ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Meadowview Behavioral Hospital
Street Address: Immediately NE of the current terminus of Wood Sage Road; Lot 2, Parcel 1302200009
City and Zip Code: Peoria, IL 61615
County: Peoria Health Service Area: HSA 2 Health Planning Area: HSA 2

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

Exact Legal Name: US HealthVest, LLC
Street Address: 32 E57th Street, 17th Floor
City and Zip Code: New York, NY 10022
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Richard Kresch
CEO Street Address: 32 E57th Street, 17th Floor
CEO City and Zip Code: New York, NY 10022
CEO Telephone Number: 212-243-5565

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☒ Limited Liability Company ☐ Sole Proprietorship ☐ 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: Ralph Weber
Title: CON Consultant
Company Name: Weber Alliance
Address: 920 Hoffman Lane Riverwoods, IL 60015
Telephone Number: 847-791-0830
E-mail Address: rmweber90@gmail.com
Fax Number: -----

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

Name: Martina Sze
Title: Chief Development Officer
Company Name: US HealthVest
Address: 32 E. 57th Street, 17th Floor New York, NY 10022
Telephone Number: 212-243-5565
E-mail Address: msze@ushealthvest.com
Fax Number: 212-243-1099

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

Name: Mark Hohulin
Title: Senior Vice President, Healthcare Analytics
Company Name: OSF Healthcare System
Address: 124 S.W. Adams Street Peoria, IL 61602
Telephone Number: 309-308-9656
E-mail Address: mark.e.hohulin@osfhealthcare.org
Fax Number: 309-308-0530

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Exact Legal Name: I2 Health, LLC
Street Address: 32 E57th Street, 17th Floor
City and Zip Code: New York, NY 10022
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
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Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: I2 Health Opco, LLC d/b/a Meadowview Behavioral Health
Street Address: 32 E57th Street, 17th Floor
City and Zip Code: New York, NY 10022
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
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County: Peoria Health Service Area: HSA 2 Health Planning Area: HSA 2

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

Exact Legal Name: I2 Health Realty, LLC
Street Address: 32 E57th Street, 17th Floor
City and Zip Code: New York, NY 10022
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
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City and Zip Code:	Peoria 61615
County: Peoria	Health Service Area: HSA 2 Health Planning Area: HSA 2

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

Exact Legal Name: OSF Healthcare System
Street Address: 124 S.W. Adams Street
City and Zip Code: Peoria 61602
Name of Registered Agent: Danielle McNear
Registered Agent Street Address: 124 S.W. Adams Street
Registered Agent City and Zip Code: Peoria 61602
Name of Chief Executive Officer: Robert C. Sehring
CEO Street Address: 124 S.W. Adams Street
CEO City and Zip Code: Peoria 61602
CEO Telephone Number: 309-655-2850

Type of Ownership of Applicants

- ☒ Non-profit Corporation
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- ☐ Limited Liability Company
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- ☐ Sole Proprietorship
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Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Ralph Weber
Title:	CON Consultant
Company Name:	Weber Alliance
Address:	920 Hoffman Lane Riverwoods, IL 60015
Telephone Number:	847-791-0830
E-mail Address:	rmweber90@gmail.com
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Fax Number: 309-308-0530

Post Permit Contact

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

Name:	Martina Sze
Title:	Chief Development Officer
Company Name:	US HealthVest
Address:	32 E. 57th Street, 17th Floor New York, NY 10022
Telephone Number:	212-243-5565
E-mail Address:	msze@ushealthvest.com
Fax Number:	212-243-1099

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Pointcore, Inc., a wholly-owned subsidiary of OSF Healthcare System
Street Address: 124 S.W. Adams Street
City and Zip Code: Peoria 61602
Name of Registered Agent: Danielle McNear
Registered Agent Street Address: 124 S.W. Adams Street
Registered Agent City and Zip Code: Peoria 61602
Name of Chief Executive Officer: Robert C. Sehring
CEO Street Address: 124 S.W. Adams Street
CEO City and Zip Code: Peoria 61602
CEO Telephone Number: 309-655-2850

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Address:	32 E. 57th Street 17th Floor
Telephone Number:	212-243-5565
E-mail Address:	msze@ushealthvest.com
Fax Number:	212-243-1099

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: I2 Health Realty, LLC *

Address of Site Owner: 32 E57th Street, 17th Floor, New York, NY 10022

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.

* OSF Healthcare System is the current owner of the property, and upon approval, will convey the property through its wholly owned subsidiary Pointcore, Inc to I2 Health Realty, LLC.

Operating Identity/Licensee

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

Exact Legal Name: I2 Health Opco, LLC d/b/a Meadowview Behavioral Hospital

Address: 32 E57th Street, 17th Floor, New York, NY 10022

☐	Non-profit Corporation	☐	Partnership	
☐	For-profit Corporation	☐	Governmental	
☒	Limited Liability Company	☐	Sole Proprietorship	☐
	Other			

- 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)**. **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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.

US HealthVest, an innovative behavioral health care company with a strong record of expanding access to care in underserved communities and OSF HealthCare, an integrated health system owned and operated by The Sisters of the Third Order of St. Francis, headquartered in Peoria, Illinois, are partnering to build a new behavioral health hospital to serve residents across central Illinois.

I2 Health Opco, LLC d/b/a Meadowview Behavioral Hospital, US HealthVest, OSF Healthcare System ("OSF") and Pointcore, Inc, a wholly owned subsidiary of OSF Healthcare System are coming together to form a joint venture to develop and operate a 100-bed behavioral hospital in Peoria, Illinois. Other entities that are subsidiaries of US HealthVest and are part of the transaction are I Health Development, LLC, whose sole corporate member is US HealthVest; I2 Health, LLC (a holding company to enable US HealthVest and Pointcore, Inc to jointly own the I2 Health Opco, LLC, with 80% and 20% interests, respectively); and I2 Health Realty, LLC, which will construct and own the building and property, and lease the property and facility (through an intercompany lease) to the proposed behavioral hospital.

The hospital will be constructed on property now owned by OSF between Rte. 91 and Interstate 6 in northern Peoria. OSF will convey the property for the proposed hospital to Pointcore, Inc, which will convey the property to I2 Health Realty, LLC.

The new hospital will occupy approximately 64,000 sq. ft. of space and contain 100 Acute Mental Illness (AMI) beds. The 64,000 sq ft of space will include approximately 48,400 sq. ft. of clinical space, and 15,600 sq. ft. of non-clinical space. Total capital cost of the project is $34,333,404.

The hospital will provide a full continuum of inpatient and outpatient behavioral health care, primarily for adults, organized into units delivering specialized behavioral health services, including care not available in the region. The services build upon the expertise of US HealthVest's existing programs nationally and in Illinois at Chicago Behavioral Hospital (Des Plaines), Lake Behavioral Hospital (Waukegan) and Silver Oaks Behavioral Hospital (New Lenox). I2 Health Opco, LLC d/b/a Meadowview Behavioral Hospital will hold the hospital license. Like the other three US HealthVest hospitals in Illinois, the proposed hospital will treat all patients regardless of ability to pay, including Medicare, Medicaid and charity care patients.

The anticipated completion date for the project is December 31, 2025.

The project is considered Substantive because it involves the establishment of a new facility and category of service.

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			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			

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: $_____
Fair Market Value: $_____

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 $ 6,000,000 .

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): December 31, 2025

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)]

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 departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: *means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities, parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers.* [20 ILCS 3960/3]

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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: Meadowview Behavioral Hospital		**CITY: Peoria**			
REPORTING PERIOD DATES:		**From: January 1, 2023**	**to: December 31, 2023**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	0	0	0	0	0
Obstetrics	0	0	0	0	0
Pediatrics	0	0	0	0	0
Intensive Care	0	0	0	0	0
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	+100	100
Neonatal Intensive Care	0	0	0	0	0
General Long-Term Care	0	0	0	0	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other (identify)	0	0	0	0	0
TOTALS:	0	0	0	+100	100

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 US HealthVest, 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

James Cha
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of December, 2022

Signature of Notary

Seal

Alexia P Liatsos
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06/21/2026

SIGNATURE

Martina Sze
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of December, 2022

Signature of Notary

Seal

Alexia P Liatsos
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06/21/2026

*Insert the ~~EXACT legal name of the applicant~~

CERTIFICATION

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of I2 Health, 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

James Cha
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
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Signature of Notary

Seal

Liatsos
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Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06/21/2026

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PRINTED NAME

Manager
PRINTED TITLE

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Subscribed and sworn to before me
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Commission Expires 06/21/2026

*Insert the ~~EXACT legal name of the~~ applicant

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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of I2 Health Opco, LLC d/b/a Meadowview Behavioral Hospital* **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

James Cho
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of December, 2022

Signature of ~~Notary~~

Seal

Alexia P Liatsos
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06/21/2026

SIGNATURE

Martina Sze
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

Alexia P Liatsos
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06/21/2026

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- in the case of a sole proprietor, the individual that is the proprietor.

**This Application is filed on the behalf of I2 Health Realty, 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

Yanos Cha
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of December, 2022

Signature of Notary

Seal

Alexia P Liatsos
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06/21/2026

SIGNATURE

Martina Sze
PRINTED NAME

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PRINTED TITLE

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Commission Expires 06/21/2026

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- 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 OSF Healthcare System *
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.**

Robert Sehring
SIGNATURE

Robert Sehring
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of November, 2022

Tonda L. Stewart
Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

Robert Anderson
SIGNATURE

Robert Anderson
PRINTED NAME

Chief Executive Officer, Central Region
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of November 2022

Tonda L. Stewart
Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

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- 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 Pointcore, Inc* **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.**

Robert Sehring
SIGNATURE

Robert Sehring
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of November 2022

Tonda L. Stewart
Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

SIGNATURE

Mike Cruz, MD
PRINTED NAME

Chief Operating Officer, Central Region
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of November 2022

Tonda L. Stewart
Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION No discontinuation is included in this project.

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm**

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 can 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** 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: **No shell space is included in this project.**

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
☒ **Acute Mental Illness**	**0**	**100**
☐ **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 ATTACHMENT 21, 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)**

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those 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]:**

$34,333,404	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 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 timetable 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 timetable of receipts.
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 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. g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$34,333,404	**TOTAL FUNDS AVAILABLE**

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

SECTION VIII. 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 the project's 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 35, 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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 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 the cash and equivalents must be retained in the balance sheet asset accounts 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).

29

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, ***including the impact on racial and health care disparities 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 each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all 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 37.

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

Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, 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 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: _____
(Name) (Address)

(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: _____
(Address) (City) (State)

(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go to NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

   If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No ___?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number:_____ Effective Date:_____

Name of Official:_____Title: _____

Business/Agency:_____Address:_____

(City) (State) (ZIP Code) (Telephone Number)

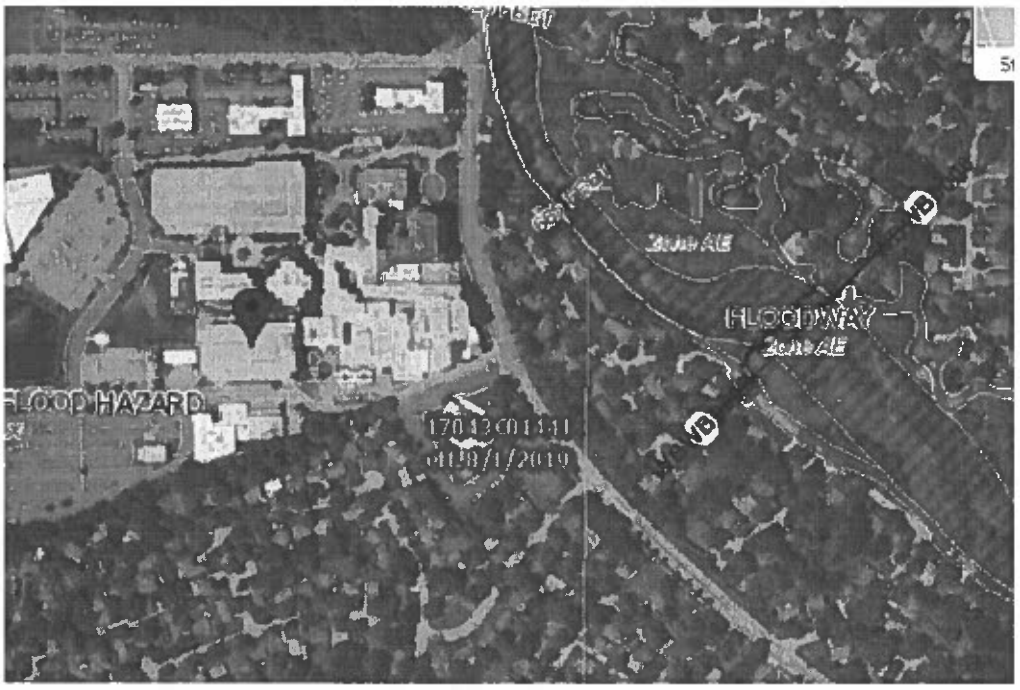
Signature:_____ Date: _____

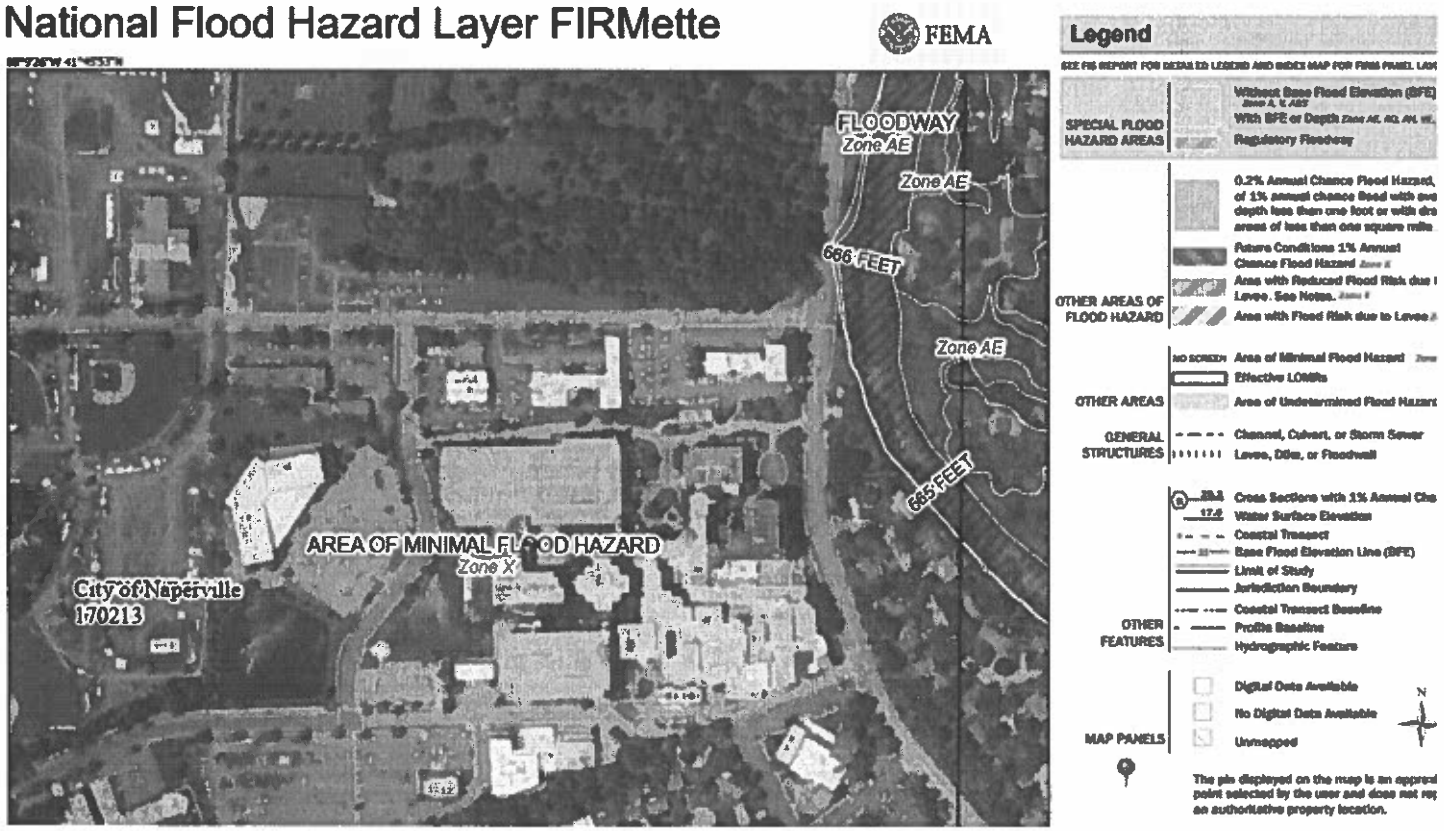
NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

Floodplain Map Example

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.





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

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File Number 1229013-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

I HEALTH DEVELOPMENT, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 14, 2022, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 2ND *day of* NOVEMBER *A.D.* 2022 .

Authentication #: 2230603650 verifiable until 11/02/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Attachment 1

File Number 1229010-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

I2 HEALTH, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 14, 2022, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 2ND *day of* NOVEMBER *A.D.* 2022 .

Authentication #: 2230603674 verifiable until 11/02/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Attachment 1

File Number 1229007-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

I 2 HEALTH OPCO, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 14, 2022, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 2ND *day of* NOVEMBER *A.D.* 2022 .

Authentication #: 2230604160 verifiable until 11/02/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Attachment 1

File Number 1229015-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

I2 HEALTH REALTY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 14, 2022, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 2ND *day of* NOVEMBER *A.D.* 2022 .

Authentication #: 2230603696 verifiable until 11/02/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Attachment 1

File Number 0107-414-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 28TH *day of* SEPTEMBER *A.D.* 2022 .

Authentication #: 2227102514 verifiable until 09/28/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Attachment 1

File Number 5449-032-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

POINTCORE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 23, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 16TH *day of* NOVEMBER *A.D.* 2022 .

Authentication #: 2232002722 verifiable until 11/16/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Attachment 1

Site Ownership

OSF Healthcare System ("OSF") owns the vacant property on which the proposed Meadowview Behavioral Hospital will be built. OSF will convey the property to Pointcore, Inc, which will then convey the property to US HealthVest's I2 Health Realty, which will develop and own the property. I2 Health Realty will lease the property to the joint venture entity, I2 Health Opco, which will hold the license and operate the facility. An address will be selected in collaboration with the City of Peoria.

#23-008

OSF HEALTHCARE SYSTEM

November 30, 2022

Ms. Debra Savage, Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd floor
Springfield, IL 62761

Re: Site Ownership
Property for the Peoria Behavioral Hospital
Peoria, Illinois

Dear Chair Savage:

I affirm that OSF Healthcare System is the current owner of real property on which a joint venture entity of US Healthvest and Pointcore, Inc. (a wholly-owned subsidiary of OSF Healthcare System), intend to build and operate a 100 bed Acute Mental Illness Hospital. OSF Healthcare System intends to convey such real property to Pointcore, Inc., which will thereafter convey the property to the joint venture entity. The property is vacant land, without a currently assigned road address. The site of the proposed hospital is Lot 2, located within the larger parcel identified as 1302200009. The site of the proposed hospital is located northeast of the current terminus of Wood Sage Road. See the attached map showing the Parcel labeled 1302200009. This larger parcel has the address of 8630 N. State Route 91. That address is assigned to the western part of Parcel 1302200009, but will not be the address of the proposed behavioral hospital.

As referenced on the map, OSF Healthcare System is the recorded owner of the entire Parcel 1302200009.

If you have any questions, please contact Mark Hohulin, Senior Vice President, Healthcare Analytics, at 309-308-9656 or at mark.e.hohulin@osfhealthcare.org.

Sincerely,

Robert C. Sehring

Robert C. Sehring, Chief Executive Officer
OSF Healthcare System
124 S.W. Adams Street
Peoria, IL 61602

Notarization:

Subscribed and sworn to before me

this 30th day of November 2022

Tonda L. Stewart

Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

800 N.E. Glen Oak Avenue, Peoria, Illinois 61603-3200 Phone (309) 655-2850 www.osfhealthcare.org
The Sisters of the Third Order of St. Francis

Attachment 2

Operating Identity / Licensee

The licensee is I2 Health Opco, LLC d/b/a Meadowview Behavioral Hospital. The Certificate of Good Standing is included on the next page. US HealthVest will own an 80% interest through its subsidiary I Health Development, LLC; Pointcore, Inc, a wholly-owned subsidiary of OSF Healthcare System, will own a 20% interest.

#23-008

File Number 1229007-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

I 2 HEALTH OPCO, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 14, 2022, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

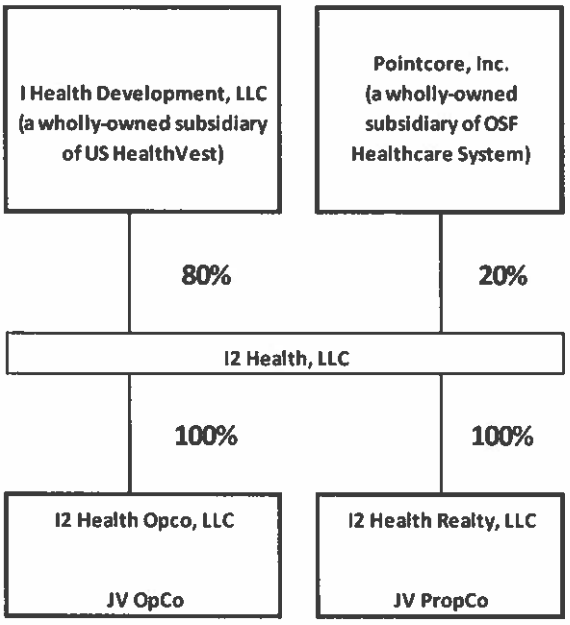
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 2ND *day of* NOVEMBER *A.D.* 2022 .

Authentication #: 2230604160 verifiable until 11/02/2023
Authenticate at: https://www.ilsos.gov

Jesse White
SECRETARY OF STATE

Attachment 3

Organization Chart



Attachment 4

US HealthVest

Privileged and Confidential

January 23, 2023

Ms. Michelle Conger
Chief Strategy Officer and CEO OSF OnCall Digital
Health OSF Healthcare System
124 SW Adams Street
Peoria, Illinois 61602

Re: Letter of Intent- Behavioral Health Joint Venture

Dear Ms. Conger:

The non-binding letter of intent ("**LOI**") sets forth the intentions of US HealthVest, LLC, with a principal place of business at 32 East 57th Street, 17th Floor, New York, New York ("**USHV**"), and Pointcore, Inc., with a principal place of business at 124 SW Adams Street, Peoria, Illinois ("**Pointcore**"), an affiliate of OSF Healthcare System ("**OSF Healthcare**"), to work together with diligence regarding the establishment of a behavioral health joint venture ("**JV**"), which would own and operate a behavioral health facility in Peoria, Illinois and potentially other markets (each such facility referred to as a "**Facility**" or collectively as "**Facilities**"), and may manage existing psychiatric units at existing OSF Healthcare hospitals (referred to as "**Management Services**"). USHV and Pointcore are together referred to herein as the "**Parties.**" The transactions contemplated herein are referred to as the "**Project**".

This LOI is a statement of our intentions to work together in good faith to establish a mutually agreeable framework and prepare mutually agreeable documents (the "**Definitive Agreements**"), but this LOI is not to be legally binding, except as provided in paragraphs 3, 15, 16, 17 and 18 below.

1. Purpose. USHV and Pointcore, and their applicable subsidiaries and affiliates, desire to improve access to psychiatric health care in Illinois by collaborating with respect to the establishment by the JV of one or more Facilities, specifically including Peoria, Illinois, with additional markets to be determined. The Facility or Facilities will provide a full continuum of behavioral health and addiction services, including inpatient and outpatient services. In addition, the parties will explore the potential for the JV to provide Management Services to existing OSF Healthcare hospitals.

2. Location. The Parties will mutually agree on the real property at which the Facility or Facilities will be located (the "**Property**") and will mutually agree on any Management Services to be provided by the JV to OSF Healthcare.

32 East 57th Street
17th Floor
New York, New York 10022
T 212.243.5565 · F 212.243.1099
www.ushealthvest.com

Attachment 4

3. Exclusivity. From the date of this LOI through the termination of this LOI, Pointcore and OSF Healthcare will not, directly or indirectly, (a) solicit, initiate, encourage or accept any other inquiries, proposals or offers from any person relating to partnering (whether by purchase or equity or debt securities, purchase of assets, merger, consolidation, reorganization or otherwise) with another healthcare provider to develop a behavioral health or addiction services facility in Central Illinois (defined as within a 100 mile radius of Peoria, Illinois); or (b) participate in any discussions, conversations, negotiations or other communications with any other person regarding, or furnish to any other person any information, with respect to, or otherwise cooperate in any way, assist or participate in, facilitate or encourage any effort or attempt by any other person to seek to do any of the foregoing. From the date of this LOI through the termination of this LOI, USHV will not, directly or indirectly, (a) solicit, initiate, encourage or accept any other inquiries, proposals or offers from any person relating to partnering (whether by purchase or equity or debt securities, purchase of assets, merger, consolidation, reorganization or otherwise) with another healthcare provider to develop a behavioral health or addiction services facility in Central Illinois (as defined); or (b) participate in any discussions, conversations, negotiations or other communications with any other person regarding, or furnish to any other person any information, with respect to, or otherwise cooperate in any way, assist or participate in, facilitate or encourage any effort or attempt by any other person to seek to do any of the foregoing. For purposes of clarity, any existing behavioral hospital in operation shall be excluded from this requirement.

4. Ownership; Capital; Allocations; Distributions. The Parties will jointly establish the JV as a Delaware limited liability company (the "**Company**") that will own and operate the Facility or Facilities, and may, if agreed upon, provide Management Services. The Company will be owned as follows: USHV with 80% interest / Pointcore with 20% interest. Capital contributions (including renovation/ working capital/ other startup costs), allocations and distributions will be in accordance with the Parties' ownership percentages. The Parties may also collaborate to form a limited liability company for the purpose of owning or leasing real estate for the Project.

5. Governance. The Company shall be governed by a Board of Managers (the "**Board**"). Board composition shall be proportional to ownership with each Party represented by at least one (1) manager. The Board shall have responsibility for the overall direction of the Business, including, but not limited to, marketing, branding, preferred providers (subject to Section 10 below), internal marketing, and education. The Board shall hold regular meetings at least quarterly. Fundamental Company decisions (such as incurring debt, changes to the Definitive Agreements, decisions contrary to the terms of the Definitive Agreements, dissolution of the Company, and such other decisions as set forth in the Operating Agreement of Company), unless required for regulatory compliance, shall not be made by the Board and will require a unanimous vote of USHV and Pointcore. There will be a procedure for attempting to resolve deadlocks on fundamental decisions.

6. Capital Funding. Funding will be provided to the Company in accordance with capital calls determined by the Parties and based on periodic financial reporting and the terms of the Operating Agreement of the Company.

7. Management and Operations. The Company will enter into agreements with each of the Parties for certain services related to the management and operation of the Company. General management will be performed by USHV in a manner, to be mutually agreed, but at a minimum consistent with operation of other USHV hospitals, in accordance with USHV policies, procedures, protocols, and operational standards. Management fees under the agreement shall be mutually agreed.

8. Ethical and Religious Directives. The Company shall abide by the Ethical and Religious Directives for Catholic Health Care Services, as promulgated by the United States Conference of Catholic Bishops, as interpreted and applied by Pointcore.

9. Staffing.

a. Physician staffing will be provided by the Company. All physicians staffing the Facility shall meet USHV's hiring and credentialing standards. The physician staff (either directly or through their physician practice group) will be compensated a rates consistent with staff at other USHV locations and fair market value.

b. Non-physician staffing shall be employed by the Company, with the Company paying the actual costs of such staffing.

10. Marketing and Branding. The Parties will agree on the branding that will be used for the Facility.

11. Licensing and Accreditation. The Parties will take all necessary action to ensure the Facility is licensed and operated in accordance with all regulatory requirements.

12. No Public Announcements. Neither Pointcore nor USHV will make any public announcement regarding this LOI or the subject matter hereof without the prior written consent of the other.

13. Term of Definitive Agreements. The Company shall have a perpetual existence. The operating agreement will provide for the expulsion of a Member for its failure to make required contributions and dissolution of the Company upon a Member's bankruptcy. The agreements, including the management services agreement and development agreement, will have terms to be agreed to by the Parties.

14. Term of this LOI. The LOI shall terminate on the first to occur of: (i) the expiration of a period of one hundred and eighty (180) days from the Effective Date of this LOI unless both parties mutually agree to extend or (ii) the execution of Definitive Agreements by both parties. Upon termination of this LOI, the Parties shall have no further obligations hereunder, except as set forth in paragraph 15.

15. Confidentiality. The Parties continue to be bound by the Confidentiality Agreement dated June 10, 2020. Further, each Party agrees that it will not disclose to anyone, other

than the persons described in the Confidentiality Agreement, the terms of this LOI, the fact that discussions or negotiations are taking place concerning the Definitive Agreements, or any of the terms, conditions or other facts related to the development of the Definitive Agreements.

16. Post-Termination Obligations. The Parties understand and agree that no contract or agreement shall be deemed to exist between the Parties regarding any arrangement that is contemplated by this LOI unless and until the relevant parties execute Definitive Agreements or other documents with respect thereto. Unless and until Definitive Agreements have been executed and delivered, neither Party has any legal obligation of any kind whatsoever with respect to the creation of the Company or any other collaboration or arrangement by virtue of this LOI, except as related to the provisions of the paragraphs numbered 15, 16, 17 and 18.

17. Project Planning.

a. In the interest of time, the Parties agree in good faith to commence the planning phase of the Project. USHV shall, in consultation with and with the approval of OSF, lead such efforts, which shall include site due diligence, regulatory filings (including a Certificate of Need filing with the Illinois Health Facilities and Services Review Board), reimbursement review with the Illinois Department of Healthcare and Family Services and other operational planning matters. OSF shall provide local knowledge and experience with regulatory and government affairs matters, with agencies, and with clinical services and other resources to support project planning.

b. As described in paragraph c below, the Parties will share the costs of certain mutually approved third party advisors who will assist with the planning phase of the Project.

c. The Company will serve as the vehicle to facilitate project planning and regulatory review. The Company, once formed in accordance with the Definitive Agreements, will open a bank account in its name, which the Parties will fund with an opening balance of $250,000, with contribution based on pro rata ownership—namely, $200,000 will be contributed by USHV proportional to its 80% ownership interest, and $50,000 will be contributed by OSF proportional to its 20% ownership interest. If the Project is not consummated, or if the LOI is terminated, any remaining funds in the account will be returned to the Parties based on contribution percentage. No Party will use any funds from the initial contribution to pay for services of their staff, attorneys or consultants, except as may be specifically approved by the other Party.

18. Miscellaneous.

a. Waiver. It is understood and agreed that no failure or delay by either Party in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any right, power or privilege hereunder.

b. Governing Law. This LOI shall be governed by and construed in accordance with the laws of the State of Illinois applicable to agreements executed in and to be performed entirely in the State.

c. No Assignment. This LOI shall not be assigned by operation of law or otherwise; provided, however, that each Party may assign its rights and obligations hereunder to its wholly owned affiliate.

d. Amendments. No amendments or modifications of this LOI or waiver of the terms and conditions hereof shall be binding upon either Party unless in a document signed by each of the Parties.

e. Prior Communications. This LOI supersedes in its entirety any prior written or oral communications between the Parties relating to the subject matter hereof, except that any confidentiality obligations set forth in prior agreements shall continue according to their terms.

f. Counterparts; Signatures. This LOI may be executed in counterparts, each of which shall be deemed an original but together shall constitute one and the same instrument. Facsimile signatures and electronic signatures via portable document format (.pdf) shall be deemed acceptable and binding.

g. Transaction Costs and Other Expenses. Each Party shall bear its own legal, accounting and administrative expenses in connection with the investigation, negotiation, and consummation of this LOI and the Definitive Agreements.

[signatures follow]

If the foregoing correctly sets forth our understanding, please sign and return to me the duplicate original of this LOI, executed on behalf of Pointcore.

Very truly yours,

US HealthVest, LLC

By: _____
Richard A. Kresch, M.D.
President and CEO

Acknowledged and agreed to the foregoing terms of this LOI.

Pointcore, Inc.

By: Robert C. Schnig
Name: Robert C. Schnig
Title: CEO
Date: 11/31/2023

Flood Plain Requirements

Evidence that the site is not located in a floodplain is shown on the maps on the following two pages. The map shows the area of the proposed hospital at the indicator, near the terminus of Wood Sage Road. The area is located in panel section 1705330125B, effective 06/01/1983.

The map is obtained from the FEMA Flood Map Service Center. FEMA Flood Map Service Center is the official public service for flood hazard information produced in support of the National Flood Insurance Program (NFIP). The legend on the map indicates that No Digital Data Available to indicate flood hazard status.

To obtain more information, contact was made with the Planning Department, City of Peoria.
The office provided a second map, confirming that the site of the proposed area is an area of minimal flood hazard. The site of the proposed hospital is currently undeveloped vacant property, located in ID Parcel 130220009 immediately north of the existing cancer center and its associated parking. The representative from the City of Peoria signed the 500-Year Floodplain Determination Form and confirmed that the project site is not in a floodplain.

As a result, the project complies with the requirements of Illinois Executive Order #2006-5.

See also Section XI – Special Flood Hazard Area and 500-Year Floodplain Determination Form, Attachment 39, at the end of the Attachments section of this permit application.

#23-008

FEMA
(//www.fema.gov/)

FEMA Flood Map Service Center: Search By Address

Navigation

Search

Languages

MSC Home (/portal/)

MSC Search by Address (/portal/search)

MSC Search All Products (/portal/advanceSearch)

MSC Products and Tools (/portal/resources/productsandtools)

Hazus (/portal/resources/hazus)

LOMC Batch Files (/portal/resources/lomc)

Product Availability (/portal/productAvailability)

MSC Frequently Asked Questions (FAQs) (/portal/resources/faq)

MSC Email Subscriptions (/portal/subscriptionHome)

Contact MSC Help (/portal/resources/contact)

Enter an address, place, or coordinates:

9000 Wood Sage Rd Peoria, IL 61615 Search

Whether you are in a high risk zone or not, you may need flood insurance (https://www.fema.gov/national-flood-insurance-program) because most homeowners insurance doesn't cover flood damage. If you live in an area with low or moderate flood risk, you are 5 times more likely to experience flood than a fire in your home over the next 30 years. For many, a National Flood Insurance Program's flood insurance policy could cost less than $400 per year. Call your insurance agent today and protect what you've built.

Learn more about steps you can take (https://www.fema.gov/what-mitigation) to reduce flood risk damage.

Search Results—Products for **PEORIA, CITY OF**

Show ALL Products » (https://msc.fema.gov/portal/availabilitySearch?addcommunity=170536&communityName=PEOF

The flood map for the selected area is number **1705330125B**, effective on **06/01/1983**

MAP IMAGE

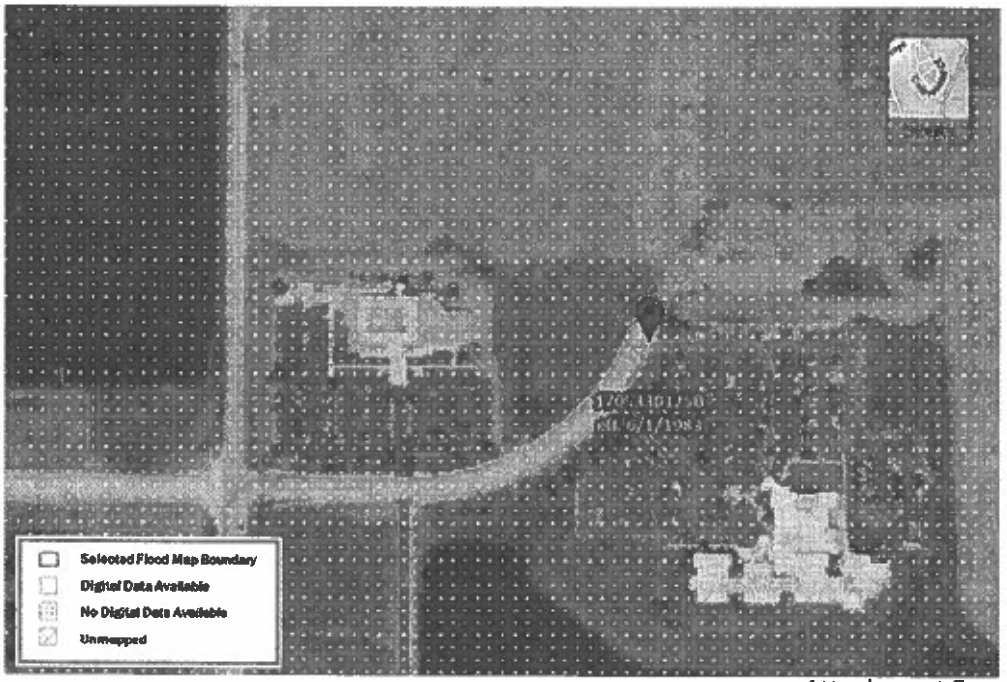
VIEW/PRINT FIRM (https://msc.fema.gov/portal/viewProduct?productID=1705330125B) DOWNLOAD FIRM PANEL

(https://msc.fema.gov/portal/downloadProduct?productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=1705330125B)

Changes to this FIRM

Revisions (8)
Amendments (95)
Revalidations (0)

You can choose a new flood map or move the location pin by selecting a different location on the locator map below or by entering a new location in the search field above. It may take a minute or more during peak hours to generate a dynamic FIRMette.



Attachment 5

56

Attachment 5

Historic Resources Preservation Act Requirements

The letter on the next page states that the Illinois State Historic Preservation Office has reviewed information regarding the location of the proposed behavioral hospital, and has determined that "no significant historic, architectural or archeological resources are located within the proposed project area."

Attachment 6

#23-008

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Illinois Department of **Natural Resources**

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

JB Pritzker, Governor
Colleen Callahan, Director

Peoria County
Peoria
8600 Block of North State Route 91
IHFSRB
*New construction, medical facility - Peoria Behavioral Hospital

PLEASE REFER TO: SHPO LOG #022111422

January 3, 2023

Ralph Weber
Weber Alliance
920 Hoffman Lane
Riverwoods, IL 60015

Dear Mr. Weber:

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

If further assistance is needed please contact Jeff Kruchten, Chief Archaeologist at 217/785-1279 or jeffery.kruchten@illinois.gov.

Sincerely,

Carey L. Mayer

Carey L. Mayer, AIA
Deputy State Historic
Preservation Officer

Attachment 6

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	$297,580	$71,020	$368,600
Site Survey and Soil Investigation	$22,661	$7,339	$30,000
Site Preparation	$377,687	$122,313	$500,000
Off Site Work	$679,837	$220,163	$900,000
New Construction Contracts	$19,838,670	$6,268,000	$26,106,670
Modernization Contracts			
Contingencies	$1,983,867	$626,800	$2,610,667
Architectural/Engineering Fees	$1,388,707	$438,760	$1,827,467
Consulting and Other Fees	$264,381	$85,619	$350,000
Movable or Other Equipment (not in construction contracts)	$642,068	$207,932	$850,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
- IT	$225,000	$525,000	$750,000
- artwork	$12,500	12,500	$25,000
- signage	$11,331	$3,669	$15,000
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$25,744,288**	**$8,589,116**	**$34,333,404**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$25,744,288	$8,589,116	$34,333,404
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$25,744,288**	**$8,589,116**	**$34,333,404**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Attachment 7

Project Costs and Sources of Funds

Narrative Descriptions of Line Items

Item 1. Preplanning Costs - $368,600

Market analyses, feasibility studies and background work, real estate analysis and site selection; Phase 1 cultural and environmental assessments; initial traffic and parking studies; legal and zoning investigation.

Preplanning costs assigned to clinical uses total $297,580. This amount is 1.3% of $22,464,605, the total of $19,838,670 for clinical construction plus $1,983,867 clinical contingency plus $642,068 clinical equipment. As a result, it meets the State standard, under 1.8%.

Item 2. Site survey and soil investigation - $30,000

Soil testing and geotechnical work; property survey.

Item 3. Site Preparation - $500,000

Site work includes earthwork and grade leveling, utility infrastructure installation, irrigation and drainage systems, retention pond configuration, asphalt paving, and landscaping; access road construction.

Item 4. Off-site work - $900,000

This budget includes the project's contribution to public improvements including new roadways on the parcel of which Lot 2 (the project site) is part, including turn lanes, signage and signalization.

The total site related work items 2, 3 and 4 is $1,430,000, of which $1,080,185 is assigned to clinical. $1,080,185 is 4.9% of the total $21,822,537, the sum of clinical construction ($19,838,670) plus clinical contingency ($1,983,867). It meets the State standard, under 5.0%.

Item 5. New Construction Contracts - $26,106,670

Construction of a two story building of approximately 64,000 sq ft is $26,106,670. Cost includes foundation and slab, core and shell, TPO roofing, doors and windows, thermal and moisture protection, fixed equipment (other than medical equipment referenced below), interior buildout and finishings, and contractor's overhead. Electrical, plumbing and heating and air conditioning systems are included.

Of the total construction cost, $19,838,670 is allocated to clinical uses.

Item 7. Contingencies - $2,610,667

Contingencies are allowances for unforeseen circumstances, such as delays in shipping and receipt of materials and supplies that affect the construction schedule, escalation above anticipated pricing of materials and labor, or site conditions resulting in plan modification.

The total construction contingency is 10% of the total construction cost. The clinical construction contingency of $1,983,867 is 10% of clinical construction costs.

Item 8. Architectural and Engineering Fees - $1,827,467

A/E fees include the functional program and space plan, preliminary design, schematic design, design development, construction document services, bidding and negotiation, and construction administration services. Site related architectural services are also included in this amount. The costs of A/E services are $1,827,467, of which $1,388,707 is allocated to clinical uses.

For clinical construction, A/E services of $1,388,707 amounts to 6.4% of the total $21,822,537 for clinical construction plus clinical contingency. This amount is consistent with the State standard's range of 5.52 to 8.28% for hospital facility projects with construction and contingency totaling under $25,000,000.

Item 9. Consulting and Other Fees - $350,000

This work includes legal fees related to the joint venture, utilities during construction, and builder's risk insurance policy premiums. It also includes regulatory and permit fees, including Certificate of Need consulting and IDPH fees, as well as commissioning fees.

Item 10. Moveable Equipment not in construction contracts - $850,000

The total amount for equipment and furnishings is $850,000, of which $642,068 is associated with clinical services.

Clinical area furnishings include patient room beds and wardrobes, seclusion room beds, tables, chairs and sofas, loveseats and side tables for therapy spaces, consult rooms and day rooms. Equipment for patient areas include TV sets with protective enclosures, and washers and dryers for patient clothing.

Furnishings include tables and chairs for waiting areas, conference rooms, and administrative and staff areas, desks and work stations.

Item 14. Other Costs to be Capitalized - $790,000

Information technology includes computers, switches, cabling	$750,000
Artwork for lobby and public areas, waiting, exam rooms	$25,000
Directional signage and signs for functional areas	$15,000

Cost Space Requirements
(departmental gross sq ft)

Department/Area	Cost				Gross Square Feet		Amount of Proposed Total Gross Sq Ft That Is:			
					Existing	Proposed	New Const	Modernized	As Is	Vacated
Construction Costs	Clinical	Non-clinical	Cost/sf	Total						
CLINICAL/REVIEWABLE										
AMI beds	$16,878,060		$410	$16,878,060		41166	41166			
Intake	$590,810		$410	$590,810		1441	1441			
Physical Therapy	$258,300		$410	$258,300		630	630			
Outpatient Program	$728,980		$410	$728,980		1778	1778			
Pharmacy	$178,350		$410	$178,350		435	435			
Medical Records	$188,600		$410	$188,600		460	460			
Dining	$1,015,570		$410	$1,015,570		2477	2477			
Subtotal Clinical	$19,838,670			$19,838,670		48387	48387			
NON-REVIEWABLE										
Lobby, reception, waiting		$362,000	$400	$362,000		905	905			
Public toilets		$44,800	$400	$44,800		112	112			
Administration, conference room		$2,632,800	$400	$2,632,800		6582	6582			
Lockers and lounge		$119,200	$400	$119,200		298	298			
Storage		$490,800	$400	$490,800		1227	1227			
Kitchen		$966,800	$400	$966,800		2417	2417			
Mech, bldg syst, houseskeep		$500,400	$400	$500,400		1251	1251			
Circulation		$1,151,200	$400	$1,151,200		2878	2878			
Subtotal Non-Clinical		$6,268,000		$6,268,000		15670	15670			
TOTAL CONSTRUCTION	$19,838,670	$6,268,000		$26,106,670		64057	64057			
Other Proj Costs										
Preplanning Costs	$297,580	$71,020		$368,600						
Site Survey / Soil	$22,661	$7,339		$30,000						
Site Preparation	$377,687	$122,313		$500,000						
Off Site Work	$679,837	$220,163		$900,000						
Contingencies	$1,983,867	$626,800		$2,610,667						
A/E fees	$1,388,707	$438,760		$1,827,467						
Consulting, fees	$264,381	$85,619		$350,000						
Moveable Equipt, Furniture	$642,068	$207,932		$850,000						
Bond Issuance Expense										
Net Int Exp Dur Constr										
Other Capital Costs										
- IT	$225,000	$525,000		$750,000						
- artwork	$12,500	$12,500		$25,000						
- signage	$11,331	$3,669		$15,000						
Subtotal	$5,905,618	$2,321,116		$8,226,734						
TOTAL PROJECT COSTS	$25,744,288	$8,589,116	$401.90	$34,333,404						

Attachment 9

US HealthVest Facilities in Illinois

Chicago Behavioral Hospital
555 Wilson Lane
Des Plaines, IL 60016

Lake Behavioral Hospital
2615 Washington Street
Waukegan, IL 60085

Silver Oaks Behavioral Hospital
1004 Pawlak Parkway
New Lenox, IL 60451

OSF Healthcare System List of Facilities in Illinois

OSF HealthCare Holy Family Medical Center
1000 W. Harlem Avenue
Monmouth, Illinois 61462
License #: 0005439, Expiration 4/11/23
Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF HealthCare Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637
License #: 0002394, Expiration 12/31/23
Joint Commission: 2/1/20, 36 months

OSF HealthCare Saint Anthony's Health Center
One Saint Anthony's Way
Alton, Illinois 62002-0340
License #: 0005942, Expiration 10/31/23
Joint Commission: 5/7/21, 36 months

OSF HealthCare Saint James-John W. Albrecht Medical Center
2500 W. Reynolds Street
Pontiac, Illinois 61764
License #: 0005264, Expiration 3/2/23
Joint Commission: 12/20/2019, 36 months (has not been surveyed yet)

OSF HealthCare St. Joseph Medical Center
2200 E. Washington Street
Bloomington, Illinois 61701
License #: 0002535, Expiration 12/31/23
Joint Commission: 12/14/19, 36 months (has not been surveyed yet)

OSF HealthCare Saint Anthony Medical Center
5666 E. State Street
Rockford, Illinois 61108-2472
License #: 0002253, Expiration 12/31/23
Joint Commission: 11/23/19, 36 months (has not been surveyed yet)

OSF HealthCare Saint Luke Medical Center
1051 West South Street
Kewanee, Illinois 61443
License #: 0005926, Expiration 3/31/23
Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF HealthCare Saint Elizabeth Medical Center
1100 E. Norris Drive
Ottawa, Illinois 61350
License #: 0005520, Expiration 5/14/23
Joint Commission: 7/17/20, 36 months

OSF HealthCare St. Mary Medical Center
3333 N. Seminary Street
Galesburg, Illinois 61401
License #: 0002675, Expiration 12/31/23
Joint Commission: 11/1/2019, 36 months (has not been surveyed yet)

OSF HealthCare Saint Paul Medical Center
1401 E. 12th Street
Mendota, Illinois 61342
License #: 0005819, Expiration 12/6/23
Joint Commission: Critical Access Hospital-no Joint Commission Certificate

Attachment 11

OSF Healthcare Sacred Heart Medical Center
812 N. Logan Avenue
Danville, Illinois 61832
License #: 0006072, Expiration 2/1/24
Joint Commission: 2/28/20, 36 months

OSF HealthCare Heart of Mary Medical Center
1400 W. Park Street
Urbana, Illinois 61801
License #: 0006080, Expiration 2/1/24
Joint Commission: 2/11/21, 36 months:

OSF Saint Elizabeth Medical Center Freestanding Emergency Center
111 Spring Street
Streator, Illinois 61364
License #: 22006, Expiration 8/8/23
Joint Commission: 7/17/20, 36 months (included with Saint Elizabeth Medical Center)

OSF Little Company of Mary Medical Center
2800 W. 95th Street
Evergreen Park, Illinois 60805
License #: 0006163, Expiration 1/31/24
Joint Commission: 5/6/22, 36 months

OSF Saint Clare Medical Center
530 Park Avenue East
Princeton, IL 61356
License #: 006254, Expiration 6/30/23
Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF Healthcare Transitional Care Hospital
500 W. Romeo B. Garrett Avenue
Peoria, IL 61605
License #: 006262, Expiration 9/30/23
Joint Commission: 5/6/22, 36 months

Attachment 11

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 02/28/2023

Lic Number 0006098

Date Printed 03/02/2022

V Covington LLC
dba Lake Behavioral Hospital
2615 West Washington Street
Waukegan, IL 60085

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH

HF 125006

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
02/28/2023		0006098

Psychiatric Hospital

Effective: 03/01/2022

V Covington LLC
dba Lake Behavioral Hospital
2615 West Washington Street

Waukegan, IL 60085

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. 819-402-001 10M 5/18

Attachment 11

V Covington, LLC

Waukegan, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Behavioral Health Care and Human Services Accreditation Program

October 1, 2020

Accreditation is customarily valid for up to 36 months.

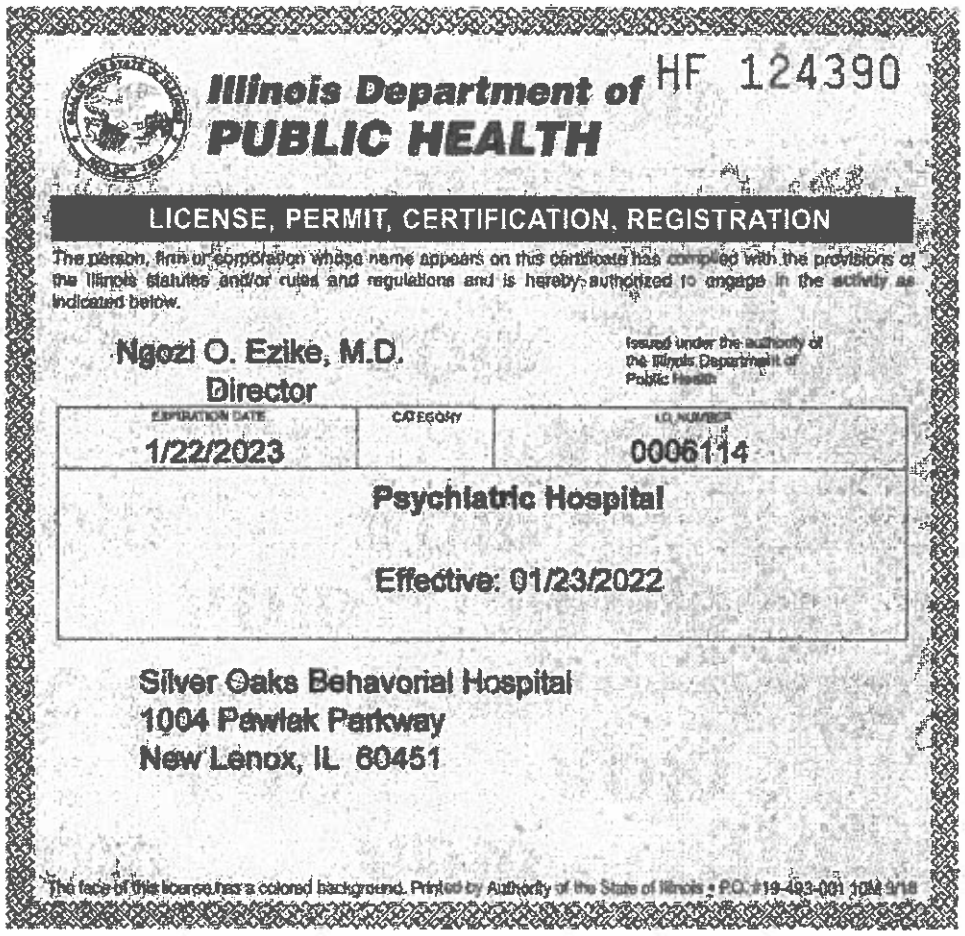
David H. Perrott

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #7441
Print/Reprint Date: 10/09/2020

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Illinois Department of PUBLIC HEALTH HF 124390

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LIC NUMBER
1/22/2023		0006114

Psychiatric Hospital

Effective: 01/23/2022

Silver Oaks Behavorial Hospital
1004 Pawlak Parkway
New Lenox, IL 60451

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/22/2023

Lic Number 0006114

Date Printed 12/2/2021

Silver Oaks Behavorial Hospital

1004 Pawlak Parkway
New Lenox, IL 60451

FEE RECEIPT NO.

Attachment 11

Silver Oaks Behavioral, LLC

New Lenox, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Behavioral Health Care and Human Services Accreditation Program

March 1, 2022

Accreditation is customarily valid for up to 36 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #629023
Print/Reprint Date: 05/04/2022

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

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Illinois Department of PUBLIC HEALTH

HF 126356

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/2/2023		0005934

Psychiatric Hospital

Effective: 11/03/2022

Chicago Behavioral Hospital
555 Wilson Lane
Des Plaines, IL 60016

The face of this license has a colored background. Printed by Authority of the State of Illinois • R.O. 319-193-001 10M 8/18

Attachment 11

2014 Health, LLC

Des Plaines, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

February 12, 2022

Accreditation is customarily valid for up to 36 months.

Jane Englebardt, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #307743
Print/Reprint Date: 04/04/2022

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

#23-008

US HealthVest

December 6, 2022

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and
Services Review Board
525 West Jefferson Street - 2nd Floor
Springfield, IL 62761

Re: No Adverse Actions / Authorized Access to Information

Dear Chairwoman Savage:

I hereby certify that no adverse action has been taken against any facility owned or operated in Illinois by US HealthVest, directly or indirectly, within three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

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

If you have any questions, please contact Martina Sze, Chief Development Officer, US HealthVest at 212-243-5565, or at msze@ushealthvest.com.

Sincerely,

James Cha
Chief Financial Officer
US HealthVest

NOTARY

subscribed and sworn to before me this 6th day of December, 2022

Alexia P Liatsos
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06/21/2026

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Attachment 11

#23-008

OSF
HEALTHCARE SYSTEM

November 30, 2022

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: No Adverse Actions / Authorized Access to Information

Dear Chair Savage:

I hereby certify that no adverse action has been taken against OSF Healthcare System ("OSF") or any facility owned or operated by OSF, directly or indirectly, within three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

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

If you have any questions, please contact Mark Hohulin, Senior Vice President, Healthcare Analytics, at 309-308-9656 or at mark.e.hohulin@osfhealthcare.org.

Sincerely,

Robert C. Sehring

Robert C. Sehring, Chief Executive Officer
OSF Healthcare System
124 S.W. Adams Street
Peoria, IL 61602

Notarization:

Subscribed and sworn to before me

this 30th day of November 2022

Tonda L. Stewart

Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

Attachment 11

PURPOSE OF THE PROJECT

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

The 2022 Community Health Needs Assessment for Peoria, Tazewell and Woodford Counties in central Illinois has identified mental health as the number one health concern of area residents. Mental health issues outrank obesity, viruses, cancer, aging issues, diabetes and heart disease. Addressing the community concerns requires high priority attention and coordinated efforts by health care providers and agencies in the region.

US HealthVest, a nationally significant provider of behavioral health care, and Pointcore, Inc., a wholly owned subsidiary of OSF Healthcare System, based in Peoria, and are coming together in a joint venture to address the need for expanded mental health care in the area. Together, they have planned a 100-bed hospital specializing in Acute Mental Illness (AMI) primarily for adult patients and offering a comprehensive range of behavioral health outpatient services. The hospital will be located immediately northeast of the current terminus of Wood Sage Road, on property owned by OSF and housing other clinical buildings and services near Illinois 91 close to the northern Peoria city limits. An address is expected to be assigned in December, 2022.

Last year, more than 600 patients at OSF Saint Francis Medical Center's emergency department had to leave the region for inpatient AMI care, part of approximately 1,900 adult residents of HSA 2 who left the HSA for AMI care last year. This access issue is attributed to a lack of sufficient AMI beds at area hospitals. OSF Saint Elizabeth Medical Center, located in Ottawa in HSA 2, has 26 AMI beds, and is one of three hospitals in the HSA offering AMI services, along with UnityPoint Health - Methodist Hospital and UnityPoint - Proctor Hospital. During the past 3 years, two hospitals discontinued their AMI services (Galesburg Cottage Hospital and McDonough District Hospital), resulting in the combined reduction of 28 AMI beds. In June, 2022, UnityPoint Health - Methodist Hospital reduced its adult AMI service by 9 beds, as part of the establishment of a 44-bed service at the Young Minds Institute in West Peoria. While there is a current calculated excess of 41 AMI beds in HSA 2 (based on the formula of 11 beds per 100,000 persons) the exodus of patients is experiential evidence that the need is much greater than this standard.

The proposed 100 bed hospital will offer primarily adult specialized inpatient and outpatient behavioral health services, including programs for drug abuse, dual diagnosis (mental health and substance abuse), women's trauma, veterans and seniors. It is a tremendous burden for families with members struggling with these conditions who are admitted at facilities more than 100 miles distant. Many of these people elect to forego needed inpatient care rather than travel to the Chicago area or other distant locations. The proposed facility will allow for these individuals and their families to receive high quality care locally.

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

OSF Saint Francis Medical Center in Peoria does not have an inpatient Acute Mental Illness service on which to base its selection of a planning area for the proposed new hospital. As a result, the planning

team selected HSA 2 as the planning area, since HSAs are the State's planning areas in downstate Illinois for AMI services. The assumption is made that the geographic distribution of patients receiving AMI care at the new hospital will be similar to the overall distribution of OSF Saint Francis Medical Center patients, but encompassing a larger number of patients coming from outside the area due to the specialized behavioral health services offered.

The attached table shows the patient origin data by zip code of patient residents for all services at OSF Saint Francis Medical Center. 84.2 percent of patients at OSF Saint Francis Medical Center reside in HSA 2. Because AMI is a specialized service with fewer locations than medical/surgical services, it is likely that a higher percentage of AMI patients will be from outside the HSA. It is estimated that 60% of patients at the proposed new AMI hospital will reside in HSA 2.

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

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. (Substance Abuse and Mental Health Services Administration Community, "Conversations about Mental Health," American Hospital Association.) In addition, the entire nation is struggling with opiate addiction, heroin addiction and lack of sufficient service availability for individuals who are chemically dependent.

More mental health providers are needed nationally, and that is the case in central Illinois. As to inpatient bed capacity, experts in the field of behavioral health recommend a range of 40 – 50 AMI beds per 100,000 residents. For example, in an article published by the Pew Charitable Trusts in August, 2016, Pew suggested that at least 40 AMI beds were needed per 100,000 residents. And an article published in November, 2013 in Modern Healthcare, the Treatment Advisory Center recommended a minimum of 50 AMI beds per 100,000 residents.

According to Statewide data for Illinois, there are, on average, only 32 beds per 100,000 residents in Illinois. For the 21 designated planning areas in the State, the ratios range from about 129 in Chicago to under 10 in five suburban and downstate planning areas. HSA 2 has a ratio of 23 beds per 100,000 population, below the median ratio for the State's 21 planning areas. There are three inpatient AMI services in HSA 2, with a 2024 estimated population of 627,900: the 18 beds at UnityPoint Health - Proctor Hospital, 26 beds at OSF Saint Elizabeth Medical Center in Ottawa, and 103 beds at UnityPoint Health - Methodist Hospital, when child and adolescent AMI beds recently approved in Project 22-017 are brought online. (147 AMI beds / 627,900 residents estimated in 2024 = 23 beds per 100,000). The fact that approximately 2,000 adults left HSA 2 for inpatient psychiatric care last year indicates the State standard of 11 beds per 100,000 is no longer the accurate planning metric that it may have been when it was adopted in the 70s or 80s. The addition of 100 beds at the proposed hospital, if approved, will raise the bed count to 247 in HSA 2, or 39 beds per 100,000. This ratio improves the availability of needed beds, but is still at the low end of the range for AMI beds recommended at 40 – 50 per 100,000 persons.

The lack of adequate AMI beds has required residents of HSA 2 to either go without treatment or travel outside the planning area for treatment, sometimes at distances of over 100 miles. The table below

OSF Saint Francis Medical Center
FY22 Inpatient & Observation patients
All Ages

Patient Zip	Patient City	Patient County	Patient State	Area	Cases	% of Total	Cum %
61604	PEORIA	PEORIA	IL	HSA2	3,094	7.90%	7.90%
61614	PEORIA	PEORIA	IL	HSA2	2,152	5.50%	13.40%
61611	EAST PEORIA	TAZEWELL	IL	HSA2	2,142	5.50%	18.80%
61605	PEORIA	PEORIA	IL	HSA2	1,959	5.00%	23.80%
61554	PEKIN	TAZEWELL	IL	HSA2	1,835	4.70%	28.50%
61571	WASHINGTON	TAZEWELL	IL	HSA2	1,814	4.60%	33.10%
61603	PEORIA	PEORIA	IL	HSA2	1,674	4.30%	37.40%
61615	PEORIA	PEORIA	IL	HSA2	1,614	4.10%	41.50%
61550	MORTON	TAZEWELL	IL	HSA2	1,370	3.50%	45.00%
61401	GALESBURG	KNOX	IL	HSA2	1,163	3.00%	48.00%
61607	PEORIA	PEORIA	IL	HSA2	860	2.20%	50.20%
61548	METAMORA	WOODFORD	IL	HSA2	784	2.00%	52.20%
61523	CHILLICOTHE	PEORIA	IL	HSA2	720	1.80%	54.00%
61525	DUNLAP	PEORIA	IL	HSA2	606	1.50%	55.50%
61520	CANTON	FULTON	IL	HSA2	573	1.50%	57.00%
61616	PEORIA HEIGHTS	PEORIA	IL	HSA2	511	1.30%	58.30%
61364	STREATOR	LA SALLE	IL	HSA2	510	1.30%	59.60%
61462	MONMOUTH	WARREN	IL	HSA2	406	1.00%	60.60%
61610	CREVE COEUR	TAZEWELL	IL	HSA2	402	1.00%	61.70%
61350	OTTAWA	LA SALLE	IL	HSA2	344	0.90%	62.50%
61606	PEORIA	PEORIA	IL	HSA2	295	0.80%	63.30%
61530	EUREKA	WOODFORD	IL	HSA2	293	0.70%	64.00%
61356	PRINCETON	BUREAU	IL	HSA2	292	0.70%	64.80%
61568	TREMONT	TAZEWELL	IL	HSA2	267	0.70%	65.50%
61536	HANNA CITY	PEORIA	IL	HSA2	254	0.60%	66.10%
61755	MACKINAW	TAZEWELL	IL	HSA2	234	0.60%	66.70%
61540	LACON	MARSHALL	IL	HSA2	224	0.60%	67.30%
61301	LA SALLE	LA SALLE	IL	HSA2	203	0.50%	67.80%
61528	EDWARDS	PEORIA	IL	HSA2	203	0.50%	68.30%
61455	MACOMB	MCDONOUGH	IL	HSA2	191	0.50%	68.80%
61354	PERU	LA SALLE	IL	HSA2	187	0.50%	69.30%
61517	BRIMFIELD	PEORIA	IL	HSA2	181	0.50%	69.70%
61547	MAPLETON	PEORIA	IL	HSA2	181	0.50%	70.20%
61602	PEORIA	PEORIA	IL	HSA2	175	0.40%	70.70%
61559	PRINCEVILLE	PEORIA	IL	HSA2	171	0.40%	71.10%
61531	FARMINGTON	FULTON	IL	HSA2	169	0.40%	71.50%
61561	ROANOKE	WOODFORD	IL	HSA2	163	0.40%	71.90%
61529	ELMWOOD	PEORIA	IL	HSA2	162	0.40%	72.40%
61537	HENRY	MARSHALL	IL	HSA2	141	0.40%	72.70%
61362	SPRING VALLEY	BUREAU	IL	HSA2	133	0.30%	73.10%
61410	ABINGDON	KNOX	IL	HSA2	124	0.30%	73.40%
61448	KNOXVILLE	KNOX	IL	HSA2	123	0.30%	73.70%
61483	TOULON	STARK	IL	HSA2	123	0.30%	74.00%
61491	WYOMING	STARK	IL	HSA2	114	0.30%	74.30%
61542	LEWISTOWN	FULTON	IL	HSA2	106	0.30%	74.60%
61342	MENDOTA	LA SALLE	IL	HSA2	104	0.30%	74.80%
61533	GLASFORD	PEORIA	IL	HSA2	104	0.30%	75.10%
61570	WASHBURN	MARSHALL	IL	HSA2	103	0.30%	75.30%
		All other HSA2 Zip Codes			3,480	8.90%	84.20%
		Total HSA2 Zip Codes			33,033	84.20%	
61443	KEWANEE	HENRY	IL	Non HSA2	637	1.60%	85.80%
61701	BLOOMINGTON	MCLEAN	IL	Non HSA2	331	0.80%	86.70%
61764	PONTIAC	LIVINGSTON	IL	Non HSA2	254	0.60%	87.30%
61704	BLOOMINGTON	MCLEAN	IL	Non HSA2	244	0.60%	88.00%
61761	NORMAL	MCLEAN	IL	Non HSA2	235	0.60%	88.60%
61265	MOLINE	ROCK ISLAND	IL	Non HSA2	207	0.50%	89.10%
61546	MANITO	MASON	IL	Non HSA2	192	0.50%	89.60%
61201	ROCK ISLAND	ROCK ISLAND	IL	Non HSA2	182	0.50%	90.00%
61244	EAST MOLINE	ROCK ISLAND	IL	Non HSA2	147	0.40%	90.40%
61434	GALVA	HENRY	IL	Non HSA2	123	0.30%	90.70%
61832	DANVILLE	VERMILION	IL	Non HSA2	121	0.30%	91.00%
		All other Non HSA2 Zip Codes			3,516	9.00%	100.00%
		Total Non HSA2 Zip Codes			6,189	15.80%	
		Total HSA2 & Non HSA2 Combined			39,222	100.00%	

Attachment 12

shows the locations of inpatient AMI care for adult residents of HSA 2 who were hospitalized last year, according to COMPdata. Of the 4,935 adult residents hospitalized for inpatient behavioral health care in 2021, 2203 (45%) were either hospitalized at AMI units outside of the HSA (1,898) or in medical/surgical units at hospitals without AMI beds (305). Of the 1,898 patients who left the area, 1,253 (66%) went to an AMI facility in the Chicago area (A-01 to 14). In other words, two thirds of the people who could not get care locally because of lack of an AMI bed traveled to different parts of Chicago to be hospitalized. This situation reflects a difficult access to care condition, and a hardship for patients and their families.

2021 Adult Behavioral Health Admissions
of HSA 02 residents
Source: COMPdata based on BH
MS DRGs

Location of AMI Admissions	# Patients		Location of AMI Admissions	# Patients		Location of AMI Admissions	# Patients
HSA 02	2,732		HSA 11	93		Out of State	38
A-07	405		A-01	88		A-14	22
A-02	372		HSA 10	70		A-12	9
HSA 04	323		HSA 03	66		A-04	6
Non AMI unit	305		HSA 01	55		A-03	3
A-09	143		A-13	47		A-11	3
A-06	109		A-05	43		A-10	2
						A-08	1
Total Admissions							4,935
less patients seen in HSA 02 AMI units							2,732
Total adult patients leaving HSA 02 or receiving care in non-AMI unit							**2,203**

A table later in this permit application (pages 153-155) lists the facilities where residents of HSA 2 were hospitalized for their behavioral health needs. One would expect that their care was concentrated in a relatively small number of hospitals. The opposite is the case. According to COMPdata, over the past four years, HSA 2 residents, including 4,935 residents in 2021, received care for their behavioral health needs in over 150 facilities:

73 hospital AMI units throughout Illinois
38 hospital AMI units outside of Illinois
48 non-AMI units in Illinois (ie medical units)

This data is evidence of a lack of available capacity and services in the area. Finding places to hospitalize people in need is a challenge and time-consuming activity for social workers and staff at agencies and admitting and discharge staff at hospitals responsible for coordinating access to needed service. More importantly, it is an extreme hardship for patients and their families when care is available only at significant distances from home. This condition reflects that more than 11 beds per 100,000 persons are needed to accommodate the behavioral health needs of residents of the area.

Thousands of patients in the service area are forced to travel long distances to access behavioral health services due to lack of bed capacity. US HealthVest is especially attuned to this problem, with more than 1,000 patients this year coming from downstate Illinois to the three US HealthVest hospitals in the Chicago area, ranging from 139 to 197 miles from Peoria. This condition creates an undue burden on family members who need to travel long distances to support their family members hospitalized elsewhere. Long travel times leads to separation and less beneficial support by family members, increasing anxiety for both patients and their families. The lack of access to care leaves patients with two options: (1) travel far from home or (2) forego care, which is inhumane and undignified. Forcing patients to travel long distances adds stress, complication and cost to patients seeking mental health services and can exacerbate and worsen. Meadowview Behavioral Hospital will provide access to care to all patients regardless of ability to pay and regardless of race, economic or social status. This new hospital will provide patients with safe and high-quality behavioral health services closer to home.

Equally important is that accessing programs outside the planning area presents obstacles for coordination of care, since continuity of care for patients with familiar local physicians and support staff is important to bringing patients to stable status.

It is worth noting that in the past 9 years, 13 AMI units in community hospitals in Illinois closed. (See the following table.) Nine of these were outside of metropolitan Chicago in downstate Illinois. A total of 252 authorized AMI beds in these 13 hospitals were closed. Two of these units (McDonough District Hospital and Galesburg Cottage Hospital) were in HSA 2. While several other hospitals in the State added beds to their AMI units during the same period, many communities in downstate Illinois saw their access to necessary inpatient behavioral health services restricted due to these closures.

Closures of AMI units in Illinois
2013 – 2022

Facility	# AMI Beds	Date approved or reported	HSA / Area
HSHS St. Elizabeth - Belleview	35	9/24/2013	11
McDonough District Hospital	20	9/17/2019	2
HSHS St. John's - Springfield	32	9/17/2019	3
AMITA Alexian Brothers Medical Center	25	10/22/2019	7
Metro South Medical Center	14	10/22/2019	A-04
Passavant Area Hospital	10	5/4/2020	3
Alton Memorial Hospital	20	8/31/2020	11
OSF Little Company of Mary Medical Ctr	24	9/12/2020	A-04
Javon Bea Hospital - Rockton Campus	20	9/22/2020	1
Holy Family Hospital - Greenville	10	3/22/2021	5
Galesburg Cottage Hospital	16	4/26/2022	2
Illini Community Hospital	10	7/25/2022	3
Richland Memorial Hospital - Olney	16	NA	5
Total	252		

Source: Monthly Reports, HFSRB

Attachment 12

As stated in the introduction to this section, the 2022 Community Health Needs Assessment for Peoria, Tazewell and Woodford Counties in central Illinois has identified mental health as the number one health concern of area residents. Mental health issues outrank obesity, viruses, cancer, aging issues, diabetes and heart disease. The table on the next page displays this information. An accompanying table lists unhealthy behaviors, the majority of which are related to mental health conditions: drug abuse (illegal), drug abuse (legal), anger/violence, alcohol abuse, domestic violence and child abuse.

These conditions are especially significant in several sections of Peoria and West Peoria that are impoverished and measure high (unfavorable) on the CDC's vulnerability assessment. (This information is presented in the Safety Net Impact section of this permit application.) A major purpose of the project is to address the disparities that exist for populations in special need of behavioral health services.

Few would argue that this decade, young as it is, is different and much less comfortable than previous eras. The stress and anxiety caused by the worldwide pandemic in the past two and a half years has directly or indirectly touched everyone. COVID-19 has affected our lives in every way – how our families function, how we work, how children and adults go to school, how we shop, our religious observances, our socialization with friends and neighbors ... virtually every facet of our lives and society. Increasing levels of violence in our communities is a significant threat to feelings of safety and security, causing increased stress and anxiety. The list of stressors continues with the highest levels of inflation in 40 years, the expectation of recession, dilemmas related to supply chain causing delays in production, construction, and not being able to access things previously taken for granted. Demand for appointments with counselors, psychologists, psychiatrists has increased dramatically, with people looking for consolation and advice on how to cope with increasingly complex life events. The extensiveness of stress and anxiety has led the US Preventive Services Task Force to recommend that primary care visits include anxiety screening for all persons under 65 (*New York Times*, September 11, 2022.)

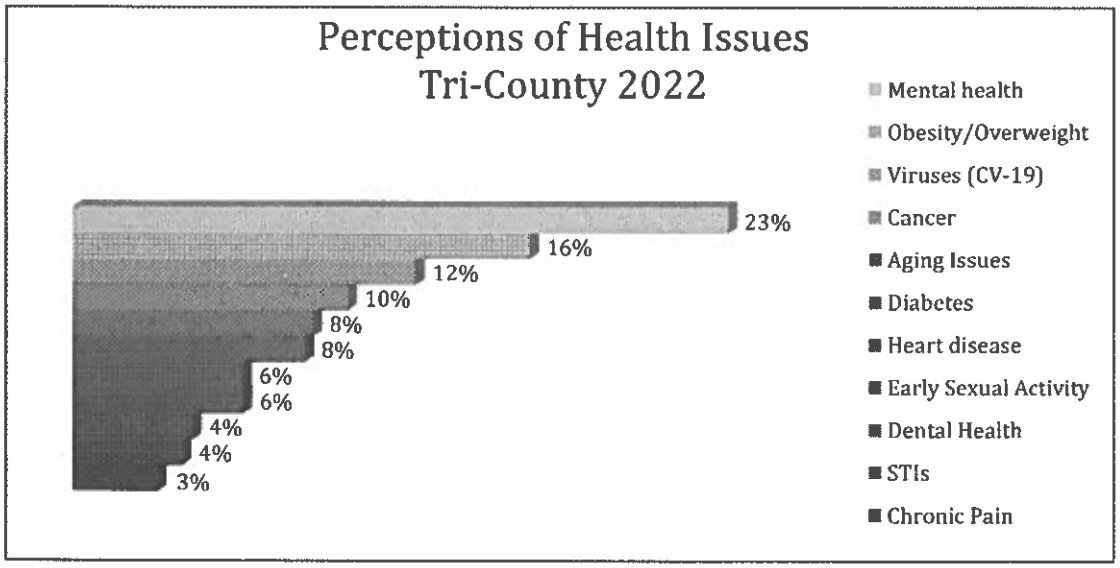
For those whose needs escalate to the level of inpatient care, access to an insufficient supply of local AMI beds is an especially important health issue.

Major burdens during these trying times are borne by populations with health care and racial disparities. Families and individuals with lesser resources are least capable of coping with social, economic and health issues. Very often their needs go unaddressed, due to their limited resources, lack of time and inability to access needed outpatient and inpatient behavioral health care. Parts of the Peoria area are rated in the highest category of the CDC's Social Vulnerability Index.

A significant number of providers, agencies, citizens and elected officials support the need to add beds in the region, in part to address the exodus of patients who travel out of HSA 2 for care. Their concerns mirror the findings of the 2022 Community Health Needs Assessment and reflect the daily struggles of individuals and their families facing limited resources for needed inpatient behavioral health care.

Finally, psychiatric care covers a range of conditions, with increasingly specialized expertise required for treatment. Generalist approaches are ineffective at addressing the range of issues from substance abuse, spouse abuse, women's trauma, schizophrenia, PTSD and other veteran's conditions, geriatric issues including dementias, to depression and other disorders.

Figure 80

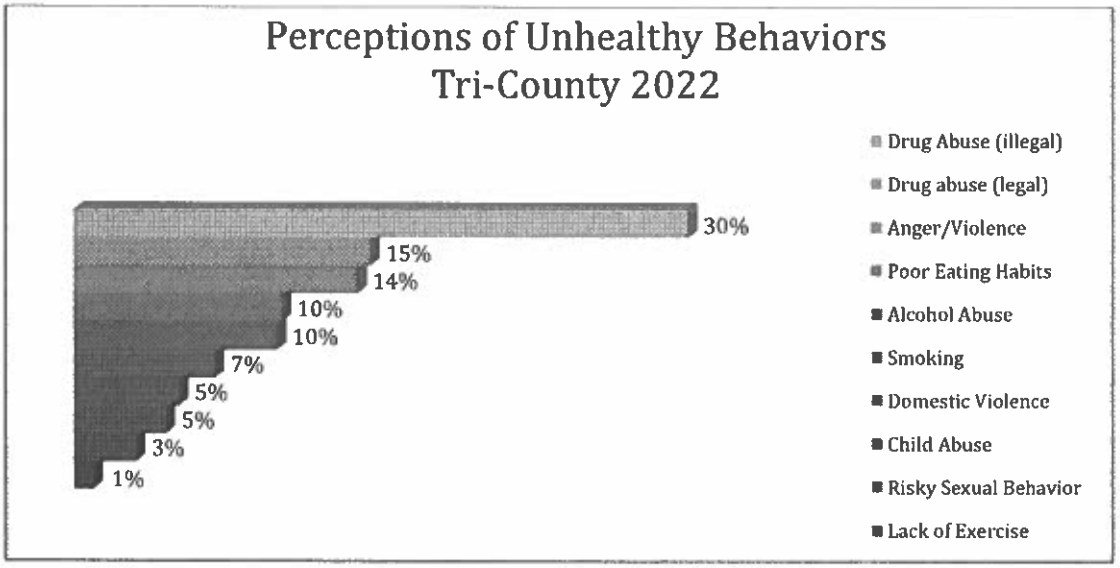


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The three unhealthy behaviors that rated highest were drug abuse (illegal) at 30%, drug abuse (legal) at 15% and anger/violence at 14% (Figure 81).

Figure 81



Source: CHNA Survey

4. Cite the sources of documentation.

- COMPdata, 2021, Illinois Hospital Association
- OSF Saint Francis Medical Center, emergency department records
- HFSRB Hospital Profiles, Inventory of Health Facilities and Services and Need Determinations, Monthly Updates to the Inventory of Health Facilities and Services
- Community Health Needs Assessment, - Peoria County, Tazewell County, Woodford County, OSF Saint Francis Medical Center, UnityPoint Health – Central Illinois
- "A human-centered vision for improving the mental health ecosystem. Five basis shifts in the care ecosystem could change how those who need it most can access timely, affordable, effective and equitable mental health care." by the Deloitte Center for Government Insights.
- "Behavioral Health Equity for All Communities: Policy Solutions to Advance Equity Across the Crisis Continuum" National Governors Association, August 2, 2022
- "Estimating Psychiatric Bed Shortages in the US," Ryan K. Bain, PhD, MPH, Jonathan Cantor, PhD, Nicole K. Eberhart, PhD, JAMA Psychiatry, 2022, February 16, 2022
- "National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit," Substance Abuse and Mental Health Services Administration, February, 2020
- "Amid Shortages of Psychiatric Beds, Mentally Ill Face Long Wait Times for Treatment," Ollove, Michael, Pew Charitable Trusts/Research Analysis/Stateline, August 2, 2016
- "Bedding, Not Boarding: Psychiatric Patients Boarded in Hospital EDs Create Crisis for Patient Care and Hospital Finances," Kutscher, Beth, Modern Healthcare, November, 2013
- U.S. Psychiatric Patients Face Long Waits in Hospital ERs," Thompson, Dennis, Healthday, Oct, 2016
- "Health Panel Recommends Anxiety Screening for All Adults under 65," Emily Baumgaertner, September 20, 2022, New York Times
- "Marijuana and Public Health," Centers for Disease Control and Prevention, October 19, 2020

Attachments 12A – 12G include several of these articles for reference.

5. Detail how the project will address or improve the previously referenced issues, as well as the population status and well-being.

The proposed hospital addresses all the above-referenced shortcomings in Acute Mental Illness in Planning Area HSA 2. By creating a program of greater scale, psychiatric services can be expanded and enriched. Based on the national experience of US HealthVest, and its local experience at Chicago Behavioral Hospital, Lake Behavioral Hospital and Silver Oaks Behavioral Hospital as proof of approach, the scale of the program achieves a critical mass that enables specialized services that are difficult to provide within the smaller units of community hospitals – specialized services such as dual diagnosis (mental health and drug and alcohol abuse), women only services, spousal abuse, treatment of veterans with PTSD, and the special needs of seniors. There are no HSA 2 specialized units dedicated for chemically dependent patients, no units for veterans, and no specialized units treating women that have been abused or traumatized. The proposed hospital, focusing primarily on the needs of adults, will have the capacity to treat these gaps in service and ensure that these marginalized populations will have the high quality of care that they require and deserve.

Acute Mental Illness is far from a uniform illness. Services in place at the other US HealthVest behavioral health hospitals are specialized and responsive to the vast range of needs of patients. Based on US HealthVest's national experience, the following specialized programs will be in place at the new hospital:

Adult psychiatric
The adult program offers treatment for adults who have moderate to severe psychiatric and behavioral problems. Our programs are tailored to each patient's needs enabling them to more effectively cope with their emotions and behaviors. The program purpose is to promote the maximum cognitive, social, physical, behavioral and emotional development in each of our patients. Methods of treatment include medication management, group and individual therapy, and discharge planning.

Senior Adult
Older adults often have unique and complex needs and experience physical and lifestyle changes that can negatively impact their emotional wellbeing. Psychiatric and behavioral concerns, combined with medical issues, complicate the diagnosis, care and treatment of seniors. Age sensitive treatment and discharge planning is provided to assist our geriatric patients to achieve or regain the highest level of independence possible and help preserve their quality of life.

Women Only
The Women's Program addresses the unique mental health and chemical dependency needs of women in crisis through evidence-based therapeutic approaches. The program addresses such issues as trauma, depression related to reproductive issues, loss of pregnancy, post-partum depression, anxiety and obsessive disorders, relationship issues, eating disorders, and other serious disorders women may encounter. Only women attend the specialized therapy and educational groups. The gender-specific approach enhances the effectiveness of therapy by providing a safe environment to process sensitive issues.

Extra Mile Veteran Care
The Extra Mile Veteran Care Program provides treatment for PTSD, substance dependence and mental health issues, such as depression and anxiety in an environment designed with the veteran in mind. We understand teamwork and veterans. Our specially trained therapists and technicians will work together with veterans to help them overcome barriers and restore balance to their lives.

Faith Based Mental Health
The proposed Faith Based specialty group program provides unique inpatient and outpatient care where patients include personal religious beliefs and their faith in God throughout the treatment process. The program merges sound professional counseling with Biblical principles to provide a Christian atmosphere for recovery from serious mental health and chemical dependency problems.

Dual-diagnosis
The dual-diagnosis program is an integrated therapy program that focuses on adults who face multiple mental health disorders or a combination of mental illness and drug or alcohol dependency, also known as co-occurring disorders. Patients receive motivational enhancement therapy, cognitive behavioral therapy, and 12-step facilitation therapy. The program allows patients to recognize and manage the issues related to their mental illness and chemical dependency problems.

Most especially, the proposed hospital will give residents of central Illinois more opportunity to receive needed care close to home, where family members and friends can participate during the treatment and recovery phases of care. The project resolves the need for many patients to travel long-distances to access inpatient AMI services in Chicago (as is the case for two-thirds of adults who leave HSA 2) and elsewhere outside of HSA 2.

There are uncounted numbers of adult patients who are unable to or choose to not receive inpatient care due to the cost, emotional challenges and practical problems associated with traveling to inpatient hospitals far from their homes. The project will directly address this problem by providing the right care at a central location in the Planning Area.

US HealthVest and OSF understand that access to care is also a matter of geography – people need to be able to get to care, and that is especially the case for adults with social disparities, when access to a car is not a certainty. The location of the new hospital on a developing medical campus between State Route 91 and Highway 6 is highly accessible by car and bus. The #3 Northwest Peoria bus connects the site of the proposed hospital with OSF Saint Francis Medical Center in downtown Peoria. The bus route and schedule are shown on the next pages. As pointed out elsewhere in the permit application, US HealthVest makes a practice of shuttling patients and families so traveling locally for care is not often the obstacle that it has been and continues to be when project planning is not attentive.

Section 1110.210 of this permit application documents that in 2022, 1,091 residents of Illinois outside of the metropolitan area and primarily from central Illinois traveled to receive inpatient AMI care at the three US HealthVest hospitals in the Chicago area. (628 to Chicago Behavioral Hospital, 388 to Lake Behavioral Hospital, and 75 to Silver Oaks). These trips range from 139 to 197 miles from Peoria each way and constitute a tremendous hardship for patients and their families. The establishment of a US HealthVest hospital in central Illinois will enable this significant volume of patients to receive AMI care locally, and for US HealthVest to regionalize its care delivery system.

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

- Increase the AMI bed to 100,000 population ratio in HSA 2 from 23 to 39.
- Achieve 85% utilization of the new 100 bed facility by December, 2027.
- Reduce the percentage of adult residents of the HSA who receive care outside the HSA 2 from 39% to at most 10%.

CityLink – Greater Peoria Mass Transit – existing service to proposed new hospital site

3 #3-Northwest Peoria

Attachment 12

CityLink – Greater Peoria Mass Transit – existing service to proposed new hospital site

#3-NORTHWEST PEORIA

Times are approximate and may vary due to weather, road, and traffic conditions.

MONDAY thru FRIDAY

LEAVE TRANSIT CENTER	SHERIDAN & COLUMBIA TER.	PARKVIEW ESTATES APTS.	STERLING & BAUMANN WAY	GLEN HOLLOW	PARTRIDGE & FROSTWOOD	LANDEN'S WAY & SUMMERSHADE	GRAND PRAIRIE & AMERICAN PRAIRIE	OSF CENTER FOR HEALTH	*ARRIVE* PEORIA CANCER CENTER
						FROM GARAGE			
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6:15	6:21	6:25	6:33	6:35	6:45	6:52	6:57	7:02	7:05
6:45	6:51	6:55	7:03	7:05	7:15	7:22V	7:27	7:32	7:35
7:15	7:21	7:25	7:33	7:35	7:45	7:52V	7:57	8:02	8:05
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8:15	8:21	8:25	8:33	8:35	8:45	8:52V	8:57	9:02	9:05
8:45	8:51	8:55	9:03	9:05	9:15	9:22V	9:27	9:32	9:35
9:15	9:21	9:25	9:33	9:35	9:45	9:52V	9:57	10:02	10:05
10:15	10:21	10:25	10:33	10:35	10:45	10:52V	10:57	11:02	11:05
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LEAVE PEORIA CANCER CENTER	GRAND PRAIRIE & AMERICAN PRAIRIE	LANDEN'S WAY & SUMMERSHADE	PARTRIDGE & BIG HOLLOW	GLEN HOLLOW	STERLING AND BAUMAN WAY	PARKVIEW ESTATES APTS.	SHERIDAN & COLUMBIA TER.	*ARRIVE* TRANSIT CENTER
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6:45	6:51	6:56	7:02	7:11	7:14	7:22	7:28	7:35
7:15	7:21	7:26	7:32	7:41	7:44	7:52	7:58	8:05
7:45	7:51V	7:56	8:02	8:11	8:14	8:22	8:28	8:35
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8:45	8:51V	8:56	9:02	9:11	9:14	9:22	9:28	9:35
9:15	9:21V	9:26	9:32	9:41	9:44	9:52	9:58	10:05
10:15	10:21V	10:26	10:32	10:41	10:44	10:52	10:58	11:05
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SATURDAY

LEAVE TRANSIT CENTER	SHERIDAN & COLUMBIA TER.	PARKVIEW ESTATES APTS.	STERLING & BAUMANN WAY	GLEN HOLLOW	PARTRIDGE & FROSTWOOD	LANDEN'S WAY & SUMMERSHADE	GRAND PRAIRIE & AMERICAN PRAIRIE	OSF CENTER FOR HEALTH	*ARRIVE* PEORIA CANCER CENTER
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LEAVE PEORIA CANCER CENTER	GRAND PRAIRIE & AMERICAN PRAIRIE	LANDEN'S WAY & SUMMERSHADE	PARTRIDGE & BIG HOLLOW	GLEN HOLLOW	STERLING AND BAUMAN WAY	PARKVIEW ESTATES APTS.	SHERIDAN & COLUMBIA TER.	*ARRIVE* TRANSIT CENTER
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8:15	**8:21**	**8:26**	**8:32**	**8:41**	**8:44**	**8:52**	**8:58**	**9:05G**

Attachment 12

V - These trips operate into the Bob Michael VA Clinic's front door.
G - To Garage
LIGHTFACE denotes A.M. times **BOLDFACE denotes P.M. times**

All Seniors (65 & older) pay 50¢ per ride.

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February 16, 2022

Estimating Psychiatric Bed Shortages in the US

Ryan K. McBain, PhD, MPH[1]; Jonathan H. Cantor, PhD[2]; Nicole K. Eberhart, PhD[2]

» Author Affiliations | Article Information

JAMA Psychiatry. 2022;79(4):279-280. doi:10.1001/jamapsychiatry.2021.4462

The US is confronting an urgent and worsening shortage of psychiatric beds. For example, in Massachusetts, hundreds of patients have been wait-listed for acute inpatient psychiatric beds.[1] In California, well over a thousand individuals deemed mentally incompetent to stand trial have been housed in county jails, awaiting placement at psychiatric facilities.[2]

The COVID-19 pandemic has exacerbated this dynamic, creating an epidemic within the broader pandemic.[3] The percentage of the US populace reporting serious psychological distress—a marker of need for inpatient psychiatric services—has risen from 4% in 2018 to 13% in 2020.[4] Meanwhile, psychiatric facilities have experienced disrupted continuity of operations and reduced bed capacity—for example, by converting double-occupancy rooms to single-occupancy rooms to reduce viral spread.

A Renewed Discourse on Psychiatric Beds

While the COVID-19 pandemic has shed light on the shortcomings of psychiatric bed infrastructure, the decline in bed capacity has progressed steadily for more than 50 years. This progression was driven, in part, by declining lengths of stays at psychiatric facilities, as well as the promise of community-based care that appropriately and humanely responded to patient needs. In practice, however, availability of community mental health services has remained lacking in many quarters.

Today, there is renewed discourse on the urgency of expanding psychiatric beds. States ranging from New York to Oregon to Illinois have required that health care systems offer services consonant with guidelines—

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viduals' level of need. Mental health parity legislation and court cases, such as *Wit v United Behavioral Health,* have provided further leverage to compel insurers to pay for services throughout this continuum.

The Consolidated Appropriations Act of 2021[5] ratified $4.25 billion to state investments in psychiatric services. Legislation that is currently being deliberated in Congress could add further provisions. Meanwhile, states have begun passing legislation to substantively overhaul their mental health systems, raising real promise about the potential to expand psychiatric beds.

Challenges in Estimating Psychiatric Bed Shortages

What remains worrisome is that there are no standardized approaches or best practices for determining psychiatric bed need. Central to this shortcoming is the fact that not all psychiatric beds are alike; they are situated in facilities that represent distinct levels of care—ranging from acute inpatient hospitals to residential treatment facilities. In fact, what even counts as a psychiatric bed is a topic of debate.[6]

A root cause of this paralysis in estimating bed shortages is that states often have bottlenecks at multiple levels. For example, an acute inpatient hospital may be at full-bed occupancy because it is unable to transfer patients to a lower level of care that would be more appropriate; as a result, beds at this lower level of care are also operating at capacity. In this context, it may be imprudent to expand acute inpatient hospital beds when the source of the bottleneck pertains to bed capacity at the lower level.

A second issue is that individuals with certain backgrounds or needs are remarkably hard to place in psychiatric beds, owing to liabilities and resource constraints. These populations include individuals with a history of violent behavior, a criminal conviction of arson, or comorbid dementia. In short, theoretical bed capacity does not always (or often) align with practical bed capacity.

A third issue is that demand may be a weak proxy for need, particularly at lower levels of care. Patients who need services may refrain from seeking care because of stigma, lack of insurance, or an inabili calize their needs. This raises a difficult question: should systems focus on addressing the gap bet pacity and demand, or between capacity and need as indicated by epidemiological data? If the latter, then another issue arises: we have limited epidemiological information on the relationship between prevalence of mental health conditions and need for specific types of psychiatric beds.

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A 3-Stage Approach to Estimation

In response to this conundrum, we propose that states and counties assume a staged approach, one that accounts for information uncertainty by triangulating multiple sources of information. As a starting point (stage 1), states should generate an inventory of current bed occupancy rates, average length of stay, wait

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unable to place. By gathering this information, states should be able to identify main bottlenecks and estimate demand for psychiatric beds at each level of care. This approach has been articulated by O'Reilly and colleagues[7] as an "observed outcomes" approach; health systems can observe how the present infrastructure is resulting in a specific array of outcomes, such as wait times or emergency department boarding volume, modify infrastructure based on these observations, and then reobserve outcomes.

A complementary, normative approach (stage 2) should focus on accumulating epidemiologic and demographic data to recalibrate information from stage 1. Despite the limitations of epidemiologic information described above, states could nevertheless inspect relationships between county-level demographic composition, such as sex, race and ethnicity, age distribution, and levels of psychological distress, that correlate with need for inpatient services. This should yield insights about the alignment (or misalignment) of demand and need.

A third approach—which, historically, has been the most widely adopted—is to convene experts, including epidemiologists, methodologists, and clinicians, to deliberate evidence and theoretical considerations (stage 3). Today, the most cited estimate of psychiatric bed need in the US is 40 to 60 beds per 100 000 population, based on a panel convened by the Treatment Advocacy Center in 2008.[8] However, this estimate does not indicate how to allocate beds among different types of facilities and may be more or less appropriate in settings with alternative models of care. From our vantage point, convening experts should serve 2 functions: to review estimates from stages 1 and 2 to provide feedback, and to propose a conceptually based alternative estimate for psychiatric bed need that can be used as a comparator for stage 1 and stage 2 estimates.

Recommendations for the Field

All 3 approaches have shortcomings, not least that they yield static estimates in response to dynamic circumstances. However, as states and counties build infrastructure, they should iteratively reassess psychiatric bed needs to fine-tune their efforts. Specifically, when a shortage of beds is identified, gover should consider several questions to guide investments, including: What level or levels of care are to the largest bottlenecks? Are specific types of infrastructure required for hard-to-place populations? In both absolute and relative terms (ie, number of beds and number of beds per 100 000 population), where is the need greatest?

The credibility of these efforts will, necessarily, be tied to the quality and precision of underlying inputs. Without deliberate effort to collate facility-level estimates on occupancy rates, length of stay, wait list volume, and transfer requests, any undertaking will be prone to estimation error. We therefore recommend conducting a survey of facilities as a starting point. Furthermore, those considering implementation

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derway in California.[10] Though the task may seem daunting, we believe there is promise in a data-driven approach that inspects psychiatric bed shortages from multiple vantage points in an ongoing manner.

Article Information

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March 23, 2022

The Delphi method for estimating psychiatric bed shortages in the US

Adrian Philipp Mundt, PhD | Facultad de Medicina, Universidad Diego Portales, Santiago, Chile

McBain et al. present a novel and sequential 3-stage approach to estimate psychiatric bed needs in US.1 First, they recommend to assess on the facility level waiting lists (e.g. emergency department also address bottlenecks for the release of patients from hospitalization, in line with the observed outcomes approach.2 In a second stage, they propose to acknowledge specific epidemiological and demographic data within the catchment area to recalibrate information obtained from step 1. Thirdly, they recommend to convene experts to deliberate on the evidence and estimate the need. This was important, since the referenced recommendation from the ...

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Assessing Adequacy of System Capacity

Care for All Populations Throughout Lifespan

Crisis services are meant to address the acute mental health, substance use and suicide prevention needs of a community. This can only be achieved by designing services that meet the unique needs of all members of that community. Therefore, crisis services must offer the capacity to address the needs of rural and urban communities that may be experiencing mental health, substance use, intellectual, developmental disability and co-occurring medical problems by accepting all at the front door. This also means offering crisis services for children, adolescents, adults and an aging population that each have their own unique set of needs in each community.

Crisis Resource Need Calculator

To lower the cost of care, enhance community health and improve the experience of residents needing emergent mental health and substance use services, a full continuum of care must be developed that includes adequate psychiatric bed capacity and community-based alternatives to care. The innovative *Crisis Resource Need Calculator* offers an estimate of optimal crisis system resource allocations to meet the needs of a community as well as the impact on healthcare costs associated with incorporation of those resources. The calculator analyzes a multitude of factors that includes population size, average lengths of stay in various system beds or chairs, escalation rates into higher levels of care, readmission rates, bed occupancy rates and local costs for those resources. In communities in which these resources do not currently exist, figures from like communities can be used to support planning purposes.

The calculations are based on data gathered from several states. The *Crisis Now* Business Case video that explains the rationale behind the model can be seen on the National Association of State Mental Health Program Directors (NASMHPD's) www.crisisnow.com website. Quality and availability of outpatient services also influences demand on a crisis system so the *Crisis Resource Need Calculator* should be viewed as a guide in the design process. True assessment of system adequacy must include a look at overall functioning of the existing system. Signs of insufficient resources will include, but are not limited to, psychiatric boarding in emergency departments and incarceration for misdemeanor offenses when connection to care is the preferred intervention.

The table on page 44 shows the very real cost savings that can be realized by implementing mobile crisis and facility-based crisis services in your community. In this table, the population of the community is set at 1,000,000 and if this community was working to address the acute mental health needs of individuals experiencing a crisis solely through inpatient care, the data indicates that those with LOCUS levels 5 and 6 (68%) would be referred to inpatient care. This would require 500 beds if the average length of stay was 10.06 days; which aligns with the Treatment Advocacy Center's published consensus estimate of needing 50 beds for every 100,000 members of the population. The table that follows (*next page*) includes a per diem inpatient rate of $900 which would result in an inpatient cost of $164,179,200. After applying an ED cost of $1,233 per person to those referred to an inpatient bed (medical clearance and assessment), total estimated costs rise to $184,301,760.

For the 32% of individuals with LOCUS levels 1-4, no cost or service is included in the calculations although it seems unlikely no actual cost would be incurred. When mobile team and facility-based crisis services are included in optimal ratios (*last column of table that follows*), total cost drops by 52% in these projections despite engaging all of these individuals. This means that 32% more individuals are served with programs that align better to the unique level of clinical need while costs are reduced by 52%. Additionally, alignment of clinical level need to the service delivered improves from 14% to as high as 100% (*please see LOCUS analysis from Georgia earlier in this toolkit*) in a *Crisis Now* system that aligns with this *National Guidelines for Crisis Care.*

Indicators of Insufficient Capacity

The *Crisis Resource Need Calculator* offers an estimate of community resource need to help guide development of crisis capacity for communities. However, this is only meant to estimate need while true evaluation of capacity must be based on the availability of services to meet the actual demand of the specific community or region. Signs of insufficient resources will include, but are not limited to, psychiatric boarding in emergency departments, incarceration for misdemeanor offenses when connection to urgent care is the preferred intervention and misalignment of service intensity to the actual need of the individual served. Misalignment and the absence of a continuum of care often results in a defaulting to placement in more restrictive environments or minimal connection to outpatient care.

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

Knowledge Informing Transformation

144 – 500 BEDS PER MILLION = 14.4 - 50 PER 100,000

Figure 1 – Crisis Resource Need Calculator

Crisis Now Crisis System Calculator Projections - Pop. 1,000,000		
	No Crisis Care	**Crisis Now**
# of Crisis Episodes Annually *(200/100,000 Monthly)*	24,000	24,000
# Initially Served by Acute Inpatient	16,320	3,360
# Referred to Acute Inpatient From Crisis Facility	-	1,336
Total # of Episodes in Acute Inpatient	16,320	4,696
# of Acute Inpatient Beds Needed	**500**	**144**
Total Cost of Acute Inpatient Beds	**$ 164,179,200**	**$ 47,237,736**
# Referred to Short-Term Bed From Stabilization Chair	-	5,342
# of Crisis Beds Needed	-	**41**
Total Cost of Short-Term Sub-Acute Beds	**$ -**	**$ 13,356,000**
# Initially Served by Crisis Stabilization Facility	-	12,960
# Referred to Crisis Facility by Mobile Team	-	2,304
Total # of Episodes in Crisis Facility	-	15,264
# of Crisis Stabilization Chairs Needed	-	**48**
Total Cost of Crisis Stabilizartion Chairs	**$ -**	**$ 18,840,137**
# Served Per Mobile Team Daily	4	4
# of Mobile Teams Needed	-	**7**
Total # of Episodes with Mobile Team	-	7,680
Total Cost of Mobile Teams	**$ -**	**$ 2,761,644**
# of Unique Individuals Served	16,320	24,000
TOTAL Inpatient and Crisis Cost	$ 164,179,200	$ 82,195,517
ED Costs ($1,233 Per Acute Admit)	$ 20,122,560	$ 5,789,675
TOTAL Cost	$ 184,301,760	$ 87,985,192
TOTAL Change in Cost		-52%

Modern Healthcare

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Bedding, not boarding

Psychiatric patients boarded in hospital EDs create crisis for patient care and hospital finances

By Beth Kutscher | November 16, 2013

Health systems recognize that they need to address the psychiatric boarding problem because EDs bring in a lot of paying patients, and delays in serving them because of the boarding of psychiatric patients can hurt revenue.GETTY IMAGES

With the total number of psychiatric inpatient beds plummeting nationally, hospitals are devising innovative ways of handling mentally ill patients who come to the emergency department as an alternative to "boarding" them in holding rooms and hallways while they await treatment.

These strategies include collaborating with other hospitals[1] to place psychiatric patients in open beds, using separate psychiatric EDs, setting up crisis triage centers, and referring patients to residential treatment centers. They're striving to get mentally ill people help before they hit a crisis, including arranging appointments with mental healthcare[2] providers and contacting patients regularly to help with medication compliance. A few health systems, such as HealthOne in Denver, are even adding psych beds, at least partly to reduce ED waiting times.

MH TAKEAWAYS

0085

99

Attachment 12 C

Hospitals are finding various ways to clear ED backlogs of psychiatric patients and speed patient flows.

Health systems recognize that they need to address the psychiatric boarding problem because EDs bring in a lot of paying patients. Delays in serving them because of the boarding of psychiatric patients can hurt revenue.

Hospitals also are hoping that more mentally ill patients will gain **insurance coverage**[3] for **behavioral care**[4] through the federal healthcare reform law and the new federal mental health parity rule. In addition, many states are more closely integrating behavioral healthcare and substance-abuse treatment with physical healthcare in their revamped Medicaid managed-care programs, recognizing that better and more coordinated care for these expensive patients is key to reducing Medicaid costs.

Experts say the boarding problem arises in part from the political powerlessness of this patient population. "The mentally ill have the most limited self-advocacy because of the nature of the illness," said Dr. Martin Buxton, a psychiatrist at Chippenham Hospital in Richmond, Va. "It's been a perfect storm that's been brewing for the last 30 years."

In Ohio, which has one of the most critical bed shortages in the country, six hospitals have collaborated to create a Web-based "bed board," an online database that allows clinicians to find available psychiatric inpatient beds and transfer patients to those facilities on a first-come, first-served basis.

Hospitals also are investing in crisis-oriented outpatient care as another way to steer patients away from the emergency room. "A lot of the folks that are being seen may not need a hospital bed," said Dr. Larry Miller, a University of Arkansas psychiatrist who serves on the American Psychiatric Association's council on healthcare financing.

The deinstitutionalization of mentally ill patients starting in the 1960s and inadequate financing for community-based care has left many Americans without access to quality mental healthcare. In addition, hospitals across the country have sharply cut back on money-losing

psychiatric beds. All of this has created a strain on hospital EDs, which are the last resort for patients, their families and public-safety officials dealing with people suffering from acute mental illness and substance-abuse problems.

Hospitals often resort to holding admitted psychiatric patients in hallways or other ED areas—sometimes in locked rooms—until inpatient beds are available. Patients may be admitted because of liability concerns related to the potential for suicide, but may not receive prompt and adequate assessment and treatment. Experts say the loud, hectic environment of the ED is bad for patients who are struggling with suicidal ideation, hallucinations or drug withdrawal. Staff and other patients may feel threatened by their behavior, requiring the presence of security officers and possibly the use of restraints. It's particularly hard to find psychiatric beds for patients with disabilities or special needs.

DISAPPEARING BEDS

The number of state psychiatric beds decreased by 14% from 2005 to 2010. In 2005, there were 50,509 state psychiatric beds available nationwide. By 2010, the number had shrunk to 43,318.

Per capita state psychiatric bed populations by 2010 had plunged to 1850 levels. In 1850, at the beginning of the movement to provide more humane care by treating seriously mentally ill persons in hospitals, there were

14 beds per 100,000 population. In 2010, the supply was virtually identical at 14.1.

Thirteen states closed 25% or more of their total state hospital beds from 2005 to 2010. New Mexico and Minnesota closed more than 50% of their beds; Michigan and North Carolina closed just less than 50%. Ten states increased their total hospital beds but continued to provide less than half the beds considered to be minimally adequate.

Nationwide, closures reduced the number of beds available in the combined 50 states to 28% of the number considered necessary for minimally adequate inpatient psychiatric services. A minimum of 50 beds per 100,000 population, nearly three times the current bed population, is a consensus target for providing minimally adequate treatment. (By way of comparison, the ratio in England in 2008 was 63.2 per 100,000.)

Many additional public psychiatric beds have been eliminated since 2010. According to a congressional staff briefing provided by the National Association of State Mental Health Program Directors in March 2012, a total of 3,222 additional beds were closed between 2009 and 2012 in 29 states.

Additional plans to eliminate 1,249 more beds in 10 states have been announced. These combined reductions suggest the current or imminent total number of public psychiatric beds to be 38,847, a 23% reduction since 2005.

—Treatment Advocacy Center

Some boarded for weeks

The National Association of State Mental Health Program Directors, in a survey of more than 6,000 EDs nationwide presented at a March 2012 congressional briefing, found that 70% reported boarding psychiatric patients for hours or days—and 10% boarded patients for several weeks. A 2008 American College of Emergency Physicians survey of 328 ED directors found that 61% of hospitals surveyed did not have psychiatric staff caring for ED patients while they waited.

A 2012 study in the journal Emergency Medicine International found that psychiatric patients requiring an inpatient bed at a large academic medical center remained in the ED more than three times longer than nonpsychiatric patients, costing the hospital about $100 an hour based on the average hourly revenue it gets per bed. The researchers said the longer nonpsychiatric patients wait for treatment, the more likely the hospital is to suffer declines in quality of care, patient satisfaction and public reputation.

Doris Fuller, executive director of the Treatment Advocacy Center, an Arlington, Va.-based group that works to increase access to care for severely mentally ill patients, said the basic problem is that the country has reduced the number of psychiatric inpatient beds in public and community hospitals that are accessible to all patients, including those on Medicaid and without insurance.

Twenty eight states and the District of Columbia slashed their mental health funding by a total of $1.6 billion from 2009 to 2012, according to the National Alliance on Mental Illness.

'Public' beds trimmed

There were 43,318 "public" psychiatric beds in 2010—or just 14 per 100,000 people—compared with 50,509 in 2005 and 560,000 in 1955, according to a 2012 Treatment Advocacy Center report. Thirteen states closed 25% or more of their beds from 2005 to 2010, and some of those states closed nearly half their beds. Nationwide, closures reduced the number of beds available in all 50 states to 28% of the number considered necessary for minimally adequate inpatient psychiatric services, which is 50 beds per 100,000 population. And many additional beds have been eliminated since 2010, bringing the estimated current number to 38,847.

At the same time, 1 in 8 patients seen in EDs had a mental health or substance-abuse condition, and this problem has been on the rise for more than a decade, according to a 2007 survey from the Agency for Healthcare Research and Quality.

The American Hospital Association said hospitals have been closing psychiatric units because of low payments from public and private payers, uncompensated care for uninsured patients and a dearth of psychiatrists willing to work in hospitals. Meanwhile, community-based psychiatrists report that patients might wait months to get an appointment, often as their prescriptions run out. In addition, public mental health departments are overwhelmed by demand.

The emergency room is often the only option. In North Dakota, the number of patients coming into an ED with a primary psychiatric

diagnosis more than doubled between 2011 and 2012, according to the Treatment Advocacy Center. In Arizona, requests for psychiatric consultations in the ED spiked 40% during the same period.

In Ohio, there are 23 psychiatric beds per 100,000 residents—less than half the ratio that mental health advocates believe is needed. So hospitals in central Ohio got together to take action. Before 2009, psychiatric patients in Franklin County, which includes Columbus, were languishing in EDs for as long as five days before admission, said Jeff Klingler, president and CEO of the Central Ohio Hospital Council. In May 2009, six hospitals established an online bed board, which includes information about the patient's gender, payer source and when they arrived at the ED. By July 2010, the average wait time for psych patients in the EDs of those hospitals dropped to 30 hours. By September 2013, it had fallen to 19.

While wait times in Franklin County have decreased, the number of psychiatric patients coming to EDs has continued to climb. In May 2009, the county's EDs saw 400 psychiatric patients. This past June, they saw 1,000. As a result, the participating hospitals implemented new procedures. When the number of psych patients reaches an unsafe level at a hospital, the facility declares "surge status" and its psych patients move to the top of the waiting list.

Other states, including Maryland and Virginia, also are using a statewide bed tracking system.

In addition, there are efforts to get psychiatric patients into private freestanding psychiatric hospitals, which typically do not accept Medicaid patients or those without insurance.

The Patient Protection and Affordable Care Act established a Medicaid Emergency Psychiatric Demonstration under the CMS[5]. The three-year pilot program provides $75 million in funding to 11 states and the District of Columbia to create Medicaid reimbursement programs for emergency psychiatric care delivered at free-standing psychiatric hospitals.

Crisis-oriented outpatient care

Hospitals are investing in crisis-oriented outpatient care as another way to steer patients away from the emergency room. Chippenham Hospital in Richmond, Va., last month opened a crisis triage center to expedite services for mentally ill patients who are brought in for care under a mental health warrant or temporary detention order. The crisis center partnered with the local police department, which places officers trained in crisis intervention on-site. That frees the officers who bring in patients from having to wait until they are evaluated. Buxton, who serves as Chippenham's chief of psychiatry, said the new center screens patients for psychiatric and medical issues in about one-third of the time it would take if the patients were brought to the ED.

Experts say that while these various hospital innovations to address the crisis of psychiatric boarding will help, they won't solve the broader societal problem of the shortage of funding and resources to serve the mentally ill at inpatient facilities and in the community.

"The real innovation would be keeping people from getting this sick," the Treatment Advocacy Center's Fuller said.

Follow Beth Kutscher on Twitter: @MHbkutscher[6]

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U.S. Psychiatric Patients Face Long Waits in ERs

1 in 5 emergency doctors reports waiting at least 2 days for a bed for someone who's mentally ill

By Dennis Thompson
HealthDay Reporter

MONDAY, Oct. 17, 2016 (HealthDay News) -- People with mental illness often wait long hours -- or even days -- in an emergency room before receiving the care they need, according to a new poll conducted by the American College of Emergency Physicians (ACEP).

One in five ER doctors polled said they've had psychiatric patients who needed hospitalization who had to wait two to five days before being assigned an in-patient bed, the poll found.

Two accompanying studies back up the poll results, revealing that patients with a wide array of mental health problems are more likely to wind up stuck in an emergency department for more than 24 hours.

"Once the decision to admit is made, it can be nearly impossible to find an in-patient bed for these patients," ACEP President Dr. Rebecca Parker said during a news briefing.

Findings from the survey were scheduled to be presented Monday at ACEP's annual meeting in Las Vegas.

Mental health patients are languishing because cutbacks in mental health care have severely limited all options outside the ER, said Dr. Suzanne Catherine Lippert. She's an emergency medicine physician with Stanford University in Palo Alto, Calif.

"We have a potential perfect storm," said Lippert, the lead author of the two supporting studies. "We have decreasing psychiatric inpatient beds, insufficient accessible outpatient psychiatric centers for crisis stabilization, and increased emergency department crowding."

As a result, Parker said, emergency room care is being delayed for all patients, and the ER itself is becoming "a dangerous place to work at times."

Parker added that "most of these patients are very sick. We only admit people that need care for being suicidal or homicidal or delusional. These people need that acute care in-patient bed, and the resources have just disappeared over the last 10 to 15 years."

Lippert said she started studying the problem after treating a suicidally depressed patient in the ER.

"I placed her on an involuntary hold and started the process of getting her admitted," Lippert said. "When I came back to a shift three days later, she was still there in our emergency department, which has no windows, artificial lighting and activity 24 hours a day. When I came back another three days later, she was still there."

Three-quarters of ER doctors said at least once a shift they see a patient who needs hospitalization for mental illness, according to the poll of more than 1,700 emergency physicians.

About half said that at least once a day, their emergency department winds up "boarding" a psychiatric patient who is awaiting admission to the hospital or transfer to another facility.

"The emergency department has become the dumping ground for these vulnerable patients who have been abandoned by every other part of the health care system," Parker said.

Nearly three in five doctors also reported increased wait times and boarding for children with psychiatric illnesses, the poll reported.

"This is truly heartbreaking," Parker said. "A gurney in an emergency department hallway is no place for any child, let alone a child with a psychiatric emergency."

In addition, only about 17 percent of doctors reported having a psychiatrist on call to respond to psychiatric emergencies in the emergency department, the poll results showed. About 12 percent said they have no one at all on call for mental health emergencies -- no social workers, psychologists, psychiatrists or other professionals.

Two studies highlighted at ACEP's annual meeting further explained the deteriorating network of support for patients with mental illness.

Patients with bipolar disorder, psychosis, depression, or a combination of two or more diagnosed psychiatric problems are at increased odds of being in the emergency department for more than 24 hours, Lippert and her colleagues found.

A patient with bipolar disorder was nearly four times more likely to stay in the ER more than 24 hours, Lippert said. Psychotic patients were about three times more likely to languish in the ER, and people with substance abuse and an accompanying psychiatric diagnosis were more than twice as likely to be stuck in the ER, the survey found.

"We're seeing almost across the board with more severe psychiatric illness, you're having increased odds of a much longer length of stay" in the ER, Lippert said. "Nowhere else in medicine do we have in the emergency department our most severely ill patients staying longest."

Another study provided more detail regarding the pressure that psychiatric patients are placing on hospitals and emergency departments. Researchers found that:

- 21 percent of psychiatric patients require admission to the hospital, compared with 13.5 percent of medical patients.
- 23 percent of psychiatric patients wait in the emergency department more than six hours, versus 10 percent of medical patients.
- 7 percent of psychiatric patients stay in the emergency department for more than 12 hours, versus just over 2 percent of medical patients.
- 11 percent of psychiatric patients wind up transferred to another facility, compared with 1.4 percent of medical patients.

Parker and Lippert said comprehensive mental health care reform is needed to ease the pressure on emergency rooms. Efforts to improve health insurance coverage of mental health care also could help.

More information

For more on mentally ill patients in the ER, visit the National Alliance on Mental Illness.

SOURCES: Rebecca Parker, M.D., president, American College of Emergency Physicians; Suzanne Catherine Lippert, M.D., emergency medicine physician, Stanford University, Calif.; Oct. 17, 2016 presentation, American College of Emergency Physicians meeting, Las Vegas

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A Dearth of Psychiatric Beds

Psychiatric Times, Feb. 25, 2016

February 25, 2016 | Psychiatric Emergencies, Cultural Psychiatry, Forensic Psychiatry, Risk Assessment
By E. Fuller Torrey, MD

COMMENTARY

The current shortage of psychiatric beds in the US is a major problem. Emergency departments (EDs) are crowded with acutely psychotic patients—some who wait for beds for up to a month. The pressure on existing beds is so intense that patients are discharged prematurely and often have to be readmitted or end up homeless or incarcerated. Nevertheless, many states continue to decrease the number of state hospital beds. One reason for such decisions by state officials is that there is no accepted standard regarding how many psychiatric beds are needed.

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The recently published study of psychiatric bed needs by La and colleagues[1] provides such a standard. The authors studied a 25-county region of North Carolina with a population of 3.4 million. The regions' total psychiatric bed capacity consisted of 398 beds in a state hospital; 494 adult psychiatric beds in 14 general or private psychiatric hospitals; and 66 nonhospital crisis beds in 5 facilities. Combined, this totaled 958 psychiatric beds, or approximately 28 adult beds per 100,000 population. The average ED preadmission wait time for psychiatric beds in this region at the time of the study (2010 to 2012) was 3.3 days.

The authors used a computer simulation program to model different scenarios to ascertain how many additional psychiatric beds would be needed to achieve an average preadmission wait time of less than a day. The answer was 356 additional beds, bringing the total bed capacity to 1314 or about 39 adult beds per 100,000 population. This calculation included only adult patients (ages 18 to 64) and assumed a median duration of stay in the state hospital of 20 days, which existed in the hospital under study at that time. This calculation did not include psychiatric beds for children or for forensic patients who usually stay for extended periods.

In 2008 a study was published by the Treatment Advocacy Center that estimated the minimum number of public beds necessary for adequate psychiatric services for a population of 100,000.[2(PDF)] Estimates were solicited "from 15 experts on psychiatric care in the US, [including] individuals who have run private and state psychiatric hospitals, county mental health programs, and experts on serious psychiatric disorders."

In contrast to the study by La and colleagues, the 2008 estimates included beds for children and forensic patients. The consensus estimate of bed need by the 15 experts was 50 (range 40 to 60) public psychiatric beds per 100,000 population. Given these findings, it seems reasonable to establish a range of 40 to 60 psychiatric beds per 100,000 population as a minimum standard currently needed for reasonable psychiatric care in the US in light of the realities of the present funding system.

Such caveats are necessary because we actually do not know how many psychiatric beds would be needed if we were not constrained by Medicaid and other federal regulations. Before these regulations, several studies demonstrated effective and less expensive alternatives to psychiatric hospitalizations. For example, in 1961 to 1964 the Louisville Homecare Project demonstrated that approximately 75% of persons with schizophrenia could be successfully treated at home rather than the hospital with daily visits by public health nurses and guaranteed medication compliance.[3,4] Similarly, the Southwest Denver Mental Health Services contracted with private homes to take acutely ill individuals with care coordinated from the mental health center.[5] Without federal regulations, many alternatives to hospitalization might be found.

Given the present system, however, it is clear that a small number of individuals will continue to need a hospital that is staffed for very difficult patients and/or those whose stay should be measured in weeks, not days. As La and colleagues note, state psychiatric hospitals have traditionally played this role, since they "are designed and staffed to care for people with severe mental illness, including those who may become violent." Thus, "state psychiatric hospitals are the ultimate safety net for people with mental illness."

Psychiatric units in general hospitals and private psychiatric hospitals occasionally admit individuals who have the most severe forms of mental illness, but most are not staffed to do so. In addition, most individuals with the most severe forms of mental illness do not have health insurance and are considered less desirable by private psychiatric hospitals and psychiatric units in general hospitals, 81% of which are privately owned.

Currently, there are about 35,000 state psychiatric beds available, or about 11 beds per 100,000 population.

It would thus be useful to establish a standard for what percentage of the 40 to 60 beds per 100,000 population should be in state psychiatric hospitals, but there is no such standard at this time. In 1955 there were 558,239 state and county psychiatric beds available, or about 340 beds per 100,000 population. Currently, there are about 35,000 state psychiatric beds available, or about 11 beds per 100,000 population. However, even this figure is misleading because in most states the existing state psychiatric hospital beds

For example, a 2014 study reported that Larned State Hospital in Kansas had 457 beds.[6][PDF] However, 190 of the beds were occupied by court-ordered forensic patients who had criminal charges, and another 177 beds were occupied by court-ordered sexual predators; this left only 90 beds for possible admissions. And in many state hospitals such beds are used only for brief hospitalizations, leaving no alternatives for patients who need longer periods for stabilization.

As La and colleagues point out, other measures can be taken to decrease the need for psychiatric beds. Such measures include assertive community treatment and the use of assisted outpatient treatment (AOT) to ensure medication adherence. Studies of AOT have shown that it results in a dramatic decrease in psychiatric rehospitalization.[7]

It is very clear that the more effective the outpatient services, the less need for psychiatric hospitalization. But despite the best outpatient efforts, some severely ill patients will continue to need the ultimate safety net of the state psychiatric hospital. It is important that we recognize that fact and establish a minimum standard for how many psychiatric beds are needed.

DISCLOSURES

Dr Torrey is a research psychiatrist who specializes in schizophrenia and bipolar disorder. He is founder of the Treatment Advocacy Center and Associate Director of the Stanley Medical Research Institute, which supports research on schizophrenia and bipolar disorder, and he is Professor of Psychiatry at the Uniformed Services University of the Health Sciences in Bethesda, MD.

EDITOR'S NOTE: Readers are invited to comment on our website. Please adhere to our editorial request to leave your full name and professional title at the end of your comment.

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Editor's note: We invite you to read Dr Torrey's recent essay "Fraud, Waste, and Excess Profits" on www.PsychiatricTimes.com.

Oldest First Newest First

When acute and chronic mental health problems are on the increase, it is the silliest thing to reduce the bed capacity either in state/public hospitals or in private sector. Deinstitutionalization failed in USA due to alternative services were not in place. Mental health patients rights need to be protected and they deserve a humane treatment at places equipped with basic facilities and human resources, a minimum requirement to maintain decency and respect for mentally ill patients and their caregivers.

Naseem @ Mon, 2016-02-29 03:28

reply

I'm a Registered Nurse working in a Forensic Mental Health Unit in New Zealand. Mental health bed shortage is world wide trend. We tend to be the poor cousin of health services so when health cuts are needed our heads/bed numbers seem to be on the chopping block. I would love to know how my government works out the required number of mental health bed per head of population. Being a locked Forensic unit we often get the over flow or the too hard to handle individuals which is wrong. This in turn effects how my unit functions.
Bed shortages throughout the western world is going to continue, particularly now with the influx of refugees.

Karin @ Sun, 2016-02-28 17:32

reply

Reagan also changed our paradigm for treating the chronic severely mentally ill. We used to house them in huge state facilities behind locked gates where they got minimal care and weren't allowed out. Now we house them under bridges, in alleys and doorways, where they are free to freeze to death in the winter or die of cirrhosis or pneumonia. It's so much more humane now that we don't deny them their freedom.

Peter @ Sun, 2016-02-28 00:13

reply

Re freedom and closing state hospitals-NOT the psychiatrists' doing!!

Peter @ Sun, 2016-02-28 00:14 reply

The trans-institutionalization of our mental health system has a long and tragic history. Let's not traffic in urban myths as "Regan changed our paradigm for treating the chronic severely mentally ill."

The record reflects America's fundamental paradigm change occurred with President Kennedy's 1963 "Community Mental Health Act" and President Johnson's persuasion of Congress to instigate his "Great Society Programs," i.e. Medicare and Medicaid.

Pedaling in political palaver will not fix America's broken mental heath system. One can read historical government documents and observe their presentations to Congress on the internet to verify events for accuracy; urban myths just cloud judgment and decision-making.

William @ Wed, 2016-03-02 13:10 reply

I work in Cleveland, Ohio and I have seen psychiatric care change over the years from a hospital based system, where private hospitals refused Medicaid, to a community based system in which fewer and fewer patients are hospitalized, for fewer days and private hospitals have a vast majority of available beds. I work in an integrated behavior health care program in a FQHC doing counseling. This is the third innovative program in which I have worked. One was Permanent Supported Housing , which moved people who were chronically homeless directly into affordable housing with services. We kept a lot of people out of hospitals for all kinds of chronic health issues. Thanks to the Medicaid expansion, we can bring behavioral health to primary care where we can see people who formerly could access counseling only when they became so dangerously ill they presented at the ED. I see people will all diagnoses, including schizophrenia, but mostly chronic PTSD. So we have some prevention efforts and they really do work. But come the weekend in northern Ohio, psych intake workers all around the area are calling one another trying to find out what facility might have an acute adult psych bed available. We've had so many adult units closed over the past few years that the patients suffer.

Sue @ Sat, 2016-02-27 22:02 reply

A big reason is the insurance companies who have unrealistic criteria without regard for the treating physician's concerns or explanations

sobie @ Sat, 2016-02-27 19:23 reply

Under the auspices of the National Action Alliance for Suicide Prevention, in 2015 Dr. Mike Hogan and I co-led a task force on the challenges of Emergency Departments and the lack of appropriate community-based psychiatric crisis care. We don't believe the answer is more inpatient acute care beds, but rather the implementation of innovative approaches currently being used in Georgia, Colorado and North Carolina. See the full report at http://bit.ly/AACrisisHappensNow.
David Covington, LPC, MBA
CEO & President, RI International and Co-lead National Action Alliance Crisis Services Task Force

David @ Sat, 2016-02-27 19:07 reply

We have the same problem in Australia although not as severe. Our wait times for a Psych bed don't seem to run to much more than a couple of weeks. However, the rapid discharge and warehousing in gaols is definitely here. Then, our bureaucrats are usually a little behind those of the USA and UK, and so I expect the problem will grow before change occurs.

Dr Ray Taylor
Consultant Psychiatrist
Adelaide, South Australia

Ray @ Sat, 2016-02-27 17:48 reply

Thank you, Dr. Torrey for your interesting analysis, also thanks to the contributors to this blog. I am a private practice mental health therapist. Both medical and mental health care is in total chaos and I hope we can all work together to improve this situation. I am convinced that we must stop pretending that mental health issues are a part of something outside the human condition. That is, we must once and for all eliminate the discrimination inherent in our society about mental illnesses, all of which reside in the same brain that we gladly treat for tumors, bleeding, strokes, MS, etc without a breath of discrimination. However, if a person has a mental condition outside of the pure Medical model, treatment can consist of riding around in the back of a police car until a bed or a cell becomes available. There should be a day when hospital and community care treat the human condition that presents itself, rather than looking for a mental health bed if mental illness is evident. Do you remember the concept of "parity" for mental health vs medical health? Parity is not the answer to the lack of mental health treatment, it is a further separation of a human being into prioritized categories of suffering, instead of an intention to treat the presenting condition without prejudice or a financial judgment of importance. The brain is part of the body after all, and if it is amenable to treatment for whatever is ailing it, be it a tumor or a psychosis, we must provide that treatment, and in fact we are capable of successfully treating mental conditions if we just choose to do so.

Roger @ Sat, 2016-02-27 16:33 reply

We need to remove the patients that treat their stay at a mental facility as a "vacation" from the daily life and make room for those who are in distress and need immediate medical and physical help. One of the hospitals in CA that I visited the new people that were admitted weren't even told how to get the medication that was an option, but necessary, where to go to get it. I was appalled at the way that this facility was operated and would never send a patient here.

Pat @ Sat, 2016-02-27 16:07 reply

The "state" pays for psychiatric care, in-patient, through the mental health centers. These places don't want to waste money caring for patients because they need it for salaries and other administrative costs. They don't even take anymore the sickest patients because of the cost and time to care for them. So of course there are fewer beds because they are not used as they should be.

Mitchel @ Sat, 2016-02-27 16:29 reply

No room in the inn... or the out-patient facility, or anywhere for that matter except for the very affluent. Our neighborhood has two of the walking wounded who, in the old days, would have been warehoused (most likely) in a state facility. Are they any better off wandering the streets (one of them is called The Yeti by the neighborhood children) than they were before? Are we, as a society, willing to increase taxes to explore and implement some of the programs/solutions underway in the E.U.? Probably not - we seem to be in the grip of a psycho-social hallucination wherein the poor, the immigrants, the addicted and the deranged are freeloading on a small, well heeled but beleaguered minority of virtuous (proved by success) citizens who are unwilling to look out the window. I'm not optimistic.

Alex @ Sat, 2016-02-27 16:20 reply

In many areas of "behavioral health" we do not have a social plan that meets the big picture or true needs of the community. Heaven help us if we talk about social programs as a part of a socialism! Private companies and families can do the job better??? Yes, if you have insurance and can afford a well funded private program that makes a profit while assisting a client. That leaves most individuals under a freeway underpass.

We generalize solutions, then find the exceptions that do not meet the standard care or cost, leaving many outside the support network. There are lawsuits that restrict us for the benefit of one with an unique need not met or because someone was unable to give the help that was needed, most likely due to funding, training, or inadequate background check. Staffing any type of facility is difficult. Highly trained personnel should be paid well but are not. (psychiatrists are in high demand everywhere and often do not take insurance). If you do not have well educated and trained staff, good practice is harder to maintain as the numbers of patients increase and care is more limited. This is true in all medical fields. The middle men often control the access to treatment (insurance co or MediCal) without the variables of individual cases taken into account. One doctor or one nurse can not battle constantly with insurance co to provide the needed care. This creates burn out. Oversight is needed, but that should be a medical director(s) role, not the objective view of those trying to make a profit. Fiscal responsibility is necessary, but profit on peoples' illnesses is not. This leads back to a government run program, the very idea that upsets many people who are afraid of government run programs. If it is privately run, then someone is making a profit. So what government organization is left to do the job for those without income, insurance or legal representation---criminal justice and a patchwork of social programs for band-aide therapy and treatment.

On the prevention side, some families and individuals actually consider family histories, making tough decisions about child bearing and the number of children they have. They make hard decisions early for their children with behavior disorders and help them through each available system: school, medical, private and public systems. If you have the financial means and the education, you understand the risks for your children and respond. For those that do not understand, have the adequate education or ability to understand, there are no choices. You are encouraged to have as many children as possible (no ins, no birth control, no abortion, and just saying no is not a real option...). With mental health issues in families (poor have more because they can not avoid it with other options in life) you have extremely stressful relationships, lose jobs, and housing. Then you find a better partner, have additional children, and give up the children that you can not control or care for to the foster system. Sometimes you never received help and regrettably do harm to the children you had hoped would give you a new future different than your own. Now we have a complication social, moral, ethical problem that needs addressing without sugar coating cause and effect. This is usually decided by politicians that have votes at stake, give a short term response, and none of the laws or regulations are reviewed, updated, or given one to one consideration, but jammed through with other laws and regulations just to get a placement band aid to a real crisis. We are not going to solve the mental health problems without a serious view of the connecting problems in the criminal justice programs, the education/child welfare programs, how health care is given or not given, private companies that make money on these services (insurance, hospitals) vs public (all groups left to handle enormous case loads after the the failure of other systems including families that are ideally expected to do the job in full for their own members.

We can add more psychiatric beds,yes, but will that really fix the problem? No. We are adding more homeless shelters, more prison space, more drug rehab, and the public schools are supposed to do more and more for seriously disturbed young people in old buildings, without sufficiently trained staff for psychiatric or criminal experience (they are educators and are trained to teach math and language arts-remember?). Someone recently thought teachers should teach substance abuse prevention. It is a short lesson in health curriculum now, but the ones that most need it walk out of class, fall asleep in class, and do not care if they flunk the class. The parents at this point, have no clue how to handle their children. We are back to the criminal justice system.....

How do we reduce the need for psychiatric care (beds in a hospital), provide the care when and how it is needed, and create a well functioning program for the majority of people who can not afford private care in a private hospital are the questions---not a isolated question about number of beds for psychiatric patients (or homeless, foster children, and criminals). We are talking about highly related, connected systems. We can not fix one without the other.

Karen @ Sat, 2016-02-27 12:57 reply

The New Asylums
60 years ago people were horrified that the mentally ill were being "warehoused" in mental institutions. So the government turned the mentally ill out to live in the street. Now we have come full circle and the mentally ill are being warehoused again, but this time in dangerous prisons.
The most vulnerable in our society have been completely abandoned by our society.
It appears that the lessons in humanity that people learned 150 years ago have been forgotten

under treatment on any given day, they represent by far the largest mental-health treatment facilities in the country. By comparison, the three largest state-run mental hospitals have a combined 4,000 beds.
"In every city and state I have visited, the jails have become the de facto mental institutions," says Esteban Gonzalez, president of the American Jail Association, an organization for jail employees...

Eileen @ Sat, 2016-02-27 11:14 reply

It's an absolute shame how many psychiatric beds have been lost. The whole idea was to transition people with mental illness to community resources. This is not happening and people are falling through big cracks in our system. There is not enough funding or for that matter community resources. The future is very bleak and we wonder why there are so many suicides.

charlene @ Sat, 2016-02-27 10:47 reply

Heck in my area I would almost be happy to settle for early discharge. It is the inability to even admit patients to an in-patient unit that is a major problem. Also, the local hospitals that do have acute units are backed up because of the lack of state long-term units. It has become a little better recently, but the stay between being accepted to a state hospital and actually having a bed has averaged as much as 90 days in the last few years. In fact we have discharged patients and had them relapse in this waiting time.

Kurt @ Sat, 2016-02-27 10:49 reply

Why are we advocating for expanding state hospitals instead of community services?

paula @ Sat, 2016-02-27 15:07 reply

Have their been studies to ascertain whether this statement is accurate? Psychiatry beds are a moneylosing proposition for hospitals. Therefore psychiatric beds are gradually eliminated since procedures bring in more money. Our system devalues the one to one treatment necessary for psychiatric ills, whether outpatient or inpatient. That costs a lot of money.

Leon @ Sat, 2016-02-27 10:40 reply

I would agree with this article. There is a missing piece of care that is evident in all health care systems in the world. The community mental health support system is the piece Some places do have this piece, but funding , understanding and support is extremely inadequate. It is a specialty and requires trained and educated individuals . It requires all social structure , educational structure , health and financial structure ,housing programs to work together in an interdisciplinary and creative way. It's tertiary prevention. It reduces hospitalization and costs to society . It provides support to people living with mental illness and promotes independence and consequently improved health.

Brenda E @ Sat, 2016-02-27 10:26 reply

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STATELINE

Amid Shortage of Psychiatric Beds, Mentally Ill Face Long Waits for Treatment

August 02, 2016

By Michael Ollove

Corrections deputies prepare to enter a cell in the psychiatric unit of the Pierce County Jail in Tacoma, Washington. A federal court last month held Washington state in contempt for holding mentally ill inmates without evaluating or treating them.

This story has been updated to correct a typo. Georgia has fewer beds than in 2010, not than in 2016.

Across the country, a critical shortage of state psychiatric beds is forcing mentally ill patients with severe symptoms to be held in emergency rooms, hospitals and jails while they wait for a bed, sometimes for weeks.

Mental health advocates, attorneys and judges say the practice, known as psychiatric boarding, prevents patients from getting the care they need. Instead, such patients are sometimes strapped down or held in isolation, and often receive little or no mental health services.

Several states are moving to increase the number of beds, and to increase crisis services — to help keep a mentally ill person from spiraling out of self-control and ending up in emergency rooms and jails.

But the problem, which many blame on budget cuts and a shortage of psychiatrists and nurses, won't be easy to solve. By one count, the nation needs an additional 123,300 psychiatric hospital beds.

The crisis is drawing particular scrutiny in Washington state, where two court rulings — one in the state Supreme Court in 2014 and the other in federal court last year — determined that it is illegal for the state to warehouse mentally ill patients and prisoners in emergency rooms, jails and regular hospitals.

The state reacted swiftly, increasing the number of psychiatric beds and boosting spending on community mental health services.

But the courts are impatient with the pace of state action. Last month the federal judge who ruled that the Washington Department of Social and Health Services was violating the constitutional rights of prisoners held the department in contempt and ordered it to pay fines of $500 a day for each inmate waiting more than a week for a bed and $1,000 a day for each inmate waiting more than two weeks for a bed, until the problem is fixed.

The problem extends far beyond Washington: In a 2014 survey, 19 of 38 state mental health directors said their states had been threatened with or found in contempt for failing to admit jailed inmates found mentally incompetent into mental health facilities in a timely manner.

The U.S. now has 37,679 state psychiatric beds, down about 13 percent since 2010, according to a June report from the Treatment Advocacy Center, a nonprofit working to improve treatment for severe mental illness.

The loss of those beds has left "the sickest of the sick" without treatment, said John Snook, the center's executive director.

Psychiatric Beds in Short Supply

Around the country, state psychiatric hospital beds are in short supply and their numbers are declining. Advocates suggest at least 40 beds for every 100,000 people.

State	Psychiatric hospital beds (2010)	Psychiatric hospital beds (2016)	Beds per 100,000 people (2016)
Alabama	1,119	383	7.9
Alaska	52	80	10.8
Arizona	260	302	4.4
Arkansas	203	227	7.5
California	5,283	5,905	15.1
Colorado	520	543	10.0
Connecticut	741	615	17.1
Delaware	209	122	12.9
District of Columbia	n/a	282	42.0
Florida	3,321	2648	13.1
Georgia	1,187	954	9.3
Hawaii	182	202	14.1
Idaho	155	174	10.5
Illinois	1,429	1,341	9.3
Indiana	908	818	12.4
Iowa	149	64	2.0
Kansas	705	451	15.5
Kentucky	446	499	11.3
Louisiana	903	616	13.2
Maine	137	144	10.8
Maryland	1,058	950	15.8
Massachusetts	696	608	8.9
Michigan	530	725	7.3
Minnesota	206	194	3.5
Mississippi	1,156	486	16.2
Missouri	1,332	874	14.4
Montana	194	174	16.8
Nebraska	337	289	15.2
Nevada	302	296	10.2
New Hampshire	189	158	11.9
New Jersey	1,922	1,543	17.2
New Mexico	171	229	11.0

North Carolina	761	892	8.9
North Dakota	150	140	18.5
Ohio	1,058	1,121	9.7
Oklahoma	401	431	11.0
Oregon	700	653	16.2
Pennsylvania	1,850	1,334	10.4
Rhode Island	108	130	12.3
South Carolina	426	493	10.1
South Dakota	238	128	14.9
Tennessee	616	562	8.5
Texas	2,129	2,236	8.1
Utah	310	252	8.4
Vermont	52	25	4.0
Virginia	1,407	1,526	18.2
Washington	1,220	729	10.2
West Virginia	259	260	14.1
Wisconsin	558	458	7.9
Wyoming	116	201	34.3
U.S.	43,318	37,679	11.7

Source: Treatment Advocacy Center, June 2016

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The Promise of Deinstitutionalization

The introduction of effective psychiatric medicines and a growing preference to keep the mentally ill close to home and in less restrictive settings led to a steady decline in the number of state psychiatric beds, which peaked at nearly 560,000 in 1955.

Mental health advocates assumed public spending on community mental health would rise as institutions closed, but the increases have fallen short of the need. The recession made the situation worse: States cut $4.35 billion in public mental health spending between 2009 and 2012, though some states have made modest increases since 2012.

"It's not like the patients have gone away. It's the treatment resources that have gone away," said Renée Binder, the immediate past president of the American Psychiatric Association.

Failure to treat severe mental illness can result in worsening symptoms and increase the likelihood that inpatient services will be needed, mental health advocates say.

"Fewer beds and no more community services is a lethal combination," said Ron Honberg, a senior policy adviser at the National Alliance on Mental Illness.

Yearslong Shortage

Many states have faced shortages of psychiatric beds for years.

A 2008 report for the U.S. Department of Health and Human Services found that psychiatric boarding was routine in many states, including California, Connecticut, Georgia, Maryland, Massachusetts and Nevada. One 2012 study found that 70 percent of emergency rooms had had to board psychiatric patients for more than 24 hours and 10 percent for a week or more.

The Treatment Advocacy Center recommends 40 to 60 psychiatric beds for every 100,000 people. The national average is 11.7, and the group estimates that the country needs an additional 123,300 state psychiatric beds, though it is urging the federal government to do its own assessment.

Georgia has 9.3 beds for every 100,000 people, and 233 fewer beds than it did in 2010. The state has boosted mental health crisis services, but lacks the manpower to prevent the mentally ill from ending up in emergency rooms and hospitals, said Andrew Johnson, a spokesman for the Department of Behavioral Health and Developmental Disabilities.

"We would probably be able to bring more beds on line but for a workforce challenge," Johnson said. "The shortage of psychiatrists and nurses is our No. 1 problem."

South Carolina, which has 493 state hospital beds, 67 more than in 2010, has increased mental health spending under Republican Gov. Nikki Haley. Most of the new money has gone toward crisis intervention and services to stabilize patients during an emergency, said Tracy LaPointe, a spokeswoman for the South Carolina Department of Mental Health. LaPointe said the psychiatric boarding continues because there aren't enough beds.

Several states, including Georgia and Virginia, have or are building online registries that can identify open psychiatric beds using up-to-date information.

Virginia launched its online registry after several high-profile incidents, including the 2013 stabbing of a state senator by his son, who then shot himself to death, all after an open psychiatric bed could not be found. A January report by the state's inspector general found the registry's information wasn't being updated in a timely fashion.

An Imminent Risk

In Washington state, the number of state psychiatric beds declined 40 percent from 2010 to 2016, leaving just 729 beds — or 10.2 beds for every 100,000 people.

During some of this time, the state reduced its spending on mental health, which mental health advocates say increases the need for inpatient beds even as those beds are evaporating.

In the case that reached the state Supreme Court, 10 people were deemed an imminent risk to themselves or others as a result of a mental disorder. Under state law, they should have been sent to state-contracted evaluation, stabilization and treatment centers within 72 hours, where doctors would determine if they needed to be committed.

But, because there was no room at the centers or at state psychiatric facilities, the patients were held for much longer in emergency rooms or acute care hospitals — weeks, in some cases.

"Hospital emergency departments are a uniquely inappropriate place for someone in psychiatric crisis," said Eric Neiman, who represented two hospital systems that took the case to court. "It's loud, chaotic, and they don't have psychiatric professionals."

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Health Panel Recommends Anxiety Screening for All Adults Under 65

The guidance comes as Americans are coping with illness, isolation and loss from the pandemic, as well as other stressors like inflation and rising crime.

By Emily Baumgaertner

Sept. 20, 2022

A panel of medical experts on Tuesday recommended for the first time that doctors screen all adult patients under 65 for anxiety, guidance that highlights the extraordinary stress levels that have plagued the United States since the start of the pandemic.

The advisory group, called the U.S. Preventive Services Task Force, said the guidance was intended to help prevent mental health disorders from going undetected and untreated for years or even decades. It made a similar recommendation for children and teenagers earlier this year.

The panel, appointed by an arm of the federal Department of Health and Human Services, has been preparing the guidance since before the pandemic. The recommendations come at a time of "critical need," said Lori Pbert, a clinical psychologist and professor at the University of Massachusetts Chan Medical School, who serves on the task force. Americans have been reporting outsize anxiety levels in response to a confluence of stressors, including inflation and crime rates, fear of illness and loss of loved ones from Covid-19.

"It's a crisis in this country," Dr. Pbert said. "Our only hope is that our recommendations throw a spotlight on the need to create greater access to mental health care — and urgently."

From August 2020 to February 2021, the percentage of adults with recent symptoms of an anxiety or a depressive disorder increased to 41.5 percent from 36.4 percent, according to one study cited by the task force.

The guidance was issued in draft form. The panel will finalize it in the coming months after reviewing public comments. While the panel's recommendations are not compulsory, they heavily influence the standard of care among primary care physicians across the country.

In response to the recommendations, mental health care providers emphasized that screening programs are useful only if they lead patients to effective solutions. At a time when the country is "short on mental health resources on all levels — psychiatrists, psychologists, and therapists — that's a real concern," said Dr. Jeffrey Staab, a psychiatrist and chair of the department of psychiatry and psychology at Mayo Clinic in Rochester, Minn.

"We can screen lots of people, but if that's all that happens, it's a waste of time," said Dr. Staab, who is not on the task force.

Psychiatrists, while pleased with the attention on mental health, also underscored that a standardized screening is only the first step toward a diagnosis, and that providers will need to guard against assuming that a positive screening result indicates a clinical disorder.

For many Americans, the screening could simply reveal a temporary period of distress and a need for extra support.

"When providers say, 'You must have a disorder, here, take this,' we could face an overprescribing problem," Dr. Staab said. "But the opposite scenario is that we have lots of people suffering who shouldn't be. Both outcomes are possible."

Rising mental health issues are not unique to the United States. Anxiety and depression increased by 25 percent globally during the first year of the pandemic, according to the World Health Organization, and has only partially improved since.

About a quarter of men and about 40 percent of women in the United States face an anxiety disorder in their lifetimes, according to the task force, though much of the data is outdated. Women have nearly double the risk of depression compared with men, studies show, and the recommendation paid special attention to screenings for pregnant and postpartum patients.

Physicians typically use questionnaires and scales to survey for mental health disorders. According to the recommendations, positive screening results would lead to additional assessments at the provider's discretion, depending on underlying health conditions and other life events.

Some primary care physicians expressed concern that adding an additional responsibility to their wide-ranging checklist for brief patient appointments is implausible.

Dr. Pbert of the task force said that those providers should "do what they already do on a daily basis: Juggle and prioritize."

She also said the task force's rigorous review of available studies revealed that people of color are often underrepresented in mental health research, which, if not addressed, could contribute to a cycle of inequity.

Mental health disparities are rampant in the United States, where Black patients are less likely to be treated for mental health conditions than are white patients, and Black and Hispanic patients are both more frequently misdiagnosed. From 2014 to 2019, the suicide rate among Black Americans increased by 30 percent, data shows.

Standardizing screening for all patients could help combat the effects of racism, implicit bias and other systemic issues in the medical field, Dr. Pbert said.

The task force panel did not extend its screening recommendations to patients 65 and older. It said there was no clear evidence regarding the effectiveness of screening tools in older adults because anxiety symptoms are similar to normal signs of aging, such as fatigue and generalized pain. The panel also said it lacked evidence on whether depression screening among adults who do not show clear signs of the disorder would ultimately prevent suicides.

The task force will accept public comments on the draft recommendation through Oct. 17.

A version of this article appears in print on , Section A, Page 12 of the New York edition with the headline: Panel Recommends an Anxiety Screening for All Americans Under 65

Attachment 12 G

ALTERNATIVES

US HealthVest and Pointcore, Inc., a wholly-owned subsidiary of OSF Healthcare System, propose to form a joint venture to establish the 100 AMI bed Meadowview Behavioral Hospital in Peoria on property owned by OSF near the north city limits. The planned two story 64,000 sq ft facility is new construction on a clear site, with a total project capital cost of approximately $34.3 million.

Before this project was selected as the preferred project, a number of other alternatives were considered. These alternatives are briefly described below.

Alternative 1. Establishment an Acute Mental Illness unit on the downtown Peoria campus of OSF Saint Francis Medical Center.

This option was quickly rejected because of the lack of space to accommodate the proposed service at the scale of 100 beds or even a smaller bed complement. The facility currently has 642 total beds and has been operating at high utilization levels of all services. The 399 medical/surgical beds, for example, operated above 82% occupancy in year 2020, with a peak census of 385 patients. The hospital received HFSRB approval in August, 2021 to relocate its Comprehensive Physical Rehabilitation unit from OSF Saint Francis Medical Center to Greater Peoria Specialty Hospital in a joint venture with Kindred Healthcare (Project 21-014). This move was motivated, in part, by the need to make space available for clinical expansion within the hospital. There is no space at the Medical Center that could be converted on the scale needed for the inpatient psychiatry service.

No estimated capital cost can be provided because of the lack of a viable facility plan for a similar project at the main medical center.

Alternative 2. Expand the existing 26 bed AMI unit at OSF Saint Elizabeth Medical Center in Ottawa.

The 97 bed hospital facility in Ottawa is too small to accommodate an AMI project of 100 beds or the addition of units with a lesser number of beds. There is no space of sufficient size that can be converted, and construction of a building addition to accommodate the project is not feasible financially because of the capital cost of addressing site constraints. It is estimated that the cost to establish a 126 bed facility at that location, incorporating the existing 26 bed service into the new facility, would be in the $45 to $52 million range, if functionally feasible on the campus. As result, this alternative was also quickly rejected.

Alternative 3. Instead of forming a joint venture, US HealthVest or OSF Healthcare System ("OSF") would establish and operate the behavioral health hospital without the joint partnership.

The joint venture is planned to bring together the strengths of the two hospital systems.

US HealthVest operates nine hospitals in major metropolitan areas – Chicago, Atlanta, Seattle and Indianapolis, and has been an innovator in the development of specialty psychiatry programs, with evidence-based best practices that achieve successful treatment and recovery for patients nationally. US HealthVest operates three behavioral health hospitals in Illinois. Lake Behavioral Health in Waukegan and Chicago Behavioral Health in Des Plaines are sole ventures by US HealthVest. The Silver Oaks Behavioral Hospital in New Lenox is a joint venture with Silver Cross Hospital. While US HealthVest

is familiar with both an independent and a partner model, it prefers to partner with a significant established and well-respected regional health care system for this project, to capture the benefit of a large referral health care network.

Operated by the Sisters of the Third Order of St. Francis, OSF Healthcare System provides health care services in 150 locations, including 14 hospitals in Illinois of which five are Critical Access Hospitals. The system has over 2,000 inpatient beds and employs nearly 25,000 Mission Partners, including more than 1500 primary care, specialist and advanced practice providers. OSF is a significant provider of health care services throughout Illinois.

Because of the growing need for behavioral health care in central Illinois, OSF recognizes the necessity of increasing the availability of AMI beds within its system, based in Peoria as a centralized location. The opportunity to partner with US HealthVest in an 80/20 partnership allows for establishing a new service without diverting capital funds from other current high priority clinical development commitments. The establishment of a 100 bed behavioral hospital as a joint venture with US HealthVest allows for commitment to this important service as a necessary part of the OSF Mission.

An exclusive initiative by either US HealthVest or OSF would not capture the synergies of both systems working together to maximize their individual expertise. As a result, both organizations rejected the do-it-alone business plan.

The total capital cost of this alternative would be about the same as the proposed joint venture project.

Alternative 4. Do nothing

Over the past years, there has been an increasing number of residents of HSA 2 leaving the planning area for inpatient psychiatric care. Almost 40% of residents who were admitted in 2021 for AMI travel out of the area -- as far as the northern suburbs of Chicago or to other hospitals outside of HSA 2 and even Illinois. While AMI units in the region may not achieve the standard 85% census for the year, the lack of available beds is significant, due to conditions ranging from COVID restrictions on AMI units, gender limitations because of double-occupancy inpatient rooms, the need to accommodate patients with specialty needs, and most importantly, the increasing demand for behavioral health care because of societal, family, economic and other stresses. In addition, there is a concern that many residents who need behavioral health inpatient care do not have access to local available AMI beds.

Daily news programs document the increasing pressures on families and individuals and the need for more behavioral support and intervention. This is especially the case for populations with health care disparities, as is the case in several parts of the Peoria area. As evidenced by the historic growth of the three US HealthVest hospitals in Illinois over the past 3 – 8 years, there is a significant demand for more AMI beds. The growth of these three facilities is evidence that the US HealthVest model of care, focusing on the delivery of specialized health care services, is responsive to the need in this third decade of the 21st century.

OSF has concluded that because behavioral health is the number one health care need in Peoria, Tazewell and Woodford Counties, that doing nothing is inconsistent with its Mission to provide necessary and healing health care services. US HealthVest and OSF share that commitment.

Alternative 5 (The preferred alternative): Establish a 100 AMI-bed hospital in Peoria on property owned by OSF, as a joint venture between US HealthVest and Pointcore, Inc.

The size of the hospital is scaled to 1) meet the needs of the residents of HSA 2 and beyond, for locally available psychiatric care that enhances the ability of family members and friends to play a role in care; 2) enable the scale size required to allow for the assembly of specialists to deliver specialized care required to meet the needs of patients with dual diagnosis (mental health and substance abuse), women-only, geriatric behavioral health, veterans with PTSD and other disorders, and other groups; and 3) achieve a volume of service for a financially viable operation with economies of scale. The joint venture arrangement between US HealthVest and Pointcore, Inc will deliver a high level of expertise in mental health care for all populations in the region, including especially those populations with health disparities.

SIZE OF THE PROJECT

The project is the construction of a new building on unimproved vacant land. The property is part of Parcel ID 130220009 owned by OSF near the northern city limits of Peoria. An address has not yet been assigned; work is underway with the City of Peoria to select an address. The total project size is 64,057 departmental gross sq ft (dgsf). Of this total, 48,387 dgsf is clinical; 15,670 dgsf is non-clinical space. The table shows the distribution of clinical space by functional area:

Department/Service	Proposed dgsf	State standard (dgsf)	Difference	Met Standard?
Clinical space				
AMI beds	41,166	NA		
Intake	1,441	NA		
Physical therapy	630	NA		
Outpatient program	1,778	NA		
Pharmacy	435	NA		
Medical records	460	NA		
Dining	2,477	NA		
Total clinical space	48,387	440-560 dgsf per bed 44,000-56,000 dgsf	7,613 dgsf	Yes

The project is consistent with State size standards for the functional areas for which there are standards. If all of the space for the supporting clinical functions listed in the above table were incorporated with the space allocated to beds, the result is a total 484 dgsf per bed. That is well within the range for the State standard of 440 to 560 dgsf per AMI bed.

Floor plans for the two-story building are shown on the following pages. This floor plan has evolved from the experience of US HealthVest at its facilities in Illinois and elsewhere in the US. There are six nursing units, three on each floor. The maximum size nursing units are 18, 20 and 22 beds. Each of the units provides a combination of private and semi-private rooms. Patient room sizes are consistent throughout the facility, enabling flexibility in unit sizes and room occupancy, and allowing for the potential of bed expansion in the future if needed.

The six units enable the separation of patients by specialized need – dual diagnosis, veterans with PTSD, women only, senior adult, etc. The building design enables independent access to each unit without crossing through another unit. Scheduled daily movement of patients from any of the units to other parts of the hospital for dining, outdoor activity, exercise or other therapies can be done without interacting with different patient populations.

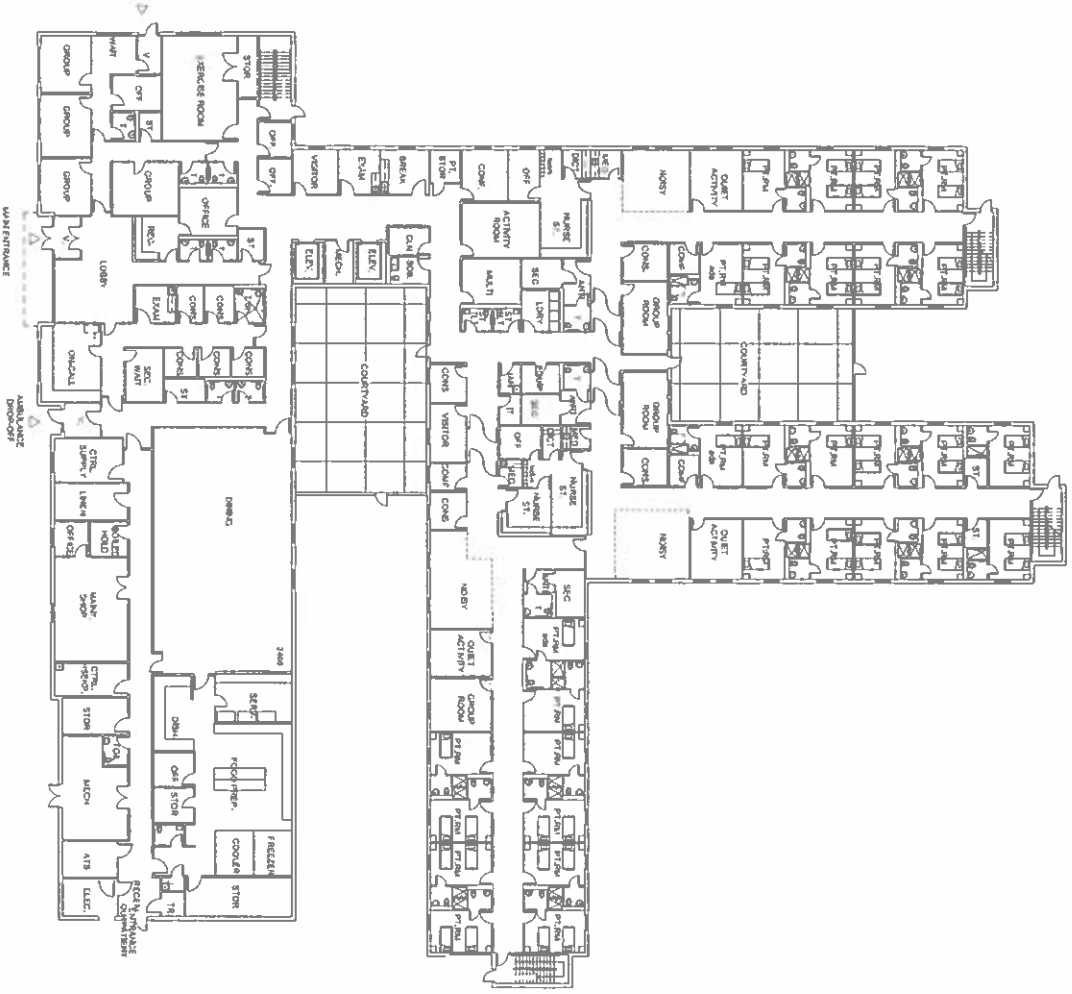
Attachment 14

Each of the nursing units is secure. The nursing units are designed with safety and social interaction in mind. Nurses stations are located directly across from social spaces designed to be open and with an abundance of natural light.

There are two large secure courtyards accessible from the main corridor, providing access to outdoor activity.

FIRST FLOOR PLAN

SCALE = 1/32"=1'-0"



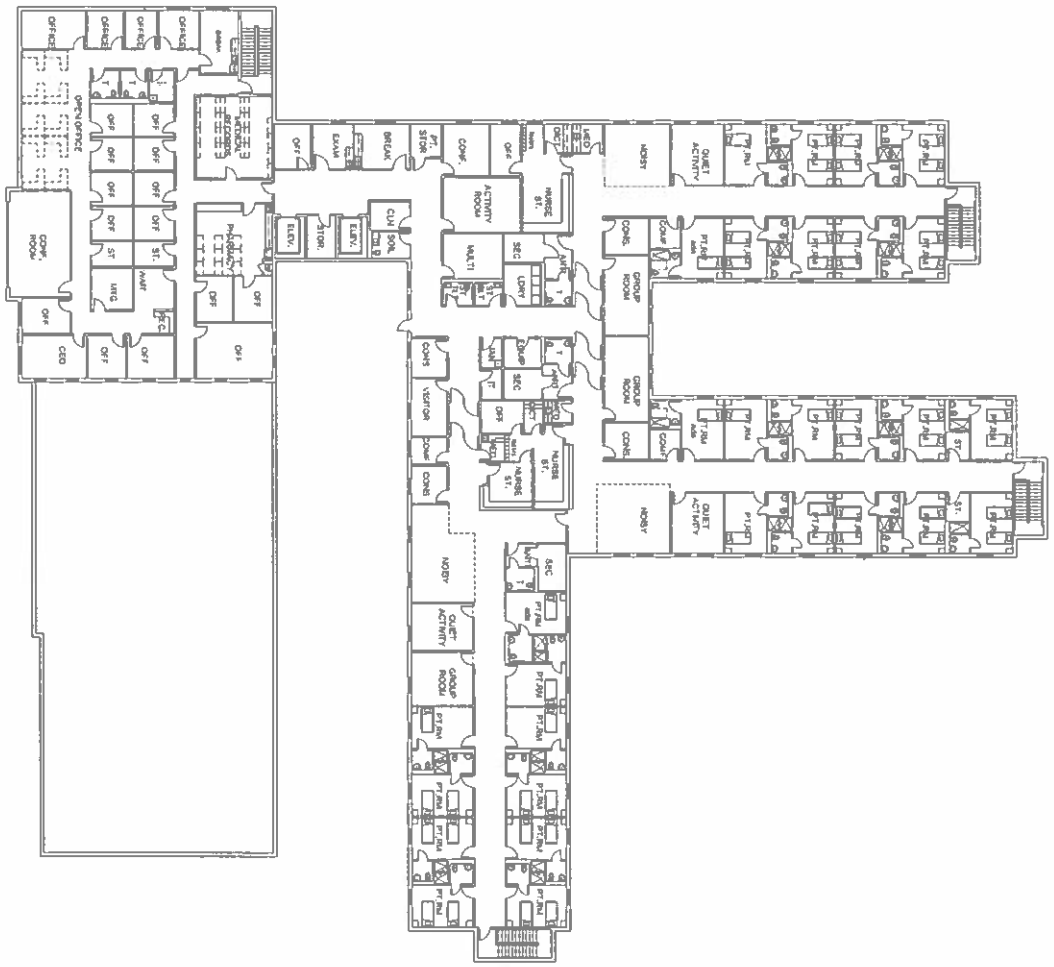
AMI BEDS:
FIRST FLOOR = 50 BEDS
SECOND FLOOR = 50 BEDS
TOTAL = 100 BEDS

AREA:
FIRST FLOOR = 36,400 SF
SECOND FLOOR = 27,920 SF
TOTAL AREA = 64,320 SF

Attachment 14

SECOND FLOOR PLAN

SCALE = 1/32" = 1'-0"



Attachment 14

PROJECT SERVICES UTILIZATION

The main clinical service provided in the new hospital is primarily adult Acute Mental Illness inpatient and outpatient care. There is no diagnostic imaging planned in the facility. The 100 AMI beds will be distributed among several specialized services, including senior adult care, women-only care, dual diagnosis (mental health and substance abuse) and veterans care with special capability to treat PTSD.

The State's formula for AMI bed need determination applies a ratio of 11 beds per 100,000 population as the main component of projecting area need. Yet, COMPdata analysis reveals that there were almost 1900 adult residents of HSA 2 who left the area last year to receive inpatient AMI care. Recognized authorities on behavioral health have asserted that 40 – 50 beds per 100,000 population is a better estimate of beds needed. The current bed ratio in HSA 2, counting the increased capacity associated with the Young Minds Institute project approved this summer is 23 AMI beds per 100,000. The experience of 1900 adult residents a year leaving for care supports the contention that need is much greater than 11 beds per 100,000 residents.

There are a lot of facts and factors that contribute to the analysis and documentation of projected utilization of the proposed acute mental illness service. The analysis is presented in full in section 1110.210 of this permit application. Factors used to quantify and document the expected utilization include:

- Physician letters of commitment to refer patients;
- Letters of commitment by physician chief medical officers at OSF hospitals throughout Illinois anticipating the opportunity to direct referrals for AMI services to a center of excellence in behavioral health care within their system;
- Commitment by agencies and other providers of behavioral health services to refer patients;
- Documented commitment by leaders of central Illinois area hospitals to refer to the new facility;

Collectively, the letters committing referral volumes document a total of 4,030 patients in 2027, the second year of project operation. A projected average length of stay of 10.5 days translates into 42,315 patient days. The ALOS reflects the actual experience at Silver Oaks Behavioral Hospital (11.1 days) and Lake Behavioral Hospital (10.9 days) for the first ten months of 2022, and reflects a composite length of stay associated with specialized inpatient AMI programs. The following table shows the anticipated utilization levels in the first two years following opening.

Service	Year 2026	Year 2027	State standard	Meet standard?
Acute Mental Illness				
patient days	25,000	32,850	--	--
occupancy	68.5%	90.0%	85%	Yes

Attachment 15

In addition to the referral letters, the analysis in 1110.210 provides information about other factors that demonstrate a further need for beds. These factors include: patients who leave emergency rooms, observation or inpatient units against medical advice; counts of a significant number of residents of downstate Illinois who received inpatient care at US HealthVest's facilities in the Chicago area (at distances of between 140 and 200 miles from Peoria) who would benefit from receiving that care in the Peoria region, and importantly, the known but unquantified number of people who need psychiatric care but because of their lack of commitment to pursue that care, or their inability to do so, are not getting into the system.

Criterion 1110.210 – Acute Mental Illness

Service	# of Existing Rooms	# of Proposed Rooms
Acute Mental Illness	0	100

1110.210(b)(1) Planning Area Need – Formula calculation

The Inventory of Health Care Facilities and Services and Need Determinations shows that there are 147 Acute Mental Illness (AMI) beds in Planning Area HSA 2. Based on the formula of 11 beds per 100,000 residents, with adjustments, there is a calculated need for 106 beds and a current excess of 41 AMI beds. While the State staff must use the ratio of 11 beds per 100,000 in their evaluation of bed need, this is a ratio that was adopted over 40 years ago. The field of behavioral health has since undergone great change. Several recent permit applications for acute mental illness projects have referenced the work of experts in the field of behavioral health who recommend a range of 40 – 50 AMI beds per 100,000 residents. For example, in an article published by the Pew Charitable Trusts in August, 2016, Pew suggested that at least 40 AMI beds were needed per 100,000 residents. And an article published in November, 2013 in Modern Healthcare, the Treatment Advisory Center recommended a minimum of 50 AMI beds per 100,000 residents.

There are three hospitals in the entire HSA 2, with a total of 147 authorized AMI beds. OSF Saint Elizabeth Medical Center, located in Ottawa, has 26 AMI beds; UnityPoint Health - Proctor Hospital has 18 AMI beds; in June, 2022, UnityPoint Health - Methodist Hospital reduced its adult AMI service by 9 beds, as part of the establishment of a 44-bed child and adolescent service at the Young Minds Institute in West Peoria. The combined UnityPoint Health – Methodist Hospital AMI bed count will be 103 beds when completed. During the past 3 years, two hospitals closed their AMI units (Galesburg Cottage Hospital and McDonough District Hospital), resulting in the combined reduction of 28 AMI beds.

While there is a current calculated excess of 41 AMI beds in the HSA 2, there were 2,203 adult residents of HSA 2 who were either a) admitted at AMI units outside of HSA 2 (1,898 patients), or b) were admitted at non-AMI units (i.e. medical units) (305 patients). This data is experiential evidence that the need is much greater than 11 beds per 100,000 persons.

1110.210(b)(2) Planning Area Need – Service to Planning Area Residents

Because the project is the establishment of a new service, the applicants propose to use the patient origin experience for OSF Saint Francis Medical Center in Peoria to approximate the distribution of patients who will utilize the proposed new behavioral health hospital in Peoria. The assumption is made that the geographic distribution of patients receiving AMI care at the new hospital will reflect the overall distribution of OSF Saint Francis Medical Center patients.

The attached table shows the patient origin data by zip code of patient residents for all services at OSF Saint Francis Medical Center. 84.2 percent of patients at OSF Saint Francis Medical Center reside in HSA 2. Because AMI is a specialized service, it is likely that a higher percentage of AMI patients than

OSF Saint Francis Medical Center
FY22 Inpatient & Observation patients
All Ages

Patient Zip	Patient City	Patient County	Patient State	Area	Cases	% of Total	Cum %
61604	PEORIA	PEORIA	IL	HSA2	3,094	7.90%	7.90%
61614	PEORIA	PEORIA	IL	HSA2	2,152	5.50%	13.40%
61611	EAST PEORIA	TAZEWELL	IL	HSA2	2,142	5.50%	18.80%
61605	PEORIA	PEORIA	IL	HSA2	1,959	5.00%	23.80%
61554	PEKIN	TAZEWELL	IL	HSA2	1,835	4.70%	28.50%
61571	WASHINGTON	TAZEWELL	IL	HSA2	1,814	4.60%	33.10%
61603	PEORIA	PEORIA	IL	HSA2	1,674	4.30%	37.40%
61615	PEORIA	PEORIA	IL	HSA2	1,614	4.10%	41.50%
61550	MORTON	TAZEWELL	IL	HSA2	1,370	3.50%	45.00%
61401	GALESBURG	KNOX	IL	HSA2	1,163	3.00%	48.00%
61607	PEORIA	PEORIA	IL	HSA2	860	2.20%	50.20%
61548	METAMORA	WOODFORD	IL	HSA2	784	2.00%	52.20%
61523	CHILLICOTHE	PEORIA	IL	HSA2	720	1.80%	54.00%
61525	DUNLAP	PEORIA	IL	HSA2	606	1.50%	55.50%
61520	CANTON	FULTON	IL	HSA2	573	1.50%	57.00%
61616	PEORIA HEIGHTS	PEORIA	IL	HSA2	511	1.30%	58.30%
61364	STREATOR	LA SALLE	IL	HSA2	510	1.30%	59.60%
61462	MONMOUTH	WARREN	IL	HSA2	406	1.00%	60.60%
61610	CREVE COEUR	TAZEWELL	IL	HSA2	402	1.00%	61.70%
61350	OTTAWA	LA SALLE	IL	HSA2	344	0.90%	62.50%
61606	PEORIA	PEORIA	IL	HSA2	295	0.80%	63.30%
61530	EUREKA	WOODFORD	IL	HSA2	293	0.70%	64.00%
61356	PRINCETON	BUREAU	IL	HSA2	292	0.70%	64.80%
61568	TREMONT	TAZEWELL	IL	HSA2	267	0.70%	65.50%
61536	HANNA CITY	PEORIA	IL	HSA2	254	0.60%	66.10%
61755	MACKINAW	TAZEWELL	IL	HSA2	234	0.60%	66.70%
61540	LACON	MARSHALL	IL	HSA2	224	0.60%	67.30%
61301	LA SALLE	LA SALLE	IL	HSA2	203	0.50%	67.80%
61528	EDWARDS	PEORIA	IL	HSA2	203	0.50%	68.30%
61455	MACOMB	MCDONOUGH	IL	HSA2	191	0.50%	68.80%
61354	PERU	LA SALLE	IL	HSA2	187	0.50%	69.30%
61517	BRIMFIELD	PEORIA	IL	HSA2	181	0.50%	69.70%
61547	MAPLETON	PEORIA	IL	HSA2	181	0.50%	70.20%
61602	PEORIA	PEORIA	IL	HSA2	175	0.40%	70.70%
61559	PRINCEVILLE	PEORIA	IL	HSA2	171	0.40%	71.10%
61531	FARMINGTON	FULTON	IL	HSA2	169	0.40%	71.50%
61561	ROANOKE	WOODFORD	IL	HSA2	163	0.40%	71.90%
61529	ELMWOOD	PEORIA	IL	HSA2	162	0.40%	72.40%
61537	HENRY	MARSHALL	IL	HSA2	141	0.40%	72.70%
61362	SPRING VALLEY	BUREAU	IL	HSA2	133	0.30%	73.10%
61410	ABINGDON	KNOX	IL	HSA2	124	0.30%	73.40%
61448	KNOXVILLE	KNOX	IL	HSA2	123	0.30%	73.70%
61483	TOULON	STARK	IL	HSA2	123	0.30%	74.00%
61491	WYOMING	STARK	IL	HSA2	114	0.30%	74.30%
61542	LEWISTOWN	FULTON	IL	HSA2	106	0.30%	74.60%
61342	MENDOTA	LA SALLE	IL	HSA2	104	0.30%	74.80%
61533	GLASFORD	PEORIA	IL	HSA2	104	0.30%	75.10%
61570	WASHBURN	MARSHALL	IL	HSA2	103	0.30%	75.30%
		All other HSA2 Zip Codes			3,480	8.90%	84.20%
		Total HSA2 Zip Codes			33,033	84.20%	
61443	KEWANEE	HENRY	IL	Non HSA2	637	1.60%	85.80%
61701	BLOOMINGTON	MCLEAN	IL	Non HSA2	331	0.80%	86.70%
61764	PONTIAC	LIVINGSTON	IL	Non HSA2	254	0.60%	87.30%
61704	BLOOMINGTON	MCLEAN	IL	Non HSA2	244	0.60%	88.00%
61761	NORMAL	MCLEAN	IL	Non HSA2	235	0.60%	88.60%
61265	MOLINE	ROCK ISLAND	IL	Non HSA2	207	0.50%	89.10%
61546	MANITO	MASON	IL	Non HSA2	192	0.50%	89.60%
61201	ROCK ISLAND	ROCK ISLAND	IL	Non HSA2	182	0.50%	90.00%
61244	EAST MOLINE	ROCK ISLAND	IL	Non HSA2	147	0.40%	90.40%
61434	GALVA	HENRY	IL	Non HSA2	123	0.30%	90.70%
61832	DANVILLE	VERMILION	IL	Non HSA2	121	0.30%	91.00%
		All other Non HSA2 Zip Codes			3,516	9.00%	100.00%
		Total Non HSA2 Zip Codes			6,189	15.80%	
		Total HSA2 & Non HSA2 Combined			39,222	100.00%	

Attachment 21

medical/surgical patients will be from outside the HSA. It is estimated that 60% percent of patients at the proposed Meadowview Behavioral Hospital will reside in HSA 2.

As a result, the Planning Area is the source of more than 50% of the patients to be seen at the proposed new behavioral hospital.

1110.210(b)(3) Service Demand – Establishment of Acute Mental Illness

Background

The following factors frame the analysis in this section regarding the need for the new 100 AMI bed facility:

-- 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. (Substance Abuse and Mental Health Services Administration Community, "Conversations about Mental Health," American Hospital Association.) In addition, the entire nation is struggling with opiate addiction, heroin addiction and lack of sufficient service availability for individuals who are chemically dependent.

-- The 2022 Community Health Needs Assessment for Peoria, Tazewell and Woodford Counties in central Illinois has identified mental health as the number one health concern of area residents. Mental health issues outrank obesity, viruses, cancer, aging issues, diabetes and heart disease. Addressing the community concerns requires high priority attention and coordinated efforts by health care providers and agencies in the region.

-- A major purpose of the project is to address the special needs of several areas in Peoria and West Peoria where indigent populations are especially vulnerable to adverse conditions. The CDC Social Vulnerability Index identifies 14 census tracts in Peoria and West Peoria with a total population of about 26,000 persons, areas determined to be in the category of greatest vulnerability to deal with social and health issues. Residents in these neighborhoods struggle to meet challenges associated with poverty and access to health care. They have special behavioral health needs and will be the focus of coordinated efforts by the proposed new behavioral hospital with agencies providing social services in these neighborhoods with disparities.

-- More mental health providers are needed nationally, and that is the case in central Illinois. As to inpatient bed capacity, experts in the field of behavioral health recommend a range of 40 – 50 AMI beds per 100,000 residents. For example, in an article published by the Pew Charitable Trusts in August, 2016, Pew suggested that at least 40 AMI beds were needed per 100,000 residents. And an article published in November, 2013 in Modern Healthcare, the Treatment Advisory Center recommended a minimum of 50 AMI beds per 100,000 residents.

-- HSA 2 lags behind the State of Illinois in terms of AMI inpatient bed availability. The State of Illinois has 35 AMI beds per 100,000 residents. HSA 2, with **147 AMI beds** for a resident population of 627,900 persons (year 2024) has 23 AMI beds per 100,000 population. (112 AMI beds are currently in use; an additional net 35 beds will be in service when UnityPoint Health – Methodist Hospital opens 44 child and adolescent AMI beds at the Young Minds Institute and reduces its adult bed complement by 9 beds at the main hospital. These changes are expected by the end of December 2023.)

If HSA 2 were to reflect the PEW suggested target of 40 beds per 100,000, that would be a total of **252 beds**. Meeting the 50 AMI beds per 100,000 level recommended by the Treatment Advisory Council would require **314 beds**. Both levels significantly exceed the current total bed complement of 147 AMI beds. The proposed behavioral hospital, with 100 AMI beds, would result in a total of 247 beds in HSA 2, or 39.3 beds per 100,000, near the low end of the 40 – 50 beds per 100,000 population range.

-- A significant number of residents of HSA 2 were not able to be accommodated in the three hospital AMI units in HSA 2 and were admitted at other hospitals in Illinois and out of state. According to COMPdata, 4,935 adult residents of HSA 2 were admitted for inpatient behavioral health care in 2021. 2,732 of these patients were admitted at AMI units in the HSA. 1,898 adult patients had to travel to hospitals outside of HSA 2 to receive care, due mostly to lack of available bed capacity near home. These 1,898 patients constitute 39% of the total 4,935 residents admitted for behavioral health care. The table on the next page displays the location of inpatient care by State AMI planning area for these 4,935 patients.

Of the 1,898 residents of HSA 2 who received care outside of the HSA, 1,253 (66%) traveled to metropolitan Chicago and were admitted at hospitals between 140 and 200 miles from Peoria. Most often this distance constitutes a hardship for patients and their families, and is disruptive of home life, work and school for family members. For many types of behavioral health care, family support and involvement in the care plan is necessary. The need to travel significant distances, the expense of hotel accommodations, and the stress of not being in a home setting are factors that compromise efficacy of care delivery.

Most of those adults now traveling out of the area for care will be hospitalized at the proposed new behavioral health hospital. Patients living near the perimeter of HSA 2 are more likely to continue to receive care at relatively close hospitals that are outside the HSA.

Justification of beds needed – Overview

Physicians affiliated with OSF Saint Francis Medical Center, physicians who are chief medical officers at 14 OSF hospitals in Illinois, and hospitals and other clinical service providers and special service agencies have written in support of the project, and collectively have committed to refer 4,030 patients in the second year of operation of the proposed behavioral hospital. Based on the current experience at US HealthVest's Silver Oaks Behavioral Hospital (11.1 days average length of stay, for year 2022 through the month of October) and Lake Behavioral Hospital (10.9 days), an ALOS of 10.5 days is projected at the new behavioral hospital. At an average length of stay of 10.5 days, these 4,030 patients will generate an average daily census of 116 patients. The Meadowview Behavioral Hospital is planned for 100 AMI beds, at an ADC of 90 patients, and an occupancy of 90%.

The analysis also includes additional information indicating that the need for beds is significantly higher than the 4,030 patients counted in the referral letters. Additional factors supporting the need for more AMI beds in Planning Area HSA 2 are the following:

- This year there were almost 1,100 referrals from hospitals in downstate Illinois to the three US HealthVest hospitals in the Chicago area. These have a high probability of being admitted at the proposed new behavioral health hospital due to proximity to patients' homes.

2021 Adult Behavioral Health Admissions from Residents in Planning Area HSA 02
Almost 2,000 residents of the Area leave annually to receive AMI care
(Based on BH MS-DRG's)

Patient Admission Location	Cases	% of Total	Cum %
HSA 02	2,732	55.40%	55.40%
A-07	405	8.20%	63.60%
A-02	372	7.50%	71.10%
HSA 04	323	6.50%	77.60%
Non AMI	305	6.20%	83.80%
A-09	143	2.90%	86.70%
A-06	109	2.20%	88.90%
HSA 11	93	1.90%	90.80%
A-01	88	1.80%	92.60%
HSA 10	70	1.40%	94.00%
HSA 03	66	1.30%	95.40%
HSA 01	55	1.10%	96.50%
A-13	47	1.00%	97.40%
A-05	43	0.90%	98.30%
Out of State	38	0.80%	99.10%
A-14	22	0.40%	99.50%
A-12	9	0.20%	99.70%
A-04	6	0.10%	99.80%
A-03	3	0.10%	99.90%
A-11	3	0.10%	99.90%
A-10	2	0.00%	100.00%
A-08	1	0.00%	100.00%
Grand Total	4,935	100.00%	

HSA 02 AMI Providers	2,732	55.40%
Non AMI Providers	305	6.20%
All Other AMI Providers	1,898	38.50%

Non AMI: Hospitals with BH Patients but without AMI Beds

Chicago Area (A-01 to 14) 1,253

Source for all data: Compdata

Attachment 21

- 305 residents of HSA 2 were transferred from emergency rooms to hospital inpatient medical units in 2021, because there were no available AMI beds.
- In the past three years, a total of 685 emergency department adult patients and some hospital inpatients/observation patients with behavioral health needs who reside in HSA 2, left non-OSF hospitals against medical advice or discontinued care.
- At the 14 OSF hospitals in Illinois in the past three years, a total of 463 patients with behavioral health needs left emergency departments or inpatient/observation units against medical advice or discontinued care.
- An undocumented number of residents of HSA 2 with behavioral health needs do not have the resources or ability to pursue needed outpatient or inpatient mental health care.

Further analysis of these additional five factors is presented later in this section. Patient volume associated with these additional factors totals 1,813 patients, above and beyond the 4,030 patients counted in the referral letters of physicians, chief medical officers at OSF hospitals in Illinois, other behavioral health providers, and hospitals in the region. The collective result of these factors supplements the referral counts and supports a significant need for more AMI beds in central Illinois.

The analysis in the following section investigates each of these components, and concludes that the need for additional AMI beds in central Illinois far exceeds the planned 100 additional beds.

Justification of Bed Need - Analysis

Eight physicians have written in support of the project and commit to refer 800 patients. The source of the information is from the office practice patient billing systems in place at the practice sites. The letters and accompanying patient origin and hospitalization data are included in attachment 21A.

OSF Physicians and Providers - Commitments to Refer

Name	Specialty	Patient Referrals
Denise Johnson-Dechow, MD	Psychiatry	42
Feiteng Su, MD	Psychiatry	40
Samuel Sears, MD	Psychiatry	488
Namisha Patel, MD	Psychiatry	50
Christopher Funk, Psy.D	Clinical Psychology	30
Tim Shannon, Psy.D	Clinical Psychology	50
Robert Hamilton, MD	Psychiatry	75
Abraham Frenkel, MD	Psychiatry	25
Total		800

The office practice records do not have complete information on where these referrals are eventually admitted for inpatient AMI care. In part that is the result of the access condition reported in the purpose statement – that patients admitted for behavioral health inpatient care and residing in HSA 2

receive that care in over 150 hospitals – 73 AMI units in Illinois, 48 AMI units at hospitals outside Illinois, and 38 non-AMI units in hospitals in Illinois (ie medical units). In order to meet the requirement to document referrals to specific hospitals, the list of hospitals where residents of HSA 2 received care in 2021 (page 153-155 of Attachment 21) is provided as a surrogate.

Note that the list shows that UnityPoint Health – Methodist and UnityPoint Health - Proctor Hospital are two of the top four of receiving hospitals for all residents of HSA 2. That is expected because of their locations in Peoria. Unfortunately, that is not the case for referrals from physicians associated with OSF Saint Francis Medical Center. As reported on page 151 of this permit application, there were only 11 patients admitted at UnityPoint Health – Methodist Hospital and 20 patients at UnityPoint Health - Proctor Hospital from OSF Saint Francis Medical Center for the three years from 2020 – 2022. The experience by OSF affiliated physicians seeking admissions of their patients at the two Peoria hospitals is similar.

Letters from the Chief Medical Officers at the 14 OSF hospitals in Illinois hospitals document the intent to refer a total of 1,794 patients to AMI units in 2027. Hospital records are the source of this information, and count patients that were discharged to AMI units. These letters are included as Attachment 21B in this section. The table below lists the referrals from each of the hospitals.

Commitments to Refer, Chief Medical Officers, OSF Facilities

Facility	Location	Committed Referrals
OSF HealthCare Saint Anthony's Health Center	Alton	154
OSF HealthCare Saint Anthony Medical Center	Rockford	150
OSF HealthCare Saint Paul Medical Center	Mendota	25
OSF Healthcare St Mary Medical Center	Galesburg	210
OSF Healthcare Saint Clare Medical Center	Princeton	30
OSF Healthcare Saint Luke Medical Center	Kewanee	40
OSF HealthCare St Joseph Medical Center	Bloomington	60
OSF HealthCare Saint James-John W. Albrecht Medical Center	Pontiac	40
OSF HealthCare Sacred Heart Medical Center	Danville	250
OSF HealthCare Saint Francis Medical Center	Peoria	460
OSF HealthCare Saint Elizabeth Medical Center	Ottawa	220
OSF HealthCare Little Company of Mary Medical Center	Evergreen Park	20
OSF HealthCare Heart of Mary Medical Center	Urbana	110
OSF Holy Family Medical Center	Monmouth	25
Total		1794

Social service agencies and other providers of behavioral health services in the Peoria area have written in support of the project and indicated that they collectively will refer 926 patients to the new behavioral hospital.

The following table lists the agencies and other providers who wrote in support of the project and whose letters were received before the filing of the permit application. Several letters from other agencies did not quantify an anticipated number of referrals. Additional letters are still outstanding at the time of permit application filing. OSF and US HealthVest will continue to invite letters of referral from other agencies in the area during the application review process. For those that estimated referrals, volumes are included in the table. The letters of support are included in Attachment 21C.

Commitments to Refer - by Social Services Agencies, FQHCs, Counselors

Organization	Main Location	Referrals
Heartland Health Services FQHC	Peoria	415
Bridgeway	Galesburg	85
Resources Management Services, Inc/Chapin & Russell/	Peoria	4
Neurotherapy Institute of Illinois		
Elliott Counseling Services	Peoria	15
John R. Day & Associates	Peoria	10
Deborah McKenna Counselors of Peoria	Peoria	5
Arukah Institute of Healing	Princeton	50
Chestnut Family Health Center	Bloomington	100
Petersen Health Care	Peoria	100
Barnabas Center	Peoria	10
Associates in Behavioral Science	Berwyn	132
Total		926

Regional hospital CEOs have written in support of the project and anticipate referring 510 patients annually to the proposed new hospital. At the time of filing, three CEOs of hospitals in central Illinois have indicated a likelihood of referring a total of 510 patients to the proposed hospital. The CEO's letters are included in Attachment 21D.

Commitments to Refer - Area Hospitals

Regional Hospital	Name	Location	Referrals
Graham Health System	Robert G. Seneff, President & CE0	Canton	150
Katherina Shaw Bethea Hospital	David L. Schreiner, PhD, President & CEO	Dixon	10
Memorial Health	Edgar J. Curtis, President & CEO	Springfield	350
Total			510

Conclusions from this section.

The referral letters document a total of 4,030 patient admissions two years after project completion. It is anticipated that the average length of stay at the new hospital will be 10.5 days. This is derived from the current experience at Silver Oaks Behavioral Hospital (11.1 days average length of stay, for year

2022 through the month of October) and Lake Behavioral Hospital (10.9 days). These lengths of stay are based on actual experience at US HealthVest hospitals in Illinois, and reflect the planned specialized programs that are more intensive than services in general hospital acute care AMI units.

4,030 patients x 10.5 days/patient = 42,315 patient days

42,315 patient days divided by 365 days = 115.9 average daily census

The 100 AMI bed Meadowview Behavioral Hospital is proposed to operate at 90% occupancy, which is equivalent to annual volume of 3,129 patients totaling approximately 32,850 patient days.

Additional factors contributing to bed utilization.

There is a significant amount of additional information supporting the need for additional AMI beds in the area. Five additional factors are described below:

1. Retaining AMI patients in the area who now go to US HealthVest hospitals in the Chicago area.

Almost 1,100 patients in 2022 who primarily reside in Illinois south of the Chicago metropolitan area have received inpatient care at the three US HealthVest Hospitals in Waukegan, Des Plaines and New Lenox. These referrals came from hospitals south of the Chicago area. A significant portion of these would be hospitalized in the new Meadowview Behavioral Hospital as a more convenient location for specialized psychiatric care.

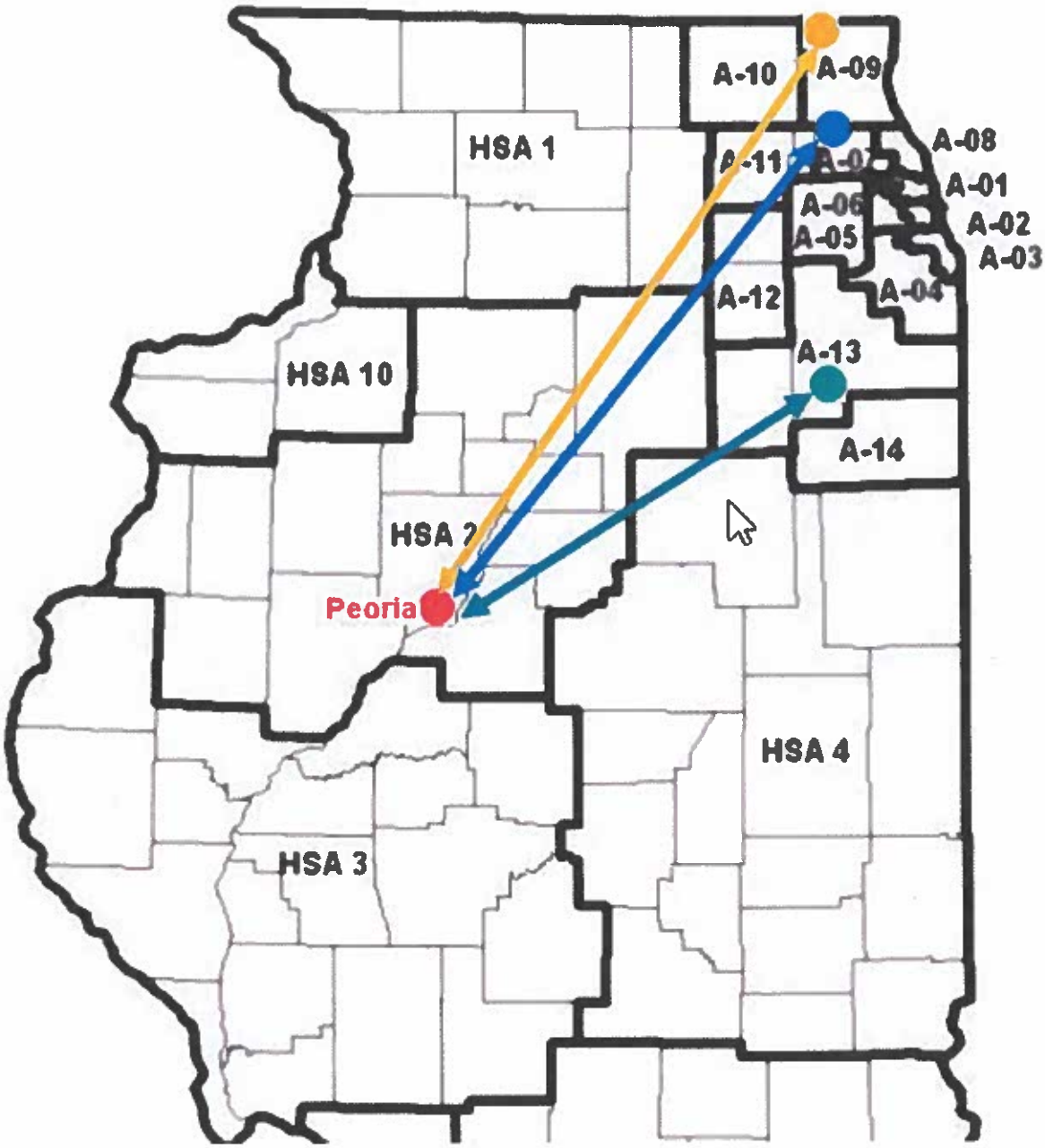
The map and following three tables are based on data provided by the US HealthVest hospitals as documentation of the number of patients at the three behavioral health hospitals who were referred by hospitals south of the Chicago metropolitan area. See the map on the next page, showing distances from Peoria to the three hospitals and volumes of patients admitted at the three hospitals from areas south of metropolitan Chicago.

- Lake Behavioral Hospital in Waukegan provided inpatient care to 187 persons in 2021 referred by downstate hospitals, and an additional 322 patients from downstate through October, 2022 (annualized to 388 patients).
- Silver Oaks Behavioral Hospital in New Lenox provided inpatient care to 115 persons in 2021 referred by downstate hospitals, and an additional 62 patients from downstate through October, 2022 (annualized to 75).
- Chicago Behavioral Health in Des Plaines provided inpatient care to 523 persons in 2021 referred by downstate hospitals, and an additional 521 patients from downstate in the first 10 months of 2022 (annualized to 628). Of these patients, 100 have been referred from OSF hospitals and are not included in the final count because they are likely included in other referral categories. (Net 528)

These three hospitals range from 139 miles from Peoria to New Lenox, and 197 miles from Peoria to Waukegan. The establishment of the proposed behavioral hospital in Peoria as a joint venture of US HealthVest and Pointcore, Inc enables the regionalization of care in the US HealthVest system in Illinois. Patients residing south of metropolitan Chicago will have the opportunity to receive psychiatric care at the US HealthVest / Pointcore, Inc facility in Peoria, significantly closer to home.

Some of the residents near the northern borders of HSA 2 and from other areas in northern central and eastern Illinois may choose to receive care in the Chicago area, and especially at Silver Oaks in south suburban New Lenox. If 75% of the patients are diverted within the US HealthVest regional system, the result is a referral of 818 patients to the new behavioral hospital in Peoria.

Travel Distance and Drive Time from Peoria to US HealthVest Hospitals in the Chicago Area



LAKE Behavioral Hospital — **Peoria to Waukegan, 197 miles, 3 hr. 20 min drive - 388 patients & families**

CBH CHICAGO — **Peoria to Des Plaines, 171 miles, 3 hr. drive - 628 patients & families**

SILVER OAKS Behavioral Hospital — **Peoria to New Lenox, 139 miles, 2 hr. 13 min drive – 75 patients & families**

Attachment 21

Referrals to Lake Behavioral Health (Waukegan) by hospitals and other providers south of metropolitan Chicago

Hospital / Provider Facility	2021	2022
Carle Foundation Hospital		27
Crosspoint Human Services		13
Graham Hospital	11	
Hammond Henry Hospital	1	
McDonough District Hospital	3	1
Memorial Hospital Belleville	3	2
Methodist Hospital of Peoria	51	87
Morris Hospital		5
Paris Hospital		2
Riverside Medical Center	7	8
St James Olympia Fields	24	14
St Margaret Hospital - Springfield	2	6
St Mary's	2	8
UnityPoint Health	83	144
UnityPoint Pekin		5
Subtotal	187	322
Total Annualized	**187**	**388**

Referrals to Silver Oaks from non-OSF providers south of New Lenox

Hospital / provider facility	2021	2022
Bridgeway (Kewanee)	x	2
Carle	9	4
Crosspoint Human Services (Danville)	1	1
Decatur	x	2
Graham	2	x
Galesburg	1	x
Illini Community	2	1
Illinois Valley	1	x
Mercy Harvard	3	1
Morris	28	15
Olympia Fields	20	9
UnityPoint	6	7
St. Mary's	3	6
Proctor Hospital	x	3
Riverside	20	6
Sara Bush Lincoln	x	1
St Paul, Mendota	x	1
St Margaret	9	3
Subtotal	105	62
Total Annualized	**105**	**75**

Attachment 21

Sources of Patients referred to Chicago Behavioral Health from locations south of the Chicago area

	# of Patients, year 2021	# of Patients, year 2022
Hospitals		
Abraham Lincoln Hospital	2	1
Advocate Bromenn		1
Belleville Memorial	4	2
Blessing Hospital		5
Carle Foundation Hospital	121	67
Clay County Hospital	1	
Decatur Memorial Hospital	12	28
Fayette County Hospital		1
Graham Hospital	21	3
Greenville Holy Family		1
Holy Family Hospital		2
Jacksonville Memorial Hospital		1
Mason District	5	5
McDonough District Hospital	4	4
Morris Hospital	25	15
Paris Community Hospital	2	1
Pekin Hospital		5
Perry Hospital	2	
Rochelle Community Hospital	1	1
Sacred Heart Hospital	14	14
St Joseph Bloomington	9	3
St Luke Medical Center	1	3
St Margaret Mercy	6	5
St James	1	
St John's	2	7
St Margaret Hospital - Spr	5	5
St Paul Medical Center		5
Unity Point Health	70	75
Wabash General Hospital		1
Subtotal Hospitals	308	261
Non-Hospital Providers		
Bridgeway	54	50
Bridgeway SASS	22	44
Carle Mobile Crisis SASS		8
Center for Youth & Family		1
Chestnut Health	7	3
Childrens Home Assoc SASS	5	4
Crosspoint Human Services SASS	15	28
Crosspoint Human Services	23	21
El Paso Nursing Home	1	
McLean County Crisis	21	29
One Hope United	1	1
One Hope United SASS		2
OSF Center for Health Streator		2
OSF Medical Group	65	66
Peoria Children Home SASS		1
Tazwood Mental Health	1	
Subtotal Non-Hospital Providers	215	260
TOTAL	**523**	**521**
TOTAL ANNUALIZED		**628**
TOTAL	**523**	**628**
Total, Non-OSF Providers	**431**	**528**

Attachment 21

2. A number of residents of HSA 2 were hospitalized in medical units due to lack of availability of an AMI bed.

As shown in the same COMPdata table that documented 1,898 residents of HSA 2 who received care out of the area, 305 adult residents of HSA 2 were hospitalized on a medical unit in 2021. In large part this was due to unavailability of an AMI bed. This condition complicates care delivery, requiring nurses on the medical unit to coordinate care with psychiatrists and psychiatric nurses in a non-ideal setting. In addition, mixing patients with behavioral health needs on the same unit as patients with medical conditions is not good care practice. The planned 100 bed AMI hospital will accommodate these adult patients.

3. In the past three years, 685 residents of HSA 2 with behavioral health needs, who received care in a hospital emergency department, inpatient bed or observation unit, left against medical advice or discontinued care. This average annual volume of 228 patients is just part of the unmet need by residents who are not getting the behavioral health care they require.

The table on the next page shows the number of patients in each of the last three years who terminated their care at 59 hospitals, either as emergency department patients or patients in an inpatient bed or observation unit. This is an average of 228 patients per year, and does not include patients at the two OSF hospitals in HSA 2 (which are counted later in this analysis). The source of the data is COMPdata.

There are several explanations for patients deciding to terminate their care. Some of the patients brought to emergency departments by local police or fire departments are in denial that they need care. Other emergency department patients are frustrated by the waiting time to be admitted to an inpatient bed, and leave before an admission arrangement is implemented. For others, the distance from their homes is more than an hour or other acceptable travel time, and it is not practical for family members or friends to regularly drive to support the patient and participate in care planning. Other patients realize that they are not getting specialized treatment for their conditions, and lose confidence that the care is efficacious.

It is reasonable that most of these patients (perhaps 75%, or 171 patients) will benefit from the services at the proposed new behavioral hospital, services that will be immediately available, and services that are specialized to address the needs of the patient.

HSA2 Service Area Patients
FY19-21 Behavioral Health Patients
IP/OBS & ED Patients with discharge status of "Left Against Medical Advice or Discontinued Care'
(Excluding OSF Hospitals)

Facility	FY19	FY20	FY21
UNITYPOINT PEKIN	19	34	41
UNITYPOINT METHODIST PEORIA	53	45	40
UNITYPOINT PROCTOR	56	43	38
GALESBURG COTTAGE HOSPITAL	10	9	22
GRAHAM HOSPITAL	14	13	21
ST MARGARETS SPRING VALLEY	16	3	18
UNITYPOINT TRINITY ROCK ISLAND	12	13	15
CARLE BROMENN	11	5	7
ST MARGARETS PERU	23	10	6
CARLE FOUNDATION	1	0	3
THE PAVILION	0	1	3
SAINT ANTHONY HOSPITAL CHICAGO	0	0	3
CARLE EUREKA	1	2	2
HUMBOLDT PARK HEALTH	1	0	2
GREAT RIVER HEALTH SYSTEM	1	0	2
HENRY COUNTY HEALTH CENTER	0	0	2
LOYOLA UNIVERSITY MEDICAL CENTER	0	0	2
THOREK MEMORIAL	2	2	1
LORETTO HOSPITAL	1	2	1
ASCENSION ST JOSEPH JOLIET	3	0	1
UCHICAGO MEDICINE INGALLS	0	2	1
SSM HEALTH SAINT LOUIS UNIVERSITY HOSPITAL	2	0	1
QUORUM GATEWAY	1	0	1
HSHS ST JOHNS	0	0	1
SSM ST MARYS CENTRALIA	0	0	1
GENESIS SILVIS	0	0	1
MEMORIAL HOSPITAL ASSOCIATION	0	0	1
RUSH COPLEY	0	0	1
ST CATHERINE HOSPITAL	0	0	1
RUSH COPLEY EMERGENCY YORKVILLE	0	0	1
MERCY HOSPITAL JOPLIN	0	0	1
FHN MEMORIAL HOSPITAL	0	0	1
SARAH D CULBERTSON MEMORIAL HOSPITAL	0	0	1
MORRIS HOSPITAL AND HEALTHCARE CENTERS	3	0	0
ADVOCATE GOOD SAMARITAN	2	1	0
UNITYPOINT TRINITY MOLINE	1	1	0
SARAH BUSH LINCOLN HEALTH CENTER	0	1	0

Attachment 21

ASCENSION MERCY	1	0	0
ASCENSION ST JOSEPH CHICAGO	0	1	0
RUSH UNIVERSITY MEDICAL CENTER	0	1	0
MASON DISTRICT HOSPITAL	0	1	0
GENESIS MEDICAL CENTER	1	0	0
MH DECATUR MEMORIAL	1	0	0
NORTHWESTERN VALLEY WEST	2	0	0
SSM HEALTH SAINT JOSEPH HOSPITAL	1	0	0
ELMHURST HOSPITAL	1	0	0
NORTHWESTERN KISHWAUKEE	1	0	0
LINDEN OAKS BEHAVIORAL HEALTH	0	1	0
ASCENSION ALEXIAN BROTHERS BEHAVIORAL	0	0	0
ADVOCATE CHRIST	1	0	0
ADVENTHEALTH BOLINGBROOK	0	1	0
PIPELINE WEISS	0	1	0
IROQUOIS MEMORIAL HOSPITAL AND RESIDENT	1		0
NORTHWEST COMMUNITY HOSPITAL	0	1	0
NORTHWESTERN MEMORIAL	0	0	0
RUSH OAK PARK	1	0	0
HARTGROVE HOSPITAL	0	0	0
UI HEALTH	0	1	0
BLESSING HOSPITAL	0	1	0
HOPEDALE MEDICAL COMPLEX	1	0	0
EDWARD HOSPITAL	1	0	0
SILVER CROSS HOSPITAL	0	0	0
Grand Total	246	196	243

4. In the past three years, an annual average of 463 patients per year with behavioral health needs left emergency departments or inpatient/observation units at the 14 OSF hospitals in Illinois against medical advice or discontinued care.

The following table lists the 14 OSF hospitals in Illinois and documents the average annual 463 patients with behavioral diagnosis who left emergency departments or inpatient or observation units at those hospitals.

This factor recognizes that the new behavioral health hospital, with its specialized services, will be the hub of care delivery for Acute Mental Illness in the OSF system. Special protocols will be established to refer and assist in the transport of patients presenting at the emergency departments, especially at the 12 OSF hospitals located outside of HSA 2.

Similar to the analysis in item 4 above, it is estimated that 75% (348 patients) of these patients will be accommodated and receive care at the proposed new behavioral hospital. Distance from the areas served by some of these hospitals to the new Peoria location is the contributing factor for reducing the total number of patients.

OSF Healthcare System Hospitals
FY20-22 Behavioral Health Patients
IP/OBS & ED Patients with discharge status of "Left Against Medical Advice or Discontinued Care"

Row Labels	2020	2021	2022
SAINT FRANCIS MEDICAL CENTER	168	124	117
SACRED HEART MEDICAL CENTER	91	97	78
LITTLE COMPANY OF MARY MEDICAL CENTER	43	52	47
HEART OF MARY MEDICAL CENTER	50	32	36
SAINT ANTHONY MEDICAL CENTER	48	29	24
ST. JOSEPH MEDICAL CENTER	39	31	30
SAINT ELIZABETH MEDICAL CENTER	37	35	15
ST. MARY MEDICAL CENTER	18	19	24
SAINT ANTHONY'S HEALTH CENTER	10	9	16
SAINT LUKE MEDICAL CENTER	8	10	6
SAINT JAMES-JOHN W ALBRECHT MC	6	7	8
SAINT PAUL MEDICAL CENTER	2	2	6
SAINT CLARE MEDICAL CENTER			8
HOLY FAMILY MEDICAL CENTER	1	2	3
Grand Total	**521**	**449**	**418**

5. Nationally, it is well-recognized that significant numbers of people are not accessing needed mental illness services because of lack of commitment to make the effort to seek care, denial of the problem, and/or lack of resources. These individuals are not included in anyone's counts of services delivered because they are not there to be counted.

This component of need is hard to translate into a forecasted volume of patients. For lack of a reliable methodology, this analysis uses the count of patients leaving against medical advice as a surrogate measure of need. This large number of people need inpatient behavioral health care but choose not to pursue care, or for one reason or another, are unable to access that care. This is an important component of care disparities, and is reflected here as a placeholder for patients to be recruited for care and well served.

Based on the count of patients leaving against medical advice a like number (171 persons) is a conservative estimate of patients who require care, need inpatient care but don't obtain that care. This volume should not be misinterpreted as a cap on indigent patients, but merely as a placeholder to be exceeded.

Summary: These five additional sources of 1,813 potential admissions include the quantified tabulated admissions of residents of the region south of metro Chicago to US HealthVest Hospitals, admissions that will be diverted. At an average length of stay of 10.5 days, these 1,813 patients generate patient days, or a potential additional ADC of 52 patients.

The planned utilization of the Meadowview Behavioral Hospital is 90% in 2027, two years after project completion. This level of occupancy equates to 3,129 admissions at 10.5 ALOS, or 32,850 patient days. This is less than the total referral count of 4,030 patients. Because of the potential additional sources of AMI patient admissions outlined above, the estimate of 4,030 referrals is itself conservative. Projecting utilization of 3,129 admissions is a second conservative adjustment. The utilization level of 90% exceeds the State standard of 85%, and is achievable based on the actual experience at the US HealthVest hospitals in the Chicago area. 90% constitutes full utilization of the proposed behavioral hospital.

1110.210(b)(4) Service Demand – Expansion of AMI and/or CMI Service

(This section does not apply, since the project is the establishment of a new AMI service.)

1110.210(b)(5) Service Accessibility / Service Restrictions

There are several factors that individually and collectively indicate that there are significant access issues for mental health services in HSA 2. Documentation includes:

1. HPSA data indicates a shortage of mental health providers in HSA 2.

Data from the Health Resources and Services Administration's website on Health Professionals Shortage Areas shows that each of the county groupings in HSA 2 has a shortage of mental health professionals, totaling 20 FTEs. The shortfalls are calculated using ratios of professionals to population. The HPSA

scores range from 0 to 26; the higher the score, the higher the priority need. Most of the counties in the HSA are in the upper range of this scale. The existing situation supports the requirement of 1110.210(b)(5)(A) Service Restrictions, specifically sub-item (A)(iv).

Health Professional Shortage Area data
Counties in HSA 2

Discipline	County	HPSA FTE shortage	HPSA score	Designation Update Date
Mental Health	Bureau / Putnam	1.91	17	11/16/2021
Mental Health	Fulton	1.62	17	9/8/2021
Mental Health	Henderson/Knox/Warren	2.58	18	9/8/2021
Mental Health	Marshall/Woodford	2.45	18	9/8/2021
Mental Health	McDonough	1.25	19	11/16/2021
Mental Health	Peoria / Tazewell	7.39	12	9/8/2021
Mental Health	Stark	2.69	17	11/16/2021
	Total HSA 2	19.89		

Source: Health Resources and Services Administration; data.HRSA.gov

2. 2,203 residents of HSA 2 left the HSA for inpatient AMI care, or were hospitalized for mental health in a medical unit.

1,898 adult patients had to travel to hospitals outside of HSA 2 to receive care, due mostly to lack of available bed capacity near home. These 1,898 patients constitute 39% of the total 4,935 residents admitted for behavioral health care. In addition, 305 residents of the HSA were hospitalized for behavioral health care but in a medical unit because of the lack of an available AMI bed.

The data demonstrates an access to care issue associated with insufficient available bed capacity. The table on the next page shows the zip codes of the 2,203 residents of HSA 2 who left to receive care at hospitals outside of the area or were admitted to a medical unit because of lack of an available AMI bed. Of the 1,898 residents of HSA 2 who received care outside of the HSA, 1,253 (66%) traveled to metropolitan Chicago and were admitted at hospitals up to 200 miles from Peoria. Most often this distance constitutes a hardship for patients and their families, and is disruptive of home life, work and school for family members. For many types of behavioral health care, family support and involvement in the care plan is necessary. The need to travel significant distances, the expense of hotel accommodations, and the stress of not being in a home setting are factors that compromise efficacy of care delivery.

2021 Adult Behavioral Health Admissions of Residents of Planning Area HSA 02
Receiving care *outside the HSA* (Based on BH MS-DRG's)
(Excluding HSA 2 AMI Providers)

Patient Zip	Patient City	Cases	% Of Total	Cum %
61401	GALESBURG, IL	235	10.70%	10.70%
61554	PEKIN, IL	145	6.60%	17.20%
61604	PEORIA, IL	126	5.70%	23.00%
61455	MACOMB, IL	105	4.80%	27.70%
61603	PEORIA, IL	94	4.30%	32.00%
61605	PEORIA, IL	76	3.40%	35.50%
61350	OTTAWA, IL	76	3.40%	38.90%
61611	EAST PEORIA, IL	73	3.30%	42.20%
61364	STREATOR, IL	67	3.00%	45.30%
61354	PERU, IL	62	2.80%	48.10%
61614	PEORIA, IL	62	2.80%	50.90%
61301	LA SALLE, IL	62	2.80%	53.70%
61520	CANTON, IL	58	2.60%	56.30%
61615	PEORIA, IL	44	2.00%	58.30%
61341	MARSEILLES, IL	40	1.80%	60.10%
61356	PRINCETON, IL	38	1.70%	61.90%
61362	SPRING VALLEY, IL	38	1.70%	63.60%
61462	MONMOUTH, IL	36	1.60%	65.20%
61602	PEORIA, IL	35	1.60%	66.80%
61342	MENDOTA, IL	32	1.50%	68.30%
61571	WASHINGTON, IL	30	1.40%	69.60%
61610	CREVE COEUR, IL	27	1.20%	70.90%
61616	PEORIA HEIGHTS, IL	27	1.20%	72.10%
61738	EL PASO, IL	24	1.10%	73.20%
61606	PEORIA, IL	23	1.00%	74.20%
60518	EARLVILLE, IL	20	0.90%	75.10%
61422	BUSHNELL, IL	19	0.90%	76.00%
61548	METAMORA, IL	19	0.90%	76.80%
61410	ABINGDON, IL	18	0.80%	77.70%
61550	MORTON, IL	16	0.70%	78.40%
61348	OGLESBY, IL	16	0.70%	79.10%
61523	CHILLICOTHE, IL	16	0.70%	79.80%
61607	PEORIA, IL	15	0.70%	80.50%
61636	PEORIA, IL	15	0.70%	81.20%
61438	GOOD HOPE, IL	14	0.60%	81.80%
61448	KNOXVILLE, IL	13	0.60%	82.40%
62326	COLCHESTER, IL	12	0.50%	83.00%
61531	FARMINGTON, IL	11	0.50%	83.50%
60551	SHERIDAN, IL	10	0.50%	83.90%
61530	EUREKA, IL	10	0.50%	84.40%
61537	HENRY, IL	10	0.50%	84.80%
61540	LACON, IL	10	0.50%	85.30%
	All Other	324	14.70%	100.00%
	Total all HSA2	2,203	100.00%	

Attachment 21

3. Over the past 4 years, residents of HSA 2 with behavioral health needs were hospitalized at **159 hospitals**, of which 111 were AMI hospitals or AMI units of hospitals. Of these, only **five AMI units were located in HSA 2.** Of the five, two of the AMI units have closed in the past three years – McDonough District Hospital and Galesburg Cottage Hospital.

Three hospitals now provide AMI inpatient care in HSA 2: UnityPoint Health – Methodist Hospital, OSF Saint Elizabeth Medical Center in Ottawa, and UnityPoint Health -Proctor Hospital. It is too frequently the case that inpatient beds are not available at these three facilities with a total current bed capacity of 112 AMI beds. This bed capacity will increase to 147 beds, due to the opening of the 44 bed child and adolescent Young Minds Institute and subsequent closure of 9 adult beds at UnityPoint Health – Methodist Hospital. These beds serve an HSA 2 population of 627,900. As a result, patients and their families have to travel great distances for inpatient AMI care some as far away as Waukegan, Iowa City, Cedar Rapids, and St Louis. (Other remote locations are even farther, but are related to referrals of only one or two patients, and are not necessary to make the point of insufficient availability locally.) This condition is evidence of an access issue.

According to COMPdata, in the past four years, residents of HSA 2, including 4,935 patients in 2021, received care for their behavioral health needs in over 150 facilities:

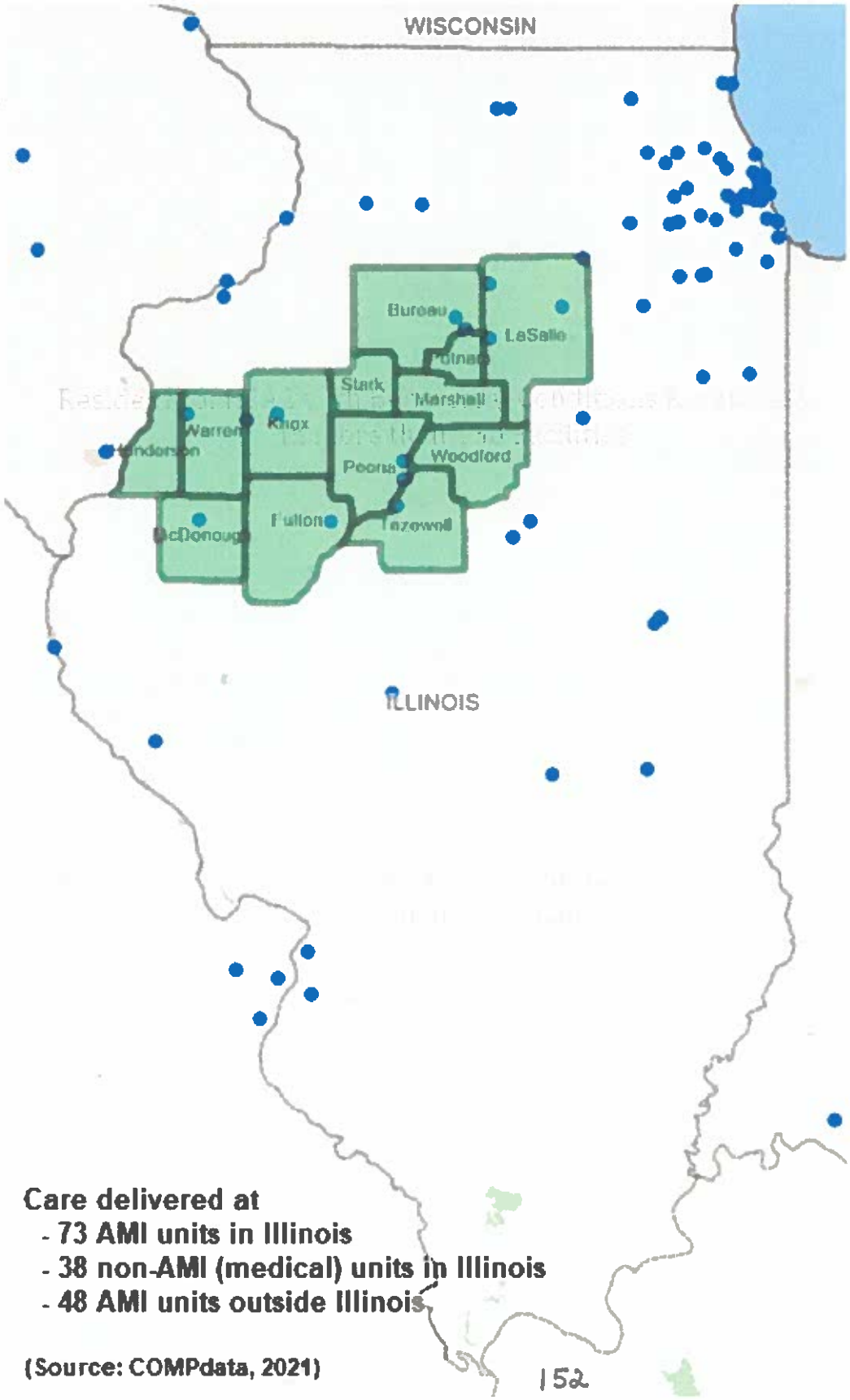
73 hospital AMI units throughout Illinois
38 hospital AMI units outside of Illinois
48 non-AMI units in Illinois (ie medical units)

This data is evidence of a lack of available capacity and services in the area. Finding places to hospitalize people in need is a challenge and time-consuming activity for social workers and staff at agencies and admitting and discharge staff at hospitals responsible for coordinating access to needed service. More importantly, it is an extreme hardship for patients and their families when care is available only at significant distances from home.

OSF hospitals' data show that for the past three years, OSF hospitals requested referrals of 495 patients in 2020, 438 in 2021 and 468 in 2022 to UnityPoint Health – Methodist Hospital and UnityPoint Proctor Hospital. These are the two hospitals with AMI units within a 17-mile radius of the proposed project site. A minimal number of the referral requests resulted in inpatient admissions: 7, 2 and 2 for the three years, respectively at UnityPoint Health – Methodist Hospital, and 11, 8 and 1 geriatric admissions at UnityPoint Health - Proctor Hospital. This experience is evidence of a significant access and service delivery problem, resulting in patients not being able to get needed inpatient AMI care locally. Accordingly, not only will the impact of the project on the two existing AMI units within the 17-mile area be minimal, but access to care will be significantly improved, benefitting residents of central Illinois.

The map and table on the next three pages show the distribution of hospitals to which HSA 2 residents were referred for admission for AMI service, from 2018 through 2021. Imagine the difficulty of obtaining a bed, when it means that patient coordinators and discharge planners at hospitals too often have to make ten or more calls to arrange an admission to AMI. The extensive listing of hospitals where residents of HSA 2 are admitted for AMI services is significant documentation that there is no regional center for behavioral health services in this central Illinois area.

Residents of HSA2 with Behavioral Conditions Receiving Care In more than 150 Facilities



Care delivered at
- **73 AMI units in Illinois**
- **38 non-AMI (medical) units in Illinois**
- **48 AMI units outside Illinois**

(Source: COMPdata, 2021)

Attachment 21

2021 Adult Behavioral Health Admissions from Residents in Planning Area HSA 02
(Based on BH MS-DRG's)

Facility	Facility City	Hospital Planning Area	Cases FY18	Cases FY19	Cases FY20	Cases FY21
UNITYPOINT METHODIST PEORIA	PEORIA, IL	HSA 02	2,153	2,079	2,045	1,827
OSF SEMC	OTTAWA, IL	HSA 02	1,006	970	847	597
HARTGROVE HOSPITAL	CHICAGO, IL	A-02	44	103	207	346
UNITYPOINT PROCTOR	PEORIA, IL	HSA 02	366	257	324	308
CHICAGO BEHAVIORAL HOSPITAL	DES PLAINES, IL	A-07	154	242	308	253
OSF SFMC	PEORIA, IL	Non AMI	178	185	155	177
LAKE BEHAVIORAL HOSPITAL	WAUKEGAN, IL	A-09	1	8	18	142
THE PAVILION	CHAMPAIGN, IL	HSA 04	143	137	145	129
STREAMWOOD BEHAVIORAL HEALTHCARE SYSTEM	STREAMWOOD, IL	A-07	61	143	139	121
RIVEREDGE HOSPITAL	FOREST PARK, IL	A-06	57	79	98	105
OSF HMMC	URBANA, IL	HSA 04	94	119	114	98
CARLE BROMENN	NORMAL, IL	HSA 04	137	123	71	91
QUORUM GATEWAY	GRANITE CITY, IL	HSA 11	51	38	29	85
KINDRED CHICAGO NORTH	CHICAGO, IL	A-01	16	46	66	72
UNITYPOINT TRINITY ROCK ISLAND	ROCK ISLAND, IL	HSA 10	46	49	59	70
KATHERINE SHAW BETHEA HOSPITAL	DIXON, IL	HSA 01	28	17	35	50
GALESBURG COTTAGE HOSPITAL	GALESBURG, IL	Non AMI	67	75	57	44
BLESSING HOSPITAL	QUINCY, IL	HSA 03	69	40	29	37
SILVER OAKS BEHAVIORAL HOSPITAL	NEW LENOX, IL	A-13			49	30
LINDEN OAKS BEHAVIORAL HEALTH	NAPERVILLE, IL	A-05	34	40	30	25
ASCENSION ALEXIAN BROTHERS BEHAVIORAL	HOFFMAN ESTATES, IL	A-07	16	30	10	25
RIVERSIDE MEDICAL CENTER KANKAKEE	KANKAKEE, IL	A-14	12	13	24	19
ASCENSION ST JOSEPH JOLIET	JOLIET, IL	A-13	11	8	7	16
ILLINI COMMUNITY HOSPITAL PITTSFIELD	PITTSFIELD, IL	HSA 03	37	24	18	15
UNITYPOINT PEKIN	PEKIN, IL	Non AMI	8	7	11	14
MH SPRINGFIELD MEMORIAL	SPRINGFIELD, IL	HSA 03	20	11	18	14
OSF SMMC	GALESBURG, IL	Non AMI	5	6	10	13
MCDONOUGH DISTRICT HOSPITAL	MACOMB, IL	Non AMI	87	73	11	12
GREAT RIVER HEALTH SYSTEM	WEST BURLINGTON, IA	Out of State	16	19	11	10
ST MARGARETS PERU	PERU, IL	Non AMI	35	18	15	9
ASCENSION MERCY	AURORA, IL	A-12	12	14	17	9
TOUCHETTE REGIONAL HOSPITAL	CENTREVILLE, IL	HSA 11		12	13	8
NORTHWESTERN CENTRAL DUPAGE	WINFIELD, IL	A-05	10	7	8	7
THOREK ANDERSONVILLE	CHICAGO, IL	A-01	5	4	4	7
ST MARGARETS SPRING VALLEY	SPRING VALLEY, IL	Non AMI	11	4	12	6
ASCENSION ST JOSEPH CHICAGO	CHICAGO, IL	A-01	3	8	3	6
HUMBOLDT PARK HEALTH	CHICAGO, IL	A-02	3	6	2	6
LORETTO HOSPITAL	CHICAGO, IL	A-02	4	13	6	5
GRAHAM HOSPITAL	CANTON, IL	Non AMI	6	10	3	5
ASCENSION STS MARY AND ELIZABETH	CHICAGO, IL	A-02	4	6	5	5
UCHICAGO MEDICINE INGALLS	HARVEY, IL	A-04	5	2	2	5
ADVOCATE LUTHERAN GENERAL	PARK RIDGE, IL	A-07	3	4	1	5
OSF SAMC	ROCKFORD, IL	Non AMI	1	1	2	5
ADVENTHEALTH GLENOAKS	GLENDALE HEIGHTS, IL	A-05	37	26	6	4
LOYOLA MACNEAL	BERWYN, IL	A-06	9	12	8	4
ADVOCATE GOOD SAMARITAN	DOWNERS GROVE, IL	A-05	4	8	6	4
SAINT ANTHONY HOSPITAL CHICAGO	CHICAGO, IL	A-02	1	3	6	4
OSF SJMC	BLOOMINGTON, IL	Non AMi	2	3	1	4
RUSH UNIVERSITY MEDICAL CENTER	CHICAGO, IL	A-02	4	1	3	4
CARLE FOUNDATION	URBANA, IL	HSA 04		2	4	4
UWHEALTH SWEDISHAMERICAN	ROCKFORD, IL	HSA 01			1	4

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GENESIS MEDICAL CENTER	DAVENPORT, IA	Out of State	11	3	4	3
THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS	IOWA CITY, IA	Out of State	3	2	8	3
ADVENTHEALTH HINSDALE	HINSDALE, IL	A-05	3	2	5	3
ASCENSION ST MARY	KANKAKEE, IL	A-14	1	2	4	3
ASCENSION ST JOSEPH ELGIN	ELGIN, IL	A-11	1	1		3
UI HEALTH	CHICAGO, IL	Non AMI	3	4	5	2
ST BERNARD HOSPITAL AND HEALTH CARE CENTER	CHICAGO, IL	A-03		5	3	2
OSF SPMC	MENDOTA, IL	Non AMI	2	2	2	2
BARNES-JEWISH HOSPITAL	ST. LOUIS	Out of State	1		4	2
ST CATHERINE HOSPITAL	EAST CHICAGO, IN	Out of State		2	1	2
MOUNT SINAI HOSPITAL	CHICAGO, IL	A-02		3		2
NORTHWESTERN VALLEY WEST	SANDWICH, IL	Non AMI	1		1	2
MERCY HOSPITAL SOUTH	ST. LOUIS	Out of State		2	1	2
EDWARD HOSPITAL	NAPERVILLE, IL	Non AMI		1	1	2
NORTHWESTERN WOODSTOCK	WOODSTOCK, IL	A-10	1	1		2
BROADLAWNS MEDICAL CENTER	DES MOINES, IA	Out of State		1	1	2
MERCY HOSPITAL JOPLIN	JOPLIN	Out of State				2
FREEMAN WEST	JOPLIN	Out of State				2
OSF SCMC	PRINCETON, IL	Non AMI	12	8	5	1
THOREK MEMORIAL	CHICAGO, IL	A-01	8	7	7	1
SILVER CROSS HOSPITAL	NEW LENOX, IL	A-13	10	6	2	1
NORTHWESTERN MEMORIAL	CHICAGO, IL	A-01		4	4	1
SWEDISH HOSPITAL	CHICAGO, IL	A-01	1	2	2	1
JACKSON PARK HOSPITAL AND MEDICAL CENTER	CHICAGO, IL	A-03	1	4	1	1
NORTHWESTERN PALOS	PALOS HEIGHTS, IL	A-04	1	2	1	1
NORTHWEST COMMUNITY HOSPITAL	ARLINGTON HEIGHTS, IL	A-07	2		3	1
MORRIS HOSPITAL AND HEALTHCARE CENTERS	MORRIS, IL	Non AMI	2	2	1	1
HSHS GOOD SHEPHERD	SHELBYVILLE, IL	Non AMI	2	1		1
UNITYPOINT HEALTH Â€“ ST. LUKEÂ€™S HOSPITAL	CEDAR RAPIDS, IA	Out of State	2	1		1
MERCY HOSPITAL ST LOUIS	ST. LOUIS	Out of State		1	1	1
LOYOLA UNIVERSITY MEDICAL CENTER	MAYWOOD, IL	Non AMI		1	1	1
NORTHSHORE EVANSTON	EVANSTON, IL	A-08	1			1
MERCYONE CLINTON MEDICAL CENTER	CLINTON, IA	Out of State	1	1		1
SARAH BUSH LINCOLN HEALTH CENTER	MATTOON, IL	HSA 04		1		1
ADVOCATE TRINITY	CHICAGO, IL	Non AMI				1
FRANCISCAN MICHIGAN CITY	MICHIGAN CITY, IN	Out of State				1
COX NORTH HOSPITAL	SPRINGFIELD	Out of State				1
OSF SJJWAMC	PONTIAC, IL	Non AMI				1
ASCENSION BORGESS HOSPITAL	KALAMAZOO, MI	Out of State				1
OSF HFMC	MONMOUTH, IL	Non AMI				1
MERCYONE DUBUQUE MEDICAL CENTER	DUBUQUE, IA	Out of State				1
UPHS - MARQUETTE	MARQUETTE, MI	Out of State				1
TRINITY HEALTH ST. MARY MERCY LIVONIA	SAGINAW, MI	Out of State				1
QUORUM VISTA EAST	WAUKEGAN, IL	A-09				1
UNITYPOINT HEALTH - ALLEN HOSPITAL	WATERLOO, IA	Out of State				1
JOHN H STROGER JR HOSPITAL OF COOK COUNTY	CHICAGO, IL	Non AMI				1
CGH MEDICAL CENTER	STERLING, IL	HSA 01				1
MH JACKSONVILLE MEMORIAL	JACKSONVILLE, IL	Non AMI	21	6		
CHICAGO LAKESHORE	CHICAGO, IL	A-01	8	13		
HSHS ST JOHNS	SPRINGFIELD, IL	HSA 03	15			
SOUTH SHORE HOSPITAL	CHICAGO, IL	A-03		4	4	
MERCY IOWA CITY	IOWA CITY, IA	Out of State	3	3	2	
MH DECATUR MEMORIAL	DECATUR, IL	HSA 04	4	3	1	
MERCYHEALTH JAVON BEA ROCKTON	ROCKFORD, IL	HSA 01	3	1	4	
HSHS ST MARYS DECATUR	DECATUR, IL	HSA 04	2	1	2	
UNIVERSITY OF MISSOURI HOSPITAL	COLUMBIA	Out of State	2	3	2	

Attachment 21

ASCENSION ST ALEXIUS	HOFFMAN ESTATES, IL	A-07	5			
ADVOCATE CHRIST	OAK LAWN, IL	A-04	1	4	1	
TERRE HAUTE REGIONAL HOSPITAL	TERRE HAUTE, IN	Out of State	2	2	1	
SSM HEALTH DEPAUL HOSPITAL	BRIDGETON	Out of State	2	3		
ADVOCATE ILLINOIS MASONIC	CHICAGO, IL	A-01	3	2		
ASCENSION HOLY FAMILY	DES PLAINES, IL	Non AMI	2	1	2	
PIPELINE WEISS	CHICAGO, IL	A-01		2	3	
RESEARCH MEDICAL CENTER	KANSAS CITY	Out of State	2	1		
INSIGHT HOSPITAL AND MEDICAL CENTER	CHICAGO, IL	A-03	1	2	1	
OTTUMWA REGIONAL HEALTH CENTER	OTTUMWA, IA	Out of State	1	2	1	
SIH HARRISBURG	HARRISBURG, IL	Non AMI		1	1	
QUORUM METROSOUTH	BLUE ISLAND, IL	Non AMI		3		
SSM HEALTH SAINT LOUIS UNIVERSITY HOSPITAL	ST. LOUIS	Out of State		3		
HOPEDALE MEDICAL COMPLEX	HOPEDALE, IL	Non AMi	2		1	
SPENCER HOSPITAL	SPENCER, IA	Out of State	1		1	
OSF SHMC	DANVILLE, IL	Non AMi		2		
CARLE EUREKA	EUREKA, IL	Non AMI		1	1	
MERCY MEDICAL CENTER	CEDAR RAPIDS, IA	Out of State	1	1		
SSM HEALTH SAINT JOSEPH HOSPITAL	ST. CHARLES	Out of State	1	1		
MEMORIAL SOUTH BEND	SOUTH BEND, IN	Out of State		2		
METRO HEALTH HOSPITAL	WYOMING, MI	Out of State			2	
SSM ST MARYS CENTRALIA	CENTRALIA, IL	HSA 05	1		1	
ALTON MEMORIAL HOSPITAL	ALTON, IL	Non AMI			2	
SAINT LUKE'S NORTH HOSPITAL	SMITHVILLE	Out of State				
UNITYPOINT HEALTH - ST. LUKE'S	SIOUX CITY, IA	Out of State	1		1	
BLOOMINGTON MEADOWS HOSPITAL	BLOOMINGTON, IN	Out of State	1	1		
CENTERPOINTE HOSPITAL	ST. CHARLES	Out of State		1	1	
ROSELAND COMMUNITY HOSPITAL	CHICAGO, IL	A-03				
UNITYPOINT TRINITY MOLINE	MOLINE, IL	HSA 10	1			
ADVOCATE SHERMAN	ELGIN, IL	A-11				
NORTHWESTERN KISHWAUKEE	DEKALB, IL	Non AMI		1		
COLUMBUS REGIONAL HOSPITAL	COLUMBUS, IN	Out of State	1			
ADVENTHEALTH BOLINGBROOK	BOLINGBROOK, IL	A-13	1			
NEVADA REGIONAL MEDICAL CENTER	NEVADA	Out of State	1			
TWO RIVERS PSYCHIATRIC HOSPITAL	KANSAS CITY	Out of State	1			
PHELPS HEALTH HOSPITAL	ROLLA	Out of State		1		
PIPELINE WESTLAKE	MELROSE PARK, IL	Non AMI	1			
SSM HEALTH SAINT MARY'S HOSPITAL	JEFFERSON CITY	Out of State	1			
MERCY HOSPITAL SPRINGFIELD	SPRINGFIELD	Out of State	1			
MISHAWAKA MEDICAL CENTER	MISHAWAKA, IN	Out of State		1		
ELMHURST HOSPITAL	ELMHURST, IL	Non AMI		1		
GENESIS SILVIS	SILVIS, IL	Non AMI			1	
MERCYHEALTH JAVON BEA RIVERSIDE	ROCKFORD, IL	Non AMI			1	
MARY GREELEY MEDICAL CENTER	AMES, IA	Out of State			1	
NORTHWEST PORTER	VALPARAISO, IN	Out of State		1		
OSF SLMC	KEWANEE, IL	Non AMI		1		
ST VINCENT EVANSVILLE	EVANSVILLE, IN	Out of State	1			
MOSAIC LIFE CARE AT ST. JOSEPH MEDICAL CENTER	ST. JOSEPH	Out of State			1	
ST. ANTHONY REGIONAL HOSPITAL	CARROLL, IA	Out of State	1			
SIH MEMORIAL CARBONDALE	CARBONDALE, IL	Non AMI			1	
VALLE VISTA HEALTH SYSTEM	GREENWOOD, IN	Out of State			1	
RUSH OAK PARK	OAK PARK, IL	Non AMI		1		
Grand Total			5,241	5,253	5,182	4,935

4. Ten hospital AMI units closed during the past ten years in downstate Illinois. These closures created bed deficit issues for some of the areas of the State. An additional three hospitals in metropolitan Chicago closed during the past decade.

As shown in the following table, the thirteen closed AMI units totaled 252 AMI beds. Other hospitals in the State added beds during the decade, resulting in a net increase in beds in Illinois. However, the distribution of beds disadvantaged certain downstate areas. 189 of the closed beds were in downstate hospitals. An effect of these closures is that patients, families and hospital staff had an even more difficult time finding available beds for patients with behavioral health needs. This condition is a further dimension of the issue of access for mental health inpatient care.

Closures of AMI units in Illinois, 2013-2020
Source: HFSRB Monthly Reports

Facility	# AMI Beds	Date approved or reported	HSA / Area
HSHS St. Elizabeth - Belleview	35	9/24/2013	11
McDonough District Hospital	20	9/17/2019	2
HSHS St. John's - Springfield	32	9/17/2019	3
AMITA Alexian Brothers Medical Center	25	10/22/2019	7
Metro South Medical Center	14	10/22/2019	A-04
Passavant Area Hospital	10	5/4/2020	3
Alton Memorial Hospital	20	8/31/2020	11
OSF Little Company of Mary Medical Ctr	24	9/12/2020	A-04
Javon Bea Hospital - Rockton Campus	20	9/22/2020	1
Holy Family Hospital - Greenville	10	3/22/2021	5
Galesburg Cottage Hospital	16	4/26/2022	2
Illini Community Hospital	10	7/25/2022	3
Richland Memorial Hospital - Olney	16	NA	5
Total	252		

In addition to the above closures, it has recently been announced that HSHS St. Mary's Hospital in Decatur is planning to close several clinical services, including their 56 bed AMI unit. Decatur is located in HSA 4, adjacent to HSA 2. At the time of filing of the Meadowview Behavioral Hospital permit application, HSHS has not yet filed its Certificate of Exemption for discontinuation of these services. The potential closure of that unit has implications for additional utilization of the planned beds at Meadowview Behavioral Hospital.

Attachment 21

The following table presents information on the two hospitals with AMI units located within a 17 mile radius of the proposed project.

Hospital AMI units within 17 miles of proposed site

Name of Hospital	Distance from Proposed Project	AMI beds	Patient days	Occupancy
UnityPoint Health - Methodist Hosp	10.3 miles			
- Current operation; year 2020		68	15,854	63.7
- Project #22-017; year 2025		103	33,136	88.1
UnityPoint Health - Proctor Hospital	6.6 miles	18	3,528	53.6

Source: HFSRB Hospital Profiles

While the two hospitals did not meet the State occupancy standards in 2020, there are several relevant comments. The Health Facilities and Services Review Board recently approved the expansion of AMI services at UnityPoint Health - Methodist Hospital, including the establishment of the Young Minds Institute serving children and adolescents. The permit application anticipates 33,136 patient days for combined adult and child/adolescent in 2025, two years after opening. This volume is an 88.1% occupancy of the total 103 AMI beds, exceeding the State standard of 85% utilization.

The relevant Annual Hospital Questionnaires reported a peak census of 67 patients in 2020 at UnityPoint Health - Methodist Hospital and a peak census of 14 patients at UnityPoint Health - Proctor Hospital, full utilization of the 14 beds reported as staffed. These levels are indicative of very high utilization, and consistent with the constant referrals of residents of HSA 2 to AMI units at hospitals outside of HSA 2 for admission.

It is also relevant that 2020 census across hospitals was affected by COVID-19. 3,528 AMI patient days at UnityPoint Health - Proctor Hospital in 2020 was more than an 11% reduction from 3,976 AMI patient days in 2019. It is worth noting that if the pre-COVID 2019 volume were accepted as more typical, and if that level of utilization were added to the 33,136 projected volume at UnityPoint Health – Methodist Hospital, the two hospitals in the 17-mile radius would exhibit a **combined 84% utilization** of the 121 total AMI beds (103 at UnityPoint Health - Methodist Hospital and 18 beds at UnityPoint Health - Proctor Hospital).

Consequently, it can be documented that the two hospitals have a combined expected utilization at a level very close to the State standard of 85%.

1110.210(c) Unnecessary Duplication/Maldistribution

Maldistribution for a service exists when a ratio of beds to population exceeds 1.5 times the Statewide average for that service. This test shows that the project does not result in a maldistribution of Acute Mental Illness beds within HSA 2.

For the **State of Illinois**, the Statewide ratio is 0.318 beds per 1,000 population.
4,181 AMI beds divided by 13,129,233 persons = 0.318 beds per 1,000 population
Note: 4,181 beds is the total of 5,152 AMI beds (year 2,000) plus a net additional 29 AMI beds due to changes reported in the 9/15/2022 monthly profile update.

For the **Planning Area for the Project, HSA 2**, the Statewide ratio is 0.227 beds per 1,000 population.
147 beds divided by 647,000 persons = 0.227 beds per 1,000 population
The project adds 100 AMI beds, for an HSA 2 total of 247 beds.
247 beds divided by 627,900 persons (year 2025) = 0.393 AMI beds per 1,000 population.
1.5 times the Statewide average is 0.477.
As a result, there is no maldistribution in HSA 2 because of the project, since 0.393 is less than 0.477.

The Planning Area for the project is HSA 2, covering a large part of central Illinois. The site is a convenient location at the northern City of Peoria city limits, adjacent to State Highway 91. It is accessible to the entire population of HSA 2, and is able to serve the needs of the majority of patients leaving the HSA 2 for care.

Impact on other area providers

The project will have no negative impact on the other behavioral health providers in the area. It will benefit hospitals by providing a resource to relieve pressures on hospital emergency rooms and keep patients in central Illinois so that care can be better coordinated and families will not have to go through the hardship of travel to distant locations for inpatient AMI care:

-- There are two providers of AMI services within the 17-mile radius of the project, UnityPoint Health – Methodist Hospital and UnityPoint Health – Proctor Hospital. As stated in the last section, these two providers of AMI services are expected to be at a combined 84% level of utilization in 2025, based on information contained in the recently approved permit application 22-017.

-- The proposed project will not reduce the utilization of these two hospitals in HSA 2. That can be said because most of the forecasted volume of patients is being diverted from other hospitals outside HSA 2 where residents of the HSA have been traveling to receive AMI care, and serving patients with behavioral health needs who are not admitted because they leave the emergency room against medical advice (some without being seen due to long wait times), or who are inpatients or observation patients who leave against medical advice.

Zip Codes in whole or in part within 17 miles of
Us HealthVest - OSF BH Hopsital

Area Zip Codes	Patient City	Population
61451	LAURA	374
61479	SPEER	376
61483	TOULON	1,855
61489	WILLIAMSFIELD	806
61491	WYOMING	1,700
61516	BENSON	730
61517	BRIMFIELD	3,235
61523	CHILLICOTHE	10,941
61525	DUNLAP	8,894
61526	EDELSTEIN	964
61528	EDWARDS	2,523
61529	ELMWOOD	2,781
61530	EUREKA	6,377
61531	FARMINGTON	3,137
61533	GLASFORD	2,281
61534	GREEN VALLEY	1,615
61535	GROVELAND	1,752
61536	HANNA CITY	2,943
61539	KINGSTON MINES	146
61545	LOWPOINT	696
61546	MANITO	3,975
61547	MAPLETON	3,549
61548	METAMORA	12,053
61550	MORTON	17,598
61552	MOSSVILLE	190
61554	PEKIN	42,113
61559	PRINCEVILLE	3,055
61561	ROANOKE	2,856
61564	SOUTH PEKIN	1,127
61565	SPARLAND	1,397
61568	TREMONT	4,458
61569	TRIVOLI	1,124
61570	WASHBURN	1,858
61571	WASHINGTON	23,380
61572	YATES CITY	1,110
61602	PEORIA	773
61603	PEORIA	16,597
61604	PEORIA	30,055
61605	PEORIA	15,572
61606	PEORIA	7,842
61607	PEORIA	10,420
61610	CREVE COEUR	5,165
61611	EAST PEORIA	24,174
61614	PEORIA	26,423
61615	PEORIA	23,033
61616	PEORIA HEIGHTS	5,379
61721	ARMINGTON	608
61729	CONGERVILLE	1,204
61733	DEER CREEK	1,357
61734	DELAVAN	2,737
61738	EL PASO	3,890
61742	GOODFIELD	1,514
61747	HOPEDALE	1,487
61755	MACKINAW	4,764
61759	MINIER	1,472
61760	MINONK	2,423
61771	SECOR	905
Total Population, Patients		361,763

Attachment 21

-- OSF hospitals' data show that for the past three years, OSF hospitals requested referrals of 495 adult patients in 2020, 438 in 2021 and 468 in 2022 to UnityPoint Health – Methodist Hospital and UnityPoint Health - Proctor Hospital. The referral requests resulted in a minimal number of adult inpatient admissions: 7, 2 and 2 for the three years, respectively, at UnityPoint Health – Methodist Hospital, and 11, 8 and 1 geriatric admissions, respectively, at UnityPoint Health - Proctor Hospital. Accordingly, the impact on the two existing AMI units within the 17-mile area is going to be minimal.

As set forth in this permit application, there is an access problem in HSA 2, as evidenced by the fact that of the 4,935 adult residents hospitalized for inpatient behavioral health care in 2021, 2203 (45%) were either hospitalized at AMI units outside of the HSA (1,898) or in medical/surgical units at hospitals without AMI beds (305). Of the 1,898 patients who left the area, 1,253 (66%) went to an AMI facility in the Chicago area (A-01 to 14). In other words, two thirds of the people who could not get care locally because of lack of an AMI bed traveled to different parts of Chicago to be hospitalized. This situation reflects a difficult access to care condition, and an extreme hardship for patients and their families. In part this access problem caused residents of Peoria County, Tazewell County and Woodford County to rate mental health as the number one health problem in this year's community health assessment.

According to COMPdata, in the past four years, residents of HSA 2, including 4,935 patients in 2021, received care for their behavioral health needs in over 150 facilities:

73 hospital AMI units throughout Illinois
38 hospital AMI units outside of Illinois
48 non-AMI units in Illinois (ie medical units)

This data is evidence of a lack of available capacity and services in the area. Finding places to hospitalize people in need is a challenge and time-consuming activity for social workers and staff at agencies and admitting and discharge staff at hospitals responsible for coordinating access to needed service. More importantly, it is an extreme hardship for patients and their families when care is available only at significant distances from home. This condition reflects that more than 11 beds per 100,000 persons are needed to accommodate the behavioral health needs of residents of the area.

This information is relevant to the analysis of impact on area hospitals. Much of the care is delivered far outside HSA 2, and distributed among a significant number of hospitals. As the result, the impact on any hospital will not be significant. As pointed out elsewhere, almost 1,100 patients in 2021 from areas south of the Chicago metropolitan area received care at the three US HealthVest hospitals in Chicago suburbs. Redirecting these patients to a new US HealthVest hospital in Peoria is part of a plan to regionalize care within the US HealthVest system, to the significant benefit of patients and their families who have had to travel great distances for care. Such travel poses an undue hardship on families and other supporters 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 continuity of care for patients with the same physicians and support staff are all important to bringing patients to stable status.

The project will reduce the burden on emergency departments in HSA 2, and as a result will have a positive impact at most hospitals in the region. These emergency departments now hold patients with

behavioral needs waiting to be transferred to an AMI hospital or unit. The articles supporting the Purpose of the Project section has extensive information on the impact of this issue on hospital emergency departments. Meadowview Behavioral Hospital will be a resource available to all hospitals in central Illinois.

US HealthVest has established three AMI hospitals in Illinois, starting with Chicago Behavioral Health ("CBH"), which was acquired in late 2014. Its experience provides the opportunity to "look-back" at how the establishment of CBH affected the utilization of hospitals in its State planning areas. The growth of US HealthVest's Chicago Behavioral Hospital was not at the expense of the other five hospitals with AMI services in Planning Area A-07.

AMI Admissions at hospitals in Planning Area A-07
Source: Inventory of Health Care Facilities and Services and Need Determinations

	2015	2017	2019
Total AMI admissions, A-07 hospitals	13,557	17,365	18,491
AMI Admissions at Chicago Behavioral Hospital	1,700	4,419	5,473
AMI Admissions at A-07 hospitals other than CBH	11,857	12,946	13,018

Chicago Behavioral Hospital admitted 1,700 AMI patients in its first year of operations, 2015. By 2019, its admissions had increased by 3,773 to 5,473 patients. For the same period of time, total admissions of the six hospitals with AMI programs (CBH and the five prior existing hospitals) grew by 4,934 AMI patients. Collectively, as shown in the above table, the five prior existing AMI hospitals grew by 1,161 AMI patients from 2015 through 2019, during CBH's first five years of service. Total AMI volumes at the existing hospitals increased, and were not reduced as a result of the establishment of Chicago Behavioral Hospital. In fact, one of the other five hospitals in A-07, Northwest Community Hospital in the adjacent suburb of Arlington Heights, experienced healthy growth during this period of time. Its volume of AMI patients increased from 1,294 patients in 2015 to 1,978 in 2019. It is located less than 7 miles driving distance from Chicago Behavioral Hospital.

This data is offered as documentation that the introduction of new AMI beds, even in an area that has had a calculated bed excess, does not imply that there will be detrimental impact on existing AMI facilities. The experience supports the contention that the historic metric for evaluating AMI bed need at 0.11 beds per 1,000 population may not incorporate the current and recent years' social, economic and health-related stressors that drive up the need for behavioral health care including inpatient hospitalization. The ratio of 40-50 beds per 100,000 persons (0.40 – 0.50 beds per 1,000) has been advocated by experts as a more appropriate ratio for estimating need.

1110.210(d) AMI and/or CMI Modernization
(This project is new construction and does not have a modernization component.)

Attachment 21

1110.210(e) Staffing

Staffing will follow the models in place at Chicago Behavioral Hospital in Des Plaines, Lake Behavioral Hospital and Silver Oaks Behavioral Hospital. The applicants are well experienced with all State of Illinois hospital licensing requirements and Joint Commission accreditation requirements, as well as Medicare/Medicaid conditions of participation. The proposed hospital will meet these requirements, as well as implement best clinical and administrative practices from both OSF and US HealthVest.

US HealthVest staffs its hospitals in order to deliver safe and high quality care to our patients. Through the development of new hospitals and in partnering with health systems, US HealthVest has experience working with a variety of structures to achieve optimal staffing. It has been successful in recruiting quality clinical staff in today's challenging labor market and has never had to turn away patients due to lack of staffing. There is a strong established culture throughout the organization, steeped in the US HealthVest mission of providing care to all patients, regardless of ability to pay – "we never limit access."

USHV uses an integrated team approach to the provision of care. The multidisciplinary teams consists of physicians, nurse practitioners, nurses, social workers and therapists and mental health technicians – all with specialized behavioral health training provided by the hospital. The medical staff is led by the hospital medical director who maintains the integrity of the programs. USHV has a corporate HR team that provides oversight to specialized HR professionals at each hospital. USHV utilizes a variety of recruiting strategies that are continuously reviewed and enhanced. Strategies include recruiters, internet-based programs and direct-target campaigns conducted internally and externally. For physicians and NPs, a centralized recruiting effort for the entire system allows for a national recruiting strategy with localized focus. USHV also structures creative compensation packages for key clinical positions and offers comprehensive health benefits with a matching 401k, relocation packages and continuing education opportunities. There is paid tuition for higher education for select employees to support career advancement (several senior managers at USHV hospitals have started at entry-level positions). Importantly, each hospital has multiple affiliations with universities and educational institutions that allow the provision of patient care (under supervision) while training candidates, enabling USHV to maintain a strong pipeline of candidates.

A board-certified psychiatrist will be installed as Medical Director.

The proposed hospital will utilize the same recruitment processes and human resources procedures in place at the existing US HealthVest hospitals. For recruiting staff, US HealthVest uses web-based programs and traditional sites and methods such as nurse.com, monster.com, careerbuilder.com, National Healthcare Career Network, Sun-Times Network, Chicago Tribune, and job fairs.

Where there are opportunities and interest on the part of its employees, US HealthVest will enable the transfer of employees from the other US HealthVest facilities in Illinois. USHV expects that the success experienced in staffing those facilities will be the experience for start-up and continuing operations in Peoria. Even though staffing has been a challenge throughout healthcare and other industries, the staff vacancy rates for the Illinois US HealthVest hospitals have been low.

US HealthVest

December 6, 2022

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street - 2nd Floor
Springfield, IL 62761

Re: Assurance, 1110.210(g)
Meadowview Behavioral Hospital

Dear Mr. Kniery

Consistent with the requirement in 1110.210(g), I hereby attest that it is my understanding that by the second year of operation after the establishment of the Acute Mental Illness (AMI) service the AMI service will achieve and maintain the 85% occupancy standard set forth in 77 Ill. Adm. Code 1100.

If you have any questions, please contact me at 212-243-5565, or at msze@ushealthvest.com.

Sincerely,

Martina Sze
Chief Development Officer
US HealthVest

NOTARY Subscribed and sworn to before me this 6th day of December, 2022.

Alexia P Liatsos
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06/21/2026

Attachment 21

OSF
HEALTHCARE SYSTEM

November 30, 2022

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Assurance, 1110.210(g)
Peoria Behavioral Hospital

Dear Mr. Kniery:

Consistent with the requirement in 1110.210(g), I hereby attest that it is my understanding that by the second year of operation after the establishment of the Acute Mental Illness (AMI) service the AMI service will achieve and maintain the 85% occupancy standard set forth in 77 Ill. Adm. Code 1100.

If you have any questions, please contact Mark Hohulin, Senior Vice President, Healthcare Analytics, at 309-308-9656 or at mark.e.hohulin@osfhealthcare.org.

Sincerely,

Robert Anderson, Chief Executive Officer, Central Region
OSF Healthcare System
124 S.W. Adams Street
Peoria, IL 61602

Notarization:

Subscribed and sworn to before me

this 30th day of November 2022

Tonda L. Stewart
Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

Attachment 21

800 N.E. Glen Oak Avenue, Peoria, Illinois 61603-3200 Phone (309) 655-2850 www.osfhealthcare.org
The Sisters of the Third Order of St. Francis

ATTACHMENT 21A

Physician Letters of Commitment to Refer Patients

October 13, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am a physician specializing in Psychiatry. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

In my practice I often refer my adult patients for inpatient behavioral health care and services. The attached table lists the zip codes of residence for my patients.

Based on the patients I currently provide care, I estimate that I will refer 42 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Denise Johnson-Dechow, MD
3375 N. Seminary St., Galesburg, IL 61401
(309) 344-9444

Notarization:

Subscribed and sworn to before me

this 13 day of Oct 2022

Kari Stevens
Signature of Notary

Seal

KARI STEVENS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 30, 2025

Attachment 21 A

Provider Name	Patient Zip	Patient Community	FY22 Patients
JOHNSON-DECHOW, DENISE M	61401	GALESBURG	283
	61462	MONMOUTH	66
	61410	ABINGDON	27
	61448	KNOXVILLE	27
	61443	KEWANEE	24
	61473	ROSEVILLE	18
	61415	AVON	16
	61469	OQUAWKA	10
		All Other	129
		Total	600

Attachment 21 A

October 17, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am a physician specializing in Psychiatry. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

In my practice I often refer my adult patients for inpatient behavioral health care and services. The attached table lists the zip codes of residence for my patients.

Based on the patients I currently provide care, I estimate that I will refer 40 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Feiteng Su, MD
801 N. Walnut, Champaign, IL 61820
(217) 693-4660

Notarization:

Subscribed and sworn to before me

this 17th day of October 2022

Signature of Notary

Seal

EILEEN M JOHNSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 3, 2025

Attachment 21 A

Recruitment for the proposed behavioral health hospital will also take place at community-related job fairs in the area and at job fairs at four-year and two-year colleges that OSF routinely uses, such as Bradley University, Illinois State University, and OSF Colleges of Nursing.

1110.210(f) Performance Requirements – Bed Capacity Minimums

The project requests the establishment of 100 AMI beds. This exceeds the State standard of 20 beds for an AMI unit.

1110.210(g) Assurances

The letters on the following pages attest to the applicant's understanding that the Acute Mental Illness hospital will achieve and maintain utilization consistent with the 85% occupancy standard for the Acute Mental Illness category of service.

Provider Name	Patient Zip	Patient Community	FY22 Patients
SU, FEITENG	61820	CHAMPAIGN	65
	61821	CHAMPAIGN	59
	61832	DANVILLE	58
	61801	URBANA	55
	61802	URBANA	41
	61822	CHAMPAIGN	40
	61866	RANTOUL	31
	00000	-	22
	61853	MAHOMET	19
	-	-	17
	61701	BLOOMINGTON	16
	61704	BLOOMINGTON	12
	61761	NORMAL	11
	61571	WASHINGTON	11
	61604	PEORIA	10
	61603	PEORIA	10
		All Other	311
		Total	788

Attachment 21 A

October 17, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am a physician specializing in Psychiatry. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

In my practice I often refer my adult patients for inpatient behavioral health care and services. The attached table lists the zip codes of residence for my patients.

Based on the patients I currently provide care, I estimate that I will refer 400 patients from St. Francis Medical Center operations my team oversees and 88 patients from APN providers that collaborate with me to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Samuel Sears, MD
124 SW Adams St., Peoria, IL 61602
(309) 308-6139

Notarization:

Subscribed and sworn to before me

this 17th day of October 2022

Signature of Notary

Seal

KAELLEN SCHRAG
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 26, 2025

Attachment 21 A

Provider Name	Patient Zip	Patient Community	FY22 Patients
SEARS, SAMUEL ANTHONY	61401	GALESBURG	170
	60453	OAK LAWN	62
	61462	MONMOUTH	61
	60643	CHICAGO	61
	60655	CHICAGO	58
	61821	CHAMPAIGN	57
	60805	EVERGREEN PARK	57
	61801	URBANA	55
	61604	PEORIA	47
	61820	CHAMPAIGN	43
	60652	CHICAGO	42
	61802	URBANA	39
	60629	CHICAGO	28
	60628	CHICAGO	28
	61443	KEWANEE	27
	61603	PEORIA	27
	61614	PEORIA	25
	61605	PEORIA	25
	60620	CHICAGO	25
	61615	PEORIA	24
	61611	EAST PEORIA	23
	60459	BURBANK	22
	60803	ALSIP	20
	61822	CHAMPAIGN	20
	61410	ABINGDON	17
	61571	WASHINGTON	15
	61554	PEKIN	15
	61412	ALEXIS	15
	61874	SAVOY	14
	60415	CHICAGO RIDGE	14
	61866	RANTOUL	14
	61832	DANVILLE	12
	61873	SAINT JOSEPH	12
	61853	MAHOMET	11
	61430	EAST GALESBURG	11
	60619	CHICAGO	11
	60406	BLUE ISLAND	11
	61434	GALVA	11
	60482	WORTH	10
		All Other	539
		Total	1,778

Attachment 21 A

October 18, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am a physician specializing in Psychiatry. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

In my practice I often refer my adult patients for inpatient behavioral health care and services. The attached table lists the zip codes of residence for my patients.

Based on the patients I currently provide care, I estimate that I will refer 40-50 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Nimisha Patel

Nimisha Patel, MD
2850 W. 95th St., Suite 204, Evergreen Park, IL 60805
(708) 422-5090

Notarization:

Subscribed and sworn to before me

this 18th day of OCTOBER 2022

Kimberlee A. Pula

Signature of Notary

Seal

OFFICIAL SEAL
KIMBERLEE A PULA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 08/11/2026

Attachment 21 A

Provider Name	Patient Zip	Patient Community	FY22 Patients
PATEL, NIMISHA	60620	CHICAGO	158
	60643	CHICAGO	97
	60655	CHICAGO	72
	60805	EVERGREEN PARK	67
	60652	CHICAGO	50
	60628	CHICAGO	44
	60453	OAK LAWN	37
	60406	BLUE ISLAND	36
	60629	CHICAGO	30
	60803	ALSIP	21
	60619	CHICAGO	17
	60636	CHICAGO	11
	60638	CHICAGO	10
		All Other	214
		Total	864

October 26, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am a psychologist specializing in Clinical Psychology. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

In my practice I often refer my adult patients for inpatient behavioral health care and services. The attached table lists the zip codes of residence for my patients.

Based on the patients I currently provide care, I estimate that I will refer 30 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Christopher Funk, Psy.D
2200 Ft. Jesse Rd., Normal, IL 61761
(309) 664-3130

Notarization:

Subscribed and sworn to before me

this 26th day of October 2022

Signature of Notary

Seal

OFFICIAL SEAL
JULIE D. GOODLICK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 1-24-2023

Attachment 21 A

Provider Name	Patient Zip	Patient Community	FY22 Patients
FUNK, CHRISTOPHER A	61701	BLOOMINGTON	127
	61761	NORMAL	94
	61704	BLOOMINGTON	81
	61705	BLOOMINGTON	18
		All Other	132
		Total	452

Attachment 21 A

October 26, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am a psychologist specializing in Clinical Psychology. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

In my practice I often refer my adult patients for inpatient behavioral health care and services. The attached table lists the zip codes of residence for my patients.

Based on the patients I currently provide care, I estimate that I will refer 50 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Tim Shannon, Psy.D.
2200 Ft. Jesse Rd., Normal, IL 61761
(309) 664-3130

Notarization:

Subscribed and sworn to before me

this 26th day of October 2022

Signature of Notary

Seal

OFFICIAL SEAL
JULIE D. GOODLICK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 1-24-2023

Attachment 21 A

Provider Name	Patient Zip	Patient Community	FY22 Patients
SHANNON, TIM	61761	NORMAL	140
	61701	BLOOMINGTON	120
	61704	BLOOMINGTON	99
	61705	BLOOMINGTON	23
	61764	PONTIAC	15
	61727	CLINTON	12
	61754	MC LEAN	11
	61745	HEYWORTH	10
		All Other	120
		Total	550

Attachment 21 A

October 26, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am a physician specializing in Psychiatry. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

In my practice I often refer my adult patients for inpatient behavioral health care and services. The attached table lists the zip codes of residence for my patients.

Based on the patients I currently provide care, I estimate that I will refer 50-75 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Robert Hamilton, MD
2200 Ft. Jesse Rd., Normal, IL 61741
(309) 664-3130

Notarization:

Subscribed and sworn to before me

this 26th day of October 2022

Julie D Goodlick

Signature of Notary

Seal

OFFICIAL SEAL
JULIE D. GOODLICK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 1-24-2023

Attachment 21 A

OSF Behavioral Health Patients by Provider and Patient Zipcode
FY22 Ambulatory Utilization

Billing Provider Name	Patient Zip	Patient Community	FY22 Patients
HAMILTON, ROBERT SCOTT	**61701**	BLOOMINGTON	587
	61761	NORMAL	552
	61704	BLOOMINGTON	425
	61705	BLOOMINGTON	149
	61764	PONTIAC	90
	61727	CLINTON	59
	61745	HEYWORTH	47
	61752	LE ROY	42
	61753	LEXINGTON	31
	61739	FAIRBURY	30
	61738	EL PASO	30
	61732	DANVERS	25
	61726	CHENOA	23
	62656	LINCOLN	21
	61736	DOWNS	19
	61748	HUDSON	17
	61755	MACKINAW	15
	61723	ATLANTA	15
	61725	CARLOCK	14
	61776	TOWANDA	13
	60420	DWIGHT	13
	61760	MINONK	12
	61754	MC LEAN	12
	61728	COLFAX	11
	61744	GRIDLEY	11
	61554	PEKIN	10
		All Other	365
		Total	2,638

Attachment 21 A

October 26 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am a physician specializing in Psychiatry, I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

In my practice I often refer my adult patients for inpatient behavioral health care and services. The attached table lists the zip codes of residence for my patients.

Based on the patients I currently provide care, I estimate that I will refer 25 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Abraham Frenkel, MD
7317 N. Willow Lake Ct., Peoria, IL 61614
(309) 683-7373

Notarization:

Subscribed and sworn to before me

this 26th day of October 2022

Tonda L. Stewart
Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

Attachment 21 A

Provider Name	Patient Zip	Patient Community	FY22 Patients
FRENKEL, ABRAHAM RAMY	61614	PEORIA	308
	61554	PEKIN	276
	61615	PEORIA	247
	61604	PEORIA	230
	61611	EAST PEORIA	180
	61571	WASHINGTON	162
	61603	PEORIA	132
	61550	MORTON	102
	61607	PEORIA	100
	61523	CHILLICOTHE	93
	61525	DUNLAP	70
	61616	PEORIA HEIGHTS	67
	61548	METAMORA	63
	61605	PEORIA	60
	61520	CANTON	50
	61610	CREVE COEUR	48
	61401	GALESBURG	47
	61606	PEORIA	32
	61517	BRIMFIELD	24
	61755	MACKINAW	22
	61530	EUREKA	21
	61528	EDWARDS	20
	61602	PEORIA	18
	61734	DELAVAN	18
	61535	GROVELAND	18
	61547	MAPLETON	17
	61761	NORMAL	17
	61568	TREMONT	16
	61546	MANITO	16
	61559	PRINCEVILLE	13
	61491	WYOMING	13
	61540	LACON	13
	61569	TRIVOLI	11
	61701	BLOOMINGTON	11
	61536	HANNA CITY	10
	61410	ABINGDON	10
		All Other	286
		Total	2,841

Attachment 21 A

ATTACHMENT 21B

Referrals Committed by OSF Hospitals – Letters by Chief Medical Officers

#23-008

OSF
SAINT ANTHONY'S HEALTH CENTER

October 19, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Saint Anthony's Health Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Saint Anthony's Health Center (OSF SAHC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SAHC has referred 153, 109 and 121 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SAHC will refer 154 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Dennis Sands, MD, CMO
One Saint Anthony's Way Alton, Illinois 62002
618-465-2571

Notarization:

Subscribed and sworn to before me

this 19th day of October 2022

Signature of Notary

Seal

JUDY JORDAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 25, 2026

184

OSF
SAINT ANTHONY'S HEALTH CENTER

OSF Saint Anthony Health Center				
Adult referrals to Psychiatric/AMI Hospital/Services				
Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
62002	ALTON	86	51	51
62035	GODFREY	13	17	9
62024	EAST ALTON	11	9	9
62095	WOOD RIVER	9	8	9
62018	COTTAGE HILLS	4	2	7
62087	SOUTH ROXANA	2	4	3
62010	BETHALTO	4	1	4
62012	BRIGHTON	1	3	3
62052	JERSEYVILLE	2	0	4
	All Other	21	14	22
	Total	153	109	121

1 Saint Anthony's Way, Alton, Illinois 62002 Phone (618) 465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

OSF
SAINT ANTHONY MEDICAL CENTER

October 20, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Saint Anthony Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Saint Anthony Medical Center (OSF SAMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SAMC has referred 150, 39 and 109 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SAMC will refer 150 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Stephen Bartlett, MD, CMO
566 E. State Street Rockford, Illinois 61108
815-226-2000

Notarization:

Subscribed and sworn to before me

this 20 day of October 2022

Signature of Notary

Seal

NICOLE M KNOEPPLE
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
October 21, 2024

5666 East State Street, Rockford, Illinois 61108-2425 Phone (815) 226-2000 www.osfsaintanthony.org
The Sisters of the Third Order of St. Francis

OSF
SAINT ANTHONY MEDICAL CENTER

OSF Saint Anthony Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
61108	ROCKFORD	18	4	12
61107	ROCKFORD	11	9	13
61109	ROCKFORD	18	0	8
61103	ROCKFORD	8	0	13
61102	ROCKFORD	9	1	3
61101	ROCKFORD	5	2	4
61068	ROCHELLE	6	3	2
61008	BELVIDERE	6	1	4
61115	MACHESNEY PARK	6	0	3
61114	ROCKFORD	5	0	4
61111	LOVES PARK	5	0	4
61104	ROCKFORD	2	1	6
61072	ROCKTON	6	0	1
00000	-	1	0	4
61061	OREGON	1	2	2
	All Other	43	16	26
	Total	150	39	109

5666 East State Street, Rockford, Illinois 61108-2425 Phone (815) 226-2000 www.osfsaintanthony.org
The Sisters of the Third Order of St. Francis

OSF HEALTHCARE

October 12, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Saint Paul Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Saint Paul Medical Center (OSF SPMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SPMC has referred 26, 14 and 29 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SPMC will refer 25 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Leonardo Lopez, MD, CMO
1401 E. 12th Street Mendota, Illinois 61342
815-539-7461

Notarization:

Subscribed and sworn to before me

this 12th day of October 2022

Brenda L. Grobe

Signature of Notary

Seal

BRENDA L. GROBE
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 12, 2025

OSF HEALTHCARE

OSF Saint Paul Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Cases		Fiscal Year		
Patient Zip Code	**Patient City**	**2020**	**2021**	**2022**
61342	MENDOTA	16	8	13
60518	EARLVILLE	1	1	6
	All Other	9	5	10
	Total	26	14	29

OSF HEALTHCARE

October 14, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Ministry Chief Medical Officer at OSF Healthcare System. I support the proposal to establish a 100-bed Acute Mental Illness (AMI) hospital in Peoria, Illinois as a joint venture of US HealthVest and OSF Healthcare System.

OSF St. Mary Medical Center (OSF SMMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

In the past three fiscal years, OSF SMMC has referred 86, 115 and 197 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SMMC will refer 210 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Ralph Velazquez, MD, Ministry CMO
124 SW Adams Street, Peoria, Illinois 61602
(309) 655-2850

Notarization:

Subscribed and sworn to before me

this 14th day of October 2022

Signature of Notary

Seal

JULIE A HARBISON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 06, 2026

Attachment 21 B

OSF St Mary Medical Center				
Adult referrals to Psychiatric/AMI Hospital/Services				
Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
61401	GALESBURG	54	69	132
61410	ABINGDON	6	8	13
61448	KNOXVILLE	1	6	4
61462	MONMOUTH	1	2	5
61488	WATAGA	3	2	2
61414	ALTONA	2	2	2
61430	EAST GALESBURG	1	4	0
61490	WOODHULL	1	2	0
61603	PEORIA	0	0	3
61434	GALVA	2	1	0
61447	KIRKWOOD	0	2	1
61602	PEORIA	0	0	2
61554	PEKIN	0	0	2
61455	MACOMB	0	2	0
61605	PEORIA	0	0	2
61415	AVON	1	1	0
61611	EAST PEORIA	1	0	1
61413	ALPHA	1	0	1
61422	BUSHNELL	0	2	0
61402	GALESBURG	0	0	2
	All Other	12	12	25
	Total	86	115	197

OSF HEALTHCARE

October 12, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Saint Clare Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Saint Clare Medical Center (OSF SCMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SCMC has referred 34 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SCMC will refer 30 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Barry Clemson

Barry Clemson, MD, CMO
530 Park Avenue East Princeton, Illinois 61356
815-875-2811

Notarization:

Subscribed and sworn to before me

this 12 day of October 2022

Signature of Notary

Seal

GLORIA L. HILL
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Jan 26, 2023

OSF Saint Clare Medical Center
Adult referrals to Psychiatric/AMI Hospital/S

Cases		Fiscal Yea
Patient Zip Code	**Patient City**	**2022**
61356	PRINCETON	15
61315	BUREAU	3
61379	WYANET	3
	All Other	13
	Total	34

OSF HEALTHCARE

October 12, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Saint Luke Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Saint Luke Medical Center (OSF SLMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SLMC has referred 29, 28 and 43 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SLMC will refer 40 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Barry Clemson MD

Barry Clemson, MD, CMO
1051 West South Street Kewanee, Illinois 61443
309-852-7500

Notarization:

Subscribed and sworn to before me

this 12 day of October 2022

Gloria L Hill

Signature of Notary

Seal

GLORIA L. HILL
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Jan 26, 2023

OSF Saint Luke Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Cases		Fiscal Year		
Patient Zip Code	**Patient City**	**2020**	**2021**	**2022**
61443	KEWANEE	20	21	33
	All Other	9	7	10
	Total	29	28	43

#23-008

OSF HEALTHCARE

October 17, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare St. Joseph Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF St. Joseph Medical Center (OSF SJMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SJMC has referred 89, 118 and 128 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SJMC will refer approximately 60 patients annually from our Emergency Department and Inpatient Units to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Rick Anderson, MD, CMO
2200 E. Washington Street
Bloomington, Illinois 61701
309-665-5753

Notarization:

Subscribed and sworn to before me this

this 17th day of October, 2022

Christine L Austin
Signature of Notary

Seal

CHRISTINE L AUSTIN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
September 29, 2025

196

OSF HEALTHCARE

OSF St. Jospeh Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
61701	BLOOMINGTON	27	35	48
61704	BLOOMINGTON	26	17	25
61761	NORMAL	11	17	18
61705	BLOOMINGTON	6	6	5
61738	EL PASO	1	2	5
61764	PONTIAC	1	4	1
61727	CLINTON	0	2	2
61744	GRIDLEY	3	1	0
61745	HEYWORTH	1	2	1
61776	TOWANDA	0	3	0
	All Other	13	29	23
	Total	89	118	128

OSF HealthCare St. Joseph Medical Center | 2200 W. Washington St., Bloomington, IL. 61701 | (309) 662-3311

OSF
SAINT JAMES-JOHN W. ALBRECHT MEDICAL CENTER

October 12, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Saint James-John W. Albrecht Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Saint James-John W. Albrecht Medical Center (OSF SJJWAMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SJJWAMC has referred 39, 43 and 40 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF Saint James John W. Albrecht Medical Center will refer an average of forty patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

John M. Rinker, MD, CMO
2500 W. Reynolds Street Pontiac, Illinois 61764
815-842-2828

Notarization:

Subscribed and sworn to before me

this 12th day of October 2022

Christina Stephens
Signature of Notary

Seal

OFFICIAL SEAL
CHRISTINA STEPHENS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES DEC. 11, 2023

OSF Saint James Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
61764	PONTIAC	23	21	27
61739	FAIRBURY	3	3	2
60921	CHATSWORTH	1	3	1
61319	CORNELL	0	3	1
61726	CHENOA	3	1	0
	All Other	9	12	9
	Total	39	43	40

#23-008

OSF HEALTHCARE

October 13, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the interim Chief Medical Officer at OSF HealthCare Sacred Heart Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Sacred Heart Medical Center (OSF SHMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SHMC has referred 287, 197 and 311 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SHMC will refer 200 to 250 patients annually to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Fred Sweet, MD, Interim CMO
812 N. Logan Avenue Danville, Illinois 61832
217-443-5000

Notarization:

Subscribed and sworn to before me

this 13 day of October 2022

Mary E. Montgerard
Signature of Notary

Seal

MARY E MONTGERARD
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
June 25, 2024

200

OSF Sacred Heart Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
61832	DANVILLE	186	126	219
61883	WESTVILLE	15	15	10
61846	GEORGETOWN	16	7	8
61834	DANVILLE	14	6	10
61858	OAKWOOD	7	3	5
61833	TILTON	5	1	5
61870	RIDGE FARM	2	1	7
61817	CATLIN	3	2	4
61820	CHAMPAIGN	6	1	0
60963	ROSSVILLE	3	2	1
60942	HOOPESTON	2	2	2
47932	COVINGTON	3	0	3
61814	BISMARCK	0	2	2
61841	FAIRMOUNT	1	1	1
61704	BLOOMINGTON	0	2	1
47933	CRAWFORDSVILLE	0	1	1
62650	JACKSONVILLE	0	1	1
61859	OGDEN	0	0	2
61801	URBANA	1	0	1
61605	PEORIA	2	0	0
	All Other	21	24	28
	Total	287	197	311

#23-008

OSF HEALTHCARE

October 12, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Saint Francis Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Saint Francis Medical Center (OSF SFMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SFMC has referred 444, 376 and 417 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SFMC will refer 460 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Robert T. Sparrow, MD, CMO
530 N.E. Glen Oak Avenue Peoria, Illinois 61637
309-655-2000

Notarization:

Subscribed and sworn to before me this 12 day of October 2022

Rebecca J Heisler
Signature of Notary

Seal

REBECCA J HEISLER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 17, 2026

202

OSF Saint Francis Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
61604	PEORIA	49	36	65
61603	PEORIA	51	37	41
61614	PEORIA	32	29	22
61605	PEORIA	29	25	27
61611	EAST PEORIA	24	32	24
61571	WASHINGTON	16	12	23
61554	PEKIN	21	11	15
61615	PEORIA	10	20	16
61602	PEORIA	18	11	16
61550	MORTON	9	6	13
61523	CHILLICOTHE	8	8	9
61606	PEORIA	9	7	9
61616	PEORIA HEIGHTS	6	8	10
61607	PEORIA	11	7	5
61610	CREVE COEUR	5	5	6
61548	METAMORA	2	10	3
61401	GALESBURG	8	4	3
	All Other	136	108	110
	Total	444	376	417

#23-008

OSF
SAINT ELIZABETH MEDICAL CENTER

November 8, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Saint Elizabeth Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Saint Elizabeth Medical Center (OSF SEMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF SEMC has referred 201, 221, and 194 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF SEMC will refer 220 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Leonardo Lopez, MD, CMO
1100 E. Norris Dr. Ottawa, IL 61350
815-539-7461

Notarization:

Subscribed and sworn to before me

this 8th day of November 2022

Signature of Notary

Seal

WENDI T. NAVARRO
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
December 31, 2025

204

OSF Saint Elizabeth Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Cases Patient Zip Code	Patient City	Fiscal Year 2020	2021	2022
61364	STREATOR	66	70	58
61350	OTTAWA	52	65	60
61341	MARSEILLES	14	19	15
61301	LA SALLE	10	5	5
61362	SPRING VALLEY	4	4	3
61354	PERU	4	2	4
61342	MENDOTA	4	2	2
60551	SHERIDAN	2	4	1
	All Other	45	50	46
	Total	201	221	194

OSF HEALTHCARE
Little Company of Mary
Medical Center

October 17, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Little Company of Mary Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Little Company of Mary Medical Center (OSF LCMMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF LCMMC has referred 176, 508 and 523 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF LCMMC will refer approximately 10-20 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

William Walsh, MD, CMO

Notarization:

Subscribed and sworn to before me

this 17th day of OCTOBER, 2022

Kimberlee A Pula
Signature of Notary

Seal

OFFICIAL SEAL
KIMBERLEE A PULA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 08/11/2026

OSF HealthCare Little Company of Mary Medical Center | 2800 95th St., Evergreen Park, IL 60805 | (708) 422-6200

OSF Little Company of Mary Medical Center				
Adult referrals to Psychiatric/AMI Hospital/Services				
Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
60620	CHICAGO	43	87	84
60805	EVERGREEN PARK	15	47	64
60643	CHICAGO	12	53	44
60406	BLUE ISLAND	11	39	42
60628	CHICAGO	11	26	26
60652	CHICAGO	9	16	32
60655	CHICAGO	5	19	23
60636	CHICAGO	9	16	15
60619	CHICAGO	7	15	7
60803	ALSIP	3	14	11
60453	OAK LAWN	2	6	16
60629	CHICAGO	2	8	13
60612	CHICAGO	1	9	11
60827	RIVERDALE	1	4	16
60621	CHICAGO	3	9	5
60617	CHICAGO	3	8	5
00000	-	6	8	2
60649	CHICAGO	1	7	7
60426	HARVEY	2	7	4
60609	CHICAGO	2	8	1
	All Other	28	102	95
	Total	176	508	523

OSF HEALTHCARE

November 8, 2022
John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Medical Officer at OSF HealthCare Heart of Mary Medical Center. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Heart of Mary Medical Center (OSF HMMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

The past 3 years, OSF HMMC has referred 142, 131, and 111 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF HMMC will refer 110 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Anil Gopinath

Anil Gopinath, MD, CMO
1400 W Park Street, Urbana, IL 61801
217-337-2000

Notarization:

Subscribed and sworn to before me

this 8th day of November 2022

Eileen M Johnson

Signature of Notary

Seal

EILEEN M JOHNSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 3, 2025

208

OSF Heart of Mary Medical Center
Adult referrals to Psychiatric/AMI Hospital/Services

Patient Zip Code	Patient City	Fiscal Year 2020	2021	2022
61820	CHAMPAIGN	31	21	14
61821	CHAMPAIGN	19	21	10
61801	URBANA	11	10	14
61822	CHAMPAIGN	10	8	10
61802	URBANA	7	8	4
61832	DANVILLE	9	7	3
61866	RANTOUL	6	6	4
61874	SAVOY	1	5	6
	All Other	48	45	46
	Total	142	131	111

OSF HEALTHCARE

October 14, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Ministry Chief Medical Officer at OSF Healthcare System. I support the proposal to establish a 100-bed Acute Mental Illness (AMI) hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

OSF Holy Family Medical Center (OSF HFMC) routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

In the past three years, OSF HFMC has referred 15, 19 and 22 patients for inpatient Acute Mental Illness care. The attached table lists the zip codes of residence for these patients.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that OSF HFMC will refer 25 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Ralph Velazquez, MD, Ministry CMO
124 SW Adams Street, Peoria, Illinois 61602
(309) 655-2850

Notarization:

Subscribed and sworn to before me

this 14th day of October 2022

Signature of Notary

Seal

JULIE A HARBISON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 06, 2026

210

OSF Holy Family Medical Center				
Adult referrals to Psychiatric/AMI Hospital/Services				
Cases		Fiscal Year		
Patient Zip Code	Patient City	2020	2021	2022
61462	MONMOUTH	6	12	9
	All Other	9	7	13
	Total	15	19	22

ATTACHMENT 21C

Referrals from area Providers, Social Service Agencies, FQHCs and others

#23-008

HEARTLAND HEALTH SERVICES

OUR MISSION
Provide affordable, high-quality health services and remove inequities to improve the lives of all.

OUR VISION
Healthy Lives.
Thriving Communities.
Mutual Trust.

OUR VALUES
Equity, integrity, collaboration, accountability, innovation, service excellence, stewardship.

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Sharon Adams
Chief Executive Officer

Dr. Gregg Stoner
Chief Medical Officer

www.hhsil.com
309.680.7600

December 2, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

My name is Gregg Stoner, MD and I am the Chief Medical Officer at Heartland Health Services specializing in primary care for the underserved. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients Heartland Health Services currently provides care, our experience in referring patients and the growing demand for inpatient behavioral health care, I estimate that we will refer approximately 415 (as referenced in the attached document) patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Gregg Stoner, MD; CMO
2214 N University St.
Peoria, IL 61604

Notarization:
Subscribed and sworn to before me
this 2nd day of Dec 2022
Jennifer J. Lee
Signature of Notary

Seal

JENNIFER J LEE
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 2, 2026

213

Updated 06/28/2

Attachment 21 C

HEARTLAND HEALTH SERVICES

ZIP	Patients with Behavioral Health Diagnosis (Last 18 Months)
61604	1156
61554	1109
61603	1049
61605	1028
61614	524
61611	401
61615	382
61571	248
61606	196
61602	179
61607	159
61616	148
61610	125
61550	125
61523	91
	6920
6%	(estimate requiring hospitalization) 415

#23-008

BRIDGEWAY

Creating Solutions for Everyone

November 18, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:
We are William Nelson, Chief Executive Officer and Stacy Brown, Vice President of Behavioral Health Services with Bridgeway Inc. Bridgeway Inc. is a community social services organization, operating in Illinois for over 50 years. As providers of behavioral health services and mobile crisis response, we support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients we currently provide care, our experience in referring patients and the growing demand for inpatient behavioral health care, we estimate we will refer approximately 85 patients to the proposed hospital in the second year after completion of the new facility. These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact us if you have any questions.

Sincerely,

William A. Nelson
Signature

William A. Nelson
Print Name

2323 Windish Drive, Galesburg, IL 61401
Bridgeway Inc. Address

Stacy L. Brown
Signature

Stacy L. Brown
Print Name

Notarization:

Subscribed and sworn to before me

this 18TH day of NOV. 2022

Vicki S. Brooks
Signature of Notary

Seal

OFFICIAL SEAL
VICKI S BROOKS
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 02-02-2023
ID # 668348

BRIDGEWAY

Creating Solutions for Everyone

12/6/22

John P. Knlery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Knlery,

This letter is in follow-up to Bridgeway's original letter of support for the inpatient behavioral healthcare treatment facility in Peoria, IL. Bridgeway Inc. provides Mobile Crisis Response Services to the counties of Henry, Knox, Warren and Henderson, which includes all of the zip codes contained in those counties. In our previous correspondence, we indicated an estimate of 85 potential referrals to the inpatient facility in Peoria. Based on our history of Mobile Crisis Response assessments in the counties we serve, we again estimate that the primary numbers/referrals would come from the below "primary" zip codes:

Zip Code	Referrals
60428	1
61201	1
61235	1
61241	1
61244	1
61254	4
61401	39
61402	1
61410	4
61414	1
61418	2
61423	1
61434	2

www.bway.org www.bwaybusiness.com
2323 Windish Drive, Galesburg, IL 61401 • 309-344-2323 • FAX 309-344-2200 900 S. Deer Road, Macomb, IL 61455 • 309-837-4876 • 1-800-475-4226 • FAX 309-833-1531
137 E. College Street, Kewanee, IL 61443 • 309-852-4331 • FAX 309-854-0122 2079 Edgewater Drive, Pekin, IL 61554 • 309-382-2006 • FAX 309-382-2007
310 Wylie Drive, Suite 464, Normal, IL 61761 • 309-452-2797 • 309-452-9811 301 Industrial Park Road, Monmouth, IL 61462 • 309-734-9461 • FAX 309-734-3909
7200 Clinton Road, Loves Park, IL 61111 • 815-962-8333 • FAX 815-964-3553

61436	1
61443	13
61446	1
61462	7
61480	1
61488	1
61491	1
61604	1
Total	85

Please feel free to contact me with any further questions.

Sincerely,

Stacy L. Brown

Stacy L. Brown, LCPC
Vice President of Behavioral Health Services
Bridgeway Inc.

#23-008

RESOURCE MANAGEMENT SERVICES, INC.

Improving Personal Performance • Building Business Success

October 20, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

My name is Ted Chapin, Ph.D. and am the President of Resource Management Services, Inc., Chapin & Russell Associates and the Neurotherapy Institute of Central Illinois, specializing in counseling, employee assistance programs, clinical psychology, marriage and family therapy, family mediation, parenting allocation evaluation and neurofeedback for more chronic and complicated problems when counseling and medication have not been sufficient. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients we currently provide care, our group's experience in referring patients and the growing demand for inpatient behavioral health care, I estimate that I/we refer up to four patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Ted Chapin

Signature

Ted Chapin, Ph.D.
Print Name

3020 W. Willow Knolls
Peoria IL 61614
Address

Notarization:

Subscribed and sworn to before me

this 20th day of October 2022

Signature of Notary

Seal

"OFFICIAL SEAL"
B E SCHENCK
Notary Public, State of Illinois
My Commission Expires 03/28/2026

ELLIOTT COUNSELIG SERVICES, LLC

November 7, 2022
John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:
My name is Pamela Elliott. I own and work for Elliott Counseling Services, LLC specializing in children through adult outpatient mental health treatment. I support the proposal to establish a 100-bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.
There is an unmet need in the surrounding area for psychiatric service that is resulting in clients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Clients waiting for psychiatric beds in hospital emergency departments (We have had three this past six mos.)
- Clients in need of psychiatric services and unable to find treatment close to their communities. For clients with mental health issues, it is frightening for them to get hospitalized. Going so far from home is even more terrifying.
- Clients benefit when families participate in their treatment and going to a long-distance facility is not feasible for most family members.
- Health care professionals unable to find clients' beds at existing facilities. There is a need for inpatient treatment that is usually met in our community. With no beds available, we are not able to keep clients safe at home.
- Local psychiatric recidivism due to lack of aftercare services near patients' homes. We treat a lot of clients with PTSD, Anxiety, and Depression that would benefit greatly from an aftercare program. In our area, we need more long-term inpatient and partial hospitalization care.

Based on the clients we currently provide care to, our experience in referring clients, and the growing demand for inpatient behavioral health care, I estimate that I/we will refer 10-15 patients to the proposed hospital in the second year after completion of the new facility.
These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,
Pamela J. Elliott
Signature

Pamela J.Elliott
Print Name

706 Oglesby, Ste 300 Normal, IL 61761
Address

Notarization:

Subscribed and sworn to before me

this 8th day of November 2022
Sarah E Horonzy
Signature of Notary

Seal

OFFICIAL SEAL
SARAH E HORONZY
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 02, 2025

706 Oglesby Suite 300
Normal, IL 61761
1820 N. Sterling Ave.
Peoria, IL 61604

PHONE 309-212-3606
FAX 312-789-4373
EMAIL elliottcounselingservices@gmail.com
WEB SITE www.elliottcounselingservices.com

#23-008

Christian Psychological Associates
John R. Day & Associates, Ltd
A Group Practice in Psychology

3716 W Brighton Avenue, Peoria, IL 61615
Phone: 309-692-7755 Fax: 309-692-2262
Email: home@christianpsychological.org Website: www.christianpsychological.org

October 19, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

My name is Jessica Le and I work for John R Day & Associates/ Christian Psychological Associates, specializing in psychotherapy and psychological testing. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients I currently provide care, my experience in referring patients and the growing demand for inpatient behavioral health care, I estimate that I/we will refer around 10 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,
Jessica T Le
Jessica T Le, MS MA EA
Financial Director
jessica@christianpsychological.org

OFFICIAL SEAL
JILL M HINNEN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/24/24
Jill M. Hinnen

October 27, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

My name is Deborah J McKenna LCPC and I work in my own private practice specializing in Trauma. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients I currently provide care, my experience in referring patients and the growing demand for inpatient behavioral health care, I estimate that I/we will refer 5 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Signature

Deborah J McKenna

Print Name

3526 N California Ave, Suite 2

Address Peoria, IL 61603

Notarization:

Subscribed and sworn to before me

this 27th day of October 2022

Tonda L. Stewart

Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

arukah
INSTITUTE OF HEALING

October 21, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

My name is Dr. Sarah B. Scruggs and I am the Chief Executive Officer of the Arukah Institute of Healing, Inc. NFP specializing in behavioral health services. This letter serves to show my support of the proposal to establish a 100-bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients I currently provide care, my experience in referring patients and the growing demand for inpatient behavioral health care, I estimate that I/we will refer a minimum of 50 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Sarah B Scruggs
Signature

Sarah B. Scruggs
Print Name

535 Elm Pl. STE 7
Address Princeton, IL 61356

Notarization:

Subscribed and sworn to before me

this 28th day of October 2022

Sherry Lynn Mullins
Signature of Notary

Seal

Official Seal
Sherry Lynn Mullins
Notary Public State of Illinois
My Commission Expires 9/8/2026

CHESTNUT
HEALTH SYSTEMS
chestnut.org

November 2, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

My name is Puneet Leekha and I work for Chestnut Health Systems specializing in behavioral health and primary care for the medically underserved population. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients I currently provide care, my experience in referring patients and the growing demand for inpatient behavioral health care, I estimate that I/we will refer 100 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Signature

Puneet Leekha
1003 Martin Luther King. Jr. Dr.
Bloomington, IL 61701

Notarization:

Subscribed and sworn to before me

this 2nd day of Nov. 2022

Signature of Notary: Jessica Barnes

JESSICA BARNES
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
July 18, 2025

1003 Martin Luther King Drive
Bloomington, Illinois 61701

Phone: (309) 827-6026 Fax: (309) 820-3745 (Client Records)

October 31st, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

My name is Taurean Bond and I work for Petersen Health Care specializing in long term care. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients I currently provide care, my experience in referring patients and the growing demand for inpatient behavioral health care, I estimate that I/we will refer 75-100 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

T. Bond
Signature

Taurean Bond
Print Name

Petersen H.C. - Peoria, IL
Address

Notarization:

Subscribed and sworn to before me

this 31st day of October 2022

Joetta M Clayes
Signature of Notary

Seal

"OFFICIAL SEAL"
JOETTA M CLAYES
Notary Public, State of Illinois
My Commission Expires 02/19/2025

#23-008

Barnabas Center

November 23, 2022

John P. Kniery
Administrator
Illinois Health Facilities and
Services Review Board
525 W. Jefferson Street,
2nd Floor
Springfield, IL 62761

Dear Mr. Kniery,

My name is Curt Meiss. I am a Licensed Clinical Professional Counselor (LCPC) and director of the Barnabas Counseling Center (part of Peoria Rescue Ministries), where I supervise five other counselors. I am also in private practice, working at the Glen Manor counseling group in Peoria. I specialize in treating PTSD, but I also treat a wide variety of other mental health disorders. I support the proposal to establish a 100-bed Acute Mental Illness Hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Based on the patients for whom I currently provide care and counselors I supervise, my experience in referring patients, and the growing demand for inpatient behavioral health care, I estimate that we will refer 5-10 patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's acute mental illness service.

Please contact me if you have any questions.

Notary:
Tonda L. Stewart
11/29/22
County of Peoria

Sincerely,

Curt Meiss

Curt Meiss, LCPC
Director of Counseling Services

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

225

T - 309 688 9282
F - 309 682 8497

peoriarescue.org
prm@peoriarescue.org

1831 N. Knoxville Ave.
Peoria, Il 61603

ASSOCIATES IN BEHAVIORAL SCIENCE

December 2, 2022

John P. Kniery, Administrator

Illinois Health Facilities and Services Review Board

525 W. Jefferson Street, 2nd Floor

Springfield, IL 62761

Dear Mr. Kniery:

My name is Karen Eby and I work for Associates in Behavioral Science, which is an interdisciplinary behavioral health practice that specializes in inpatient psychiatric care. I am writing to convey my organization's strong support for the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and the OSF Healthcare System.

There has long been a lack of beds down-state, anywhere south of route 80, in the Peoria area and even south of that. For decades, patients have been transferred hundreds of miles into the Chicago area for inpatient care because of the distribution of beds. Associates in Behavioral Science has direct experience with this. Since 1989 we have provided inpatient placement of psychiatric patients, both treating them ourselves in our own hospitals and assisting our referral sources in placement at others when ours are not available. We have grown over the years to the point where we hospitalize from 150 to 220 patients per month. We have patients referred to us from as far as Rockford and Freeport, to Kankakee, Peoria and as far south as Springfield and Champaign. Dozens of them come from down-state in the Peoria area every month due to the lack of beds and unmet need down in that area.

Approval of this application will increase access to these important services in the Peoria and surrounding communities and improve the problem of patients being stuck waiting in emergency room for beds as well as ease the difficulty for healthcare professionals to locate a bed. It will correct the inconvenience, and actually inappropriateness, of moving patients hours away for care, which also deters family and significant others participating in treatment.

Based on the patients currently referred to us and hospitalized, we would actually feel it more appropriate to keep them close to home rather than to Chicago and suburbs, and will be relived to do so in referring them to this facility. I estimate that we will refer at least 11 patients per month, translating to 132 patients to the proposed hospital in the second year after completion of the new facility. As per our past records, we project that these patients will come from zip codes 61523, 61528, 61547, 61569, 61503, 61516, 61530, 61415, 61433, 61482, 61542, 61411, 61438, 61455, 61470, 61534, 61546, 61554, 61571, 61607, 62367 and 62374.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Sincerely,

Karen Eby

Karen Eby

Director of Business Development
Associates in Behavioral Science, LTD

Notarization:

Subscribed and sworn to before me

this 12th day of December 2022

Signature of Notary

Seal

JASON FELTZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 1, 2026

ATTACHMENT 21D

Referrals Anticipated by CEOs of Area Hospitals

#23-008

GRAHAM HEALTH SYSTEM

Phone (309) 647-5240
210 W. Walnut Street
Canton, IL 61520
www.grahamhealthsystem.org

October 24, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the President and Chief Executive Officer at Graham Hospital in Canton, Illinois. I fully support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria, as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Our facility routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that our facility will refer 100-150 patients annually to the proposed hospital, in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Robert G. Senneff
President & CEO

Notarization:
Subscribed and sworn to before me this 24th day of October 2022

TAMMI J. MEDUS
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
June 22, 2026

Signature of Notary

Seal

Attachment 21 D

228

KSB HOSPITAL
KATHERINE SHAW BETHEA HOSPITAL

November 1, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I am the Chief Executive Officer at Katherine Shaw Bethea Hospital. I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System.

There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments
- Patients in need of psychiatric services and unable to find treatment close to their communities
- Health care professionals unable to find patients beds at existing facilities
- Local psychiatric recidivism due to lack of aftercare services near patients' homes
- Lack of family involvement during inpatient treatment due to distance or travel time

Our facility routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services.

Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that our facility will refer 50 pedi/adolescent psych patients and 10 Geropsych patients to the proposed hospital in the second year after completion of the new facility.

These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

David L. Schreiner, Ph.D
President/CEO
Katherine Shaw Bethea Hospital

Notarization:

Subscribed and sworn to before me
this 1st day of November 2022

Attachment 21 D

Nancy L Varga
Signature of Notary

229 Seal

OFFICIAL SEAL
NANCY L VARGA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/17/24

Memorial Health

November 21, 2022

John P. Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Kniery:

I support the proposal to establish a 100 bed Acute Mental Illness hospital in Peoria as a joint venture of US HealthVest and OSF Healthcare System. There is an unmet need in the surrounding area for psychiatric services that is resulting in patients being deferred or denied inpatient treatment. Approval of this application will increase access to these important services in our community and help provide relief from the following current situations:

- Patients waiting for psychiatric beds in hospital emergency departments;
- Patients in need of psychiatric services and unable to find treatment close to their communities;
- Health care professionals unable to find patients beds at existing facilities;
- Local psychiatric recidivism due to lack of aftercare services near patients' homes; and
- Lack of family involvement during inpatient treatment due to distance or travel time

Our facility routinely refers/transfers adult patients to Behavioral Health/AMI Hospitals in the state of Illinois for needed inpatient behavioral health care and services. Based on the past referrals and the growing demand for inpatient behavioral health care, I estimate that our facility will refer 350 patients to the proposed hospital in the second year after completion of the new facility. These referral counts have not been used to support another permit application for any other hospital's Acute Mental Illness service.

Please contact me if you have any questions.

Sincerely,

Edgar J. Curtis
President and Chief Executive Officer

Notarization:

Subscribed and sworn to before me
this 21st day of November 2022.

Signature of Notary

Official Seal
Cindy Appenzeller
Notary Public State of Illinois
My Commission Expires 08/12/2026

Attachment 21 D

340 W. Miller St.
Springfield, IL 62702
217-788-3000
memorial.health

1120.120 AVAILABILITY OF FUNDS

The project is being entirely funded by cash and securities. Included as documentation are:

Audited Financial Statements for US HealthVest, LLC for the years ended December 31, 2021, and 2020

Letter from James Cha, Chief Financial Officer of US HealthVest confirming the use of internally available funds

Letter from Christopher J. Worm, Senior Vice President, City Bank confirming the current account balance for US HealthVest

Letter from Michael Allen, Chief Financial Officer, OSF Healthcare System, confirming the use of internally available funds

Attachment 34

US HealthVest

BEHAVIORAL HEALTHCARE REDEFINED

Consolidated Audited Financial Statements and Supplemental Information for US HealthVest, LLC

For the Years ended December 31, 2021, and 2020

TABLE OF CONTENTS

Attachment 34

TOBIN & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS, PC

INDEPENDENT AUDITORS' REPORT

To the Members of:
US HealthVest, LLC
New York, N.Y.

Opinion

We have audited the accompanying financial statements of US HealthVest, LLC (a Delaware company) and subsidiaries, which comprise the balance sheets as of December 31, 2021, and 2020, and the related statements of operations, members' equity, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of US HealthVest, LLC as of December 31, 2021, and 2020, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of US HealthVest, LLC and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about US HealthVest, LLC's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of US HealthVest, LLC's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about US HealthVest, LLC's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Tobin & Company
Certified Public Accountants, PC

Purchase, New York
April 11, 2022

US HealthVest, LLC

Consolidated Balance Sheets

As of December 31,	2021	2020
ASSETS		
Current Assets		
Cash and equivalents	$ 14,434,901	$ 27,019,535
Accounts receivable, net	26,312,417	19,798,570
Inventory	575,017	668,201
Prepaid expenses	2,039,443	3,658,300
Total Current Assets	43,361,778	51,144,606
Land, Property and Equipment, net	150,998,015	154,852,431
Other Assets		
Investment in non consolidated entity	301,353	296,712
Other receivable and other assets	863,922	883,087
Goodwill	57,364,697	57,364,697
Total Other Assets	58,529,972	58,544,496
Total Assets	**$ 252,889,765**	**$ 264,541,533**
LIABILITIES AND MEMBERS' EQUITY		
Current Liabilities		
Accounts payable, accrued expenses, and other	$ 12,326,179	$ 13,915,892
Accelerated Medicare	2,536,111	5,601,932
Retainage on construction	-	97,630
Capital lease payable, current portion	3,463,789	3,020,218
Deferred gain on sale leaseback, current portion	959,971	959,971
Total Current Liabilities	19,286,050	23,595,643
Long Term Liabilities		
Capital lease payable, net of current	66,817,592	69,782,350
Deferred gain on sale leaseback, net of current	9,402,902	10,362,873
Note payable, net of current	110,000,000	110,000,000
Financing Costs, net	(2,310,287)	(3,140,305)
Long term liabilities net of unamortized financing cost	183,910,207	187,004,918
Total Liabilities	203,196,257	210,600,561
Total Equity	52,913,652	56,537,824
Non controlling interest	(3,220,144)	(2,596,852)
USHV Members' Equity	49,693,508	53,940,972
Total Liabilities and Members' Equity	**$ 252,889,765**	**$ 264,541,533**

See accompanying notes to the financial statements

US HealthVest, LLC

Consolidated Statements of Operations

For the Years ended December 31,	2021	2020
Revenues		
Net patient revenues before provision for doubtful accounts	$ 221,714,611	$ 174,648,939
Less: Provision for doubtful accounts	(5,680,839)	(4,888,707)
Net patient revenues	216,033,772	169,760,232
Other Revenue	18,868,000	12,857,643
Net Revenues	**234,901,772**	**182,617,875**
Operating Expenses		
Cost of Labor	129,008,615	110,904,771
Professional fees	18,034,382	15,974,354
Purchased services	15,438,840	12,506,983
Insurance	11,008,151	4,547,646
Supplies	9,506,318	7,399,764
Licenses, permits and fees	7,578,374	6,017,636
Rent	5,401,286	5,153,975
Contracted labor	4,328,284	2,607,062
Property and business taxes	3,828,839	2,822,312
Utilities	3,421,741	2,946,237
Recruiting costs	1,559,213	886,297
Repairs and maintenance	1,112,324	933,192
Travel and entertainment	938,654	574,757
Other operating expenses	880,349	712,659
Computer and internet	573,951	614,194
Advertising and marketing	137,337	82,560
Total Operating Expenses	**212,756,658**	**174,684,399**
Profit from Operations before other Items	**22,145,114**	**7,933,476**
Management fees	664,400	350,001
Increase in equity in non consolidated entity	4,641	32,390
Depreciation expense	(10,413,120)	(8,540,392)
Settlements	(88,500)	(16,000)
Interest expense	(16,739,021)	(15,899,890)
Interest income	129,018	54,923
Net Loss	(4,297,468)	(16,085,492)
Net (profit) loss attributable to non controlling interest	(573,290)	(433)
Net Loss Attributable to USHV, LLC	**$ (4,870,758)**	**$ (16,085,925)**

See accompanying notes to the financial statements

US HealthVest, LLC

Consolidated Statements of Members' Equity

For the years ended December 31,	
Beginning Balance, January 1, 2020	**$ 72,622,883**
Change in non controlling interest	433
Net loss for the year ended December 31, 2021	(16,085,492)
Balance, December 31, 2020	**56,537,824**
Member Contributions	50,003
Change in non controlling interest	623,293
Net loss for the year ended December 31, 2021	(4,297,468)
Balance, December 31, 2021	**$ 52,913,652**

See accompanying notes to the financial statements

Attachment 34

US HealthVest, LLC

Consolidated Statements of Cash Flows

For the years ended December 31,	2021	2020
Cash Flows From Operating Activities		
Net Loss	$ (4,297,468)	$ (16,085,492)
Adjustments to Reconcile Net Loss to Net Cash Used in Operating Activities:		
Depreciation	9,430,316	8,540,392
Interest expense associated with financing costs	830,018	809,418
Provision for doubtful accounts	5,447,029	4,888,707
Changes in Operating Assets and Liabilities:		
(Increase) Decrease in prepaid expenses	1,618,857	(1,497,639)
(Increase) Decrease in other receivable and other assets	19,165	(66,631)
Increase in accounts receivable	(11,960,876)	(7,908,367)
(Increase) Decrease in inventory	93,184	(76,528)
Increase (Decrease) in payables, accrued expenses, and other	(4,655,533)	5,984,950
Net Cash Flows Used in Operating Activities	**(3,475,308)**	**(5,411,190)**
Cash Flows From Investing Activities		
Capital expenditures	(5,575,900)	(25,480,743)
Decrease in retainage	(97,630)	(741,605)
Increase (decrease) in deferred gain on sale leaseback	(959,971)	1,191,257
Increase in Investment in non consolidated entity	(4,641)	(32,390)
Net Cash Flows Used in Investing Activities	**(6,638,142)**	**(25,063,481)**
Cash Flows From Financing Activities		
Contrbuted capital	50,003	-
Repayment of line of credit	-	(9,774,627)
Proceeds from capital lease	-	30,322,871
Repayment of capital lease	(2,521,187)	(2,210,486)
Financing costs incurred on debt	-	(111,253)
Net Cash Flows Provided by (Used in) Financing Activities	**(2,471,184)**	**18,226,505**
Net Decrease In Cash	**(12,584,634)**	**(12,248,166)**
Cash at Beginning of Year	27,019,535	39,267,701
Cash at End of Year	**$ 14,434,901**	**$ 27,019,535**
Supplemental Disclosures of cash paid during the period for:		
Interest Expense	$ 15,877,971	$ 15,090,472

See accompanying notes to the financial statements

Note 1 – Summary of Accounting Policies

Organization and Business
US HealthVest, LLC (the Company) was formed under the laws of the State of Delaware on March 1, 2013. The purpose of the Company and its affiliates is to acquire and develop behavioral healthcare facilities throughout the United States. As of the balance sheet date, the Company owns multiple facilities in the following locations: Ridgeview Institute Monroe, Monroe, GA; Chicago Behavioral Hospital, Des Plaines, IL; Ridgeview Institute, Smyrna, GA; Smokey Point Behavioral Hospital, Marysville, WA; Lake Behavioral Hospital, Waukegan, IL; Silver Oaks Behavioral Hospital, New Lenox, IL; South Sound Behavioral Hospital, Lacey, WA; and Hendricks Behavioral Hospital, Plainfield, IN.

Recent Developments
- In June 2020, Lake Behavioral Hospital opened its new hospital building with 146 total beds.
- In August 2020, Smokey Point Behavioral Hospital received a Certificate of Need to increase its total number of beds by 30 to 145 total beds.
- In December 2020, Ridgeview Institute Monroe received a Certificate of Need to increase its total number of beds by 23 to 111 total beds.
- In February 2021, Indiana Behavioral Innovations, LLC opened Hendricks Behavioral Hospital, a 112-bed hospital in Plainfield, IN.
- In February 2021, Silver Oaks Behavioral Hospital received an approval to increase its total number of beds to 110 beds.
- In June 2021, T Massachusetts Realty, LLC commenced providing management services for a detox unit at Holy Cross Hospital, part of the Sinai Health System, in Chicago, IL.

Basis of Accounting
The financial statements have been prepared on the accrual basis of accounting in conformity with generally accepted accounting principles.

Principles of Consolidation
The consolidated financial statements include the activities of US HealthVest, LLC, and its subsidiaries, collectively referred to as "the Company". All material intercompany accounts and transactions have been eliminated.

The activities of Southeast Massachusetts Behavioral Health, LLC; M4 Health, LLC; 2014 Health, LLC; 2014 Health Realty, LLC; Vest Monroe, LLC; Vest Monroe Realty, LLC; V Colorado, LLC; RV Behavioral, LLC; RV Behavioral Realty, LLC; Vest Seattle, LLC; Vest Seattle Realty, LLC; Vest Thurston, LLC; Vest Thurston Realty, LLC; V Covington, LLC; V Covington Realty, LLC; Indiana Behavioral Innovations, LLC, Indiana Behavioral Innovations Realty, LLC; New Lenox Behavioral Innovations, LLC; New Lenox Behavioral Innovations Realty, LLC; Silver Oaks Behavioral, LLC; Silver Oaks Behavioral Realty, LLC; and T Massachusetts Realty, LLC; collectively referred to as "affiliates" have been consolidated with the activities of US HealthVest, LLC and are presented in the statements of supplemental information.

Cash and Equivalents
The Company considers all short-term investments with an original maturity of three months or less to be cash equivalents.

Inventory - Supplies
Inventories consist of pharmaceutical supplies and are stated at the lower of cost or market using the first-in, first-out (FIFO) method.

Revenue Recognition
In May 2014, the Financial Accounting Standards Board (FASB) issued guidance (Accounting Standards Codification (ASC) 606, Revenue from Contracts with Customers) which provides a five-step analysis of contracts to determine when and how revenue is recognized and replaces most existing revenue recognition guidance in the United States of America generally accepted accounting principles. The core principle of the new guidance is that an entity should recognize revenue to reflect the transfer of goods and services to customers in an amount equal to the consideration the entity receives or expects to receive. ASC 606 is effective for annual reporting periods beginning after December 15, 2019, and interim periods within fiscal years beginning after December 15, 2020. The Company elected to adopt ASC 606 with a date of initial application of January 1, 2019. There was no change that resulted from adoption. This reclassification had no effect on Net Income, and therefore, there was no adjustment to the opening balance of Members' Equity. The Company does not expect the adoption of the new revenue standard to have a material impact on its Net Income on an ongoing basis.

As of December 31, 2021, and 2020 Contract Liabilities consisted of unearned revenue from Accelerated Medicare payments totaling $2,536,111 and $5,601,932, and advance payments from Blue Cross for Illinois locations totaling $563,325 and $2,395,627.

Net Patient Service Revenue
The Company reports patient service revenue at the estimated net realizable amounts from patients and third-party payers and others for services rendered. The Company has arrangements with third party payers that provide for payments at amounts different from the Company's established rates. Estimates of contractual allowances are based upon payment terms specified in the related contractual agreements. Due to retroactive revenue adjustments due to settlement of audits, reviews and investigations, actual payments from payers may be different from the amounts estimated and recorded. Generally, the Company bills its patients and third-party payors several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Allowance for Doubtful Accounts
The primary collection risks relate to uninsured patients and the portion of bills for services considered to be the patients' responsibility (including co-payments and deductibles). For hospitals opened before January 1, 2019, the Company establishes an allowance for doubtful accounts equal to 50% of self-pay account between 61-120 days, 75% of self-pay accounts between 121-180 days, and 100% of all accounts receivable over 180 days old. For hospitals opened during or after 2019, the Company established an allowance for doubtful accounts equal to 100% of all self-pay accounts regardless of aging. The Company continually monitors accounts receivable balances and utilizes cash collection data and historical trends to support this position. The allowance for doubtful accounts as of December 31, 2021, and 2020 was $2,890,059 and $2,884,370, respectively. The Company has also established an allowance for denials, and charity from payors in the amount of $5,101,201 and $4,586,690, as of December 31, 2021, and 2020, respectively.

Property and Equipment
Property and equipment are stated at cost. Maintenance and repairs are expensed in the period incurred; major renewals and betterments are capitalized. When items of property are sold or retired, the related costs are removed from the accounts and any gain or loss is included in income.

Depreciation is computed on the straight-line method over the estimated useful lives of the assets (equipment 5-7 years and building and improvements 39 years). Property and equipment are reviewed for impairment if the use of the asset significantly changes. There were no asset impairments for the years ended December 31, 2021, and 2020.

Concentration of Credit Risk
Financial instruments that potentially subject the Company to concentrations of credit risk consist of cash, cash equivalents, and investments held in financial institutions. At times, such balances may be in excess of Federal Deposit Insurance Company (FDIC) limits.

The Company's revenues are heavily related to patients participating in Medicaid, and Medicare. Management recognizes that revenues and receivables from government agencies are significant to the Company's operations, but it does not believe that there is significant credit risk associated with these government agencies.

Use of Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Advertising Costs
Advertising costs are expensed as incurred. Advertising expenses amounted to $137,337 and $82,560 for the years ended December 31, 2021, and 2020, respectively.

Goodwill
Goodwill represents the excess of the purchase price over the fair value identifiable net assets acquired in certain acquisitions. The Company evaluates goodwill for impairment on an annual basis to determine whether impairment has occurred. When evaluating goodwill for impairment, the Company estimates the fair value of the reporting unit. If the carrying value of a reporting unit, including goodwill, exceeds the estimated fair value, then the identifiable assets, including identifiable intangible assets, and liabilities of the reporting unit are estimated at fair value as of the current testing date. The excess of the estimated fair value of the reporting unit over the current estimated value of net assets establishes the implied value of goodwill. The excess of the recorded goodwill over the implied goodwill value is charged to earnings as an impairment loss. Significant judgment is required in estimating the fair value of the reporting unit and performing goodwill impairment loss calculations. Estimations of fair values are based on several factors, including the Company's projection of future cash flows. As of December 31, 2021, and 2020, the Company had not recognized impairment of goodwill.

The Company's goodwill arose from the purchases of hospitals now operating as Chicago Behavioral Hospital, in the amount of $14,416,697; and The Ridgeview Institute (Smyrna), in the amount of $42,948,000.

Compensated Absences
The Company's employees earn paid time off hours ("PTO"), which are allocated between vacation, holiday and personal/sick days off. Paid time off is earned depending on the length of service and job position. Employees can normally carryover no more than 40 vacation PTO hours at year end, however, due to COVID-19, this limitation was temporarily suspended for 2020, and again for 2021, with a deadline to use any hours in excess of 40 by March 31, 2022. Holiday and personal/sick PTO hours may not be carried over. Accrued compensated absences as of December 31, 2021 and 2020 were $1,837,429 and $1,630,725, respectively.

Income Taxes
The Company is organized as a Limited Liability Company. In lieu of corporate taxes, the members of a Limited Liability Company are taxed on their proportionate share of the Company's taxable income or loss. Therefore, no provision or liability for federal or state income taxes has been included in the financial statements. The Company's tax returns are subject to examination by the appropriate tax jurisdictions for a period of three years from when they are required to be filed.

FASB ASC 740 requires management to perform an evaluation of all income tax positions taken or expected to be taken in the course of preparing the Company's income tax returns to determine whether the income tax positions meet a "more likely than not" standard of being sustained under examination by the applicable taxing authorities. This evaluation is required to be performed for all open tax years, as defined by the various statutes of limitations, for federal and state purposes.

Acquisitions, Business Combinations
The acquisition method of accounting for business combinations requires that the assets acquired, and liabilities assumed be recorded at the date of acquisition at their respective fair values with limited exceptions. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Any excess of the purchase price over the estimated fair values of net assets acquired is recorded as goodwill.

Noncontrolling Interest
Noncontrolling interest in the consolidated financial statements represents the portion of equity held by noncontrolling partners in the Company's non-wholly owned subsidiaries. As of December 31, 2021, and 2020; a portion of the equity of three of the Company's consolidating entities was attributable to a third party with a non-controlling interest as follows:

As of December 31,	2021	2020
New Lenox Behavioral Innovations, LLC	$ 309,849	$ (107,812)
New Lenox Behavioral Innovations Realty, LLC	2,862,401	2,704,664
Southeast Massachusetts Behavioral Health, LLC	47,895	-
Total	$ 3,220,145	$ 2,596,852

Recent Pronouncements
In February 2016, the FASB issued ASU 2016-02, *Leases (topic 842)*, which will require leases to be recorded as an asset on the balance sheet for the right to use the leased asset and a liability for the corresponding lease obligation for leases with terms more than twelve months. This ASU is effective for non-public companies for fiscal years beginning after December 15, 2021, with early adoption permitted. The Company is evaluating the impact the pronouncement may have on the financial statements.

Note 2 – Investment in Non-Consolidated Entity

At December 31, 2021 and 2020, the Company held a minority interest in the amount of $304,353 and $296,712, respectively, representing 2.7% ownership of a non-consolidated entity.

Note 3 – Retainage on Construction

The Company withholds 5-10% of payments due in connection with construction in progress. Upon completion of work, and final inspections, retainage is released to the contractors. As of December 31, 2021, and December 31, 2020, total due was $0 and $97,630, respectively.

Note 4 - Property and Equipment

The major classifications of property and equipment are as follows:

As of December 31,	2021	2020
Land	$ 844,297	$ 844,297
Buildings and Improvements	165,181,824	161,847,530
Furniture, Fixtures and Equipment	12,470,796	11,274,936
Computer Equipment and Software	5,783,853	5,031,128
Vehicles	58,489	48,760
Construction in Progress	2,380,085	146,070
Total Land, Property, and Equipment	186,719,344	179,192,721
Less Accumulated Depreciation	(35,721,329)	(24,340,290)
Land, Property and Equipment, net	$ 150,998,015	$ 154,852,431

Note 5 – Line of Credit (Secured)

On August 6, 2019, V Covington Realty, LLC entered into a construction loan agreement with Capstar Bank, with a maximum drawdown amount of $21,000,000. The funding period on this line of credit terminated on December 6, 2020 (the maturity date). This note requires monthly interest payments with interest calculated at Libor plus 3.50%. The principal balance of the note will be payable in full at the maturity date. The note requires the Company to meet and maintain certain covenants as defined in the loan terms and was collateralized by the real estate owned by V Covington, LLC. During the year ended December 31, 2020 this line of credit was paid off in connection with the Sale Leaseback of the property (note 8).

Note 6 – Notes Payable

On July 2, 2019, the Company entered into a new loan agreement for a total of $110,000,000, financed through several lenders. Proceeds from this loan were primarily used to pay off existing loans of consolidated entities. Payments on this loan are interest only until the maturity date, July 2, 2024, at which time it will be repaid in full. The note carries interest at 3-month Libor plus 8.5%, subject to a 1.50% Libor floor. The note requires the Company to meet and maintain certain covenants as defined in the loan terms and is collateralized by the assets of USHV and its subsidiaries, excluding those specifically identified in the loan terms. As of December 31, 2021, and 2020, the outstanding balance was $110,000,000, respectively.

Note 7 – Financing Costs

Financing costs in connection with the Company's loans are amortized over five years using the straight-line method. In accordance with ASC 835-30-45, the Company has presented the unamortized portion of these costs as a reduction to long term debt on the balance sheet. Amortization is reflected as interest expense on the Consolidated Statement of Operations. Net financing costs as of December 31, 2021, and 2020 were as follows:

As of December 31,	2021	2020
Financing Costs	$ 4,359,274	$ 4,359,274
Less: Accumulated Amortization	(2,048,987)	(1,218,969)
Financing Costs, net	$ 2,310,287	$ 3,140,305

Note 8 –Sale Leaseback Transactions

In January 2016, the Company closed on a $12,500,000 loan from a publicly traded REIT, carrying interest at 11%. The loan had a one-year term with an option to purchase the building during the term for $20,000,000. In May 2016, this option was exercised, and the proceeds from the sale paid off the $12,500,000 loan in addition to the remaining balance on the $7,500,000 City Bank Loan. The Company is leasing the premises from the purchaser and is treating the lease as a capital lease from a sale-leaseback transaction. The amount due under this capital lease as of December 31, 2021, and 2020 was $15,857,830, and $16,817,187, respectively.

The Sale Leaseback transaction also resulted in a deferred gain on the difference between the carrying value of the assets at the time of sale and the selling price in the amount of $8,886,804. This deferred gain is amortized on a straight-line basis over 15 years as a reduction to the depreciation expense associated with the property held under the capital lease. As of December 31, 2021, and 2020, the remaining deferred gain was $5,578,938 and $6,171,392, respectively. The following details future minimum lease payments under the lease as of December 31, 2021:

For the year ending December 31, 2022	$ 2,122,228
For the year ending December 31, 2023	2,164,670
For the year ending December 31, 2024	2,207,966
For the year ending December 31, 2025	2,252,126
For the year ending December 31, 2026	2,297,164
Thereafter	10,701,967
	21,746,121
Less amounts representing interest	(5,888,291)
Total	$ 15,857,830

The book value of assets held under the capital lease was as follows:

As of December 31,	2021	2020
Buildings and Improvements	$ 20,000,000	$ 20,000,000
Less Accumulated Depreciation	(7,444,444)	(6,111,111)
Net Book Value	$ 12,555,556	$ 13,888,889

In August 2019, the Company closed on the sale of the property owned by Vest Seattle Realty, LLC in the amount of $27,500,000. The proceeds from the sale were used in part to pay off the existing debt of Vest Seattle Realty, LLC. The Company is leasing the premises from the purchaser and is treating the lease as a capital lease from a sale-leaseback transaction. The amount due under this capital lease as of December 31, 2021, and 2020 was $25,093,097, and $26,103,025, respectively.

The Sale Leaseback transaction also resulted in a deferred gain on the difference between the carrying value of the assets at the time of sale and the selling price in the amount of $3,463,962. This deferred gain is amortized on a straight-line basis over 15 years as a reduction to the depreciation expense associated with the property held under the capital lease. As of December 31, 2021, and 2020, the remaining deferred gain was $2,905,879 and $3,136,610, respectively. The following details future minimum lease payments under the lease as of December 31, 2021:

For the year ending December 31, 2022	$ 2,708,284
For the year ending December 31, 2023	2,748,909
For the year ending December 31, 2024	2,790,142
For the year ending December 31, 2025	2,831,994
For the year ending December 31, 2026	2,874,474
Thereafter	20,542,649
	34,496,452
Less amounts representing interest	(9,403,355)
Total	$ 25,093,097

The book value of assets held under the capital lease was as follows:

As of December 31,	2021	2020
Buildings and Improvements	$ 27,500,000	$ 27,500,000
Less Accumulated Depreciation	(4,441,898)	(2,603,871)
Net Book Value	$ 23,058,102	$ 24,896,129

In October 2020, the Company closed on the sale of the property owned by V. Covington Realty, LLC in the amount of $30,000,000. The proceeds from the sale were used in part to pay off the existing debt of V. Covington, LLC. The Company is leasing the premises from the purchaser and is treating the lease as a capital lease from a sale-leaseback transaction. The amount due under this capital lease as of December 31, 2021, and 2020 was $28,626,638, and $29,607,916, respectively.

The Sale Leaseback transaction also resulted in a deferred gain on the difference between the carrying value of the assets at the time of sale and the selling price in the amount of $2,048,788. This deferred gain is amortized on a straight-line basis over 15 years as a reduction to the depreciation expense associated with the property held under the capital lease. As of December 31, 2021, and 2020, the remaining deferred gain was $1,878,056, and $2,014,842, respectively. The following details future minimum lease payments under the lease as of December 31, 2021:

For the year ending December 31, 2022	$ 2,888,316
For the year ending December 31, 2023	2,931,641
For the year ending December 31, 2024	2,975,615
For the year ending December 31, 2025	3,020,249
For the year ending December 31, 2026	3,065,553
Thereafter	28,858,104
	43,739,478
Less amounts representing interest	(15,112,840)
Total	$ 28,626,638

The book value of assets held under the capital lease was as follows:

As of December 31,	2021	2020
Buildings and Improvements	$ 30,000,000	$ 30,000,000
Less Accumulated Depreciation	(2,500,000)	(500,000)
Net Book Value	$ 27,500,000	$ 29,500,000

Note 9 – Equipment Under Capital Lease

In April of 2020 Vest Thurston, LLC entered into an agreement with Meridian Leasing to lease equipment. This lease is classified as a capital lease and is included in the balance sheet as property and equipment. The cost of the capital lease equipment was $322,871. The amount due under this capital lease as of December 31, 2021, and 2020 was $209,866, and $274,440, respectively.

In September of 2020 Vest Thurston, LLC entered into an agreement with Meridian Leasing to lease equipment. This lease is classified as a capital lease and is included in the balance sheet as property and equipment. The cost of the capital lease equipment was $231,439. The amount due under this capital lease as of December 31, 2021, and 2020 was $169,722, and $216,009, respectively.

The book value of assets held under these capital leases was as follows:

As of December 31,	2021	2020
Equipment	$ 554,310	$ 322,871
Less Accumulated Depreciation	(174,722)	(48,431)
Net Book Value	$ 379,588	$ 274,440

In August of 2021 Silver Oaks Behavioral, LLC entered into an agreement with Med One Group to lease equipment. This lease is classified as a capital lease and is included in the balance sheet as property and equipment. The cost of the capital lease equipment was $353,743. The amount due under this capital lease as of December 31, 2021 was $324,265.

The book value of assets held under this capital lease was as follows:

As of December 31,		2021
Equipment	$	353,743
Less Accumulated Depreciation		(29,479)
Net Book Value	$	324,264

Note 10 – Retirement Plan

The Company maintains a 401(k)-retirement plan ("the Plan") for all eligible employees over 21 years of age with at least five months of service. Participants can contribute a percentage of their compensation up to a maximum deferral of 85% (subject to limits) and receive a matching employer contribution of 100% of deferrals up to 3% of compensation, and 50% of deferrals for the next 2% of compensation. Participants may also receive a discretionary employer matching contribution at the discretion of the Company's Board of Directors. The Company incurred expenses of $1,043,211, and $918,008 in 2021, and 2020, respectively.

Note 11 – Commitments and Contingencies

The Company may be, from time to time, subject to various claims, lawsuits, or governmental inquiries. In these actions, plaintiffs may request a variety of damages, including in some cases, punitive or other types of damage that may not be covered by insurance. During the years ended December 31, 2021, and 2020 the Company paid $88,500 and $16,000 in settlements, respectively.

Note 12 – Operating Lease of Facilities

The Company leases an administrative office located in New York, through an unrelated third party. The lease was assigned from a former entity of common ownership with an initial lease term of ten years, which expired November 30, 2019. In September 2018, a lease agreement extension was signed. The extension commenced December 1, 2019 and ends November 30, 2024. Rent expense for the years ended December 31, 2021, and 2020 was $223,663 and $217,148, respectively. Future minimum rental payments under this lease commitment are as follows:

December 31, 2022	$	230,372
December 31, 2023		237,284
December 31, 2024		244,402
Total	$	712,058

The Company leases property from an unrelated third party in Lacey, WA. The lease has a term of thirty years, expiring August 31, 2047. Rent expense for the years ended December 31, 2021, and 2020 was $1,389,122 and $1,361,885. Future minimum rental payments under this lease commitment are as follows:

December 31, 2022	$	1,416,905
December 31, 2023		1,445,243
December 31, 2024		1,474,148
December 31, 2025		1,503,631
December 31, 2026		1,533,703
Thereafter		39,549,710
Total	$	46,923,340

The Company leases property from an unrelated third party in Smyrna, GA. The lease has a term of thirty years, expiring January 5, 2047. Rent expense for the years ended December 31, 2021, and 2020 was $3,000,000. Future minimum rental payments under this lease commitment are as follows:

December 31, 2022	$	3,000,000
December 31, 2023		3,000,000
December 31, 2024		3,000,000
December 31, 2025		3,000,000
December 31, 2026		3,000,000
Thereafter		63,000,000
Total	$	78,000,000

Note 13 – Management Fee Income

During the year ended December 31, 2021, the Company received fees for managing operations of two non-consolidated entities totaling $664,400. Of these fees $300,000 per year were derived from an entity in which the Company holds a minority interest.

During the year ended December 31, 2020, the Company received fees for managing operations of two non-consolidated entities totaling $350,001. Of these fees $300,000 per year were derived from an entity in which the Company holds a minority interest.

Note 14 – Related Party Transactions

Vest Monroe, LLC rents the facility in which it operates from Vest Monroe Realty, LLC, totaling $1,500,000 in both 2021, and 2020. Additionally, Silver Oaks Behavioral, LLC rents the facility in which it operates from Silver Oaks Behavioral Realty, LLC, totaling $1,620,000 in both 2021, and 2020. All such intercompany rent is eliminated upon consolidation.

During the years ended December 31, 2021, and 2020 Silver Oaks Behavioral LLC paid management fees in the amounts of $1,312,977 and $1,159,529, respectively, to US HealthVest, LLC. These amounts were eliminated upon consolidation.

All other intercompany balances are the result of miscellaneous operating expenses and capital spending. All intercompany balances are eliminated upon consolidation. A table representing outstanding intercompany balances as of December 31, 2021, before consolidation, is contained in the supplemental schedules to this report.

Note 15 – COVID-19 Relief Funds

CARES Act Provider Relief Fund

During 2020 the United States Department of Health and Human Services (HHS) distributed approximately $92.5 billion to providers who bill Medicare fee-for-service in order to provide financial relief during the coronavirus (COVID-19) pandemic. Funds were distributed to providers in three phases:

- Phase 1 – Approximately $30 billion were allocated proportional to providers' share of 2018 patient revenue.
- Phase 2 – Approximately $18 billion were allocated to eligible providers including participants in state Medicaid/CHIP programs, Medicaid managed care plans, dentists, and certain Medicare providers.
- Phase 3 – Approximately $24.5 billion were allocated among Providers that have already received Provider Relief Fund payments who were invited to apply for additional funding that considered financial losses and changes in operating expenses caused by the coronavirus.

In total, the Company, and its consolidating entities received $3,589,608 from the CARES Act Provider Relief Fund during 2020. Of the funds received $399,438 had yet to be utilized as of December 31, 2020, these unused funds were classified under current liabilities on the respective consolidated entity balance sheets. The Company had until June 30, 2021 to utilize these funds. Unused funds would have been subject to repayment. During the year ended December 31, 2021, all funds were utilized within the specified time frame. Funds considered to be utilized have been classified either as other income, or as reductions to related expenses or capital purchases by the respective consolidating entities. Additional funds in the amount of $24,552 were received and utilized during the year ended December 31, 2021.

CARES Funding for Medicaid Providers

During 2020 the Illinois Department of Healthcare and Family Services provided relief funds to providers operating in the State of Illinois that incurred expenses, between March 1 and December 31, 2020, related to the pandemic associated with the 2019 Novel Coronavirus (COVID-19) Public Health Emergency issued by the Secretary of the U.S. Department of Health and Human Services (HHS) on January 31, 2020, and the national emergency issued by the President of the United States on March 13, 2020.

Eligible expenses under the program consisted of necessary costs incurred due to the COVID-19 public health emergency. Examples of necessary costs included expenses related to providing PPE for employees or customers, hand sanitizer, cleaning products, deep cleaning services, equipment associated with establishing social distancing within a business establishment.

Eligible providers received a funding award based on a formula that was determined by provider type, location, amount of other Coronavirus relief funds received from other sources, and other criteria as set forth in the HFS CARES Program. In total consolidating entities operating in the State of Illinois received $430,072 from this program in 2020 and an additional $39,401 was received in 2021. All funds received through this program in 2020 were spent on eligible expenses, and therefore are not considered to be owed back. These funds are recognized as a reduction of the related expenses by the respective consolidating entities. As of December 31, 2021 the Company had $16,562 remaining in unspent funds from this program.

Medicare Accelerated and Advance Payment Programs
The Medicare Accelerated and Advance Payment Programs, which existed before the pandemic, are designed to help hospitals and other providers facing cash flow disruptions during an emergency. These are loans that must be paid back, with timelines and terms for repayment. The CARES Act significantly expanded this program to include a broader set of hospitals, health professionals, and suppliers during the COVID-19 public health emergency. These loans are paid out of the Medicare Hospital Insurance (Part A) and the Supplementary Medical Insurance (Part B) trust funds.

As of May 2020, a total of $100 billion had been distributed to hospitals and other types of providers impacted by the COVID-19 pandemic through the accelerated and advance payment programs. The vast majority of these payments ($92 billion) went to providers that participate in Part A, which pays for inpatient hospital stays, skilled nursing facility (SNF) stays, some home health visits, and hospice care.

The loans made under this program are an advance on reimbursement from traditional (fee-for-service) Medicare. In total the consolidating entities received $5,601,932 in accelerated payments under this program.

Repayment of advance funds began 12 months after original receipt. Payments to providers are recouped at a rate of 25% for the first 11 months of the repayment period, and 50% for the following 6 months. These advance payments are reflected as current liabilities on the respective consolidating entities balance sheets. As of December 31, 2021, and 2020 the outstanding balance on these advanced funds was $2,536,111 and $5,601,932, respectively.

Note 16 – Subsequent Events

The Company's future operations and financial performance may be affected by the recent COVID-19 pandemic which has adversely affected economic conditions throughout the world. The Company may experience a disruption in operations, decline in revenue, as well as a decline in fair value of its investments because of this pandemic. At the date of this report, Management has not quantified the effects of this pandemic, but will monitor the matter closely. Depending on the duration of this pandemic, the outlook of the Company's financial conditions and results of operations cannot be determined.

Subsequent events were evaluated through April 11, 2022, the date that the financial statements were available to be issued.

TOBIN & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS, PC

Independent Auditors' Report on Supplemental Material

To the Members of:
US HealthVest, LLC
New York, N.Y.

We have audited the consolidated financial statements of US HealthVest, LLC, and subsidiaries as of and for the years ended December 31, 2021, and 2020, and our report thereon dated April 11, 2022, which expressed an unmodified opinion on those financial statements, appears on page 3. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information included in the following section is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Tobin & Company
Certified Public Accountants, PC

Purchase, New York
April 11, 2022

US HealthVest, LLC

Consolidating Balance Sheet

As of December 31, 2021	US HealthVest LLC	Southeast Massachusetts Behavioral Health LLC	MI Health LLC	V Colorado LLC	Ridgeview Monroe West Monroe LLC	West Monroe Realty, LLC	CBH 2014 Health LLC	2014 Health Realty LLC	Ridgeview Smyrna RV Behavioral LLC	RV Behavioral Realty LLC	Smokey Point West Seattle LLC	West Seattle Realty, LLC	South Sound West Thurston LLC	West Thurston Realty, LLC	Lake Behavioral V Covington, LLC	V Covington Realty LLC	Indiana Behavioral Investcorp, LLC	Hendricks Realty, LLC	New Lenox Behavioral Investcorp, LLC	Silver Oaks Behavioral LLC	New Lenox Behavioral Realty	Silver Oaks Behavioral Realty	T Mays Realty	Eliminations	Consolidated
ASSETS																									
Current assets																									
Cash and equivalents	$ 9,329,450		$ 49,983	$ -	$ 1,063,433	$ 4,420	$ 470,644	$ -	$ 1,951,054	$ -	$ 827,100	$ (1)	$ 375,283	$ 1,000	$ 526,564	$ 98,896	$ 352,328	$ -	$ -	$ (35,101)	$ -	$ 4,714	$ 275,104	$ -	$ 14,434,991
Accounts receivable, net	-		-	-	1,433,287	-	4,063,014	-	2,955,422	22,211	4,009,573	-	6,864,408	-	3,122,196	-	1,792,451	-	-	2,349,885	-	-	-	-	26,312,417
Inventory	-		-	-	54,502	-	63,647	-	120,123	-	54,489	-	67,457	-	99,381	-	33,092	-	-	51,326	-	-	-	-	573,617
Prepaid expenses	373,820		-	-	86,789	-	177,258	-	439,281	-	237,299	-	200,264	-	121,277	-	277,545	7,031	-	108,524	-	227	-	-	2,029,643
Due from parent/subsidiaries	8,596,277		-	-	29,859,245	-	75,199,724	7,152,319	42,053,998	-	7,779,907	21,739,234	1,057,811	8,111,693	18,526,961	11,499,850	183,595	-	-	5,211,758	-	9,195,516	-	(237,875,778)	-
Total current assets	18,299,547	-	49,983	-	23,486,246	4,420	79,976,285	7,152,319	48,847,828	22,211	12,908,368	21,739,233	8,365,323	8,112,693	22,405,379	11,598,746	2,581,051	7,031	-	7,686,392	-	9,200,030	275,371	(237,875,778)	43,351,668
Land, Property and equipment, net	79,196		-	-	2,457,853	14,265,607	3,972,181	-	2,547,890	-	899,401	23,126,502	1,113,147	28,007,584	1,103,635	27,500,000	19,081,858	-	-	818,875	-	18,929,906	-	-	150,996,015
Other Assets																									
Investment in 2014 Health, LLC (CBH)	73,309,926		-	560,705	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(73,870,631)	-
Investment in 2014 Health Realty, LLC	6,992,688		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(6,992,688)	-
Investment in V Covington	21,074,872		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(21,074,872)	-
Investment in V Covington Realty	(4,533,467)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,533,467	-
Investment in V Colorado, LLC	560,705		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(560,705)	-
Investment in V Monroe, LLC	(7,184,536)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7,184,536	-
Investment in V Monroe Realty, LLC	6,311,504		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(6,311,504)	-
Investment in RV Behavioral	64,486,014		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(64,486,014)	-
Investment in RV Behavioral Realty	(14,305,954)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14,305,954	-
Investment in New Lenox Behavioral	2,375,034		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(2,375,034)	-
Investment in New Lenox Behavioral Realty	14,094,884		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(14,094,884)	-
Investment in Silver Oaks Behavioral	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,239,397	-	-	-	-	(1,239,397)	-
Investment in Silver Oaks Behavioral Realty	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,449,602	-	-	(11,449,602)	-
Investment in West Seattle	5,071,316		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(5,071,316)	-
Investment in West Seattle Realty	11,038,775		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(11,038,775)	-
Investment in West Thurston	2,324,648		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(2,324,648)	-
Investment in West Thurston Realty	31,526,472		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(31,526,472)	-
Investment in Indiana Behavioral Innovations	20,106,465		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(20,106,465)	-
Investment in Hendricks Realty	(73,980)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	73,980	-
Investment in T Mays Realty	155,717		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(155,717)	-
Investment in Beach Health, LLC	(8,434)																							8,434	-
Investment in MI Health	-	(8,434)																						8,434	-
Investment in Lab	301,353		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	301,353
Other receivable and other assets	63,136		-	-	28,127	-	159,118	-	179,209	-	20,085	-	630	218,722	146,487	-	6,040	-	-	44,383	-	-	-	-	663,922
Goodwill	-		-	-	-	-	14,416,697	-	42,948,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,364,697
Total Other Assets	233,887,461	(8,434)	-	560,705	28,127	-	14,575,815	-	43,127,209	-	20,085	-	630	218,722	146,487	-	6,040	-	1,239,397	44,383	11,449,602	-	-	(246,984,243)	58,529,972
Total Assets	$ 253,159,304	$ (8,434)	$ 49,983	$ 560,705	$ 25,972,226	$ 14,290,027	$ 107,824,281	$ 7,152,319	$ 92,342,727	$ 22,211	$ 13,827,854	$ 44,865,735	$ 9,479,100	$ 36,339,999	$ 23,655,501	$ 39,098,746	$ 21,658,734	$ 7,031	$ 1,239,397	$ 8,549,430	$ 11,449,602	$ 28,129,936	$ 275,371	$ (484,440,021)	$ 252,889,765
LIABILITIES AND MEMBERS' EQUITY																									
Liabilities																									
Accounts payable	$ 149,056		$ -	$ -	$ 144,215	$ -	$ 26,455	$ -	$ 372,961	$ -	$ 599,799	$ 227,135	$ 160,493	$ -	$ 33,981	$ -	$ 33,751	$ -	$ -	$ 51,887	$ -	$ -	$ -	$ -	$ 1,854,723
Accrued expenses	231,665		10,522	-	1,431,121	-	882,058	-	1,401,312	-	1,360,054	-	941,008	-	1,744,428	-	685,926	-	-	1,246,565	-	351,966	8,799	-	10,471,457
Accelerated Medicare	-		-	-	109,361	-	825,460	-	345,207	-	154,331	-	-	-	767,029	-	-	-	-	264,733	-	-	-	-	2,536,111
Due to parent/subsidiaries	94,544,645		-	-	31,442,065	7,978,523	10,782,805	159,630	25,737,213	14,328,166	6,001,954	5,819,394	8,408,690	-	35,193	13,400,199	632,589	61,011	-	5,084,791	-	13,465,965	112,855	(237,875,778)	-
Total current liabilities	94,925,366	-	10,522	-	33,154,762	7,978,523	12,516,878	159,630	27,856,713	14,328,166	8,156,138	5,846,529	9,510,191	-	2,580,629	13,400,199	1,352,269	61,011	-	6,647,976	-	13,817,931	119,654	(237,875,778)	14,862,291
Capital Lease	-	-	-	-	-	-	15,857,830	-	-	-	-	25,083,007	379,588	-	-	26,426,636	-	-	-	324,228	-	-	-	-	70,281,361
Deferred Gain on Sale Leaseback	-		-	-	-	-	5,578,936	-	-	-	-	2,905,679	-	-	-	1,878,558	-	-	-	-	-	-	-	-	10,363,173
Note Payable	110,000,000		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	110,000,000
Financing Costs, net	(2,020,063)		-	-	-	-	-	-	-	-	-	(17,544)	-	-	-	(772,880)	-	-	-	-	-	-	-	-	(2,810,287)
Total Liabilities	202,905,303	-	10,522	-	33,156,762	7,978,523	33,952,644	159,630	27,856,713	14,328,166	8,156,138	33,827,961	9,954,779	-	2,580,629	41,032,213	1,352,269	61,011	-	7,000,184	-	13,817,931	119,654	(237,875,778)	203,196,258
Total Equity	50,254,001	29,461	39,461	560,705	(7,184,536)	6,311,504	73,870,635	6,992,689	64,486,014	(14,305,955)	5,671,716	11,038,774	(485,679)	34,336,999	21,074,872	(4,533,467)	20,106,465	(73,980)	1,549,246	1,549,246	14,312,003	14,312,003	155,717	(246,564,243)	52,911,153
Non-controlling interest	-	(47,895)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(309,849)	-	(2,862,401)	-	-	-	(3,220,144)
US HV Members' Equity	50,254,001	(8,434)	39,461	560,705	(7,184,536)	6,311,504	73,870,635	6,992,689	64,486,014	(14,305,955)	5,671,716	11,038,774	(485,679)	34,336,999	21,074,872	(4,533,467)	20,106,465	(73,980)	1,239,397	1,549,246	11,449,602	14,312,003	155,717	(246,564,243)	48,693,507
Total Liabilities and Members' Equity	$ 253,159,304	$ (8,434)	$ 49,983	$ 560,705	$ 25,972,226	$ 14,290,027	$ 107,824,281	$ 7,152,319	$ 92,342,727	$ 22,211	$ 13,827,854	$ 44,865,735	$ 9,469,100	$ 34,336,999	$ 23,655,501	$ 36,498,746	$ 21,458,734	$ 7,031	$ 1,239,397	$ 8,549,430	$ 11,449,602	$ 28,129,936	$ 275,371	$ (484,440,021)	$ 252,889,765

See Independent Auditors' Report on Supplementary Information

Attachment 34
#23-008

US HealthVest, LLC

Consolidating Statement of Operations

For the year ended December 31, 2021	US HealthVest LLC	Southwest Massachusetts Behavioral Health LLC	M4 Health LLC	V Colorado LLC	Ridgeview Monroe Vest Monroe LLC	Ridgeview Monroe Vest Monroe Realty LLC	CSH 2014 Health LLC	CSH 2014 Health Realty LLC	Ridgeview Smyrna RV Behavioral LLC	Ridgeview Smyrna RV Behavioral Realty LLC	Smokey Point Vest Seattle, LLC	Smokey Point Vest Seattle Realty LLC	South Sound Vest Thurston, LLC	South Sound Vest Thurston Realty LLC	Lake Behavioral V Covington, LLC	Lake Behavioral V Covington Realty, LLC	Indiana Behavioral Innovations, LLC	Hendricks Realty	New Lenox Behavioral, LLC	Silver Oaks Behavioral, LLC	New Lenox Behavioral Realty	Silver Oaks Behavioral Realty	T Mars Realty	Eliminations	Consolidated
Revenues:																									
Net patient service revenue	$ -		$ -	$ -	$ 31,081,444	$ -	$ 43,868,285	$ -	$ 38,828,994	$ -	$ 30,013,321	$ -	$ 27,079,004	$ -	$ 27,787,436	$ -	$ 7,833,818	$ -	$ -	$ 25,244,522	$ -	$ -	$ -	$ -	$ 221,714,611
Provision for Bad Debts	-			-	(572,853)	-	(1,009,423)	-	(1,970,456)	-	(455,152)	-	(124,749)	-	(434,977)	-	(233,810)	-	-	(879,420)	-	-	-	-	(5,680,839)
Other revenue	-			-	26,303	1,500,000	9,877,566	-	9,849	167,072	1,006,719	-	1,306,884	-	4,995,065	-	12,470	-	-	1,678,863	-	1,620,000	-	(3,129,000)	18,899,000
Net Revenues	-	-	-	-	30,514,894	1,500,000	52,536,412	-	36,866,387	167,072	30,564,888	-	28,260,349	-	32,347,527	-	7,612,278	-	-	26,043,965	-	1,620,000	-	(3,129,000)	234,901,772
Operating expenses																									
Labor Costs	9,558,247		-	-	12,364,431	-	21,317,798	-	19,138,973	-	18,619,258	-	15,110,439	-	14,065,715	-	6,009,567	-	-	14,624,627	-	-	199,538	-	129,008,615
Purchased Service	-		-	-	1,476,142	-	2,197,248	-	3,428,200	-	1,736,721	-	1,471,194	-	2,446,131	-	1,015,194	-	-	1,865,447	-	-	7,563	-	15,439,840
Medical Professional fees	-		-	-	1,686,501	-	3,174,078	-	608,788	-	2,929,574	-	2,222,390	-	1,867,480	-	985,714	-	-	1,788,316	-	-	-	-	15,370,821
Insurance	5,194,623		-	-	518,810	-	809,182	-	1,287,215	-	613,214	59,476	654,283	-	903,970	-	337,434	-	-	621,284	-	-	-	-	11,099,151
Supplies	30,194		276	-	865,066	-	1,927,675	-	1,836,061	-	1,070,585	-	1,007,075	-	983,456	-	621,556	-	-	1,143,810	-	-	454	-	9,506,318
Licenses, permits and fees	133,851		-	-	-	-	3,751,859	-	-	-	795,280	-	-	-	2,763,455	-	-	-	-	134,119	-	-	-	-	7,578,374
Rent	244,912		-	-	1,528,844	-	79,585	-	186,784	3,000,000	144,507	-	40,828	1,389,122	46,281	-	19,431	73,808	-	1,787,404	-	-	-	(3,129,000)	5,481,286
Contracted labor	-		-	-	165,006	-	229,665	-	886,265	-	1,517,427	-	534,123	-	436,578	-	325,925	-	-	130,194	-	-	-	-	4,225,284
Property and business taxes	650		-	-	179,832	300	782,439	-	415,828	-	467,358	154,460	702,184	300	822,151	-	177,424	33	-	6,784	-	319,296	-	-	3,828,839
Telephone and Utilities	46,638		-	-	284,550	-	475,465	-	620,281	70,583	267,487	-	328,527	-	611,204	-	374,577	-	-	320,329	-	-	-	-	3,421,741
Other Professional Fees	2,060,697		10,246	-	39,353	-	205,171	-	33,446	-	97,760	-	5,559	-	66,160	-	117,204	-	-	25,965	-	-	-	-	2,663,561
Recruiting	66,758		-	-	65,135	-	50,924	-	127,887	-	431,572	-	419,315	-	79,660	-	259,321	-	-	29,980	-	-	-	-	1,559,313
Repairs and maintenance	15,677		-	-	76,205	-	209,480	-	285,783	-	118,240	-	99,932	-	207,885	-	55,883	-	-	43,149	-	-	-	-	1,112,324
Travel and entertainment	552,237		-	-	34,305	-	57,565	-	28,422	-	75,868	-	28,020	-	50,725	-	80,328	-	-	31,053	-	-	-	-	936,654
Other operating expenses	33,112		20	-	49,975	222	54,723	-	141,936	-	243,156	300	66,773	(8,884)	77,426	75	77,448	339	-	70,295	-	222	-	-	796,140
Computer and internet	573,951		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	573,951
Advertising and marketing	9,514		-	-	7,319	-	22,127	-	22,295	-	18,558	-	12,316	-	13,352	-	22,755	-	-	8,701	-	-	-	-	137,337
Dues and Subscriptions	62,269		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	62,269
Total operating expenses	18,604,791	-	10,542	-	19,373,894	522	35,443,979	-	29,928,136	3,070,583	27,168,565	224,236	22,904,938	1,380,538	25,173,354	75	10,469,792	73,980	-	22,430,870	-	319,518	207,645	(3,129,000)	212,754,658
Operating Profit (Loss)	(18,604,791)	-	(10,542)	-	11,140,900	1,499,478	17,092,433	-	7,838,251	(2,903,511)	3,396,323	(224,236)	5,355,411	(1,380,538)	7,163,573	(75)	(2,857,514)	(73,980)	-	3,621,095	-	1,300,482	(207,645)	-	22,146,114
Other income (expenses):																									
Equity in net income of subsidiaries	24,202,123	(10,542)		149,261	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,088,305	-	788,884	-	-	(27,217,831)	-
Equity in non-consolidated entity	4,641			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,641
Extraordinary	-			-	(38,500)	-	(50,000)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(88,500)
Management fees	1,612,977			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,312,977)	-	-	364,400	-	664,400
Depreciation	(23,963)			-	(230,882)	(399,426)	(1,041,081)	-	(2,019,874)	-	(279,972)	(1,607,096)	(315,433)	(679,678)	(209,874)	(1,883,245)	(982,804)	-	(223,038)	-	(511,790)	-	-	(10,413,126)
Interest expense from financing costs	(508,792)			-	-	-	-	-	-	-	-	(1,394)	-	-	-	(19,831)	(31,132)	-	-	-	-	-	-	-	(861,050)
Interest expense, net of income	(1,122,992)			-	3,951	-	(1,075,240)	-	20,292	-	7,395	(1,838,392)	28,404	-	11,416	(1,844,524)	515	-	-	8,222	-	-	-	-	(10,748,953)
Total other expenses	13,734,033	(10,542)	-	149,261	(264,411)	(399,426)	(2,166,321)	-	(1,999,581)	-	(272,577)	(3,266,922)	(287,029)	(679,678)	(198,458)	(3,747,680)	(1,013,421)	-	2,088,305	(1,512,795)	788,884	(511,790)	364,400	(27,217,831)	(26,442,567)
Net income (Loss)	(4,870,758)	(10,542)	(10,542)	149,261	875,489	1,100,053	14,926,132	-	5,848,770	(2,903,511)	3,117,746	(3,491,058)	5,066,382	(2,060,416)	6,965,114	(3,747,675)	(3,870,935)	(73,980)	2,088,305	788,884	788,884	156,753	(27,217,831)	(4,297,468)
Less net loss attributable to non controlling interest	-	2,108			-	-	-	-	-	-	-	-	-	-	-	-	-	-	(417,861)	-	(157,737)	-	-	-	(573,290)
Net Income (Loss) Attributable to USHV	$ (4,870,758)	$ (8,434)	$ (10,542)	$ 149,261	$ 875,489	$ 1,100,053	$ 14,926,132	$ -	$ 5,848,770	$ (2,903,511)	$ 3,117,746	$ (3,491,058)	$ 5,066,382	$ (2,060,416)	$ 6,965,114	$ (3,747,675)	$ (3,870,935)	$ (73,980)	$ 1,670,444	$ 2,088,305	$ 630,947	$ 788,884	$ 156,753	$ (27,217,831)	$ (4,870,758)

See Independent Auditors' Report on Supplementary Information

Attachment 34
#23-008

US HealthVest, LLC

Consolidating Statement of Members' Equity

For the year ended December 31, 2021	US HealthVest LLC	Southeast Massachusetts Behavioral Health LLC	M4 Health LLC	V Colorado LLC	Ridgeview Monroe Vest Monroe LLC	Ridgeview Monroe Vest Monroe Realty LLC	CBH 2014 Health LLC	CBH 2014 Health Realty, LLC	Ridgeview Smyrna RV Behavioral LLC	Ridgeview Smyrna RV Behavioral Realty LLC	Smokey Point Vest Seattle, LLC	Smokey Point Vest Seattle Realty, LLC	South Sound Vest Thurston, LLC	South Sound Vest Thurston Realty, LLC	Lake Behavioral V Covington, LLC	Lake Behavioral V Covington Realty, LLC	Indiana Behavioral Innovations, LLC	Hendricks Realty, LLC	New Lenox Behavioral, LLC	Silver Oaks Behavioral, LLC	New Lenox Behavioral Realty	Silver Oaks Behavioral Realty	T Mapp Realty	Eliminations	Consolidated
Beginning Balance, January 1, 2021	$ 55,124,758	$ -	$ -	$ 411,444	$ (8,086,025)	$ 5,211,451	$ 58,844,903	$ 8,892,689	$ 58,637,244	$ (11,402,444)	$ 1,864,170	$ 14,528,932	$ (5,552,081)	$ 36,397,415	$ 14,109,558	$ (785,782)	$ 15,177,380	$ -	$ (539,056)	$ (539,056)	$ 13,523,319	$ 13,523,319	$ (1,038)	$ (211,119,701)	$ 56,537,824
Member Contributions (Redemptions)	-	-	50,003	-	-	-	-	-	-	-	-	-	-	-	-	-	8,800,000		-	-	-	-	-	(8,800,000)	50,003
Change in non controlling interest	-	47,895	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		417,661	-	157,737	-	-	-	623,293
Net Income (loss)	(4,670,758)	(8,436)	(10,542)	149,26	875,489	1,100,053	14,976,132	-	5,848,770	(2,903,511)	2,111,546	(3,491,058)	5,056,392	(2,060,416)	6,969,314	(3,747,675)	(2,870,635)	(73,980)	1,670,644	2,088,305	630,947	788,684	156,755	(26,644,941)	(4,297,468)
Balance, December 31, 2021	$ 50,254,001	$ 39,46	$ 39,46	$ 560,705	$ (7,184,536)	$ 6,311,504	$ 73,820,635	$ 8,892,689	$ 64,486,014	$ (14,305,955)	$ 5,021,716	$ 11,038,774	$ (495,679)	$ 34,336,999	$ 21,078,872	$ (4,533,457)	$ 20,106,465	$ (73,980)	$ 1,549,246	$ 1,549,246	$ 14,312,003	$ 14,312,003	$ 155,717	$ (246,564,247)	$ 52,913,632

See Independent Auditors' Report on Supplementary Information

Attachment 34

#23-008

US HealthVest, LLC

Consolidating Statement of Cash Flows

For the year ended December 31, 20[illegible]	US HealthVest LLC	Southeast Massachusetts Behavioral Health LLC	844 Health LLC	V Colorado LLC	Vest Monroe LLC	Vest Monroe Realty LLC	2014 Health LLC	2014 Health Realty LLC	RV Behavioral LLC	RV Behavioral Realty LLC	Vest Seattle, LLC	Vest Seattle Realty LLC	South Sound Vest Thurston, LLC	South Sound Vest Thurston Realty LLC	Lake Behavioral V Covington, LLC	Lake Behavioral V Covington Realty, LLC	Indiana Behavioral Innovations, LLC	Hendricks Realty, LLC	New Lenox Behavioral Innovations, LLC	Silver Oaks Behavioral, LLC	New Lenox Behavioral Realty	Silver Oaks Behavioral Realty	T Mars Realty	Eliminations	Consolidated
Cash Flows From Operating Activities																									
Net Income (Loss)	$ (4,870,758)	$ (10,542)	$ (10,542)	$ 149,261	$ 675,489	$ 1,[illegible]053	$ 14,928,132	$ -	$ 5,648,770	$ (2,903,511)	$ 3,117,548	$ (3,491,068)	$ 5,056,382	$ (2,080,416)	$ 6,986,314	$ (4,747,675)	$ (3,870,835)	$ (73,980)	$ 2,068,305	$ 2,088,305	$ 788,684	$ 788,684	$ 158,755	$ (27,217,631)	$ (4,297,468)
Adjustments to Reconcile Net Loss to Net Cash Provided by Operating Activities:																									
Depreciation	23,963				230,882	359,425	1 044 05[illegible]		2,019,874		279 972	1,607,096	315,433	679,878	209,874	1,883,245				229 [illegible]35		511,736			9,430,316
Non-controlling interest in net income		2,[illegible]08																	(417,561)		(157 737)			573,290	
Interest in connection with financing costs	808,793											1,394				18,631									830,018
Provision for doubtful accounts					572,853		1 009 423		1,870,456		456 152		124,748		434,977					979 420					5,447,029
Changes in Operating Assets and Liabilities:																									
Prepaid expenses	974,113				81,585		232,820		(17,801)		62,183		158,392		233,886		(185,860)	(7,031)		96 887			(237)		1,618,857
Other receivables and other assets	58,158				(3,657)		(125 672)		148,825		120 085)		(500)		(15,724)		(4,915)			(17 265)					19,165
Accounts receivable					(345,291)		(673,192)		(1,404,240)	(11,480)	(1,050,036)		(3 511,217)		(2 038,110)		(1,702,451)			(1,073,641)			50,001		(11,980,878)
Inventory	721				7,749		11 464		20,246		12 706		29,165		(28,294)		(32,706)			64 133					33,184
Payables and accrued expenses	(190,179)		10,522		(113,606)		(7 541 056)		(837,509)		533 936	(57,510)	361,649	(884,094)	(1,095,657)		946,672			(423 539)		9,472	6,738		(4,555,530)
Net Cash Flows Used in Operating Activities	(3,187,189)	(8,434)	(20)	149,261	1,309,781	1,469,478	9 891 858	-	7,746,511	(2,914,991)	3,391,384	(1,940,186)	2,544,053	(2,284,632)	4,874,856	(1,844,599)	(4,960,095)	(81,011)	1,870,844	1,841,845	630,947	1,309,954	213,318	(28,644,541)	(9,475,368)
Cash Flows From Investing Activities																									
Capital expenditures	(42,188)				(2 157,963)		507,122		(177,203)		(255 629)	230,831	(249,823)	874,422	(116,672)	116,755	(3,982,132)			(423,500)		1			(5,575,900)
Retainage																	(97,530)								(97,530)
Deferred gain on sale leaseback							(582,454)					(230,831)				(136,586)									(950,871)
Investment in non-consolidated entity	(4,641)																								(4,641)
Investment in subsidiaries	(33,002,120)	8,434		(149,261)															(1,870,644)		(630 947)			35,444,541	
Net Cash Flows Used in Investing Activities	(33,048,953)	8,434	-	(149,261)	(2,157,963)	-	(85 352)	-	(177,203)	-	(255 629)	-	(249,823)	874,422	(116,672)	116,831	(3 979,762)	-	(1,870,644)	(423 500)	(630 947)	1	-	35,444,541	(6,638,142)
Cash Flows From Financing Activities																									
Contributed capital	-		50,003		-	-	-	-	-	-	-	-	-	-	-	-	8 900,000	-	-	-	-	-	-	(8,900,000)	50,003
Repayment of notes payable	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from Capital Lease	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Repayment of capital lease	-				-	-	(959 357)	-	-	-	-	(1,009,928)	105 148	-	-	981,278	-	-	-	324 228	-	-	-	-	(2,521,187)
Due to / from subsidiaries	27,055,335				978,159	(1,499,700)	13 649 530)		(7,332 446)	2,914 991	(5,107 875)	2,960,114	(2 333 299)	1,389,013	(4 663,497)	2,845,706	451,532	81 011		(2,501 151)		(1,310,176)	61 816		
Financing costs incurred	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net Cash Flows Provided by Financing Activities	27,055,335	-	50,003	-	978,159	(1,499,700)	(14 608 887)	-	(7,332 446)	2,914 991	(5,107 875)	1,950,186	(2 229 151)	1,389,013	(4 663,497)	1,864 428	9 351,532	81 011	-	(2,501 151)	-	(1,310,176)	61 816	(8,900,000)	(2,471,184)
Net Increase (Decrease) in Cash	(9,180,807)	-	49,983	(0)	129,977	(222)	(1 093 181)	-	236,862	-	(1,972 123)	-	66,079	(1,197)	(406,113)	(2)	311,675	-	-	(1,068 478)	-	(221)	275,134	0	(11,584,634)
Cash at Beginning of Period	18,510,257	-	-	-	927,456	4,642	1 473,825	-	652,192	-	2,799,223	(1)	309,704	2,197	932,877	98,898	50,853	-	-	1,953,777	-	4,935	-	-	27,819,536
Cash at End of Period	$ 9,329,450	$ -	$ 49,983	$ (0)	$ 1,053,433	$ 4,420	$ 470,644	$ -	$ 1,091,054	$ -	$ 827,100	$ (1)	$ 375,783	$ 1,000	$ 526,764	$ 98,896	$ 362,528	$ -	$ -	$ (35,101)	$ -	$ 4,714	$ 275,134	$ 0	$ 16,434,901

See Independent Auditors' Report on Supplementary Information

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Attachment 34

#23-008

US HealthVest, LLC

Intercompany Balances

	DUE TO													
	US HealthVest	Vest Monroe	2014 Health	2014 Health Realty	RV Behavioral	Vest Seattle	Vest Seattle Realty	V Covington	V Covington Realty	Vest Thurston	Vest Thurston Realty	Indiana Behavioral	Silver Oaks	Silver Oaks Realty
US HealthVest		$ 16,663,030	$ 17,940,034		$ 13,560,387		$ 21,738,234	$ 1,577,240	$ 11,499,850	$ 957,454			$ 5,109,749	$ 5,498,667
Vest Monroe			$ 16,276,196		$ 13,551,456	$ 1,597,353				$ 17,050				
Vest Monroe Realty	$ 3,783,288	$ 4,195,235												
2014 Health				$ 7,152,319				$ 3,526,057				$ 104,529		
2014 Health Realty	$ 159,630													
RV Behavioral			$ 25,653,806							$ 83,407				
RV Behavioral Realty					$ 14,328,166									
Vest Seattle	$ 5,219,694		$ 186,867		$ 580,909			$ 14,484						
Vest Seattle Realty						$ 5,619,394								
V Covington					$ 27,820							$ 6,217	$ 1,156	
V Covington Realty								$ 13,400,199						
Vest Thurston			$ 176,567			$ 163,160		$ 8,981			$ 8,111,693	$ 1,838	$ 6,451	
Hendricks	$ 533,665				$ 4,522								$ 94,402	
Indiana Realty												$ 81,011		
Silver Oaks			$ 1,387,434		$ 708									$ 3,696,649
Silver Oaks Realty			$ 13,465,965											
T Mass Realty			$ 112,855											

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Attachment 34

#23-008

US HealthVest

December 6, 2022

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and
Services Review Board
525 West Jefferson Street - 2nd Floor
Springfield, IL 62761

Re: Availability of Funds
Section 1120.120

Dear Chairwoman Savage:

I hereby certify that US HealthVest plans to fund its share of the project with internally available cash and securities. The funds are reserved for this project; there are no other projects in the system that are competing for these funds.

Included in this section are the most recent certified Audited Financial Statements giving support to the statement about the availability of funds.

The letter on the following page from City Bank certifies that there is a sufficient balance in the system's bank to fund its share of the planned new hospital.

If you have any questions, please contact Martina Sze, Chief Development Officer, US HealthVest at 212-243-5565 or at msze@ushealthvest.com.

Sincerely,

James Cha
Chief Financial Officer
US HealthVest

NOTARY

Subscribed and sworn to before me this 6th day of December, 2022

Alexia P Liatsos
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01LI6435282
Qualified in New York County
Commission Expires 06-21-2026

32 East 57th Street
17th Floor
New York, New York 10022
T 212.243.5565 · F 212.243.1099
www.ushealthvest.com

City Bank

November 4, 2022

To whom it may concern:

Reference: US Healthvest LLC and related affiliates

This letter confirms that US Healthvest is a good standing customer of City Bank Texas.

US Healthvest, LLC has been a client of this bank for the past 8 years, relationship established August/2014. Over this period, US Healthvest, LLC has operated their business checking accounts and their loans satisfactorily. As of today, November 4, 2022, US Healthvest, LLC and its affiliates have an account balance of $28,623,168.17 .

During the period of our relationship credit has been approved and the repayment history satisfactory.

Feel free to call if you have any questions regarding this matter.

Sincerely,

Christopher J Worm
Senior Vice President
cworm@city.bank
915-833-0267
915-833-9571 Fax

Member FDIC Equal Housing Lender City Bank - El Paso 7901 N. Mesa St. El Paso, TX 79932 (915) 833-0267 main cworm@city.bank

#23-008

OSF HEALTHCARE SYSTEM

November 30, 2022

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Availability of Funds Section 1120.120

Dear Chair Savage:

I hereby certify that Pointcore, Inc. (a wholly-owned subsidiary of OSF Healthcare System) plans to fund a portion of the project with internally available cash and securities. OSF Healthcare System is the current owner of real property on which a joint venture entity of US Healthvest and Pointcore, Inc. intends to build and operate a 100 bed Acute Mental Illness Hospital. OSF Healthcare System intends to convey such real property to Pointcore, Inc., which will thereafter convey the property to the joint venture entity.

If you have any questions, please contact Mark Hohulin, Senior Vice President, Healthcare Analytics, at 309-308-9656 or at mark.e.hohulin@osfhealthcare.org.

Sincerely,

Michael Allen, Chief Financial Officer
OSF Healthcare System
124 S.W. Adams Street
Peoria, IL 61602

Notarization:

Subscribed and sworn to before me

this 30th day of November 2022

Tonda L. Stewart
Signature of Notary

Seal

TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

Attachment 34

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1120.130 FINANCIAL VIABILITY

The project is being funded entirely through internal resources. Borrowing is not a source of funds for the project. Included in this section are:

The most recent Fitch Ratings report for the OSF Healthcare System.

US HealthVest does not have a bond rating.

Because all of the project's capital expenditures are being funded internally, the applicants claim the financial waiver and is not required to submit financial viability ratios.

Attachment 35

FitchRatings

RATING ACTION COMMENTARY

Fitch Upgrades OSF HealthCare System (IL) to 'A+'; Outlook Stable

Mon 04 Apr, 2022 - 2:49 PM ET

Fitch Ratings - Chicago - 04 Apr 2022: Fitch Ratings has upgraded OSF HealthCare System's (OSF) Issuer Default Rating (IDR) to 'A+' from 'A'. Fitch has also upgraded the ratings applied to revenue bonds issued by the Illinois Finance Authority on behalf of OSF to 'A+' from 'A'.

The Rating Outlook is Stable.

SECURITY

OSF's revenue bonds are secured by a security interest in the unrestricted receivables of the obligated group (OG). The OG represents the vast majority of assets and operating revenues. Little Company of Mary (LCOM), which joined OSF in February 2020, is a member of the OG.

ANALYTICAL CONCLUSION

The upgrade of the rating to 'A+' reflects OSF's ability to manage through the coronavirus pandemic and challenges associated with the acquisition of LCOM and still generate profitable operating results in fiscal 2021 and the expectation that the system will sustain operating EBITDA margins generally in the 7% range in the long term and continue to build liquidity. The 'A+' also considers OSF's broad reach over multiple markets in Illinois, with a distinct market share lead in its core service area around Peoria, and improved balance sheet metrics. The Stable Outlook considers Fitch's expectation that while macro trends such as labor and inflationary pressures may compress operating margins in the near term, OSF should continue to generate operating EBITDA margins broadly consistent with at least a midrange operating risk assessment. Fitch expects capital-related ratios should improve over time, including in a stress scenario.

KEY RATING DRIVERS

Revenue Defensibility: 'bbb'

Broad Reach with Market Lead in Peoria

OSF has a broad reach through multiple markets in Illinois and the system is the distinct market leader in the Peoria area, including for many high-end services (e.g., OSF has the only children's hospital between Chicago and St. Louis). Nevertheless, many key OSF markets are competitive. In the Peoria area (Central Region), OSF's flagship Saint Francis Medical Center competes with UnityPoint Health (rated AA-; UnityPoint is in discussions to sell its Peoria assets to

AA- Carle Foundation). Excluding outmigration, OSF captures approximately 60% market share and UnityPoint less than 40%. The OSF Children's Hospital of Illinois is the only dedicated children's hospital in the Peoria area.

OSF competes with Carle in the Eastern Region of Bloomington/Pontiac and Campaign/Urbana, where Carle is the market leader in the Urbana area, while OSF is the leader in Bloomington/Pontiac. OSF is one of three healthcare providers in Rockford, IL (the core of the Northern Region), competing with University of Wisconsin Health's SwedishAmerican Health System and Mercy Health (rated A-), where the three systems capture roughly similar market share. The acquisition of LCOM in early calendar year 2020 introduced OSF to the competitive Chicago metro area market.

Demographic indicators vary by local market. Population trends in many of OSF's more populous service areas are stagnant to declining, although the service area economy is considered to be generally stable. OSF's payor mix is consistent with a midrange assessment, with combined Medicaid and self pay less than 25% of gross revenue (including 21.5% in fiscal 2021), even though OSF has a large children's hospital (children's hospitals tend to be heavily reliant on Medicaid).

Operating Risk: 'bbb'

Track Record of Profitability; Margins Rebounded in 2021

OSF has a track record of profitability and the operating EBITDA margin generally averaged around 8% prior to the pandemic. The coronavirus pandemic and the integration of LCOM in February 2020 affected OSF's margins as the system recorded an operating loss of -1.3% and modest operating EBITDA margin of 4.0% in fiscal 2020 (margins adjusted to move contributions from operating revenue to non-operating). Margins rebounded considerably in fiscal 2021 with a 2.9% operating margin and 7.4% operating EBITDA margin.

Fiscal 2021 results benefited from approximately $100 million of expense savings that were implemented in part in reaction to the pandemic, as well as volume rebounds in many key areas, such as inpatient admissions (up 10% over fiscal 2020), unique patients (up 11%), inpatient surgeries (up 5.6%), outpatient surgeries (up 16%), and outpatient visits (up 21%). While part of the volume rebound in fiscal 2021 is due to LCOM joining in mid-fiscal 2020 (fiscal 2021 being the first full year as part of the system), most of the volume gains are the result of same-store rebound. OSF recorded $53 million of CARES Act grants in fiscal 2021 (following $127 million in fiscal 2020). The Metro Region, anchored by the former LCOM, continues to be a drag on system results, as the affiliate recorded roughly $72 million in operating losses in fiscal 2021, and will continue to be a focus for operational improvement for management, including opening six urgent care centers in the market.

Fitch expects OSF's operating margins to be sustained in the long term to levels consistent with at least a midrange assessment (e.g., operating EBITDA margin in the 7% range). OSF is facing ongoing headwinds such as labor pressures and inflation as are all other health systems in the U.S., and the early part of fiscal 2022 was affected by the omicron variant coronavirus surge in late calendar year 2021 and early 2022. Consequently, operating margins may be somewhat compressed, as management's re-casted budget shows an operating margin of 1.9% and operating EBITDA margin of 6.1% in fiscal 2022. Nevertheless, long term, Fitch expects operating margins to be sustained with an operating EBITDA margin generally in the 7% range (and potentially higher long term, if material improvements in the Metro Region can be realized). Even with the aforementioned pressures, OSF recorded an operating EBITDA margin of 6.6% in 1Q fiscal 2022 (as of Dec. 31, 2021).

OSF's capital spending plans are manageable. Capex has been robust in recent years, as the capital spending ratio averaged approximately 1.7x between fiscals 2017 and 2021. OSF expects nearly $800 million of capital spending

between fiscals 2022 and 2024, and then capex should moderate thereafter. Capital spending is highlighted by the Comprehensive Cancer Center in Peoria, which includes a proton beam, as well as continued investments in OSF urgent care centers. The Cancer Center is supported by considerable philanthropy and a portion of the project is financed by bond proceeds from a prior issuance (management notes that the project is on time and on budget). Management does not have new money debt plans in the near term, although Fitch expects a system of OSF's scope and reach to access the capital markets opportunistically from time-to-time as strategic plans evolve.

Financial Profile: 'a'

Strong Capital-Related Ratios Expected to be Sustained

OSF's financial profile remains strong in the context of its midrange revenue defensibility and midrange operating risk profile assessments. Fitch expects capital-related ratios to be strong in the stress case of the forward looking scenario analysis.

Direct debt measured nearly $1.9 billion at FYE 2021, inclusive of operating leases, which are now captured on the balance sheet. OSF has a defined benefit (DB) Church pension plan. The DB plan was 68% funded compared to a projected benefit obligation (PBO) of nearly $1.4 billion at FYE 2021. Combined with direct debt, total adjusted debt measured just over $2.0 billion at FYE 2021 (Fitch counts the portion of a DB pension plan below 80% funded when calculating adjusted debt). Unrestricted cash and investments measured $2.7 billion (excluding Medicare advance payments and FICA payroll deferrals), translating to cash-to-adjusted debt of 134%. Net adjusted debt-to-adjusted EBITDA was favorably negative in fiscal 2021.

Given Fitch's expectation of operating margins, cash should continue to grow in a base case of the scenario analysis and cash-to-adjusted debt should strengthen. Even in a stress case, cash-to-adjusted debt should rebound and exceed 150% by year four and net adjusted debt-to-adjusted EBITDA should remain favorably negative.

Asymmetric Additional Risk Considerations

There are no asymmetric risk factors associated with OSF's rating.

Liquidity measured a strong nearly 290 days cash on hand at FYE 2021 (excluding Medicare advance payments and FICA payroll tax deferrals).

Approximately $525 million of OSF's debt is variable rate, including roughly $130 million of series 2018B&C variable-rate demand obligation (VRDO) bonds that are supported by letters of credit (LOC) that expire in October 2023. Maximum annual debt service (MADS) coverage measured 6x in fiscal 2021 and does not pose an asymmetric risk. OSF has four fixed-payor interest rate swaps. The total notional amount outstanding was approximately $210 million at FYE 2021, at which point the net termination value was nearly negative $45 million to OSF.

RATING SENSITIVITIES

Factors that could, individually or collectively, lead to positive rating action/upgrade:

--Sustained improvement in operating EBITDA margin closer to 9% (or better) that could warrant a stronger operating risk assessment;

--Continued improvement in liquidity, such that cash-to-adjusted debt exceeds 190% even in a stress case of Fitch's forward-looking scenario analysis.

Factors that could, individually or collectively, lead to negative rating action/downgrade:

--Sustained compression in operating metrics, particularly if the operating EBITDA margin were to be maintained below 6%;

--Compression in liquidity and capital-related ratios, particularly if cash to adjusted debt in the forward look were to be sustained closer to 120% (or lower).

BEST/WORST CASE RATING SCENARIO

International scale credit ratings of Sovereigns, Public Finance and Infrastructure issuers have a best-case rating upgrade scenario (defined as the 99th percentile of rating transitions, measured in a positive direction) of three notches over a three-year rating horizon; and a worst-case rating downgrade scenario (defined as the 99th percentile of rating transitions, measured in a negative direction) of three notches over three years. The complete span of best- and worst-case scenario credit ratings for all rating categories ranges from 'AAA' to 'D'. Best- and worst-case scenario credit ratings are based on historical performance. For more information about the methodology used to determine sector-specific best- and worst-case scenario credit ratings, visit https://www.fitchratings.com/site/re/10111579.

CREDIT PROFILE

OSF is a large integrated health system headquartered in Peoria, IL. The system operates 15 acute-care hospitals in five regions: the Central Region, centered on Peoria, IL; the Eastern Region, centered on Urbana, Danville, and Bloomington, IL; the Western Region, centered on Galesburg, IL (and inclusive of suburban St. Louis operations); the Northern Region, centered on Rockford, IL (and inclusive of a small hospital in the UP of Michigan); and the Metro Region in the southwestern Chicago suburbs. OSF's total audited operating revenue approached $3.7 billion in audited fiscal 2021 (Sept. 30 YE).

In addition to the sources of information identified in Fitch's applicable criteria specified below, this action was informed by information from Lumesis.

REFERENCES FOR SUBSTANTIALLY MATERIAL SOURCE CITED AS KEY DRIVER OF RATING

The principal sources of information used in the analysis are described in the Applicable Criteria.

ESG CONSIDERATIONS

Unless otherwise disclosed in this section, the highest level of ESG credit relevance is a score of '3'. This means ESG issues are credit-neutral or have only a minimal credit impact on the entity, either due to their nature or the way in which they are being managed by the entity. For more information on Fitch's ESG Relevance Scores, visit www.fitchratings.com/esg.

RATING ACTIONS

ENTITY / DEBT	RATING			PRIOR
OSF Healthcare System (IL)	LT IDR	A+ Rating Outlook Stable	Upgrade	A Rating Outlook Positive

OSF Healthcare System (IL) /Issuer Default Rating/1 LT	LT	A+ Rating Outlook Stable	Upgrade	A Rating Outlook Positive

VIEW ADDITIONAL RATING DETAILS

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PARTICIPATION STATUS

The rated entity (and/or its agents) or, in the case of structured finance, one or more of the transaction parties participated in the rating process except that the following issuer(s), if any, did not participate in the rating process, or provide additional information, beyond the issuer's available public disclosure.

APPLICABLE CRITERIA

U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria (pub. 18 Nov 2020) (including rating assumption sensitivity)

Public Sector, Revenue-Supported Entities Rating Criteria (pub. 01 Sep 2021) (including rating assumption sensitivity)

APPLICABLE MODELS

Numbers in parentheses accompanying applicable model(s) contain hyperlinks to criteria providing description of model(s).

Portfolio Analysis Model (PAM), v1.3.3 (1)

ADDITIONAL DISCLOSURES

Dodd-Frank Rating Information Disclosure Form

Solicitation Status

Endorsement Policy

ENDORSEMENT STATUS

Illinois Finance Authority (IL)	EU Endorsed, UK Endorsed

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US Public Finance Healthcare and Pharma North America United States

1120.140 – Economic Feasibility

A. Reasonableness of Financing Arrangements

As confirmed in the letters in section 1120.120, both US HealthVest and OSF Healthcare System are funding their respective 80% and 20% commitments to the project with internal resources of cash and securities.

B. Conditions of Debt Financing

There is no borrowing related to the project capital costs.

C. Reasonableness of Project and Related Costs

See following table of capital construction costs for the clinical and non-clinical components of the project. Also included in this section is a copy of the table Project Costs and Sources of Funds, and accompanying narrative explanation of the line items of cost.

D. Projected Operating Cost

Table follows in this section.

E. Total Effect of the Project on Capital Costs

Table follows in this section.

Attachment 37

C. Reasonableness of Project and Related Costs

COST AND SQUARE FOOT BY DEPARTMENT

Department	A	B	C	D	E	F	G	H		As Is
	Cost / Sq Ft		DGSF		DGSF		Const $	Mod $	Total Cost	Sq Ft
	New	Mod	New	Circ %	Mod	Circ %	(A x C)	(B x E)	(G + H)	
CLINICAL										
AMI beds	$410		41,166				$ 16,878,060		$ 16,878,060	
Intake	$410		1,441				$ 590,810		$ 590,810	
Physical Therapy	$410		630				$ 258,300		$ 258,300	
Outpatient Program	$410		1,778				$ 728,980		$ 729,980	
Pharmacy	$410		435				$ 178,350		$ 178,350	
Medical Records	$410		460				$ 188,600		$ 188,600	
Dining	$410		2,477				$ 1,015,570		$ 1,015,570	
Clinical subtotal	$410		48,387				$ 19,838,670		$ 19,839,670	
NON-CLINICAL										
Lobby, waiting, weception	$400		905				$ 362,000		$ 362,000	
Public toilets	$400		112				$ 44,800		$ 44,800	
Administration, conf room	$400		6,582				$ 2,632,800		$ 2,632,800	
Lockers and lounge	$400		298				$ 119,200		$ 119,200	
Storage	$400		1,227				$ 490,800		$ 490,800	
Kitchen	$400		2,417				$ 966,800		$ 966,800	
Mech, bldg syst, housekeeping	$400		1,251				$ 500,400		$ 500,400	
Circulation	$400		2,878				$ 1,151,200		$ 1,151,200	
Subtotal Non-clinical	$400		15,670				$ 6,268,000		$ 6,268,000	
TOTAL CONSTRUCTION	$407.55		64,057				$ 26,106,670		$ 26,106,670	

Attachment 37

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	$297,580	$71,020	$368,600
Site Survey and Soil Investigation	$22,661	$7,339	$30,000
Site Preparation	$377,687	$122,313	$500,000
Off Site Work	$679,837	$220,163	$900,000
New Construction Contracts	$19,838,670	$6,268,000	$26,106,670
Modernization Contracts			
Contingencies	$1,983,867	$626,800	$2,610,667
Architectural/Engineering Fees	$1,388,707	$438,760	$1,827,467
Consulting and Other Fees	$264,381	$85,619	$350,000
Movable or Other Equipment (not in construction contracts)	$642,068	$207,932	$850,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
- IT	$225,000	$525,000	$750,000
- artwork	$12,500	12,500	$25,000
- signage	$11,331	$3,669	$15,000
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$25,744,288**	**$8,589,116**	**$34,333,404**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$25,744,288	$8,589,116	$34,333,404
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$25,744,288**	**$8,589,116**	**$34,333,404**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Project Costs and Sources of Funds

Narrative Descriptions of Line Items

Item 1. Preplanning Costs - $368,600

Market analyses, feasibility studies and background work, real estate analysis and site selection; Phase 1 cultural and environmental assessments; initial traffic and parking studies; legal and zoning investigation.

Preplanning costs assigned to clinical uses total $297,580. This amount is 1.3% of $22,464,605, the total of $19,838,670 for clinical construction plus $1,983,867 clinical contingency plus $642,068 clinical equipment. As a result, it meets the State standard, under 1.8%.

Item 2. Site survey and soil investigation - $30,000

Soil testing and geotechnical work; property survey.

Item 3. Site Preparation - $500,000

Site work includes earthwork and grade leveling, utility infrastructure installation, irrigation and drainage systems, retention pond configuration, asphalt paving, and landscaping; access road construction.

Item 4. Off-site work - $900,000

This budget includes the project's contribution to public improvements including new roadways on the parcel of which Lot 2 (the project site) is part, including turn lanes, signage and signalization.

The total site related work items 2, 3 and 4 is $1,430,000, of which $1,080,185 is assigned to clinical. $1,080,185 is 4.9% of the total $21,822,537, the sum of clinical construction ($19,838,670) plus clinical contingency ($1,983,867). It meets the State standard, under 5.0%.

Item 5. New Construction Contracts - $26,106,670

Construction of a two story building of approximately 64,000 sq ft is $26,106,670. Cost includes foundation and slab, core and shell, TPO roofing, doors and windows, thermal and moisture protection, fixed equipment (other than medical equipment referenced below), interior buildout and finishings, and contractor's overhead. Electrical, plumbing and heating and air conditioning systems are included.

Of the total construction cost, $19,838,670 is allocated to clinical uses.

Item 7. Contingencies - $2,610,667

Contingencies are allowances for unforeseen circumstances, such as delays in shipping and receipt of materials and supplies that affect the construction schedule, escalation above anticipated pricing of materials and labor, or site conditions resulting in plan modification.

The total construction contingency is 10% of the total construction cost. The clinical construction contingency of $1,983,867 is 10% of clinical construction costs.

Item 8. Architectural and Engineering Fees - $1,827,467

A/E fees include the functional program and space plan, preliminary design, schematic design, design development, construction document services, bidding and negotiation, and construction administration services. Site related architectural services are also included in this amount. The costs of A/E services are $1,827,467, of which $1,388,707 is allocated to clinical uses.

For clinical construction, A/E services of $1,388,707 amounts to 6.4% of the total $21,822,537 for clinical construction plus clinical contingency. This amount is consistent with the State standard's range of 5.52 to 8.28% for hospital facility projects with construction and contingency totaling under $25,000,000.

Item 9. Consulting and Other Fees - $350,000

This work includes legal fees related to the joint venture, utilities during construction, and builder's risk insurance policy premiums. It also includes regulatory and permit fees, including Certificate of Need consulting and IDPH fees, as well as commissioning fees.

Item 10. Moveable Equipment not in construction contracts - $850,000

The total amount for equipment and furnishings is $850,000, of which $642,068 is associated with clinical services.

Clinical area furnishings include patient room beds and wardrobes, seclusion room beds, tables, chairs and sofas, loveseats and side tables for therapy spaces, consult rooms and day rooms. Equipment for patient areas include TV sets with protective enclosures, and washers and dryers for patient clothing.

Furnishings include tables and chairs for waiting areas, conference rooms, and administrative and staff areas, desks and work stations.

Item 14. Other Costs to be Capitalized - $790,000

Information technology includes computers, switches, cabling	$750,000
Artwork for lobby and public areas, waiting, exam rooms	$25,000
Directional signage and signs for functional areas	$15,000

D. Project Operating Costs

Estimated Project Start Up Operating Cost
(first full year 2026) $6,000,000

Project Direct Operating Expenses – 2 years after project completion (Year 2027)

	Project FY 2027
Total Operating Costs	$23,249,769
Equivalent Patient Days	30,732
Direct Cost per Equivalent Patient Day	$757

E. Total Effect of the Project on Capital Costs

Projected Capital Costs – 2 years after project completion (Year 2027)

	Project FY 2027
Equivalent Patient Days	30,732
Total Project Capital Cost	$34,333,404
Useful Life	39
Total Annual Depreciation	$880,344
Depreciation Cost per Equivalent Patient Day	$28.65

SECTION X. Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community, including the impact on racial and health care disparities in the community, to the extent that it is feasible for an applicant to have such knowledge.

Health safety net services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Services, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No 03-P011, August, 2003.)

The project is the establishment of a 100-bed behavioral hospital providing Acute Mental Illness inpatient care and outpatient services Under a joint venture agreement, US HealthVest and Pointcore, Inc, a wholly-owned subsidiary of OSF Healthcare System, will own and operate the behavioral health programs.

OSF Healthcare System provides several services in HSA 2 that are considered safety net services. These include emergency medical care, outpatient behavioral health, outpatient clinic services, pharmaceuticals and other medical services. These services do not cover their costs, and are subsidized by revenues generated from inpatient care, including medical/surgical, comprehensive physical rehabilitation and obstetrics, as well as diagnostic services. The joint venture being established by US HealthVest and Pointcore, Inc will enhance the ability to subsidize and strengthen safety net services.

The following table shows that 14 census tracts in Peoria and West Peoria rank among the highest in the United States on a social vulnerability scale from 0 (least vulnerability) to 1 (highest vulnerability). The Index is a tool developed and used by the Centers for Disease Control and Prevention, and incorporates factors such as high poverty, unemployment, minority status, crowded households, low percentage of vehicle ownership, and disability in measuring social vulnerability. A significant number of the more than 600 persons who came to the emergency department last year at OSF Saint Francis Medical Center with behavioral health needs reside in these census tracts.

CDC's Social Vulnerability Index (SVI) for
14 census tracts in Peoria and West Peoria

Census Tract	SVI index		Census Tract	SVI Index
1	0.9516		13	0.9913
2	0.8173		15	0.8386
3	0.8476		16	0.9424
5	0.9743		21	0.9028
6	0.7955		25	0.8067
9	0.9873		41.02	0.9529
12	0.9596		50	0.9105

These 14 census tracts are home to about 26,000 persons. Residents in these neighborhoods struggle to meet challenges associated with poverty and access to health care. They have special behavioral health needs and will be the focus of coordinated efforts by the proposed new behavioral hospital with

agencies providing social services in these neighborhoods. Moreover, Peoria County as a whole achieved an SVI score of 0.6131, indicating an overall moderate to high level of vulnerability in the larger geographic area.

Importantly, Meadowview Behavioral Hospital will play a significant role in addressing racial and health care disparities in these and other underserved communities. Both organizations have made significant commitments to care for the indigent.

US HealthVest

US HealthVest ranks high among healthcare systems in its mission of caring for all patients. US HealthVest's system of Chicago hospitals treats thousands of Medicaid patients each year. Nearly 60% of the payor mix at Chicago Behavioral Hospital is Medicaid.

Eliminating health disparities is fundamental to the well-being, productivity and viability of the entire nation. However, this is impossible to achieve unless every entity does its part. US HealthVest does its part in many ways. Its behavioral hospitals have no boundaries for who can access services. As a community service to help individuals of all ages and ethnic backgrounds the hospitals provide a completely free assessment to anyone needing help. If US HealthVest cannot provide the help needed or an appropriate level of care, it takes the next steps to help individuals find community services that meet their clinical needs, financial capabilities, and diverse cultural needs.

US HealthVest's facilities provide individualized treatment programs that take into consideration the diverse backgrounds of individuals. As shown in the following table, USHV staff, themselves, and USHV providers are very diverse in racial and ethnic foundations. When and if there is a case beyond HSHV capabilities, such as a language barrier, language lines and interpreters are utilized.

Beyond typical psychiatric and chemical dependency care, US HealthVest has embraced specialized programs that address the diverse needs of specialized populations. For example, Specialized Woman's Program, Specialized Men's Program, Detox, Dual Diagnosis, Faith Based Care and Military Care. All these programs attract diverse populations and are intended to provide the much-needed care.

US HealthVest recognizes that practical issues such as the lack of financial resources for transportation are critical impediments to access to healthcare. Transportation should not be a factor that deters someone from receiving needed psychiatric treatment. US HealthVest effectively removes this disparity in access to care. To address this disparity, USHV hospitals contract with certified healthcare transportation companies to provide free transportation for patients to and from treatment in USHV facilities. At the inpatient level of care, patients are typically brought by ambulance but may not have the means to return home at discharge. US HealthVest hospitals provide this transportation to return home, whether close by or hundreds of miles away. There is assistance for families and individuals who may not have the means to travel to the hospital to participate in the patients care (e.g. family session). For routine outpatient care, USHV provides transportation to patients enrolled in outpatient programs, within a radius. If a patient is participating in the Intensive Outpatient or Partial Hospital Programs that require daily, Monday through Friday, attendance, USHV will also transport them to and from care every day.

Attachment 38

US HealthVest hospitals all form relationships with municipal, county and state organizations that serve diverse populations with the highest health disparities, developing collaborative treatment relationships for the clients of these agencies.

OSF Healthcare System

Over 20% of inpatients at OSF Saint Francis Medical Center, for example, are Medicaid; charity care as a percent of net revenue in 2020 was 1.7%, exceeding the Statewide average for hospitals of 1.4%. OSF upholds the principle that all people have a right to needed health care, and the hospitals are open to persons of every faith and ethnic background, regardless of ability to pay. There are a range of financial assistance programs based on patients' needs.

OSF Saint Francis Medical Center has an established Community Council, its community advisory board. In collaboration with the Board, OSF Saint Francis Medical Center partners with local churches and social service agencies through the Faith Community Nurse team to reach patients where they live. This led to the development of the OSF Street Medicine program, which is directly addressing disparities in health care. OSF has organized to address disparities, raising the priority of services to the indigent within the organization. Through the work of the Medical Director of Community Care at OSF Saint Francis Medical Center, there are three areas of special priority need: addiction, mental health and wound care. The Faith Community Nurse team handles a lot of referrals to medical providers, mental health providers, services for food and housing, and services for harm reduction.

OSF has spearheaded initiatives to bring access to care, food and other necessities into local neighborhoods of special need. The work includes community gardens, helping to address food deserts and other causes of poor health. In Peoria, the harvests from two Gardens of Hope amounted to more than 12,000 pounds of fresh fruit and vegetables given to families and individuals living in poor neighborhoods, to local food banks, and to community agencies.

Some of this work is highlighted in the attached community benefits report issued September, 2021 by OSF Saint Francis Medical Center. Highlights of the Community Benefits report are:

- OSF Saint Francis Medical Center provided a total of $195.8 million in uncompensated community benefit, including unreimbursed $54.7 million in Medicare and $30.8 million in Medicaid.
- Other OSF Saint Francis Medical Center unreimbursed health care services of $21.8 million.
- $13.6 million given as financial assistance in 2021.
- OSF Saint Francis Medical Center donated $2.6 million to local agencies in 2021.

The entire OSF system of 15 hospitals, the multi-specialty group practice, and the homecare service provided more that $600 million in community benefit services in 2021.

Meadowview Behavioral Hospital

As referenced in previous sections, thousands of patients in the service area are forced to travel long distances to access behavioral health services due to bed capacity. This new hospital will provide patients with safe and high-quality behavioral health services closer to home. The lack of access to care leaves patients with two choices: 1) travel far from home, or 2) forego care, which is inhumane and undignified. Forcing patients to travel long distances adds stress, complication and cost to patients seeking mental health services and can exacerbate and worsen. Peoria Behavioral Hospital will provide

access to care to all patients regardless of ability to pay and regardless of race, economic or social status.

The U.S. population gets more diverse each year. By 2044, it is projected that more than half of all Americans will belong to an ethnic group other than non-Hispanic White.

Commitment to addressing diversity, equity and inclusion is broad within both US HealthVest and OSF system organizations – in hiring practices and human resources programs (for training, advancement and development of leadership skills), governance, and community involvement. These practices and programs apply especially to treating a diversity of patients, and being especially attentive to addressing populations with health care and social disparities.

Meadowview Behavioral Hospital will positively impact essential safety net services in the community by working with healthcare providers, clinicians and social service agencies who struggle with meeting the growing needs for behavioral health care. Meadowview Behavioral Hospital will operate 24 hours per day / 7 days a week to respond to crisis situations. It will also provide free initial assessments to best determine treatment required. It is committed to collaborating with every area agency's safety net service protocols. The hospital will serve all patients, without regard for ability to pay. The proposed hospital seeks to maximize the efforts of the entire behavioral health provider system by collaborating to achieve the best outcomes for residents of the Planning Area and beyond.

The payor mix of the AMI service is projected to be as follows:

Medicare:	28%
Medicaid:	55%
Commercial:	15%
Self Pay / Other:	2%
TOTAL	100%

In addition, the new hospital will provide a similar amount of charity care as US HealthVest and the OSF Healthcare System currently provide in their facilities throughout Illinois.

2. The project's impact on the ability of another provider or healthcare system to cross-subsidize safety net services, if reasonable known to the applicant.

The project will complement the three AMI programs in place in HSA 2. These are at UnityPoint Health - Methodist Hospital in Peoria, and UnityPoint Health - Proctor Hospital, and OSF Saint Elizabeth Medical Center in Ottawa. The proposed service is designed to respond to meet the needs of area residents who leave HSA 2 for care, residents who are referred out of the area for care but are unwilling or unable to travel or have their families travel to facilities located in the Chicago area or other distant locations, and for patients who need specialized psychiatric care that will be available because of the critical mass at the proposed 100 bed AMI hospital. In the past three years, out of a total of 1,401 adult referrals requested from OSF Saint Francis Medical Center, a total of only 11 patients were admitted to

UnityPoint Health – Methodist Hospital and 18 to UnityPoint Health - Proctor Hospital for AMI care. As a result, the impact of a new program would affect only a small number of admissions at those facilities. The project will have no impact on another hospital's ability to provide safety net services in this area.

Meadowview Behavioral Hospital will provide services that support the work of healthcare providers and clinicians in the communities in the Planning Area. Through the process of free initial assessments, the hospital will match a person's specific mental health needs with community services. Traditional outpatient settings do not provide free assessments and do not provide specialized services for specific populations. Using the US HealthVest model in place in other major metropolitan areas, will offer specialized services for women, veterans, a faith-based program, and a private crisis stabilization unit. The hospital will not duplicate traditional outpatient services. Rather, Meadowview Behavioral Hospital will integrate into the existing network of providers and supplement the inpatient services now in place in the area.

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.

Discontinuation of a clinical service is not a component of the proposed project.

4. Additional information on Safety Net Services.

A. For the three fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by the 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 the appropriate methodology specified by the Board.

B. For the three 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.

See the following tables for US HealthVest and OSF Healthcare System.

US HealthVest Hospitals in Illinois

Silver Oaks Behavioral Hospital

1. The following chart sets forth the amount of charity care provided by Silver Oaks Behavioral Hospital in the last three years (as reported on its Annual Hospital Questionnaires).

	2019	2020	2021
Number of Inpatient Charity Care Patients	251	54	72
Number of Outpatient Charity Care Patients	0	0	1
Total Number of Charity Care Patients	251	54	73
Inpatient Charity Care Charges	498,464	184,471	640,880
Outpatient Charity Care Charges	0	2,339	786
Total Charity Care Charges	498,464	186,810	641,666
Inpatient Cost of Charity Care	498,464	184,471	640,880
Outpatient Cost of Charity Care	0	2,339	786
Total Cost of Charity Care	498,464	186,810	641,666

2. The following chart sets forth the amount of care provided to Medicaid patients by Silver Oaks Behavioral Hospital in the last three years (as reported on its Annual Hospital Questionnaires).

	2019	2020	2021
Number of Inpatient Medicaid Patients	2,052	408	549
Number of Outpatient Medicaid Patients	1,654	281	422
Total Number of Medicaid Patients	3,706	689	971
Net Inpatient Medicaid Revenues	1,529,635	9,644,453	2,084,439
Net Outpatient Medicaid Revenues	302,728	448,130	794,822
Total Net Medicaid Revenues	1,832,363	10,092,583	2,879,261

Chicago Behavioral Hospital

3. The following chart sets forth the amount of charity care provided by Chicago Behavioral Hospital in the last three years (as reported on its Annual Hospital Questionnaires).

	2019	2020	2021
Number of Inpatient Charity Care Patients	13	15	246
Number of Outpatient	0	2	2

Charity Care Patients			
Total Number of Charity Care Patients	13	17	248
Inpatient Charity Care Charges	37,202	49,812	782,314
Outpatient Charity Care Charges	0	1,872	854
Total Charity Care Charges	37,202	50,784	783,168
Inpatient Cost of Charity Care	37,202	49,812	782,314
Outpatient Cost of Charity Care	0	1,872	854
Total Cost of Charity Care	37,202	50,784	783,168

4. The following chart sets forth the amount of care provided to Medicaid patients by Chicago Behavioral Hospital in the last three years (as reported on its Annual Hospital Questionnaires).

	2019	2020	2021
Number of Inpatient Medicaid Patients	112	3,800	3,906
Number of Outpatient Medicaid Patients	398	2,783	3,106
Total Number of Medicaid Patients	510	6,583	7,012

Net Inpatient Medicaid Revenues	1,158,848	12,589,560	25,001,799
Net Outpatient Medicaid Revenues	43,507	458,970	703,560
Total Net Medicaid Revenues	1,202,355	13,048,530	25,705,359

Lake Behavioral Hospital

5. The following chart sets forth the amount of charity care provided by Lake Behavioral Hospital in the last three years (as reported on its Annual Hospital Questionnaires).

	2019	2020	2021
Number of Inpatient Charity Care Patients	0	33	121
Number of Outpatient Charity Care Patients	0	0	3
Total Number of Charity Care Patients	0	33	124
Inpatient Charity Care Charges	271,410	198,030	108,152
Outpatient Charity Care Charges	0	3,373	11,934
Total Charity Care Charges	271,410	201,403	120,086

Inpatient Cost of Charity Care	271,410	198,030	108,152
Outpatient Cost of Charity Care	0	3,373	11,934
Total Cost of Charity Care	271,410	201,403	120,086

6. The following chart sets forth the amount of care provided to Medicaid patients by Lake Behavioral Hospital in the last three years (as reported on its Annual Hospital Questionnaires).

	2019	2020	2021
Number of Inpatient Medicaid Patients	789	1,226	1,895
Number of Outpatient Medicaid Patients	0	1,720	2,157
Total Number of Medicaid Patients	789	2,946	4,052
Net Inpatient Medicaid Revenues	2,639,158	4,529,933	12,016,444
Net Outpatient Medicaid Revenues	286,362	290,319	470,574
Total Net Medicaid Revenues	2,925,520	4,820,252	12,487,018

Safety Net Information per PA 96-0031 For OSF Healthcare System			
CHARITY CARE			
Charity (# of patients)	**2019**	**2020**	**2021**
Inpatient	1,031	1,231	945
Outpatient	20,261	22,945	28,323
Total	**21,292**	**24,176**	**29,268**
Charity (cost in dollars)			
Inpatient	$17,583,796	$18,862,733	$17,740,857
Outpatient	$19,122,296	$22,422,102	$22,532,449
Total	**$36,706,092**	**$41,284,835**	**$40,273,306**
MEDICAID			
Medicaid (# of patients)	**2019**	**2020**	**2021**
Inpatient	14,371	14,074	15,608
Outpatient	374,009	307,481	427,556
Total	**388,380**	**321,555**	**443,164**
Medicaid (revenue)			
Inpatient	$222,287,288	$253,442,281	$274,688,101
Outpatient	$172,028,785	$131,986,088	$201,739,577
Total	**$394,316,073**	**$385,428,369**	**$476,427,678**

Attachment 38

SECTION XI CHARITY CARE

Charity Care information is provided for US HealthVest and OSF Healthcare System as follows:

Attachment 39

CHARITY CARE – US HealthVest Hospitals in Illinois

CHARITY CARE – Chicago Behavioral Hospital			
	2019	**2020**	**2021**
Net Patient Revenue	36,193,744	34,245,557	42,992,243
Amount of Charity Care (charges)	37,202	50,784	783,168
Cost of Charity Care	37,202	50,784	783,168

CHARITY CARE – Lake Behavioral Hospital			
	2019	**2020**	**2021**
Net Patient Revenue	11,188,817	20,806,705	25,060,608
Amount of Charity Care (charges)	271,410	201,403	120,086
Cost of Charity Care	271,410	201,403	120,086

CHARITY CARE – Silver Oaks Behavioral Hospital			
	2019	**2020**	**2021**
Net Patient Revenue	8,112,734	12,750,198	27,443,576
Amount of Charity Care (charges)	468,464	186,810	641,666
Cost of Charity Care	498,464	186,810	641,666

Attachment 39

CHARITY CARE – OSF Healthcare System			
	2019	**2020**	**2021**
Net Patient Revenue	$2,410,772,560	$2,383,901,200	$2,978,991,756
Amount of Charity Care (charges)	$180,316,461	$201,864,109	$195,002,654
Cost of Charity Care	$36,706,092	$41,284,835	$40,569,889

CHARITY CARE – OSF Saint Francis Medical Center			
	2019	**2020**	**2021**
Net Patient Revenue	$1,165,697,011	$1,105,603,908	$1,263,651,673
Amount of Charity Care (charges)	$80,086,733	$92,237,752	$77,331,719
Cost of Charity Care	$15,536,208	$17,755,767	$15,266,387

Attachment 39

SECTION XI – SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

#23-008

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT- 06/2022 - Edition

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: OSF SAINT FRANCIS MEDICAL CENTER (Name) 530 NE GLEN OAK AVENUE (Address)
   PEORIA (City) IL (State) 61637 (ZIP Code) 309-655-2000 (Telephone Number)
2. Project Location: 9000 WOOD SAGE RD. (APPROX) (Address) PEORIA (City) IL (State)
   PEORIA (County) (Township) (Section)
3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go to NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the icon in the top corner of the page. Select the pin tool icon and place a pin on your site. Print a FIRMETTE size image.

   If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No X?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number: 17053C0125B Effective Date: 06/01/1983

Name of Official: Julie Schmidt Title: In House Consultant

Business/Agency: City of Peoria Address: 3505 N Dries Ln.

Peoria (City) IL (State) 61602 (ZIP Code) 314-494-8800 (Telephone Number)

Signature: Julie Schmidt Date: 11/3/22

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

Flood Plain