESTMONT	10	0.1%
ELWOOD	10	0.1%
HINSDALE	10	0.1%
CHICAGO HEIGHTS	9	0.1%
Lansing	9	0.1%
Dyer	9	0.1%
St John	8	0.1%
Evergreen Pk	8	0.1%
WILLOWBROOK	8	0.1%
RICHTON PARK	8	0.1%
MARKHAM	8	0.1%
Palos Heights	8	0.1%
LA GRANGE	8	0.1%
BOLINGBROOK	8	0.1%
South Holland	7	0.1%
WESTERN SPRINGS	7	0.1%
MUNSTER	7	0.1%
SUMMIT	6	0.1%
MORRIS	6	0.1%
AURORA	6	0.1%
COUNTRYSIDE	6	0.1%
MICHIGAN CITY	5	0.0%
GRIFFITH	5	0.0%
University Park	5	0.0%
LYONS	5	0.0%
GRANT PARK	5	0.0%
WHEATON	5	0.0%
Tinley Park	5	0.0%
HAMMOND	5	0.0%
Valparaiso	5	0.0%
Crest Hill	5	0.0%
COUNTRY CLUB HILLS	5	0.0%
SAINT JOHN	5	0.0%
OAK BROOK	5	0.0%
ITASCA	4	0.0%
GLENWOOD	4	0.0%
Thornton	4	0.0%
LA PORTE	4	0.0%
HIGHLAND	4	0.0%
CAPE CORAL	4	0.0%
Palos Park	4	0.0%
BERWYN	4	0.0%
Byron	4	0.0%

Mokena	4	0.0%
Bollingbrook	4	0.0%
LOWELL	3	0.0%
Lagarange	3	0.0%
HAZEL CREST	3	0.0%
LaGrange	3	0.0%
San Clemente	3	0.0%
Naples	3	0.0%
COBDEN	3	0.0%
LaGrange Park	3	0.0%
Palos Hts	3	0.0%
New Lenox	3	0.0%
Palos Pk	3	0.0%
GODLEY	3	0.0%
STEGER	3	0.0%
ELMHURST	3	0.0%
Bridgeview	3	0.0%
Oak Park	3	0.0%
GLENDALE HEIGHTS	3	0.0%
LA GRANGE PARK	3	0.0%
WOODRIDGE	3	0.0%
Bourbannais	3	0.0%
Lisle	2	0.0%
CANTON	2	0.0%
HARVEY	2	0.0%
HAYMARKET	2	0.0%
ROCKDALE	2	0.0%
WILMINGTON	2	0.0%
GENEVA	2	0.0%
CHARLOTTE	2	0.0%
Diamond	2	0.0%
EVANSTON	2	0.0%
CHAMPAIGN	2	0.0%
Palos Hills	2	0.0%
Hobart	2	0.0%
Calumet Park	2	0.0%
SOUTH CHICAGO HEIGHTS	2	0.0%
Champaign	2	0.0%
St. John	2	0.0%
COAL CITY	2	0.0%
CARTERVILLE	2	0.0%
HEBRON	2	0.0%
DOLTON	2	0.0%
PHOENIX	2	0.0%
ORLAND Park	2	0.0%
Portage	2	0.0%
ROCHESTER	2	0.0%
Orland Pk	2	0.0%
Olympia Fields	1	0.0%
HomerGlen	1	0.0%
SCOTTSDALE	1	0.0%
Bourbonnias	1	0.0%

Waldorf	1	0.0%
Middletown	1	0.0%
ROCKFORD	1	0.0%
Cayce	1	0.0%
NORMAL	1	0.0%
LYNWOOD	1	0.0%
Tinley Pk	1	0.0%
OSWEGO	1	0.0%
INDIAN HEAD PARK	1	0.0%
Ottawa	1	0.0%
New Brighton	1	0.0%
Bradenton	1	0.0%
New Lennox	1	0.0%
Jacksonville	1	0.0%
CUSTER PARK	1	0.0%
Brea	1	0.0%
Steamboat	1	0.0%
Mabhattan	1	0.0%
MEDIA	1	0.0%
EAST PROVIDENCE	1	0.0%
Homewood	1	0.0%
Monee	1	0.0%
West Des Moines	1	0.0%
Bloomington	1	0.0%
Iowa City	1	0.0%
BUFORD	1	0.0%
Grant Park	1	0.0%
APEX	1	0.0%
New Buffalo	1	0.0%
Park Ridge	1	0.0%
Frankfort	1	0.0%
PASADENA	1	0.0%
LAKE VILLA	1	0.0%
PEARLAND	1	0.0%
GARY	1	0.0%
ADDISON	1	0.0%
Apple River	1	0.0%
ELKHORN	1	0.0%
North Richland Hills	1	0.0%
Chandler	1	0.0%
Norwel	1	0.0%
Plainfield	1	0.0%
GOOD HOPE	1	0.0%
PORT NECHES	1	0.0%
Louisville	1	0.0%
Joilet	1	0.0%
CALUMET CITY	1	0.0%
Brooklyn	1	0.0%
Villa Park	1	0.0%
REDDING	1	0.0%
WANATAH	1	0.0%
RICHMOND	1	0.0%

Westborough	1	0.0%
APO	1	0.0%
Merrionette Park	1	0.0%
River Forest	1	0.0%
Willow Springs	1	0.0%
RIVERDALE	1	0.0%
Mesa	1	0.0%
Riverside	1	0.0%
Robbins	1	0.0%
Orland Pk, Il	1	0.0%
Lockport	1	0.0%
LOMBARD	1	0.0%
Grand Total	10629	

Dr. Kevin Germino
16660 S. 107th Avenue
Orland Park, IL 60467
708-403-8500

October 22, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion 1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	25	30
Downtown Hospitals	5	5

I estimate that I will refer 30 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

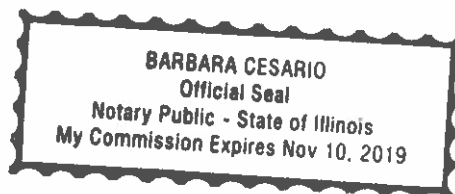
Best regards,


Kevin Germino, MD

Given under my hand and official seal,

This 25th day of Oct, 2018

My Commission expires: 11/10/19



NOTARY PUBLIC

Barbara Cesario

AREA 1					# of Pts	% of pts
Orland Park	60462	60467			196	
Palos Heights	60463				16	
Palos Park	60464				13	
Tinley Park	60477	60478	60487		213	
Mokena	60448				93	
					438	42.73%

AREA 3						
Palos Hills	60465				8	TTL PT 1025
Worth	60482				9	
Oak Lawn	60453-60459				12	
Evergreen Park	60805				1	
					30	2.93%

AREA 3						
Chicago Ridge	60451				5	
Alsip	60803				6	
Crestwood	60418	60445			10	
Bridgeview	60455				1	
Burbank	60459				2	
Hickory Hills	60457				3	
					27	2.63%

AREA 4						
Oak Forest	60452				61	
Midlothian	60445				14	
					75	7.32%

AREA 5						
Chicago	60638	60643	60652	60655	46	4.49%

AREA 7						
Frankfort	60423				133	
New Lenox	60451				146	
Lemont	60439				15	
Lockport	60441				62	
Homer Glen	60491				47	
					403	39.32%

AREA 6						
Hometown					2	
Hazel Crest					2	
Berwyn					1	
Justice					1	
					6	0.59%

November 7, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>2</u>	<u>1</u>
Alexian Brothers	<u> </u>	<u>1</u>
Downtown Hospitals	<u> </u>	<u> </u>
Other	<u> </u>	<u>2</u>

I estimate that I will refer 17 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Breanne Higgins-Gremillion, PsyD
Signature/Printed Name
Breanne Higgins-Gremillion, PsyD

Given under my hand and official seal,

this 7th day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.


<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>6</u>	<u>6</u>
Alexian Brothers	<u>4</u>	<u>4</u>
Downtown Hospitals	_____	_____
Other	_____	_____

I estimate that I will refer 10-12 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,


Chris Higgins, PhD

Given under my hand and official seal,

this 28th day of September 2018.

My Commission expires: 11/20/19


NOTARY PUBLIC

LORETTA GAIDAS
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 20, 2019

City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

November 20, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	_____	_____

I estimate that I will refer 3-5 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Courtney Avery, PsyD
Signature/Printed Name

Given under my hand and official seal,

this 20th day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

November 7, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>5</u>	<u>5</u>
Alexian Brothers	<u>2</u>	<u>2</u>
Downtown Hospitals	<u>0</u>	<u>0</u>
Other	<u>0</u>	<u>0</u>

I estimate that I will refer 7 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Anna Jasiewicz / Anna Jasiewicz,
Signature/Printed Name
Psy.D., BCN

Given under my hand and official seal,

this 14th day of Nov, 2018.

My Commission expires: 10/18/22
Sara Ann Higgins
NOTARY PUBLIC



November 8, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>2</u>	<u>1</u>
Alexian Brothers	<u> </u>	<u>2</u>
Downtown Hospitals	<u>1</u>	<u> </u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 4 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Amanda Jenkins / Amanda Jenkins, RJ
Signature/Printed Name

Given under my hand and official seal,

this 8th day of Nov, 2018.

My Commission expires: 10/18/22
Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

November 13, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

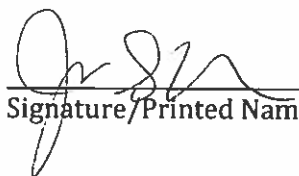
<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>3</u>	<u>2</u>
Alexian Brothers	<u> </u>	<u> </u>
Downtown Hospitals	<u>3</u>	<u>3</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 6 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

 / Julie Johnson, MD
Signature/Printed Name

Given under my hand and official seal,

this 13th day of Nov, 2018.

My Commission expires: 10/18/22

NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

November 30, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>4</u>	<u>4</u>
Alexian Brothers	<u>1</u>	<u>2</u>
Downtown Hospitals	<u>4</u>	<u>4</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Patrick Kaulen, PsyD
Signature/Printed Name

Given under my hand and official seal,

this 30th day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

November 2, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>4</u>	<u>4</u>
Alexian Brothers	<u>1</u>	<u>1</u>
Downtown Hospitals	<u>0</u>	<u>0</u>
Other	<u>0</u>	<u>0</u>

I estimate that I will refer 5 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

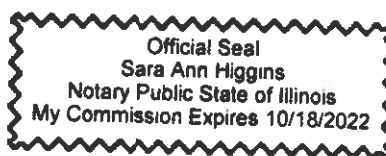
B. S. Ann 1 B & R Ledvora
Signature/Printed Name

Given under my hand and official seal,

this 2nd day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				
Bridgeview	60455				
Burbank	60459				
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	8%
Chicago Ridge	60451				
Countryside	60525				
Crestwood	60418	60445			8%
Darien	60561				
Evergreen Park	60805				
Frankfort	60423				
Hickory Hills	60457				
Hinsdale	60521	60522	60523		8%
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				8%
Lemont	60439				8%
Lockport	60441				
Manhattan	60442				
Midlothian	60445				
Mokena	60448				8%
New Lenox	60451				8%
Oak Forest	60452				8%
Oak Lawn	60453-60459				8%
Orland Hills	60477	60487			
Orland Park	60462	60467			9%
Palos Heights	60463				8%
Palos Hills	60465				8%
Palos Park	60464				2%
Tinley Park	60477	60478	60487		5%
Western Springs	60558				
Worth	60482				

Beth Ledvorn

November____, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>6</u>	<u>6</u>
Alexian Brothers	<u> </u>	<u> </u>
Downtown Hospitals	<u> </u>	<u> </u>
Other	<u>3</u>	<u>3</u>

I estimate that I will refer 6-7 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

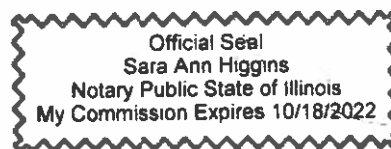
Mara Maasius Mara Maasius
Signature/Printed Name

Given under my hand and official seal,

this 8th day of Nov, 2018.

My Commission expires: _____

Sara Ann Higgins
NOTARY PUBLIC



Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

11/2/18

October _____, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

Hospital Name	2016	2017
Linden Oaks	~ 6	~ 6
Alexian Brothers	_____	_____
Downtown Hospitals	~ 3	~ 3-4
Other	_____	_____

I estimate that I will refer 6-7 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Lynna Massimini

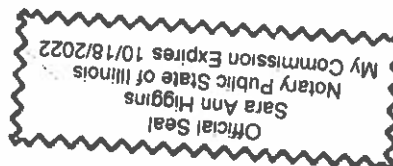
Signature/Printed Name

Given under my hand and official seal,

this 8th day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>5</u>	<u>5</u>
Alexian Brothers	<u>5</u>	<u>5</u>
Downtown Hospitals	<u> </u>	<u> </u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

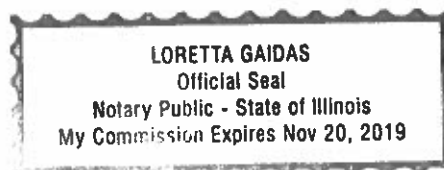
Neel Mehta
Neel Mehta Psy.D.

Given under my hand and official seal,

this 28 day of Sept, 2018.

My Commission expires: 11/20/19

Loretta Gaidas
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

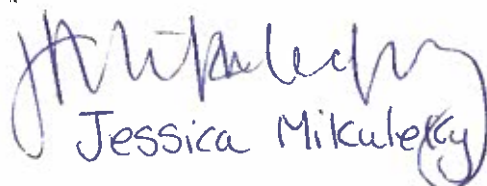
<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>2</u>	<u>2</u>
Alexian Brothers	<u>2</u>	<u>1</u>
Downtown Hospitals	<u> </u>	<u>1</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 5-10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,


Jessica Mikulecky Psy.D

Given under my hand and official seal,

this 28 day of Sept, 2018.

My Commission expires: 11/19/19


NOTARY PUBLIC

LORETTA GAIDAS
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 20, 2019

City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>10</u>	<u>12</u>
Alexian Brothers	<u>5</u>	<u>3</u>
Downtown Hospitals	<u>10</u>	<u>7</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 20 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

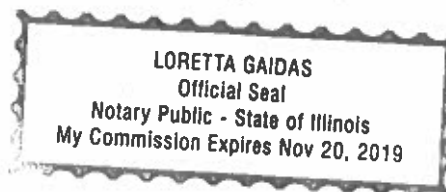
Anne Morrill-Ploum
MA, LCRP, CCRP
Anne Morrill-Ploum

Given under my hand and official seal,

this 28th day of Sept, 2018.

My Commission expires: 11/20/19

Loretta Gaidas
NOTARY PUBLIC



City	Zip Code				# of Patients
Alsip	60803				4
Bridgeview	60455				
Burbank	60459				1
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	15 25
Chicago Ridge	60451				
Countryside	60525				
Crestwood	60418	60445			5
Darien	60561				
Evergreen Park	60805				5
Frankfort	60423				
Hickory Hills	60457				2
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				
Manhattan	60442				
Midlothian	60445				
Mokena	60448				1
New Lenox	60451				
Oak Forest	60452				
Oak Lawn	60453-60459				5
Orland Hills	60477	60487			
Orland Park	60462	60467			
Palos Heights	60463				2
Palos Hills	60465				
Palos Park	60464				
Tinley Park	60477	60478	60487		
Western Springs	60558				
Worth	60482				

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

Hospital Name	2016	2017
Linden Oaks	7	5
Alexian Brothers	1	2
Downtown Hospitals		3
Other		

I estimate that I will refer 20 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

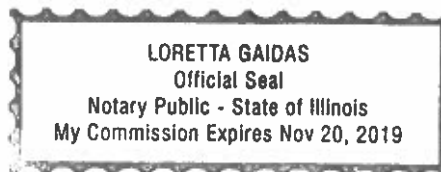
Christine K. Nolan, Ed.D., nec.
Christine K. Nolan, Ed.D. ^{let.} nec.
LCPC

Given under my hand and official seal,

this 29th day of Sept, 2018.

My Commission expires: 11/19/20

Loretta Gaidas
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

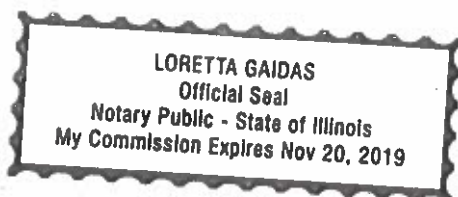
<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	_____	_____

()
greater than 50x

I estimate that I will refer 50x patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.



Given under my hand and official seal,

this 28th day of Sept, 2018.

My Commission expires: 11/20/2019

Loretta Gaidas
NOTARY PUBLIC

Very truly yours,

Valerie L. Rowinski, MD
Psychiatrist

Our Clinic

treats

Children -

adolescents

from

all zip codes

attached.

City	Zip Code				# of Patients
Alsip	60803				
Bridgeview	60455				
Burbank	60459				1 2/10
Burr Ridge	60527				1 0/10
Chicago	60638	60643	60652	60655	1 0/10
Chicago Ridge	60451				1 2/10
Countryside	60525				1 0/10
Crestwood	60418	60445			1 0/10
Darien	60561				1 0/10
Evergreen Park	60805				1 0/10
Frankfort	60423				1 0/10
Hickory Hills	60457				1 0/10
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				
Manhattan	60442				
Midlothian	60445				10 2/10
Mokena	60448				10 2/10
New Lenox	60451				
Oak Forest	60452				
Oak Lawn	60453-60459				
Orland Hills	60477	60487			10 2/10
Orland Park	60462	60467			50 2/10
Palos Heights	60463				10 0/10
Palos Hills	60465				
Palos Park	60464				
Tinley Park	60477	60478	60487		
Western Springs	60558				
Worth	60482				

December 3, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>2</u>	<u>3</u>
Alexian Brothers	<u>1</u>	<u>1</u>
Downtown Hospitals	<u>1</u>	<u>1</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 5 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.


Very truly yours,



Signature/Dr. Patrick O'Neal, MD

Given under my hand and official seal,

this 3rd day of Dec, 2018.

My Commission expires: 10/18/22

NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				4%
Bridgeview	60455				
Burbank	60459				
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	1%
Chicago Ridge	60451				2%
Countryside	60525				
Crestwood	60418	60445			
Darien	60561				
Evergreen Park	60805				2%
Frankfort	60423				
Hickory Hills	60457				
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				
Manhattan	60442				
Midlothian	60445				2%
Mokena	60448				14%
New Lenox	60451				
Oak Forest	60452				5%
Oak Lawn	60453-60459				12%
Orland Hills	60477	60487			
Orland Park	60462	60467			21%
Palos Heights	60463				8%
Palos Hills	60465				
Palos Park	60464				4%
Tinley Park	60477	60478	60487		15%
Western Springs	60558				
Worth	60482				4%

October 25th, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

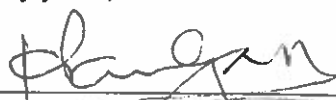
<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>2</u>	<u>3</u>
Alexian Brothers	<u>3</u>	<u>4</u>
Downtown Hospitals	<u>0</u>	<u>1</u>
Other	<u>0</u>	<u>0</u>

I estimate that I will refer 5 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

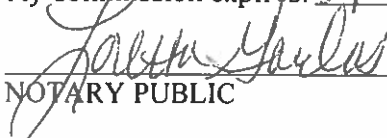
Very truly yours,

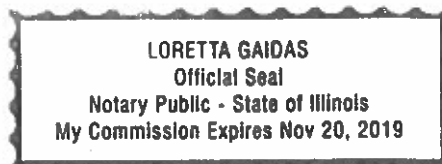

Signature/Printed Name

Kaushik Pandya, MD

Given under my hand and official seal,
this 25th day of October, 2018.

My Commission expires: 11/20/19


NOTARY PUBLIC



Dr Pandya

City	Zip Code				# of Patients
Alsip	60803				
Bridgeview	60455				
Burbank	60459				
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	
Chicago Ridge	60451				
Countryside	60525				
Crestwood	60418	60445			4
Darien	60561				
Evergreen Park	60805				2
Frankfort	60423				
Hickory Hills	60457				
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				
Manhattan	60442				
Midlothian	60445				5
Mokena	60448				10
New Lenox	60451				
Oak Forest	60452				5
Oak Lawn	60453-60459				
Orland Hills	60477	60487			
Orland Park	60462	60467			10
Palos Heights	60463				7
Palos Hills	60465				6
Palos Park	60464				4
Tinley Park	60477	60478	60487		15
Western Springs	60558				
Worth	60482				

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	<u>2</u>	<u>1</u>

I estimate that I will refer 3 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Sara Ann Higgins, RUD

Given under my hand and official seal,

this 28th day of Sept, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

~~October~~ November 8, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.


<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	_____	_____

I estimate that I will refer 2 patients to the proposed hospital during its second year of operation.

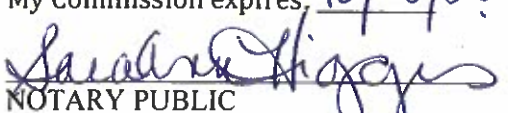
Attached is a patient origin analysis by zip code of my 2017 patients.

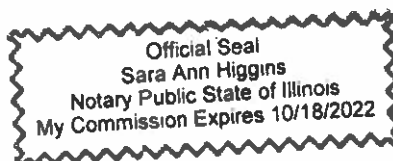
The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,


Signature/Printed Name
DR. Surasak Pratuangtham

Given under my hand and official seal,
this 8th day of Nov, 2018.

My Commission expires: 10/18/22

NOTARY PUBLIC



Count of Patients by City

Count of Patient Account Number		
City	Total	% of Total
TINLEY PARK	1063	10.0%
Orland Park	988	9.3%
FRANKFORT	934	8.8%
MOKENA	901	8.5%
NEW LENOX	801	7.5%
CHICAGO	763	7.2%
OAK LAWN	542	5.1%
OAK FOREST	332	3.1%
PALOS HEIGHTS	324	3.0%
Palos Park	298	2.8%
HOMER GLEN	293	2.8%
Lockport	279	2.6%
Palos Hills	224	2.1%
LEMONT	191	1.8%
Alsip	173	1.6%
Manhattan	172	1.6%
0	165	1.6%
Evergreen Park	144	1.4%
MIDLOTHIAN	135	1.3%
WORTH	119	1.1%
Orland Hills	108	1.0%
Crestwood	107	1.0%
Burbank	103	1.0%
HICKORY HILLS	102	1.0%
MONEE	99	0.9%
CHICAGO RIDGE	74	0.7%
JOLIET	68	0.6%
PLAINFIELD	58	0.5%
Bridgeview	54	0.5%
HOMEWOOD	51	0.5%
JUSTICE	46	0.4%
MANTENO	40	0.4%
Blue Island	28	0.3%
BEECHER	26	0.2%
ROMEOVILLE	25	0.2%
Hometown	24	0.2%
Matteson	24	0.2%
Crown Point	23	0.2%
MINOOKA	23	0.2%
Posen	21	0.2%
PEOTONE	21	0.2%
DARIEN	19	0.2%
Burr Ridge	17	0.2%
MERRIONETTE PARK	16	0.2%
CRETE	15	0.1%
SHOREWOOD	15	0.1%
Naperville	15	0.1%

PARK FOREST	14	0.1%
Willow Springs	14	0.1%
CHANNAHON	13	0.1%
Orland Park	13	0.1%
BOURBONNAIS	13	0.1%
CEDAR LAKE	12	0.1%
BROOKFIELD	11	0.1%
FLOSSMOOR	11	0.1%
Downers Grove	10	0.1%
WESTMONT	10	0.1%
ELWOOD	10	0.1%
HINSDALE	10	0.1%
CHICAGO HEIGHTS	9	0.1%
Lansing	9	0.1%
Dyer	9	0.1%
St John	8	0.1%
Evergreen Pk	8	0.1%
WILLOWBROOK	8	0.1%
RICHTON PARK	8	0.1%
MARKHAM	8	0.1%
Palos Heights	8	0.1%
LA GRANGE	8	0.1%
BOLINGBROOK	8	0.1%
South Holland	7	0.1%
WESTERN SPRINGS	7	0.1%
MUNSTER	7	0.1%
SUMMIT	6	0.1%
MORRIS	6	0.1%
AURORA	6	0.1%
COUNTRYSIDE	6	0.1%
MICHIGAN CITY	5	0.0%
GRIFFITH	5	0.0%
University Park	5	0.0%
LYONS	5	0.0%
GRANT PARK	5	0.0%
WHEATON	5	0.0%
Tinley Park	5	0.0%
HAMMOND	5	0.0%
Valparaiso	5	0.0%
Crest Hill	5	0.0%
COUNTRY CLUB HILLS	5	0.0%
SAINT JOHN	5	0.0%
OAK BROOK	5	0.0%
ITASCA	4	0.0%
GLENWOOD	4	0.0%
Thornton	4	0.0%
LA PORTE	4	0.0%
HIGHLAND	4	0.0%
CAPE CORAL	4	0.0%
Palos Park	4	0.0%
BERWYN	4	0.0%
Byron	4	0.0%

Mokena	4	0.0%
Bollingbrook	4	0.0%
LOWELL	3	0.0%
Lagarange	3	0.0%
HAZEL CREST	3	0.0%
LaGrange	3	0.0%
San Clemente	3	0.0%
Naples	3	0.0%
COBDEN	3	0.0%
LaGrange Park	3	0.0%
Palos Hts	3	0.0%
New Lenox	3	0.0%
Palos Pk	3	0.0%
GODLEY	3	0.0%
STEGER	3	0.0%
ELMHURST	3	0.0%
Bridgeview	3	0.0%
Oak Park	3	0.0%
GLENDALE HEIGHTS	3	0.0%
LA GRANGE PARK	3	0.0%
WOODRIDGE	3	0.0%
Bourbannais	3	0.0%
Lisle	2	0.0%
CANTON	2	0.0%
HARVEY	2	0.0%
HAYMARKET	2	0.0%
ROCKDALE	2	0.0%
WILMINGTON	2	0.0%
GENEVA	2	0.0%
CHARLOTTE	2	0.0%
Diamond	2	0.0%
EVANSTON	2	0.0%
CHAMPAIGN	2	0.0%
Palos Hills	2	0.0%
Hobart	2	0.0%
Calumet Park	2	0.0%
SOUTH CHICAGO HEIGHTS	2	0.0%
Champaign	2	0.0%
St. John	2	0.0%
COAL CITY	2	0.0%
CARTERVILLE	2	0.0%
HEBRON	2	0.0%
DOLTON	2	0.0%
PHOENIX	2	0.0%
ORLAND Park	2	0.0%
Portage	2	0.0%
ROCHESTER	2	0.0%
Orland Pk	2	0.0%
Olympia Fields	1	0.0%
HomerGlen	1	0.0%
SCOTTSDALE	1	0.0%
Bourbonnias	1	0.0%

Waldorf	1	0.0%
Middletown	1	0.0%
ROCKFORD	1	0.0%
Cayce	1	0.0%
NORMAL	1	0.0%
LYNWOOD	1	0.0%
Tinley Pk	1	0.0%
OSWEGO	1	0.0%
INDIAN HEAD PARK	1	0.0%
Ottawa	1	0.0%
New Brighton	1	0.0%
Bradenton	1	0.0%
New Lennox	1	0.0%
Jacksonville	1	0.0%
CUSTER PARK	1	0.0%
Brea	1	0.0%
Steamboat	1	0.0%
Mabhattan	1	0.0%
MEDIA	1	0.0%
EAST PROVIDENCE	1	0.0%
Homewood	1	0.0%
Monee	1	0.0%
West Des Moines	1	0.0%
Bloomington	1	0.0%
Iowa City	1	0.0%
BUFORD	1	0.0%
Grant Park	1	0.0%
APEX	1	0.0%
New Buffalo	1	0.0%
Park Ridge	1	0.0%
Frankfort	1	0.0%
PASADENA	1	0.0%
LAKE VILLA	1	0.0%
PEARLAND	1	0.0%
GARY	1	0.0%
ADDISON	1	0.0%
Apple River	1	0.0%
ELKHORN	1	0.0%
North Richland Hills	1	0.0%
Chandler	1	0.0%
Norwel	1	0.0%
Plainfield	1	0.0%
GOOD HOPE	1	0.0%
PORT NECHES	1	0.0%
Louisville	1	0.0%
Joilet	1	0.0%
CALUMET CITY	1	0.0%
Brooklyn	1	0.0%
Villa Park	1	0.0%
REDDING	1	0.0%
WANATAH	1	0.0%
RICHMOND	1	0.0%

Westborough	1	0.0%
APO	1	0.0%
Merrrionette Park	1	0.0%
River Forest	1	0.0%
Willow Springs	1	0.0%
RIVERDALE	1	0.0%
Mesa	1	0.0%
Riverside	1	0.0%
Robbins	1	0.0%
Orland Pk, Il	1	0.0%
Lockport	1	0.0%
LOMBARD	1	0.0%
Grand Total	10629	

November 7, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>10</u>	<u>10</u>
Alexian Brothers	<u>5</u>	<u>5</u>
Downtown Hospitals	<u> </u>	<u> </u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 15 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Cynthia Rangel, Psy.D.
Signature/Printed Name

Cynthia Rangel, Psy.D.

Given under my hand and official seal,

this 7th day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

November 3, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.


<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>20</u>	<u>25</u>
Alexian Brothers	<u> </u>	<u> </u>
Downtown Hospitals	<u>15</u>	<u>30</u>
Other	<u>20</u>	<u>20</u>

I estimate that I will refer 40 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

 / Rian Fowler
Signature/Printed Name

Given under my hand and official seal,

this 3rd day of Nov, 2018.

My Commission expires: 10/18/22


NOTARY PUBLIC



Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>N/A</u>	<u>5</u>
Alexian Brothers	<u>N/A</u>	<u>8</u>
Downtown Hospitals	<u>N/A</u>	<u>10+</u>
Other	<u>N/A</u>	<u> </u>

I estimate that I will refer 20+ patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

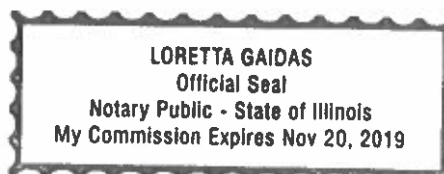
J. A. B. Sana, PsyD
Jennifer A. B. Sana, PsyD

Given under my hand and official seal,

this 28 day of Sept 2018.

My Commission expires: 11/18/19

Loretta Gaidas
LORETTA GAIDAS
NOTARY PUBLIC



City	Zip Code				# of Patients
Alsip	60803				
Bridgeview	60455				
Burbank	60459				
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	
Chicago Ridge	60451				
Countryside	60525				
Crestwood	60418	60445			
Darien	60561				
Evergreen Park	60805				
Frankfort	60423				20 r
Hickory Hills	60457				
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				
Manhattan	60442				
Midlothian	60445				
Mokena	60448				
New Lenox	60451				
Oak Forest	60452				
Oak Lawn	60453-60459				
Orland Hills	60477	60487			
Orland Park	60462	60467			
Palos Heights	60463				
Palos Hills	60465				
Palos Park	60464				
Tinley Park	60477	60478	60487		
Western Springs	60558				
Worth	60482				

September 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>3</u>	<u>8</u>
Alexian Brothers	<u>2</u>	<u>2</u>
Downtown Hospitals	<u>5</u>	<u>6</u>
Other	<u>3</u>	<u>4</u>

I estimate that I will refer 25 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

60463
Elizabeth Smith

[Signature]

Given under my hand and official seal,

this 28th day of Sept, 2018.

My Commission expires: 11/20/19

[Signature]
NOTARY PUBLIC

LORETTA GAIDAS
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 20, 2019

City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

Dr. Ananya Spann
16660 S. 107th Avenue
Orland Park, IL 60467
708-403-8500

October 23, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion 1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

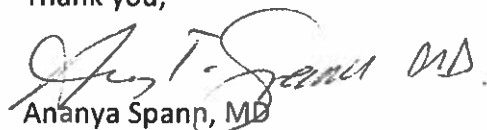
HOSPITAL NAME	2016	2017
Linden Oaks	15	20
Downtown Hospitals	3	3

I estimate that I will refer 20 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Thank you,

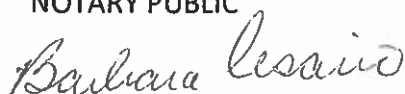

Ananya Spann, MD

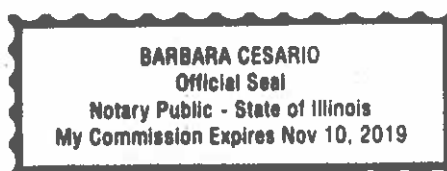
Given under my hand and official seal,

This 25th day of Oct, 2018

My Commission expires: 10/10/19

NOTARY PUBLIC





AREA 1					# of Pts	% of pts
Orland Park	60462	60467			196	
Palos Heights	60463				16	
Palos Park	60464				13	
Tinley Park	60477	60478	60487		213	
Mokena	60448				93	
					438	42.73%

AREA 3						
Palos Hills	60465				8	TTL PT 1025
Worth	60482				9	
Oak Lawn	60453-60459				12	
Evergreen Park	60805				1	
					30	2.93%

AREA 3						
Chicago Ridge	60451				5	
Alsip	60803				6	
Crestwood	60418	60445			10	
Bridgeview	60455				1	
Burbank	60459				2	
Hickory Hills	60457				3	
					27	2.63%

AREA 4						
Oak Forest	60452				61	
Midlothian	60445				14	
					75	7.32%

AREA 5						
Chicago	60638	60643	60652	60655	46	4.49%

AREA 7						
Frankfort	60423				133	
New Lenox	60451				146	
Lemont	60439				15	
Lockport	60441				62	
Homer Glen	60491				47	
					403	39.32%

AREA 6						
Hometown					2	
Hazel Crest					2	
Berwyn					1	
Justice					1	
					6	0.59%

November 5, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____✓
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	_____	_____

I estimate that I will refer 15 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

N. Stamat, M.D.

Signature/Printed Name

Nicholas Stamat, M.D.

Given under my hand and official seal,

this 5th day of Nov, 2018.

My Commission expires: 10/18/22

Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				5%
Bridgeview	60455				3%
Burbank	60459				10%
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	2%
Chicago Ridge	60451				2%
Countryside	60525				
Crestwood	60418	60445			
Darien	60561				
Evergreen Park	60805				3%
Frankfort	60423				
Hickory Hills	60457				1%
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				1%
Manhattan	60442				
Midlothian	60445				5%
Mokena	60448				2%
New Lenox	60451				
Oak Forest	60452				
Oak Lawn	60453-60459				12%
Orland Hills	60477	60487			
Orland Park	60462	60467			22%
Palos Heights	60463				10%
Palos Hills	60465				12%
Palos Park	60464				5%
Tinley Park	60477	60478	60487		10%
Western Springs	60558				
Worth	60482				

November 14th
October _____, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	_____	_____

I estimate that I will refer 6 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,



Signature/Printed Name

Elizabeth Stranger MD

Given under my hand and official seal,

this 14th day of NOV, 2018.

My Commission expires: 10/18/22


NOTARY PUBLIC



Count of Patients by City

Count of Patient Account Number		
City	Total	% of Total
TINLEY PARK	1063	10.0%
Orland Park	988	9.3%
FRANKFORT	934	8.8%
MOKENA	901	8.5%
NEW LENOX	801	7.5%
CHICAGO	763	7.2%
OAK LAWN	542	5.1%
OAK FOREST	332	3.1%
PALOS HEIGHTS	324	3.0%
Palos Park	298	2.8%
HOMER GLEN	293	2.8%
Lockport	279	2.6%
Palos Hills	224	2.1%
LEMONT	191	1.8%
Alsip	173	1.6%
Manhattan	172	1.6%
0	165	1.6%
Evergreen Park	144	1.4%
MIDLOTHIAN	135	1.3%
WORTH	119	1.1%
Orland Hills	108	1.0%
Crestwood	107	1.0%
Burbank	103	1.0%
HICKORY HILLS	102	1.0%
MONEE	99	0.9%
CHICAGO RIDGE	74	0.7%
JOLIET	68	0.6%
PLAINFIELD	58	0.5%
Bridgeview	54	0.5%
HOMEWOOD	51	0.5%
JUSTICE	46	0.4%
MANTENO	40	0.4%
Blue Island	28	0.3%
BEECHER	26	0.2%
ROMEOVILLE	25	0.2%
Hometown	24	0.2%
Matteson	24	0.2%
Crown Point	23	0.2%
MINOOKA	23	0.2%
Posen	21	0.2%
PEOTONE	21	0.2%
DARIEN	19	0.2%
Burr Ridge	17	0.2%
MERRIONETTE PARK	16	0.2%
CRETE	15	0.1%
SHOREWOOD	15	0.1%
Naperville	15	0.1%

PARK FOREST	14	0.1%
Willow Springs	14	0.1%
CHANNAHON	13	0.1%
Orland Park	13	0.1%
BOURBONNAIS	13	0.1%
CEDAR LAKE	12	0.1%
BROOKFIELD	11	0.1%
FLOSSMOOR	11	0.1%
Downers Grove	10	0.1%
WESTMONT	10	0.1%
ELWOOD	10	0.1%
HINSDALE	10	0.1%
CHICAGO HEIGHTS	9	0.1%
Lansing	9	0.1%
Dyer	9	0.1%
St John	8	0.1%
Evergreen Pk	8	0.1%
WILLOWBROOK	8	0.1%
RICHTON PARK	8	0.1%
MARKHAM	8	0.1%
Palos Heights	8	0.1%
LA GRANGE	8	0.1%
BOLINGBROOK	8	0.1%
South Holland	7	0.1%
WESTERN SPRINGS	7	0.1%
MUNSTER	7	0.1%
SUMMIT	6	0.1%
MORRIS	6	0.1%
AURORA	6	0.1%
COUNTRYSIDE	6	0.1%
MICHIGAN CITY	5	0.0%
GRIFFITH	5	0.0%
University Park	5	0.0%
LYONS	5	0.0%
GRANT PARK	5	0.0%
WHEATON	5	0.0%
Tinley Park	5	0.0%
HAMMOND	5	0.0%
Valparaiso	5	0.0%
Crest Hill	5	0.0%
COUNTRY CLUB HILLS	5	0.0%
SAINT JOHN	5	0.0%
OAK BROOK	5	0.0%
ITASCA	4	0.0%
GLENWOOD	4	0.0%
Thornton	4	0.0%
LA PORTE	4	0.0%
HIGHLAND	4	0.0%
CAPE CORAL	4	0.0%
Palos Park	4	0.0%
BERWYN	4	0.0%
Byron	4	0.0%

Mokena	4	0.0%
Bollingbrook	4	0.0%
LOWELL	3	0.0%
Lagarange	3	0.0%
HAZEL CREST	3	0.0%
LaGrange	3	0.0%
San Clemente	3	0.0%
Naples	3	0.0%
COBDEN	3	0.0%
LaGrange Park	3	0.0%
Palos Hts	3	0.0%
New Lenox	3	0.0%
Palos Pk	3	0.0%
GODLEY	3	0.0%
STEGER	3	0.0%
ELMHURST	3	0.0%
Bridgeview	3	0.0%
Oak Park	3	0.0%
GLENDALE HEIGHTS	3	0.0%
LA GRANGE PARK	3	0.0%
WOODRIDGE	3	0.0%
Bourbannais	3	0.0%
Lisle	2	0.0%
CANTON	2	0.0%
HARVEY	2	0.0%
HAYMARKET	2	0.0%
ROCKDALE	2	0.0%
WILMINGTON	2	0.0%
GENEVA	2	0.0%
CHARLOTTE	2	0.0%
Diamond	2	0.0%
EVANSTON	2	0.0%
CHAMPAIGN	2	0.0%
Palos Hills	2	0.0%
Hobart	2	0.0%
Calumet Park	2	0.0%
SOUTH CHICAGO HEIGHTS	2	0.0%
Champaign	2	0.0%
St. John	2	0.0%
COAL CITY	2	0.0%
CARTERVILLE	2	0.0%
HEBRON	2	0.0%
DOLTON	2	0.0%
PHOENIX	2	0.0%
ORLAND Park	2	0.0%
Portage	2	0.0%
ROCHESTER	2	0.0%
Orland Pk	2	0.0%
Olympia Fields	1	0.0%
HomerGlen	1	0.0%
SCOTTSDALE	1	0.0%
Bourbonnias	1	0.0%

Waldorf	1	0.0%
Middletown	1	0.0%
ROCKFORD	1	0.0%
Cayce	1	0.0%
NORMAL	1	0.0%
LYNWOOD	1	0.0%
Tinley Pk	1	0.0%
OSWEGO	1	0.0%
INDIAN HEAD PARK	1	0.0%
Ottawa	1	0.0%
New Brighton	1	0.0%
Bradenton	1	0.0%
New Lennox	1	0.0%
Jacksonville	1	0.0%
CUSTER PARK	1	0.0%
Brea	1	0.0%
Steamboat	1	0.0%
Mabhattan	1	0.0%
MEDIA	1	0.0%
EAST PROVIDENCE	1	0.0%
Homewood	1	0.0%
Monee	1	0.0%
West Des Moines	1	0.0%
Bloomingtondale	1	0.0%
Iowa City	1	0.0%
BUFORD	1	0.0%
Grant Park	1	0.0%
APEX	1	0.0%
New Buffalo	1	0.0%
Park Ridge	1	0.0%
Frankfort	1	0.0%
PASADENA	1	0.0%
LAKE VILLA	1	0.0%
PEARLAND	1	0.0%
GARY	1	0.0%
ADDISON	1	0.0%
Apple River	1	0.0%
ELKHORN	1	0.0%
North Richland Hills	1	0.0%
Chandler	1	0.0%
Norwel	1	0.0%
Plainfield	1	0.0%
GOOD HOPE	1	0.0%
PORT NECHES	1	0.0%
Louisville	1	0.0%
Joilet	1	0.0%
CALUMET CITY	1	0.0%
Brooklyn	1	0.0%
Villa Park	1	0.0%
REDDING	1	0.0%
WANATAH	1	0.0%
RICHMOND	1	0.0%

Westborough	1	0.0%
APO	1	0.0%
Merrrionette Park	1	0.0%
River Forest	1	0.0%
Willow Springs	1	0.0%
RIVERDALE	1	0.0%
Mesa	1	0.0%
Riverside	1	0.0%
Robbins	1	0.0%
Orland Pk, Il	1	0.0%
Lockport	1	0.0%
LOMBARD	1	0.0%
Grand Total	10629	

October 9, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>3</u>	<u>2</u>
Alexian Brothers	<u> </u>	<u>1</u>
Downtown Hospitals	<u>5</u>	<u>5</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

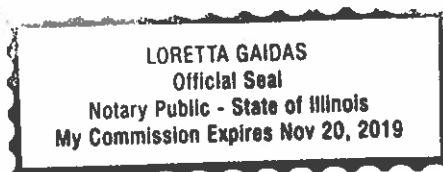
Evan B. Swan MD
Signature/Printed Name

Given under my hand and official seal,

this 9 day of October, 2018.

My Commission expires: 11/20/19

Loretta Gaidas
NOTARY PUBLIC



Dr. Susan

City	Zip Code				# of Patients
Alsip	60803				
Bridgeview	60455				
Burbank	60459				
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	
Chicago Ridge	60451				
Countryside	60525				
Crestwood	60418	60445			
Darien	60561				
Evergreen Park	60805				
Frankfort	60423				
Hickory Hills	60457				
Hinsdale	60521	60522	60523		
Homer Glen	60491				
Lagrange	60525				
Lagrange	60525				
Lemont	60439				
Lockport	60441				
Manhattan	60442				
Midlothian	60445				3
Mokena	60448				
New Lenox	60451				
Oak Forest	60452				
Oak Lawn	60453-60459				
Orland Hills	60477	60487			
Orland Park	60462	60467			
Palos Heights	60463				2
Palos Hills	60465				
Palos Park	60464				
Tinley Park	60477	60478	60487		5
Western Springs	60558				
Worth	60482				

December 8, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

Hospital Name	2016	2017
Linden Oaks	<i>Did not practice in Illinois during 2017</i>	<u>~ 8</u>
Alexian Brothers		<u>~ 6</u>
Downtown Hospitals		<u>~ 10</u>
Other		<u>~ 5</u>

(from Aug 2017 thru end of yr)

I estimate that I will refer 20-40 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

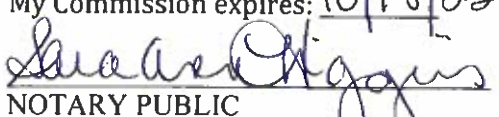
The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

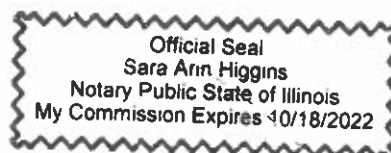
Very truly yours,


Signature/Printed Name Elise M. Sulek, MD

Given under my hand and official seal,

this 8 day of Dec, 2018.

My Commission expires: 10/18/22

NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

NOV/27/2018/TUE 05:20 PM

FAX NO.

F.002/002

November 27, 2018

Ms. Courtney Avery, Administrator
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	<u>10</u>	<u>14</u>

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

[Signature]
 Signature/Printed Name P. THORPE, MD

Given under my hand and official seal,

this 27th day of Nov, 2018.

My Commission expires: 10/18/22

[Signature]
 NOTARY PUBLIC



Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

November
~~October~~ 8, 2018 (N.T.)

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>80</u>	<u>80</u>
Alexian Brothers	<u>10</u>	<u>10</u>
Downtown Hospitals	<u>20</u>	<u>20</u>
Other	<u> </u>	<u> </u>

I estimate that I will refer 80-100 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

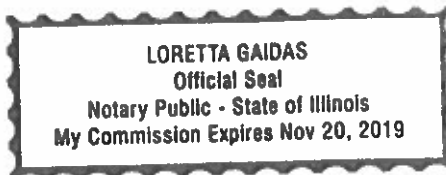
Very truly yours,

Naphtali Tronshaw-Gettings, MD
Signature/Printed Name
Naphtali Tronshaw-Gettings, MD
license #036-124848

Given under my hand and official seal,
this 8 day of November 2018.

My Commission expires: 11/24/19

Loretta Gaidas
NOTARY PUBLIC



Tongshaw - Gettings

City	Zip Code				# of Patients
Alsip	60803				
Bridgeview	60455				
Burbank	60459				
Burr Ridge	60527				
Chicago	60638	60643	60652	60655	3
Chicago Ridge	60451				
Countryside	60525				
Crestwood	60418	60445			
Darien	60561				
Evergreen Park	60805				
Frankfort	60423				9
Hickory Hills	60457				
Hinsdale	60521	60522	60523		
Homer Glen	60491				3
Lagrange	60525				
Lagrange	60525				
Lemont	60439				8
Lockport	60441				10
Manhattan	60442				5
Midlothian	60445				
Mokena	60448				8
New Lenox	60451				8
Oak Forest	60452				
Oak Lawn	60453-60459				5
Orland Hills	60477	60487			
Orland Park	60462	60467			10
Palos Heights	60463				5
Palos Hills	60465				5
Palos Park	60464				5
Tinley Park	60477	60478	60487		10
Western Springs	60558				6
Worth	60482				

Glenview

Monroe

South Chicago

November 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>15</u>	<u>25</u>
Alexian Brothers	<u>X</u>	<u>X</u>
Downtown Hospitals	<u>25</u>	<u>30</u>
Other	<u>40</u>	<u>45</u>

I estimate that I will refer 75 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

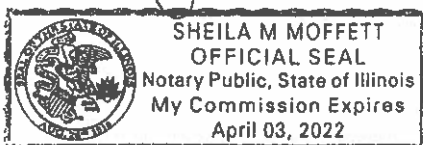
Very truly yours,


Signature/Dr. Semone West, MD

Given under my hand and official seal,
this 28 day of November, 2018.

My Commission expires: 04/03/2022


NOTARY PUBLIC



115091075.1

Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

November 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	<u>15</u>	<u>25</u>
Alexian Brothers	<u>1</u>	<u>2</u>
Downtown Hospitals	<u>25</u>	<u>30</u>
Other	<u>40</u>	<u>45</u>

I estimate that I will refer 75 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,


Signature of Dr. John Williamson, MD

Given under my hand and official seal,

this 28 day of November, 2018.

My Commission expires: 04/03/2022


NOTARY PUBLIC



115091075.1

Zip Code	City	%
60620	Chicago	25.10%
60643	Chicago	11.90%
60628	Chicago	7.60%
60652	Chicago	6.80%
60805	Evergreen park	6.40%
60629	Chicago	4.20%
60453	Oak Lawn	4.00%
60655	Chicago	4.00%
60636	Chicago	3.00%
60619	Chicago	3.00%
60617	Chicago	1.60%
60621	Chicago	1.50%
60803	Alsip	1.40%
60459	Burbank	1.40%
60649	Chicago	1.00%
	Others < 1.0%	17.10%

November 7, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

Hospital Name	2016	2017
Linden Oaks	<u>5</u>	<u>5</u>
Alexian Brothers	_____	_____
Downtown Hospitals	_____	_____
Other	_____	_____

I estimate that I will refer 5 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

David Yesko David Yesko, Psy.D
Signature/Printed Name

Given under my hand and official seal,

this 7th day of Nov, 2018.

My Commission expires: 10/18/22
Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

December 4, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	_____	_____
Alexian Brothers	<u>5</u>	<u>5</u>
Downtown Hospitals	<u>5</u>	<u>5</u>
Other	_____	_____

I estimate that I will refer 10 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

Tammy Yuen Tammy Yuen MD
Signature/Printed Name

Given under my hand and official seal,

this 4th day of Dec, 2018.

My Commission expires: 10/18/22
Sara Ann Higgins
NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%

100.00%

November 28, 2018

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: MIRA Neuro Behavioral Health Care

Dear Ms. Avery:

I am providing this letter to assist the Review Board in its evaluation of a Certificate of Need application for the proposed children's and adolescent hospital. This referral letter is in response to Review Criterion §1110.1540(c) in support of the proposed hospital in Tinley Park, Illinois.

During 2016 and 2017, I referred approximately the following number of patients for psychiatric services to the hospital or facility listed below.

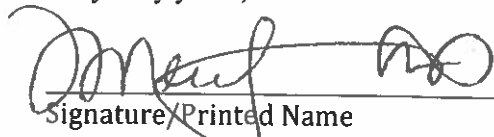
<u>Hospital Name</u>	<u>2016</u>	<u>2017</u>
Linden Oaks	—	—
Alexian Brothers	—	—
Downtown Hospitals	<u>3</u>	<u>3</u>
Other	<u>1</u>	<u>1</u>

I estimate that I will refer 10-15 patients to the proposed hospital during its second year of operation.

Attached is a patient origin analysis by zip code of my 2017 patients.

The information contained in this letter is true and correct, to the best of my information and belief, and had not been used in the support of another project.

Very truly yours,

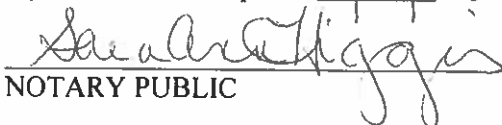

Signature/Printed Name

Thomas Waidzunus, MD

Given under my hand and official seal,

this 28 day of Nov, 2018.

My Commission expires: 10/18/22


NOTARY PUBLIC



City	Zip Code				% of Patients
Alsip	60803				2.82%
Bridgeview	60455				0.00%
Burbank	60459				1.55%
Burr Ridge	60527				0.00%
Chicago	60638	60643	60652	60655	13.70%
Chicago Ridge	60451				1.46%
Countryside	60525				0.00%
Crestwood	60418	60445			0.00%
Darien	60561				0.00%
Evergreen Park	60805				3.13%
Frankfort	60423				4.57%
Hickory Hills	60457				1.90%
Hinsdale	60521	60522	60523		0.00%
Homer Glen	60491				3.32%
Lagrange	60525				0.00%
Lemont	60439				2.35%
Lockport	60441				1.41%
Manhattan	60442				0.00%
Midlothian	60445				3.41%
Mokena	60448				4.85%
New Lenox	60451				3.79%
Oak Forest	60452				3.96%
Oak Lawn	60453-60459				6.85%
Orland Park	60462	60467			15.61%
Palos Heights	60463				5.29%
Palos Hills	60465				3.18%
Palos Park	60464				4.72%
Tinley Park	60477	60478	60487		10.17%
Western Springs	60558				0.00%
Worth	60482				1.96%
					100.00%

Clinical Service Areas Other Than Categories of Service

Attachment 30

Clinical Services Other Than Categories of Service

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicant proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> EMERGENCY	0	1
<input checked="" type="checkbox"/> LABORATORY	0	1

1110.270(b)(1) Need Determination - Establishment

The emergency department and laboratory space will be ancillary to the AMI services provided at the Hospital. As documented from the zip codes included in the Referral Letters in Attachment 20, the primary purpose of the Project is to provide care to the residents of AMI Planning Area A-04.

1110.270(b)(2) Service Demand

Emergency Department. Illinois Department of Public Health licensing regulations require the hospital have an emergency department. The Applicant is proposing only one emergency treatment room to comply with IDPH regulations. As a dedicated child and adolescent psychiatric hospital, the Applicant anticipates few, if any emergency visits. For example, Linden Oaks Hospital reported 0 emergency visits in 2017. Because Review Board practice is to round up, the Project meets the state standard for the one emergency treatment room.

Laboratory. There will be 102 square feet of laboratory space in the nursing unit. There are no Review Board guidelines for laboratory space and utilization and the need and size are aggregate for this type of facility.

1110.270(b)(3) Impact on Other Area Providers

The project will not adversely impact any area providers. First, there are no providers within 10 miles that provide child and adolescent AMI services. Second, the Applicant anticipates few, if any, emergency department visits, and consequently the Project will not serve the utilization of any providers emergency department. Finally, we note that the Project is strongly supported by the emergency department of at least two hospitals within the AMI Planning Area A-04.

Availability of Funds

Attachment 33

Availability of Funds

A signed term sheet between the Applicant and First Midwest Bank is attached for the availability of debt financing for the Project. Also attached is a letter from First Midwest Bank indicating that it has reviewed the financial resources of the individual owners and that the Bank is comfortable that the individuals had sufficient ability to finance the cash equity portion of the Project.



First Midwest Bank

7800 W 95th Street
Hickory Hills, IL 60457

Dr. Christopher Higgins
MIRA Neuro Behavioral Health Care LLC
11800 S 75th Avenue
Palos Heights, IL 60463

February 22, 2019

Dear Dr. Higgins,

First Midwest Bank Corp. ("Bank") is pleased to present for your consideration the following terms and conditions/proposal for discussion purposes only.

<u>Facility 1</u>	Commercial Construction Mortgage
Borrower:	MIRA Neuro Behavioral Health Care LLC or entity to be established
Collateral:	First Mortgage and Assignments of Rents on 6775 Prosperi Drive, Tinley Park, IL 60477 and blanket lien on business assets of MIRA Neuro Behavioral Health Care LLC
Amount:	\$6,100,000 limited to the lesser of 80% of appraisal value or total cost
Purpose:	To purchase and make improvements to commercial property at 6775 Prosperi Drive, Tinley Park, IL 60477 for the purpose of constructing a psychiatric hospital in Tinley Park.
Interest Rate:	Prime floating, currently 5.50%
Repayment:	Monthly interest payments
Term:	Up to 18 months
Advance Rate:	Subject to an 80% LTV- with appraisal performed prior to funding
Amortization:	N/A
Guarantees:	Personal guaranties of Mr. David Doubek, Ms. Melanie Cantorna nee Moran, Dr. Christopher Higgins, Mr. Todd Conway
Fees:	1% commission
Documentation Fee:	\$1,500

ATTACHMENT 33

Facility 2 Commercial Real Estate Mortgage

Borrower: MIRA Neuro Behavioral Health Care LLC or entity to be determined

Collateral: Mortgage and Assignments of Rents on 6775 Prosperi Drive, Tinley Park, IL 60477 and blanket lien on the business assets of MIRA Neuro Behavioral Health Care LLC

Amount: Up to \$6,100,000 with a maximum LTV acceptable by First Midwest Bank

Purpose: To amortize Facility 1

Interest Rate: 250 BPS over First Midwest Bank 5 year SWAP Fixed at time of closing (5.32% today) fixed for five years

Bank and borrower will enter into a SWAP contract to fix the rate at 5.32%, as of today, for 5 years. This rate could fluctuate until we enter into the SWAP agreement. Bank can fix the rate upon Borrower's commitment.

Repayment: Monthly P&I payments of \$33,106

Term: 5 years

Advance Rate: Acceptable to First Midwest Bank

Amortization: 20 years

Guarantees: Personal guaranties of Mr. David Doubek, Ms. Melanie Cantorna nee Moran, Dr. Christopher Higgins, Mr. Todd Conway

Fees: None

Documentation Fee: \$1,500

Facility 3 Revolving Line of Credit

Borrower: MIRA Neuro Behavioral Health Care LLC

Facility: Revolving Line of Credit

Amount: \$1,500,000

Purpose: To support working capital as needed.

Interest Rate: Prime, floating (current equivalent, 5.50%)

Repayment: Interest only monthly

Term: 12 months

Advance Rate: Advance rate limited to 80% of eligible accounts receivable.
Eligible accounts receivable consists of total accounts receivable less accounts receivable greater than 90 days, intercompany accounts receivable and bonded receivables.

Collateral:	Blanket Lien on all business assets of MIRA Neuro Behavioral Health Care LLC, cross collateralized and defaulted with Facility 2.
Guarantees:	Personal guaranties of Mr. David Doubek, Ms. Melanie Cantorna nee Moran, Dr. Christopher Higgins, Mr. Todd Conway
Fees:	None
Documentation Fee:	\$1,500

Terms Applicable to all Credit Facilities

Security:	Perfected First Mortgage and Assignment of Rents on the property to be acquired and taken as collateral located at 6775 Prosperi Drive, Tinley Park, IL 60477. Blanket Lien on all Assets of MIRA Neuro Behavioral Health Care LLC
Fees:	All other out of pocket costs incurred will be the responsibility of the client (Appraisal, Title work, Environmental, SBA, Legal etc.).
Financial Covenants:	There will be a Consolidated TTM Fixed Charge Coverage Ratio of 1.25:1.00 - defined as EBITDA- less unfunded cap ex, taxes, increases to related party/parent company loans and distributions/actual debt service tested quarterly.

Tangible net worth and debt to net worth covenants to be determined.

Consolidated calculation to include the financial performance of MIRA Neuro Behavioral Health Care LLC

Conditions prior to close:

1. Satisfactory appraisal yielding a minimum 80% Loan to Value (Facility 1) on the property located at 6775 Prosperi Drive, Tinley Park, IL 60477 as is and as completed.
2. Satisfactory Environmental due diligence on property located at 6775 Prosperi Drive, Tinley Park, IL 60477.
3. Proposed and future loan payments to be automatically deducted from the business account established with First Midwest Bank; additionally, all treasury management will be moved to First Midwest Bank.
4. The negotiation, execution and delivery of loan documentation acceptable to the Bank and its counsel.
5. First Midwest Bank to be listed as lender's loss payee and additional insured on the subject property's insurance and liability insurance policy respectively.
6. It is understood that this letter is solely for the benefit of the Borrower and not the benefit of any third party.
7. Day one Proforma Balance Sheet and Income Statement
8. All MIRA bank accounts at First Midwest Bank
9. MIRA must obtain a Certificate of Need (CON) from the State of Illinois

Servicing Requirements:

Quarterly:

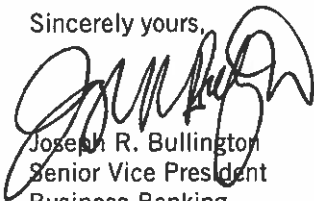
- a. Compiled Financial Statements for MIRA Neuro Behavioral Health Care LLC
- b. Report of operating hospitals detailing the occupancy, (bed nights), average length of stay, reimbursement percentages and such other statistical data that might be requested from time to time.
- c. Covenant Compliance Certificate

Annually:

- a. Annual Tax Return for guarantor(s)
- b. Annual Personal Financial Statement for guarantor(s)
- c. Annual Consolidated Audited Financial Statements for MIRA Neuro Behavioral Health Care LLC and related entities

This letter is not a commitment; undertaking or offer by the Lender to provide the financing described above but is rather a preliminary and tentative proposal based upon our recent discussions with you and our analysis and review to date of your financial condition, business prospects and operations. The possible issuance hereafter by the Lender of a commitment to provide the financing described above (and on the terms described above or such other terms as you and the Lender shall agree) is subject to the completion of our review and analysis of your financial condition, business prospects and operations (and our evaluation of your assets which would be provided as collateral); the negotiation, execution and delivery of loan documentation acceptable to the Lender and its counsel; the approval of the proposed financing by the appropriate officials of the Lender; and the Lender's continued satisfaction with your financial condition, business prospects and operations close.

Sincerely yours,



Joseph R. Bullington
Senior Vice President
Business Banking
First Midwest Bank

Accepted by MIRA Neuro Behavioral Health Care LLC



First Midwest Bank

7800 W 95th Street
Hickory Hill, IL 60457

February 25, 2019

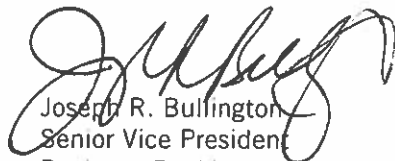
Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: The MIRA Neuro Behavioral Health Center for Children & Adolescents ("MNBHC")

Dear Ms. Avery,

First Midwest Bank has reviewed the financing for the proposed MNBHC project. By separate letter dated February 22, 2019 we have provided a term sheet setting out the terms of loan that we would consider making for the project. As part of our review of that hospital financing, we reviewed financial criteria for the owners of MNBHC. Based upon the owner's personal financial information we are comfortable that as of this date the owners collectively have the financial ability to fund the 20% cash portion of the Project cost.

Sincerely,



Joseph R. Bullington
Senior Vice President
Business Banking

cc: Christopher Higgins

ATTACHMENT 33



Attachment 34**Financial Viability Waiver**

The projected Financial Viability Ratios below is provided for informational purposes:

2022 Projected Financial Viability Ratios

	Year 2	State Norm	Year 2 vs. Norm
Current Ratio	11.1	2.0 or more	Satisfies
Net Margin Percentage	23%	3.5% or more	Satisfies
Percent Debt to Total Capitalization	0%	50% or less	Satisfies
Debt Service Coverage Ratio	20.2	2.5 or more	Satisfies
Days Cash on Hand	75.6	75 days or more	Satisfies
Cushion Ratio	13.4	7 or more	Satisfies
<i>* Excludes principal repayment of line of credit</i>			

2023 Projected Financial Viability Ratios

	Year 3	State Norm	Year 3 vs. Norm
Current Ratio	29.7	2.0 or more	Satisfies
Net Margin Percentage	23%	3.5% or more	Satisfies
Percent Debt to Total Capitalization	0%	50% or less	Satisfies
Debt Service Coverage Ratio	21.2	2.5 or more	Satisfies
Days Cash on Hand	139.9	75 days or more	Satisfies
Cushion Ratio	25.4	7 or more	Satisfies
<i>* Excludes principal repayment of line of credit</i>			

Projected Balance Sheets

	Operating		
	Year 1	Year 2	Year 3
Current assets			
Cash	339,869	2,044,392	3,873,289
Accounts receivable	1,488,960	1,584,097	1,604,260
Total current assets	1,828,830	3,628,489	5,477,550
Property and equipment	418,500	418,500	418,500
Less accumulated depreciation	81,424	162,848	244,271
Property and equipment, net	337,076	255,652	174,229
Other Assets			
Startup costs, net of amortization	550,482	511,162	471,842
Deferred loan costs, net of amortization	-	-	-
Total Other Assets	550,482	511,162	471,842
Total assets	2,716,388	4,395,304	6,123,620
Current liabilities			
Accounts payable	136,392	179,318	184,573
Capital lease	139,334	147,927	-
Loan			
Total current liabilities	275,725	327,246	184,573
Noncurrent liabilities			
Capital lease	147,927	-	-
Loan	-	-	-
Total noncurrent liabilities	147,927	-	-
Total liabilities	423,653	327,246	184,573
Retained earnings (accumulated deficit)	2,292,736	4,068,058	5,939,048
Total members' capital (deficit)	2,292,736	4,068,058	5,939,048
Total liabilities and members' capital	2,716,388	4,395,304	6,123,620

ATTACHMENT 34

Projected Income Statement

	Year 1	Year 2	Year 3
Patient days	6,524	9,308	9,308
Average daily census	18	26	26
Revenue	7,968,083	13,016,307	13,398,357
Operating expenses			
Salaries	3,138,355	3,835,409	3,950,471
Employee benefits	784,589	958,852	987,618
Supplies	417,148	831,112	856,045
Professional fees	34,595	35,632	36,701
Purchased services	179,307	315,750	325,223
Rent	500,000	800,000	824,000
Insurance	500,000	515,000	530,450
Marketing	86,486	150,000	154,500
Taxes - non income	1,309,200	1,861,500	1,861,500
Other expenses	550,000	565,000	580,450
Total operating expenses	7,499,681	9,868,255	10,106,958
EBITDA	468,402	3,148,051	3,291,399
Margin	6%	24%	25%
Other costs			
Depreciation and amortization	120,744	120,744	120,744
Interest	21,540	13,445	4,852
Taxes	4,892	54,991	47,487
Total other costs	147,176	189,181	173,083
Net income	321,226	2,958,870	3,118,316

Attachment 35

Audited Financial Statements

MIRA Neuro Behavioral Health Care, LLC (“MIRA”) is a newly established legal entity and has no audited financial available. The projected income statement and balance sheet are included in Attachment 34 for information purposes.

Attachment 36

Economic Feasibility

A. Reasonableness of Financing Arrangements.

A signed Reasonableness of Financing Arrangement letter is attached.

B. Conditions of Debt Financing.

A signed Conditions of Debt Financing letter is attached.

C. Reasonableness of Project and Related Costs.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
REVIEWABLE									
Emergency	\$ 300		160				\$48,000		\$48,000
Adolescent Unit	\$ 159.12		11,960				\$1,903,100		\$1,903,100
Child Unit AMI	\$ 225.00		1,202				\$270,450		\$270,450
Therapies	\$ 75		2,875				\$215,625		\$215,625
Consultation	\$ 75		494				\$ 37,050		\$ 37,050
Laboratory	\$ 150		102				\$ 15,300		\$ 15,300
Total Clinical	\$ 148.25		16,793				\$ 2,489,525		\$ 2,489,525
NON REVIEWABLE									
Administration	\$ 15		3,072				\$ 46,080		\$ 46,080
Public	\$ 50		975				\$ 48,750		\$ 48,750
Operations Support	\$ 20		3,212				\$ 64,240		\$ 64,240
Food Service	\$ 20		1,839				\$ 36,780		\$ 36,780
Building Support	\$ 120		1,294				\$ 155,280		\$ 155,280
Building Circulation	\$ 15		5,747				\$ 86,205		\$ 86,205
Total Non- clinical	\$ 23.15		18,889				\$ 437,335		\$ 437,335
TOTAL							\$ 2,926,800		\$ 2,926,800
Contingency							\$ 262,251		\$ 262,251
TOTALS			35,682				\$ 3,189,111		\$ 3,189,111

* Include the percentage (%) of space for circulation

D. Project Operating Costs

	Operating		
	Year 1	Year 2	Year 3
Executive officers' salaries	399,850	411,846	424,201
Medical salaries	1,352,328	1,600,782	1,648,805
Therapy salaries	933,390	1,280,705	1,319,126
Office salaries	452,788	542,076	558,339
Employee benefits	784,589	958,852	987,618
Pharmacy costs	130,837	260,676	268,496
Laboratory costs	40,866	81,420	83,862
Other ancillaries	245,445	489,016	503,687
Dietary	83,646	166,654	171,653
Laundry	26,009	51,820	53,375
Housekeeping	69,652	97,277	100,195
Illinois Health and Hospital Association Assessment	1,309,200	1,861,500	1,861,500
Utilities	-	-	-
Real estate taxes	-	-	-
Maintenance	-	-	-
Regulatory compliance	50,000	50,000	50,000
Marketing	86,486	150,000	154,500
Insurance	500,000	515,000	530,450
Professional fees	34,595	35,632	36,701
General and administrative / misc.	500,000	515,000	530,450
Rent	500,000	800,000	824,000
Depreciation and amortization	120,744	120,744	120,744
Total Operating Expenses	7,620,425	9,988,999	10,227,702

Operating expenses per patient day $\$10,227,702 \div 9,308$ patient days = \$1,098.81 ppd

E. Total Effect on the Project on Capital Costs

	Operating		
	Year 1	Year 2	Year 3
Net revenue	7,968,083	13,016,307	13,398,357
Operating expenses	7,620,425	9,988,999	10,227,702
Income (loss) from operations	347,658	3,027,307	3,170,655
	4%	23%	24%
Other expenses			
Interest expense	21,540	13,445	4,852
Total other expenses, net	21,540	13,445	4,852
Income (loss) before income taxes	326,118	3,013,862	3,165,803
Income taxes (credit)	4,892	54,991	47,487
Net income (loss)	321,226	2,958,870	3,118,316
	4%	23%	23%
Retained earnings (accumulated deficit), beginning	2,100,000	2,292,736	4,068,058
Distributions for tax	(128,490)	(1,183,548)	(1,247,326)
Retained earnings (accumulated deficit), ending	2,292,736	4,068,058	5,939,048
<i>The accompanying summary of significant accounting policies and significant projection assumptions is an integral part of this projected presentation.</i>			

Capital cost per patient day $\$5,154,176 \div 9,308$ patient days = \$553,74 ppd

MIRA NEURO BEHAVIORAL HEALTH CARE, LLC

March 15, 2019

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761


Re: MIRA Neuro Behavioral Health Care, LLC ("MIRA"), Reasonableness of
Financing Arrangements 1120.140(a)(1)

Dear Ms. Avery:

That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

- A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
- B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

MIRA Neuro Behavioral Health Care, LLC



Christopher Higgins, Psy.D.
Chief Executive Officer

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MIRA NEURO BEHAVIORAL HEALTH CARE, LLC

March 15, 2019

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: MIRA Neuro Behavioral Health Care, LLC ("MIRA"), Conditions of Debt
Finance - Financing Arrangements 1120.140

Dear Ms. Avery:

The project will be financed through a combination of cash, bank financing and leasing. This letter attests to the following, as applicable:


- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

MIRA Neuro Behavioral Health Care, LLC


Christopher Higgins, Psy.D.
Chief Executive Officer

Notarization:

Subscribed and sworn to before me
this 18th day of March, 2019


Signature of Notary Public

Seal

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ATTACHMENT 36

Safety Net Impact Statement

Attachment 37

Safety Net Impact Statement

The Project will enhance Safety Net Services in the community. This application contains hundreds of referrals from the emergency departments of neighboring hospitals. These hospitals receive children and adolescents into their emergency departments and often have no place to refer them in community for the mental health services that they need. There is over 1.1 million residents in the planning area, and only 12 beds for child and adolescent psychiatric patients, and these beds are outside the 30 minute drive. This project provides a safety net resource of child and adolescent patients.

The Applicants do not believe that project will impair the ability of another provider to cross-subsidize services. The project is limited in size to only 30 beds and the project does not anticipate taking any patients from area providers. Patients at MIRA will be those that would otherwise travel extended distances to other large facilities.

Attachment 38

Charity Care Information

	<u>Year 2</u>	<u>Year 3</u>
Medicare	0%	0%
Medicaid	7.5%	7.5%
Insured	91.5%	91.5%
Charity	1%	1%

MIRA NEURO BEHAVIORAL HEALTH

11800 S 75th Ave Suite 300
Palos Heights, IL 60463

First Midwest Bank
12800 S Harlem Ave
Palos Heights, IL 60463
70-160/719

3/15/2019

\$ ****2,500.00**

PAY TO THE ORDER OF Illinois Department of Public Health ***** DOLLARS

Two Thousand Five Hundred and 00/100

Illinois Department of Public Health



[Signature]
AUTHORIZED SIGNATURE

Void After 90 Days

MP

MEMO

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