

APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

FEB 11 2025

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Harrisburg Medical Center
Street Address:	100 Dr. Warren Tuttle Drive
City and Zip Code:	Harrisburg 62946-2718
County:	Saline
Health Service Area:	5
Health Planning Area:	F-05

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

Exact Legal Name:	Harrisburg Medical Center
Street Address:	100 Dr. Warren Tuttle Drive
City and Zip Code:	Harrisburg 62946
Name of Registered Agent:	Mr. John R. Daly
Registered Agent Street Address:	1239 E. Main Street, P.O. Box 3988
Registered Agent City and Zip Code:	Carbondale 62902-3988
Name of Chief Executive Officer:	Mr. Rodney Smith, FACHE, Vice President and Administrator
CEO Street Address:	100 Dr. Warren Tuttle Drive
CEO City and Zip Code:	Harrisburg, IL 62946-2718
CEO Telephone Number:	618-457-5200 X35188

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:	Ms. Cathy Blythe
Title:	System Director, Strategic Services
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street, P.O. Box 3988, Carbondale, IL 62902-3988
Telephone Number:	618-457-5200 X67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

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

Name:	Andrea R. Rozran
Title:	President
Company Name:	Diversified Health Resources, Inc.
Address:	1209 N. Astor Street #2N, Chicago, IL 60610-2655
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	

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City and Zip Code:	Harrisburg 62946-2718
County:	Saline
Health Service Area:	5
Health Planning Area:	F-05

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

Exact Legal Name:	Southern Illinois Hospital Services
Street Address:	1239 E. Main Street, P.O. Box 3988
City and Zip Code:	Carbondale, 62902-3988
Name of Registered Agent:	Mr. John R. Daly
Registered Agent Street Address:	1239 E. Main Street, P.O. Box 3988
Registered Agent City and Zip Code:	Carbondale 62902-3988
Name of Chief Executive Officer:	Mr. John Antes
CEO Street Address:	1239 E. Main Street, P.O. Box 3988
CEO City and Zip Code:	Carbondale 62902-3988
CEO Telephone Number:	618-457-5200 X67100

Type of Ownership of Applicants

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Street Address:	100 Dr. Warren Tuttle Drive
City and Zip Code:	Harrisburg 62946-2718
County:	Saline
Health Service Area:	5
Health Planning Area:	F-05

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

Exact Legal Name:	Southern Illinois Healthcare Enterprises, Inc.
Street Address:	1239 E. Main Street, P.O. Box 3988
City and Zip Code:	Carbondale 62902-3988
Name of Registered Agent:	Mr. John R. Daly
Registered Agent Street Address:	1239 E. Main Street, P.O. Box 3988
Registered Agent City and Zip Code:	Carbondale 62902-3988
Name of Chief Executive Officer:	Mr. John Antes
CEO Street Address:	1239 E. Main Street, P.O. Box 3988
CEO City and Zip Code:	Carbondale 62902-3988
CEO Telephone Number:	618-457-5200 X67100

Type of Ownership of Applicants

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

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Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	

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:	Ms. Cathy Blythe
Title:	System Director, Strategic Services
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street, P.O. Box 3988, Carbondale, IL 62902-3988
Telephone Number:	618-457-5200 X67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Harrisburg Medical Center, Inc.
Address of Site Owner:	100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946-2718
Street Address or Legal Description of the Site:	100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946-2718
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Harrisburg Medical Center, Inc.		
Address:	100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946-2718		
☒	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.

This project proposes to expand and modernize Harrisburg Medical Center's Acute Mental Illness (AMI) category of service by (1) constructing an addition to the hospital to create an additional AMI nursing unit that will be dedicated to Medical/Psychiatric patients and (2) modernizing the existing AMI nursing units.

This addition will increase HMC's authorized AMI beds and enable HMC to provide more private rooms for the AMI Service, since all of the existing rooms in this category of service are currently double occupancy rooms except for the one private room that cannot be used for inpatient care since it is designated as the AMI Seclusion Room, which is also known as a "safety room" or "de-escalation room."

This project will result in a net increase of 8 authorized beds because it will increase the authorized beds in the AMI Category of Service by 11 beds and reduce the authorized beds in the Medical/Surgical Category of Service by 3 beds.

This project will meet existing bed need for the AMI Service in Planning Area (P.A.) 05, a planning area that is composed of all of HSA 05, the 30 counties comprising the entire southern third of the State of Illinois. The only other hospital providing inpatient AMI services in the planning area is SSM Health St. Mary's Hospital in Centralia, which is located 90 miles from HMC.

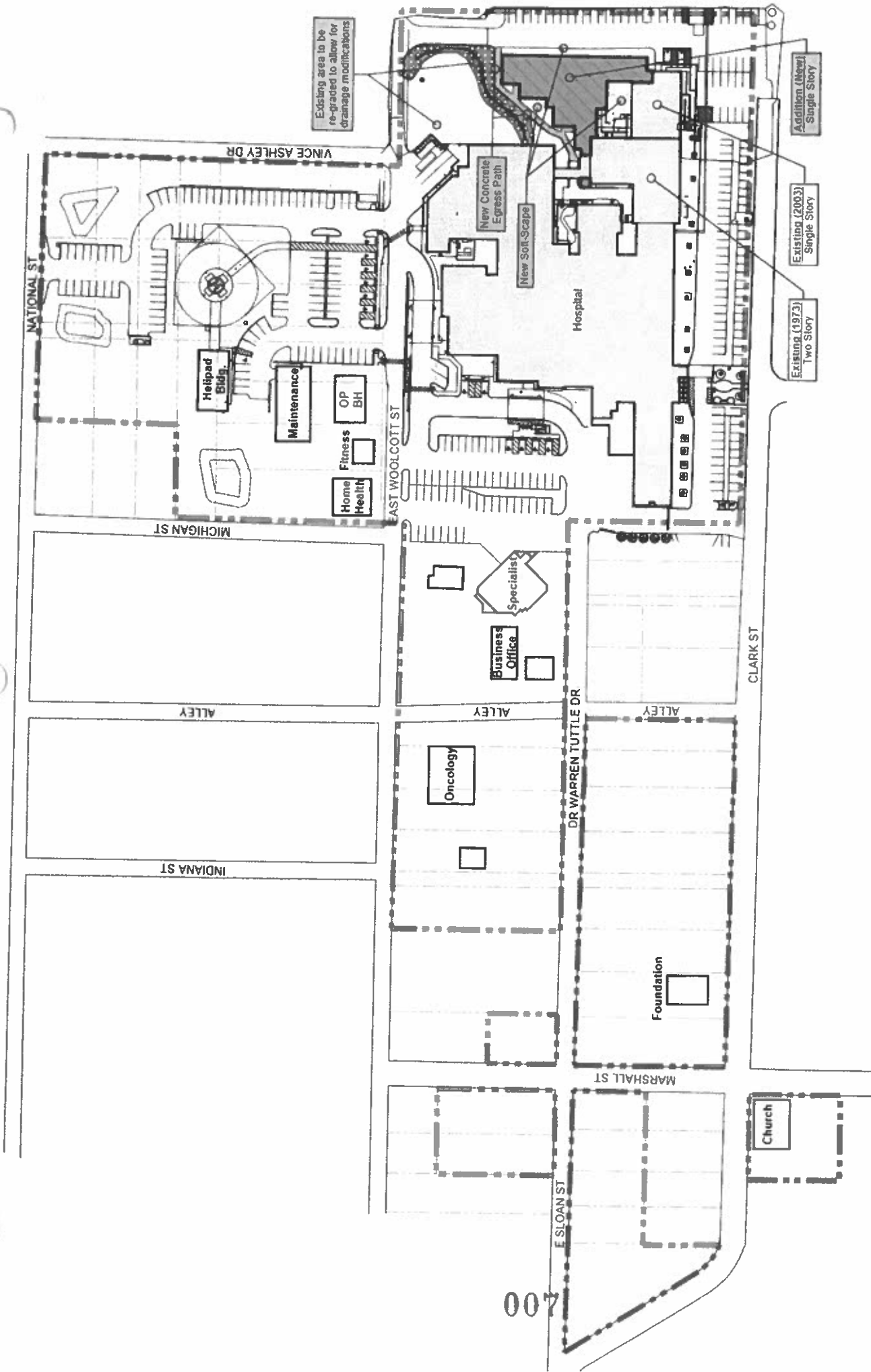
The need for inpatient AMI care is great in the area, and an average of approximately 700 transfers for inpatient behavioral health care must be denied by HMC annually due to issues such as the lack of available beds or medical capacity.

This project is supported by a consortium consisting of the following organizations: Southern Illinois Hospital Services, the sole corporate member of Harrisburg Medical Center and 3 other hospitals in Southern Illinois as well as over 40 medical facilities and over 600 medical staff physicians; Egyptian Health Department; the Board of Trustees of Southern Illinois University, by and on behalf of its School of Medicine; and Southeastern Illinois Regional Planning and Development Commission. The Southern Illinois Rural Health Consortium is described in Appendix 1 of this application.

Major funding for the project has been secured by grants of (1) \$8,709,909 from the United States Department of Agriculture (USDA) Emergency Rural Health Care (ERHC) Program and (2) \$9,927,308 from the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Capital Development Board (CDB) for a Healthcare Transformation Capital Investment Grant (CSFA #511-00-3381), with the balance provided by pledges of gifts and bequests.

This project is Non-Substantive because it will result in a net increase of 8 authorized beds.

A site plan and floor plans for the project are found on the following pages.



Site Plan (Overall) - Proposed

09/30/2024

Not to Scale



SIH HMC Behavioral Health Addition & Renovation

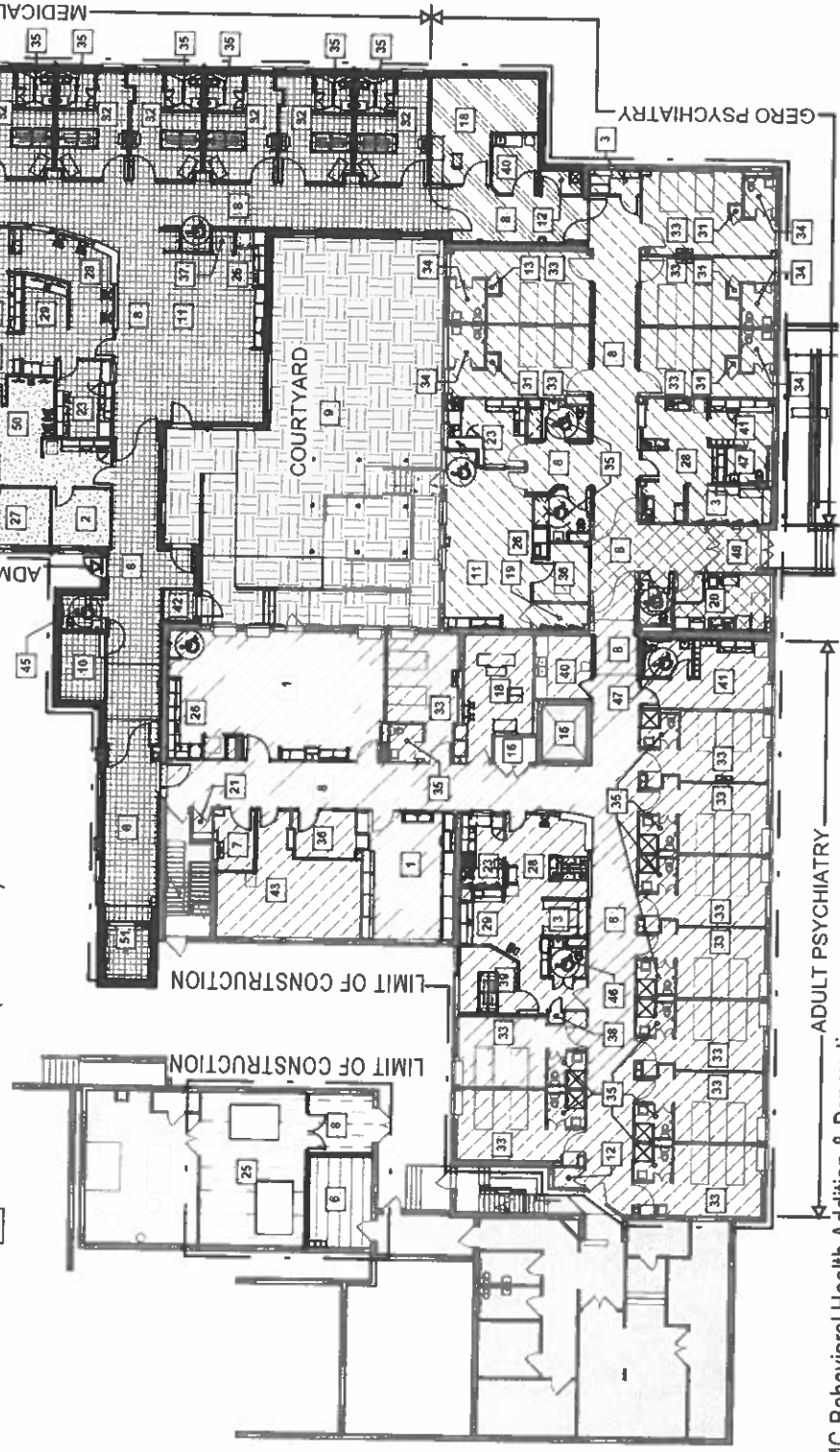
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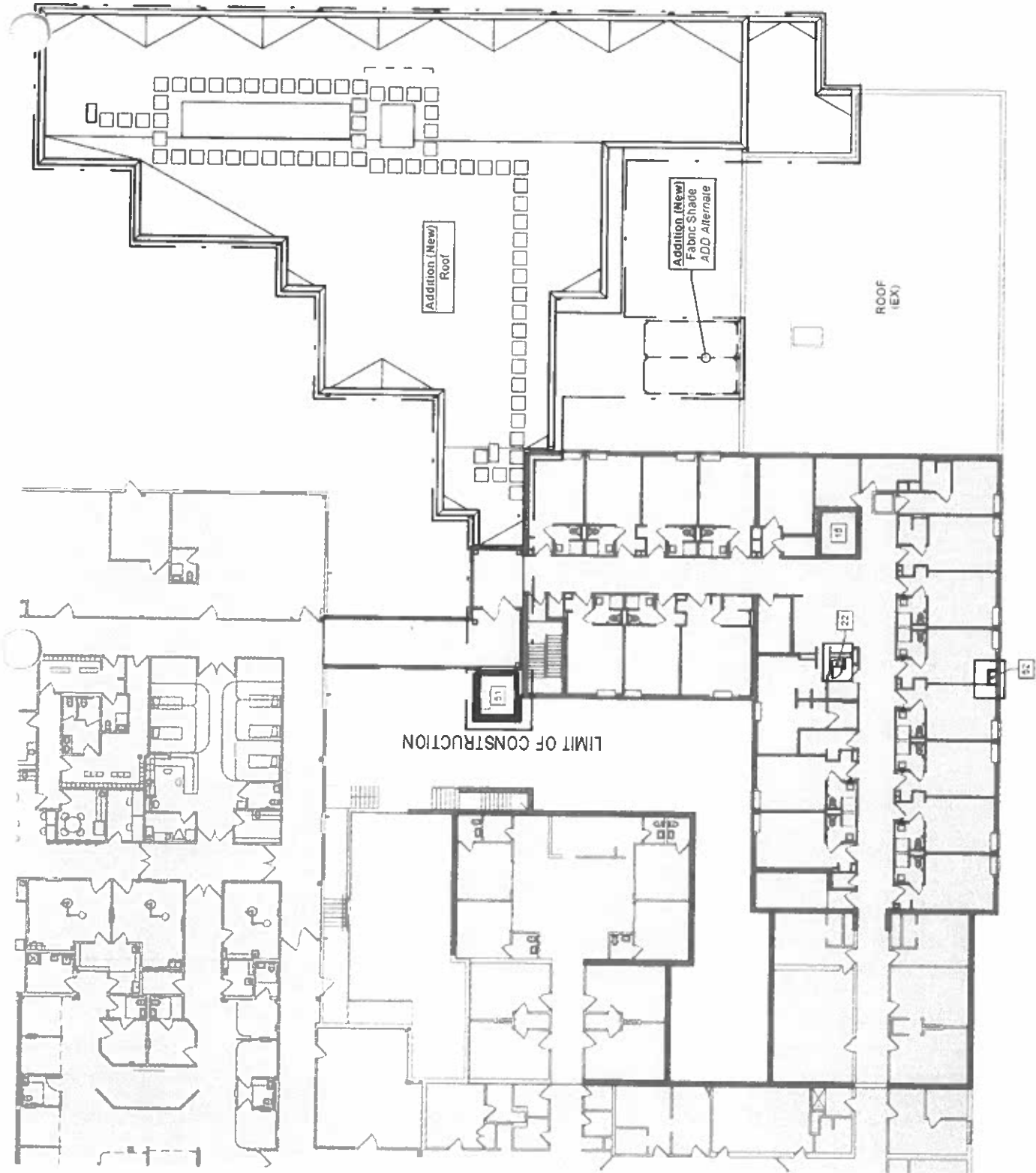
CON Submission

# KEY	ROOM NAME
1	ACTIVITY ROOM
2	APP OFFICE
3	CLEAN SUPPLY
4	CLINICAL CASE MANAGER OFFICE (SHARED)
5	CLOSET
6	CONFERENCE (FACILITY)
7	CONSULT
8	CORRIDOR
9	COURTYARD
10	DATA CLOSET
11	DAY / DINING ROOM
12	E.V.S. CLOSET
13	ELECTRICAL
14	ELEVATOR EQUIPMENT ROOM
15	ELEVATOR (EXISTING)
16	EQUIPMENT ROOM
17	EXIT VESTIBULE
18	FLEX STORAGE
19	I.T. CLOSET
20	INTAKE ROOM
21	LINEN
22	MECHANICAL
23	MEDS PREP
24	MEDICAL DIRECTOR OFFICE
25	MEDICAL GAS ROOM
26	NOURISHMENT ALCOVE
27	NURSE MANAGER OFFICE
28	NURSE STATION
29	NURSE WORK
30	PASSAGE
31	PATIENT CLOSET
32	PATIENT ROOM (PRIVATE)
33	PATIENT ROOM (SEMI-PRIVATE)
34	PATIENT TOILET
35	PATIENT TOILET & SHOWER
36	QUIET ROOM
37	REFRIGERATOR CLOSET
38	RESTRAINT CLOSET
39	RESTRAINT ROOM
40	SOILED UTILITY
41	STAFF BREAK
42	STORAGE
43	THERAPIST WORK AREA
44	TOILET
45	TOILET (PUBLIC)
46	TOILET (RESTRAINT)
47	TOILET (STAFF)
48	VESTIBULE
49	WORK AREA
50	WORK ROOM / STUDENT (SHARED)
51	ELEVATOR (NEW)
52	DUCT SHAFT (MECHANICAL)

Department Legend

-  ADULT (EXISTING)
-  GERO (EXISTING)
-  INTAKE (EXISTING)
-  PSYCH-MED (ADDITION)
-  PSYCH ADMIN. (ADDITION)
-  GERO (ADDITION)
-  COURTYARD (EXPANSION)
-  MED GAS
-  HOSPITAL CONFERENCE ROOM
-  OUT OF SCOPE (EXISTING)



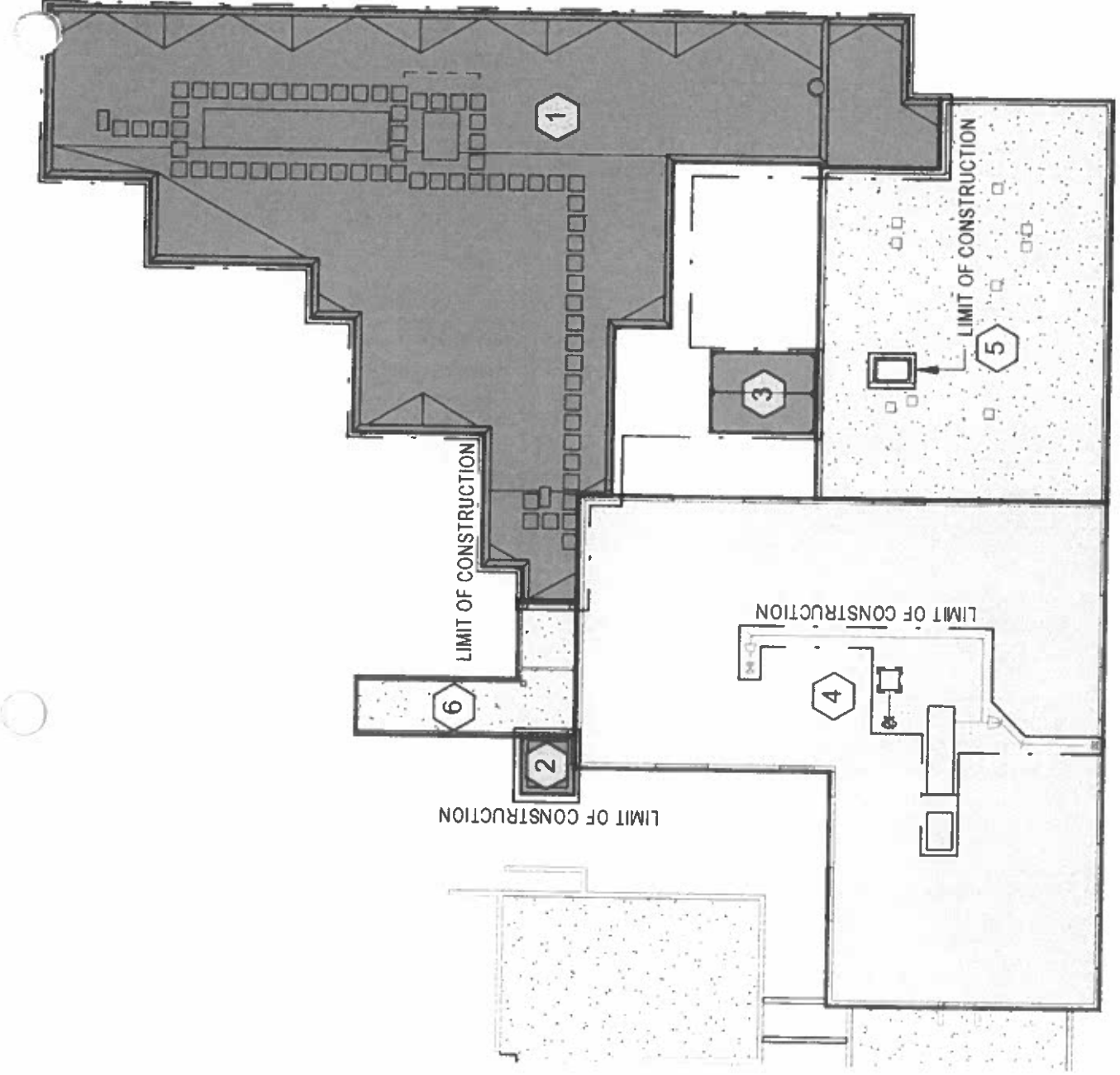


009

KEY	ROOM NAME
1	ELEVATOR (NEW)
2	DUCT SHAFT (MECHANICAL)



# KEY	ROOF NAME
1	ROOF OF NEW ADDITION (PSYCH-MED)
2	ROOF OF NEW ADDITION (ELEVATOR)
3	COURTYARD FABRIC SHADE (ADD ALTERNATE)
4	ROOF OF 1973 ADDITION (BH ADULT & MED)
5	ROOF OF 2003 ADDITION (GERO UNIT)
6	ROOF OF 2003 BRIDGE LINK



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	\$197,184	\$47,351	\$244,535
Site Survey and Soil Investigation	\$18,780	\$4,510	\$23,290
Site Preparation	\$213,384	\$51,241	\$264,625
Off Site Work	\$1,214,480	\$852,434	\$2,066,914
New Construction Contracts	\$6,800,746	\$1,601,964	\$8,402,710
Modernization Contracts	\$3,550,555	\$881,121	\$4,431,676
Contingencies	\$822,471	\$200,249	\$1,022,720
Architectural/Engineering Fees	\$951,630	\$228,526	\$1,180,156
Consulting and Other Fees	\$460,807	\$110,660	\$571,467
Movable or Other Equipment (not in construction contracts)	\$1,643,664	\$96,151	\$1,739,815
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs to Be Capitalized	\$22,396	\$5,379	\$27,775
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$15,896,097	\$4,079,586	\$19,975,683
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges	\$1,064,600	\$273,866	\$1,338,466
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants	\$14,831,497	\$3,805,720	\$18,637,217
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$15,896,097	\$4,079,586	\$19,975,683

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 \$ _____.

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): September 30, 2029

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]

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Harrisburg Medical Center		CITY: Harrisburg			
REPORTING PERIOD DATES: From: January 1, 2023 to: December 31, 2023					
Category of Service	Authorized Beds	Admissions	Patient Days Incl. Observ.	Bed Changes	Proposed Beds
Medical/Surgical	46	582+ 9 Swing	2,803 + 73 Swing	-3	43
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	31	626	4,812	+11	42
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:	77	1,217	7,688 incl.Obs. & Swing	+8	85

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 Harrisburg Medical Center 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.


SIGNATURE

John Antes
PRINTED NAME

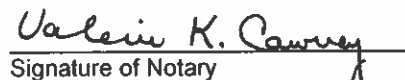
President and CEO
PRINTED TITLE


SIGNATURE

Warren Ladner
PRINTED NAME

Senior VP, CFO, Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22nd day of January 2025


Signature of Notary

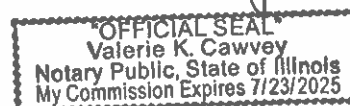
Seal



Notarization:
Subscribed and sworn to before me
this 22nd day of January 2025


Signature of Notary

Seal



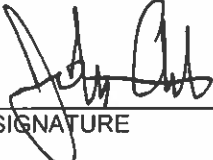
*Insert the EXACT legal name of the applicant

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SIGNATURE

John Antes

PRINTED NAME

President and CEO

PRINTED TITLE



SIGNATURE

Warren Ladner

PRINTED NAME

Senior VP, CFO, Treasurer

PRINTED TITLE

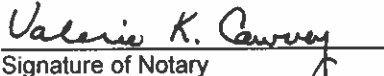
Notarization:
Subscribed and sworn to before me
this 22nd day of January 2025

Notarization:
Subscribed and sworn to before me
this 22nd day of January 2025



Signature of Notary

Seal 



Signature of Notary

Seal 

*Insert the EXACT legal name of the applicant

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 Southern Illinois Healthcare Enterprises, 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.


SIGNATURE

John Antes
PRINTED NAME

President and CEO
PRINTED TITLE


SIGNATURE

Warren Ladner
PRINTED NAME

Senior VP, CFO, Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22nd day of January 2025

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Seal




Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

020

UNFINISHED OR SHELL SPACE:**NOT APPLICABLE**

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.**ASSURANCE:****NOT APPLICABLE**

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	31	42
☐ 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):

CO-APPLICANT SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES HAS AN "A+" BOND RATING

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

SEE ATTACHMENTS 34-36 FOR PROOF OF "A+" BOND RATING

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]:

	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.
	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SEE ATTACHMENTS 34-36 FOR PROOF OF "A+" BOND RATING**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.

SEE ATTACHMENTS 34-36 FOR PROOF OF "A+" BOND RATING**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**NOT APPLICABLE**

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Cost and Gross Square Feet by Department and Service (DGSF)													
Department	A		B		C		D		E		F		G
	Cost / Square Foot (DGSF)		Modernization		Departmental Gross Square Foot		Modernization		New Construction Cost		Modernization Construction Cost		
	New				New				(A x C)		(BxD)		
Clinical Service Areas:													
Psychiatric Nursing Units including Administration and Professional Offices	\$834.24		\$315.55		8,152		11,252		\$6,800,746		\$3,550,555		\$10,351,301
SUBTOTAL CLINICAL CON COMPONENTS	\$834.24		\$315.55		8,152		11,252		\$6,800,746		\$3,550,555		\$10,351,301
Contingency									\$471,212		\$351,259		\$822,471
TOTAL - CLINICAL SERVICE AREAS	\$892.05		\$346.77		8,152		11,252		\$7,271,958		\$3,901,814		\$11,173,772
Non-Clinical Service Areas:													
Psychiatry Public Entrance - Corridors, and Toilet	\$0.00		\$316.92		0		333		\$0		\$105,534		\$105,534
Elevators - Lower Level and Level 1	\$2,422.44		\$0.00		164		0		\$397,280		\$0		\$397,280
Egress Corridor from Nursing Unit	\$709.68		\$0.00		936		0		\$664,260		\$0		\$664,260
Courtyard and Courtyard Storage	\$684.36		\$100.13		281		2,257		\$192,305		\$225,993		\$418,298
Electrical and Mechanical Room	\$681.25		\$0.00		511		0		\$348,119		\$0		\$348,119
Mechanical Units & Shafts to Lower Level/Adult Unit	\$0.00		\$29,254.17		0		12		\$0		\$351,050		\$351,050
Hospital Conference Room	\$0.00		\$254.87		0		203		\$0		\$51,739		\$51,739
Medical Gas Room, and Corridor	\$0.00		\$254.87		0		576		\$0		\$146,805		\$146,805
SUBTOTAL NON-CLINICAL CON COMPONENTS	\$846.70		\$260.61		1,892		3,381		\$1,601,964		\$881,121		\$2,483,085
Contingency									\$112,137		\$88,112		\$200,249
TOTAL NON-CLINICAL SERVICE AREAS	\$905.97		\$286.67		1,892		3,381		\$1,714,101		\$969,233		\$2,683,334
PROJECT TOTAL	\$894.67		\$332.88		10,044		14,633		\$8,986,059		\$4,871,047		\$13,857,106

Factors Influencing Additional Construction Costs for this Project

There are a number of factors which result in higher construction and associated costs for this project than would be expected for a routine expansion and modernization project.

1. Two substantial and overreaching cost factors are the inflation of both material and labor that has occurred as a result of the pandemic.

Since the pandemic, the costs for materials and equipment increased by an amount double to triple the inflation rate that the construction industry normally expected before the pandemic. While the costs have levelled off to some degree recently, there are no trends indicating that costs will be reduced to pre-pandemic levels.

2. Harrisburg Medical Center is located in the New Madrid Earthquake Fault zone. As a result, the addition and modernization work of the proposed project requires upgrades to comply with the current seismic codes of building in this zone. These requirements relate to safety and welfare and result in higher construction costs than in non-earthquake fault zones.

3. This project is utilizing the "New York State Office of Mental Health – Patient Safety Standards Guidelines" to select high risk compliant furniture, fixtures and equipment. These products have higher prices and are less locally available than routine items for hospital projects. These anti-ligature and psych-safe materials and equipment can cost as much as three times the cost of routine items and take longer to install due to using psych-safe and concealed fasteners.

The use of items that meet these guidelines increases the cost of most work items in areas where patients are present including the following, provided as examples: cabinets, cabinet handles, caulking, doors, door hardware, windows, drywall materials, ceilings, wall protection, signs, television enclosures, lexan panels, fire sprinkler heads, toilet accessories, toilet fixtures, showers, faucets, air devices, medical gas devices, electrical outlets, speakers and lighting fixtures.

4. The project will consolidate administrative and professional office space that serves the Acute Mental Illness Service (i.e., Psychiatry, Behavioral Health) in a single suite. These areas are currently decentralized on the two existing Psychiatric Nursing Units, which results in less-than-ideal staff utilization.

The existing administrative and professional office space will be modernized into patient care areas.

5. A new elevator will need to be constructed to connect the existing and proposed Psychiatric Nursing Units to the main hospital.

6. Site work costs for this project are higher than typical for the size of the project due to the existing topography on which the hospital is located and required utility relocations that are necessary to accommodate the addition in relation to the existing Psychiatric Nursing Units.

Deep soil fills are required to bring the addition to the existing building floor elevations that are needed to facilitate patient and staff movement.

The existing oxygen line between the bulk oxygen tank system and the hospital oxygen manifold requires relocation of the main distribution since it currently crosses the site of the proposed addition.

Additional utilities including the gas main, site water line, fire hydrants, storm sewer need to be relocated because they conflict with the footing locations of the proposed addition.

7. The construction of the hospital addition and the modernization of the existing Psychiatric Nursing Units requires extensive infrastructure work beyond that previously identified above for the site work. The following work is also required.
- a. The construction of the new addition will require normal power to be routed from the other side of the hospital.
 - b. Normal power at the site of the addition is insufficient to support the new addition. As a result, new normal power will be pulled from the main switchboard on the other side of the hospital.
 - c. Emergency power at the site of the addition is insufficient to support the new addition. As a result, new life safety, critical, and equipment emergency power will be pulled from the main emergency switchboard on the other side of the hospital.
 - d. The existing medical vacuum equipment will need to be replaced and upsized to serve the new building addition.
 - e. IT infrastructure is insufficient to support the renovation and addition. As a result, data, telephone, access controls, and other low voltage systems will all be replaced in the renovated areas and fed from the new addition.
 - f. The project provides new dedicated ventilation air equipment to serve modernized areas that currently lack proper ventilation.
8. Safety considerations will increase construction costs. In locations where construction trade personnel are required to work in areas where patients are present, behavioral health work requires an additional non-working trade worker to watch and protect all materials, tools and equipment being used in construction, thus increasing construction costs.
9. In order to maintain a sufficient number of Psychiatric beds in operation during construction to meet the need for Psychiatric care provided by Harrisburg Medical Center, the project must be completed in at least two phases. This phasing of the project will extend the time when construction management and supervision services are needed and reduce the opportunity for cost efficiencies for the project.

SECTION X. SAFETY NET IMPACT STATEMENT**NOT APPLICABLE BECAUSE THIS IS A NON-SUBSTANTIVE PROJECT**

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)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			

	Outpatient			
	Total			

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

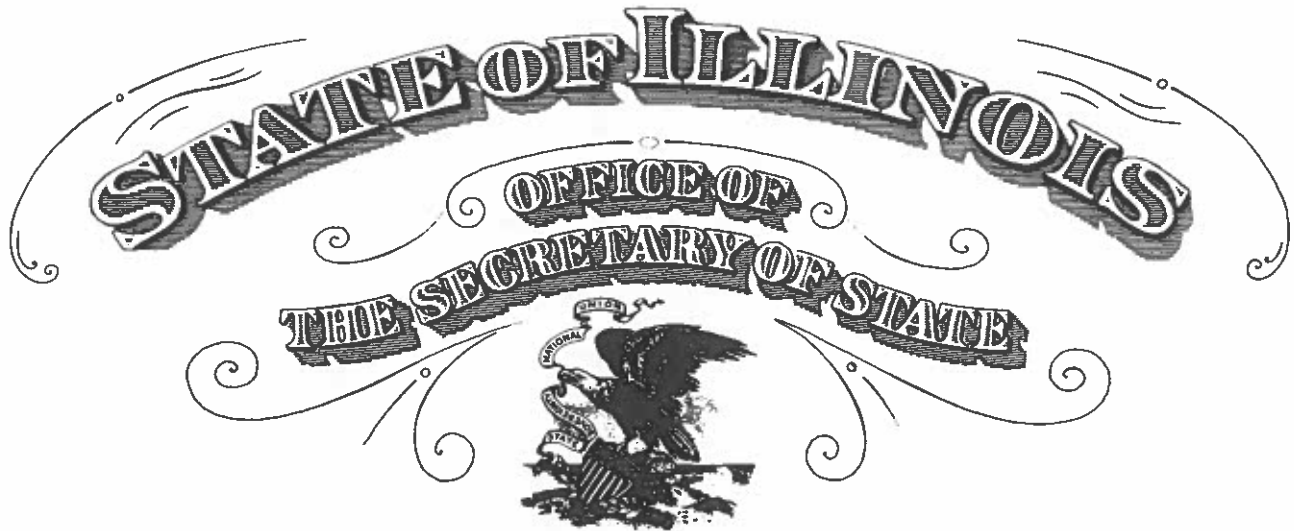
A table in the following format must be provided for all facilities as part of Attachment 39.

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

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

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

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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

HARRISBURG MEDICAL CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 18, 1974, 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 8TH day of DECEMBER A.D. 2024 .

Authentication #: 2434300902 verifiable until 12/08/2025

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

ATTACHMENT-1, PAGE 1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, 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 8TH day of DECEMBER A.D. 2024 .



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 06, 1983, 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 8TH
day of DECEMBER A.D. 2024 .

I.
Site Ownership

The site on which Harrisburg Medical Center is located is owned by Harrisburg Medical Center, Inc.

Proof of ownership of the site is found in a notarized statement by the President of Southern Illinois Hospital Services, which appears on the next page of this Attachment.

Southern Illinois Hospital Services is the sole corporate member of Harrisburg Medical Center, Inc.



Administration

t 618.457.5200

f 618.529.0568

November 26, 2024

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Dear Mr. Kniery:

Southern Illinois Hospital Services is the sole corporate member of Harrisburg Medical Center, Inc.

Harrisburg Medical Center, Inc., Southern Illinois Hospital Services, and Southern Illinois Healthcare Enterprises, Inc., are seeking approval of a Certificate of Need Permit to expand and modernize Harrisburg Medical Center.

This letter certifies that Harrisburg Medical Center, Inc., owns the site on which Harrisburg Medical Center is located.

Sincerely,

A handwritten signature in black ink, appearing to read "John Antes".

John Antes
President & CEO
Southern Illinois Hospital Services, Inc.



A handwritten signature in black ink, appearing to read "Valerie K. Cawvey".



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

HARRISBURG MEDICAL CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 18, 1974, 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 8TH day of DECEMBER A.D. 2024 .

I.
Organizational Relationships

This project has 3 co-applicants: Harrisburg Medical Center, Inc.; Southern Illinois Hospital Services; and Southern Illinois Healthcare Enterprises, Inc.

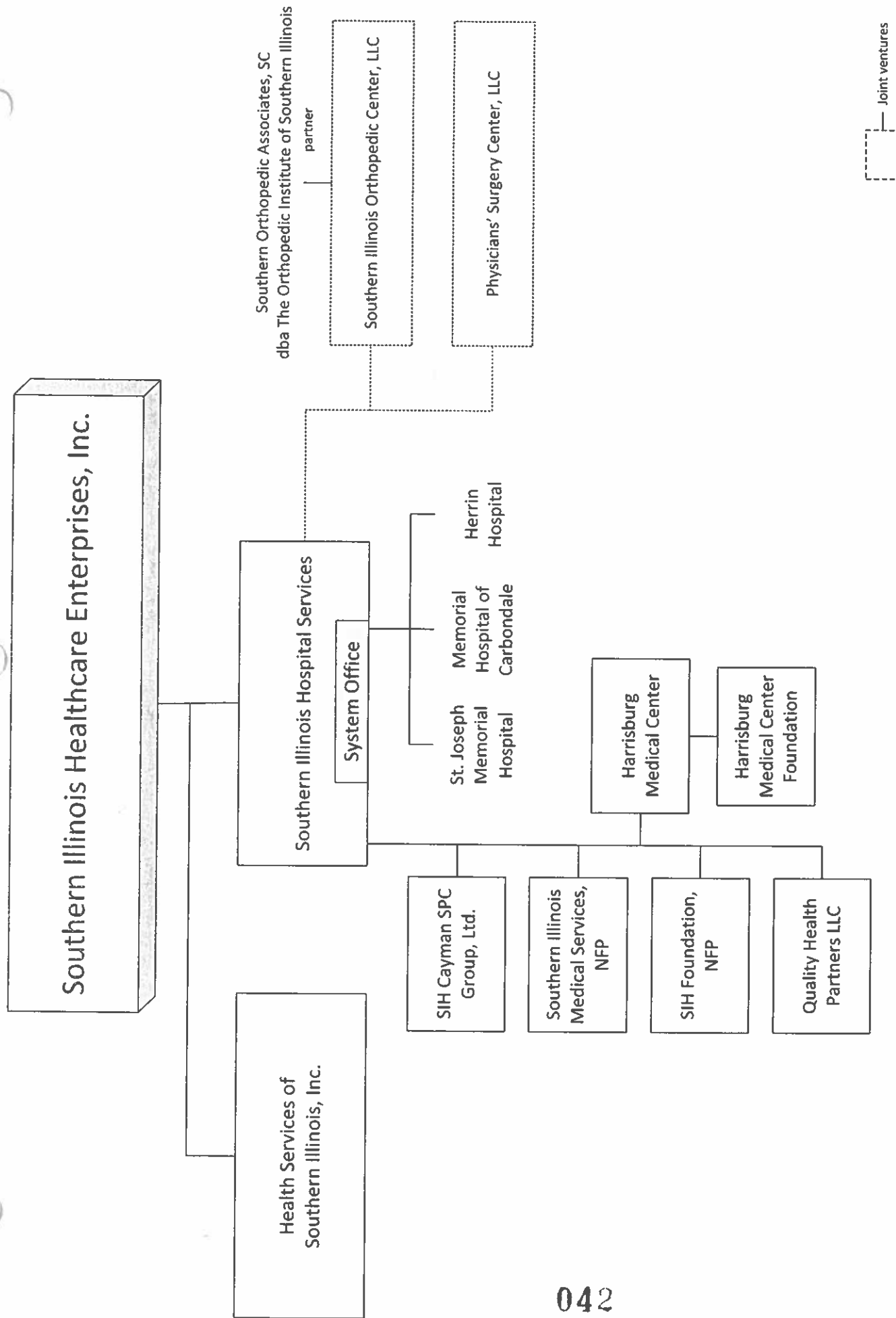
As will be seen on the Organizational Chart that appears on the following page and as discussed in Attachment 11, these co-applicants have the following organizational relationships.

Southern Illinois Hospital Services is the sole corporate member of Harrisburg Medical Center, Inc.

Southern Illinois Healthcare Enterprises, Inc., is the sole corporate member of Southern Illinois Hospital Services (SIHS), and Southern Illinois Hospital Services is part of the Southern Illinois Healthcare Enterprises obligated group.

This project will be funded by the following:

- A grant of \$8,709,909 from the United States Department of Agriculture (USDA) Emergency Rural Health Care (ERHC) Program;
- A grant of \$9,927,308 from the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Capital Development Board (CDB) for a Healthcare Transformation Capital Investment Grant (CSFA #511-00-3381);
- Pledges of \$1,338,466 of gifts and bequests.



I.
Flood Plain Requirements

The following pages of this Attachment contain the most recent Flood Insurance Rate Map for this site and a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5.

A Special Flood Hazard Area and 500-Year Floodplain Determination Form will be found in Attachment 39 at the conclusion of this Application for Permit.



USDA USGS The National Map Orthorectified Data refreshed June 2024. Powered by Esri

MAP PANELS - NO SCREEN - Area of Minimal Flood Hazard Zone X - Effective LOMs - Area of Undetermined Flood Hazard Zone D - Otherwise Protected Area - Coastal Barrier Resource System Area	SPECIAL FLOOD HAZARD AREAS - Approximate location based on user input and does not represent an authoritative property location - Selected Floodmap Boundary - Digital Data Available - No Digital Data Available - Unmapped	Without Base Flood Elevation (BFE) Zone A, AE, AH, AO, AV, V, VE, X With BFE or Depth Regulatory Floodway Zone AE, AO, AH, AV, VE, X 0.2% Annual Chance Flood Hazard Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X Future Conditions 1% Annual Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee. See Notes. Zone X Area with Flood Risk due to Levee Zone D	Cross Sections with 1% Annual Chance - Water Surface Elevation - Coastal Transect - Base Flood Elevation Line (BFE) - Limit of Study - Jurisdiction Boundary - Coastal Transect Baseline - Profile Baseline - Hydrographic Feature - Channel, Culvert, or Storm Sewer - Levee, Dike, or Floodwall
OTHER AREAS	OTHER FEATURES	GENERAL STRUCTURES	OTHER FEATURES



Administration

t 618.457.5200

f 618.529.0568

November 26, 2024

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Re: Compliance with Requirements of Illinois Executive Order #2006-5
Regarding Construction Activities in Special Flood Hazard Areas

Dear Mr. Kniery,

I am the applicant representative of Harrisburg Medical Center, Inc., the owner of the site on which Harrisburg Medical Center is located.

I hereby attest that this site is not located on a flood plain, as identified by the most recent FEMA Flood Insurance Rate Map for this location (i.e. FIRM Panel Number 17165CO18D) and that this location complies with the Flood Plain Rule and the requirements stated under Illinois Executive Order #2006-5, "Construction Activities in the Special Flood Hazard Areas."

As shown in the information in Section XI of this application, Harrisburg Medical Center is not located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain.

Sincerely,

A handwritten signature in black ink, appearing to read "John Antes".

John Antes
President & CEO
Harrisburg Medical Center, Inc.



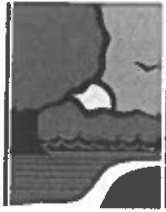
A handwritten signature in black ink, appearing to read "Valerie K. Cawvey".

045

I.
Historic Resources Preservation Act Requirements

The letter on the next page of this Attachment documents that the site of Harrisburg Medical Center and the location of its Acute Mental Illness (AMI) Nursing Units are in compliance with the Historic Resources Preservation Act.

The letter from Carey L. Mayer, AIA, Deputy State Historic Preservation Officer, documents that this project has been found to be in compliance with Section 106 of the National Historic Preservation Act of 1966, as amended.



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

**Saline County
Harrisburg**

New Addition for a Medical Psychiatry Inpatient Unit and Rehabilitation of Adult and Gero Psychiatry Units

**100 Dr. Warren Tuttle Drive
SHPO Log #009102324**

November 6, 2024

**Rodney Smith
Harrisburg Medical Center
100 Dr. Warren Tuttle Drive
Harrisburg, IL 62946**

We have reviewed the documentation submitted for the referenced project(s) in accordance with 36 CFR Part 800.4. Based upon the information provided, no historic properties are affected. We, therefore, have no objection to the undertaking proceeding as planned.

Please retain this letter in your files as evidence of compliance with section 106 of the National Historic Preservation Act of 1966, as amended. This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Rita Baker, Cultural Resources Manager, at (217) 785-4998 or at Rita.E.Baker@illinois.gov.

Sincerely,

Carey L. Mayer

**Carey L. Mayer, AIA
Deputy State Historic Preservation Officer**

c: Christopher Post, Southern Illinois Healthcare

Date: January 21, 2025

ITEMIZED PROJECT COSTS

USE OF FUNDS	Clinical Service Areas	Non-Clinical Service Areas	TOTAL
Preplanning Costs:			
Pre-Construction Services - Const. Mgr./Estimating	\$64,509	\$15,491	\$80,000
Space Program & Planning Services	\$46,777	\$11,233	\$58,010
CON Preparation of Programming and Planning	\$50,418	\$12,107	\$62,525
CON Documentation	\$35,480	\$8,520	\$44,000
Total Pre-Planning Costs	\$197,184	\$47,351	\$244,535
Site Survey and Soil Investigation			
Geotechnical Investigation	\$6,022	\$1,446	\$7,468
Site Survey	\$8,726	\$2,096	\$10,822
Utility Locations	\$4,032	\$968	\$5,000
Total Site Survey and Soil Investigation	\$18,780	\$4,510	\$23,290
Site Preparation			
Earthworks - Excavation, rock fill of building site	\$159,154	\$38,219	\$197,373
Sanitary Sewers lines for the addition	\$15,889	\$3,815	\$19,704
Natural Gas Line to the Addition	\$38,341	\$9,207	\$47,548
Total Site Preparation	\$213,384	\$51,241	\$264,625
Off Site Work			
Earthworks - Demolition, hauling and topsoil	\$62,814	\$15,084	\$77,898
Site Concrete - Walks, retaining wall, curbs, and pavement	\$153,039	\$0	\$153,039
Oxygen Line relocation	\$49,760	\$11,950	\$61,710
Water Utility relocations	\$63,799	\$15,321	\$79,120
Sanitary and Storm Sewers relocations	\$58,615	\$14,076	\$72,691
Electrical - Normal, emergency and low voltage service	\$314,394	\$75,499	\$389,893
Asphalt Parking Lot Patching and Overlay - South and East Lots	\$403,863	\$0	\$403,863
Site Landscaping	\$0	\$63,001	\$63,001
Shade Structure	\$108,196	\$0	\$108,196
Artificial Turf	\$0	\$47,003	\$47,003
Replacement of Entrance Ramp and Canopy at Mulberry Entrance	\$0	\$610,500	\$610,500
Total Off Site Work	\$1,214,480	\$852,434	\$2,066,914
New Construction Contracts	\$6,800,746	\$1,601,964	\$8,402,710
Modernization Contracts	\$3,550,555	\$881,121	\$4,431,676
Contingencies	\$822,471	\$200,248	\$1,022,720
Architectural/ Engineering Fees	\$951,630	\$228,526	\$1,180,156
Consulting and Other Fees:			
HVAC Commissioning	\$32,254	\$7,746	\$40,000
Building Envelope Consulting	\$26,691	\$6,409	\$33,100
Building Envelope Testing	\$4,838	\$1,162	\$6,000
Inspections & Testing (Concrete, Steel, Other)	\$44,350	\$10,650	\$55,000
Medical Gas Testing	\$2,822	\$678	\$3,500
Testing and Air Balance	\$16,127	\$3,873	\$20,000
Project Management (SIH)	\$121,706	\$29,227	\$150,933
CON Consultation	\$64,509	\$15,491	\$80,000
CON Application Processing Fee	\$44,350	\$10,650	\$55,000
IDPH Plan Review Fee	\$17,718	\$4,255	\$21,973
Building AS Built Documentation	\$12,095	\$2,905	\$15,000
Project Close Out / Auditing Documentation	\$12,095	\$2,905	\$15,000
Builder's Risk Insurance	\$0	\$0	\$0
Utilities and Permit Fees	\$6,048	\$1,452	\$7,500
Building Permit	\$55,204	\$13,257	\$68,461
Total Consulting and Other Fees	\$460,807	\$110,660	\$571,467
Movable or other Equipment, Furniture / Furnishings and Artwork (see listing by department on following pages)	\$1,643,664	\$96,151	\$1,739,815
Other Costs to be Capitalized			
Relocation and Moving	\$12,561	\$3,017	\$15,578
Construction & Temporary Signage	\$4,032	\$968	\$5,000
Roof Repair as a result roof top equipment installation	\$5,803	\$1,394	\$7,197
Total Other Costs to be Capitalized	\$22,396	\$5,379	\$27,775
TOTAL ESTIMATED PROJECT COSTS	\$15,896,097	\$4,079,586	\$19,975,683

ATTACHMENT 7
MOVABLE OR OTHER EQUIPMENT,
FURNITURE/FURNISHINGS AND ARTWORK

Room #	Room Name	Dept.	Equipment Description	Notes	Total	New	Existing	Budget	Budget Total
				1/13/25					
LL-406	WORK AREA	CLINICAL Administrative	Paper Towel Dispenser	#Arch Specify Location	1	1	0	\$	\$
LL-406	WORK AREA	CLINICAL Administrative	Trash Can; Twenty-Three	#Arch Specify Location	1	1	0	\$ 56	\$ 56
LL-406	WORK AREA	CLINICAL Administrative	Access Control	FEE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	0	\$ 936	\$ 936
LL-406	WORK AREA	CLINICAL Administrative	Printer - Standard All-in-One	(#Arch Plan) Specify Type and Location (#MEP Plan) Power/Data/Analog(Fax)	1	1	0	\$ 5,630	\$ 5,630
LL-406	WORK AREA	CLINICAL Administrative	Microwave	#Arch	1	1	1	\$ 191	\$ 191
LL-406	WORK AREA	CLINICAL Administrative	Refridgerator Undercounter (Residential)	#Arch#MEP	1	1	0	\$ 422	\$ 422
LL-406	WORK AREA	CLINICAL Administrative	Bunn Coffee Maker - Standard	#Arch	1	1	0	\$ 507	\$ 507
LL-406	WORK AREA	CLINICAL Administrative	Soap Dispenser	#Arch Specify Location	1	1	0	\$	\$
LL-407	APP OFFICE	CLINICAL Administrative	Standard Phone - Cisco	#SIH IT Review with IT	1	1	0	\$ 366	\$ 366
LL-407	APP OFFICE	CLINICAL Administrative	Workstation on Wheels	#SIH IT Review with IT	1	1	0	\$ 3,378	\$ 3,378
LL-407	APP OFFICE	CLINICAL Administrative	PC + Monitor - Standard	#SIH IT Review with IT	1	1	0	\$ 1,689	\$ 1,689
LL-407	APP OFFICE	CLINICAL Administrative	System Furniture - Office	#Interior	1	1	0	\$ 8,444	\$ 8,444
LL-407	APP OFFICE	CLINICAL Administrative	System Furniture - Office	#Interior	1	1	0	\$ 941	\$ 941
LL-407	APP OFFICE	CLINICAL Administrative	System Furniture - Office	#Interior	2	2	0	\$ 281	\$ 563
LL-408	NURSE MANAGER	CLINICAL Administrative	Standard Phone - Cisco	#SIH IT Review with IT	1	1	0	\$ 366	\$ 366
LL-408	NURSE MANAGER	CLINICAL Administrative	PC + Monitor - Standard	#SIH IT Review with IT	1	1	0	\$ 1,689	\$ 1,689
LL-408	NURSE MANAGER	CLINICAL Administrative	System Furniture - Office	#Interior	1	1	0	\$ 8,444	\$ 8,444
LL-408	NURSE MANAGER	CLINICAL Administrative	System Furniture - Office	#Interior	1	1	0	\$ 941	\$ 941
LL-408	NURSE MANAGER	CLINICAL Administrative	System Furniture - Office	#Interior	2	2	0	\$ 281	\$ 563
LL-409	MEDICAL DIRECTOR	CLINICAL Administrative	Standard Phone - Cisco	#SIH IT Review with IT	1	1	0	\$ 366	\$ 366
LL-409	MEDICAL DIRECTOR	CLINICAL Administrative	Workstation on Wheels	#SIH IT Review with IT	1	1	0	\$ 3,378	\$ 3,378
LL-409	MEDICAL DIRECTOR	CLINICAL Administrative	PC + Monitor - Standard	#SIH IT Review with IT	1	1	0	\$ 1,689	\$ 1,689
LL-409	MEDICAL DIRECTOR	CLINICAL Administrative	System Furniture - Office	#Interior	1	1	0	\$ 8,444	\$ 8,444
LL-409	MEDICAL DIRECTOR	CLINICAL Administrative	System Furniture - Office	#Interior	1	1	0	\$ 941	\$ 941
LL-409	MEDICAL DIRECTOR OFFICE	CLINICAL Administrative	System Furniture - Office	#Interior CH-13 Side Chairs	2	2	0	\$ 281	\$ 563
LL-410	CLINICAL CASE	CLINICAL Administrative	Standard Phone - Cisco	#SIH IT Review with IT	2	2	0	\$ 366	\$ 732
LL-410	CLINICAL CASE	CLINICAL Administrative	PC + Monitor - Standard	#SIH IT Review with IT	2	2	0	\$ 1,689	\$ 3,378
LL-410	CLINICAL CASE	CLINICAL Administrative	System Furniture - Office	#Interior (1) PO-01L	1	1	0	\$ 8,444	\$ 8,444
LL-410	CLINICAL CASE	CLINICAL Administrative	System Furniture - Office	#Interior (1) PO-02R	1	1	0	\$ 8,444	\$ 8,444
LL-410	CLINICAL CASE	CLINICAL Administrative	System Furniture - Office	#Interior	1	1	0	\$ 941	\$ 941
LL-410	CLINICAL CASE	CLINICAL Administrative	System Furniture - Office	#Interior CH-13 Side Chairs	2	2	0	\$ 281	\$ 563
LL-411	PASSAGE (ADMIN)	CLINICAL Administrative	User Requested Items	WOW + Additional Plug-in Location?	1	1	0	\$ 3,378	\$ 3,378
LL-411A	WORK ROOM / STUDENT	CLINICAL Administrative	Standard Phone - Cisco	#SIH IT Review with IT	2	2	0	\$ 366	\$ 732
LL-411A	WORK ROOM / STUDENT	CLINICAL Administrative	PC + Monitor - Standard	#SIH IT Review with IT	2	2	0	\$ 1,689	\$ 3,378
LL-411A	WORK ROOM / STUDENT	CLINICAL Administrative	System Furniture - Office	#Interior	2	2	0	\$ 2,590	\$ 5,179
LL-411A	WORK ROOM / STUDENT	CLINICAL Administrative	System Furniture - Office	#Interior	2	2	0	\$ 941	\$ 1,883
LL-001	PATIENT ROOM	CLINICAL Adult Psychiatry	Patient Belongings	#Corlech	20	20	0	\$ 1,431	\$ 28,621
LL-001	PATIENT ROOM	CLINICAL Adult Psychiatry	Covers for the PTAC Units	#Arch#MEP	20	20	0	\$	\$
LL-001	PATIENT ROOM	CLINICAL Adult Psychiatry	Artwork	#Arch	20	20	0	\$ 844	\$ 16,889

LL-001 LL-002 LL-003 LL-004 LL-005 LL-006 LL-007 LL-008 LL-009 LL-010	PATIENT ROOM (1,2,3,4,5,6,7,8,9,10)	CLINICAL_Adult Psychiatry	Ligature Resistant Whiteboard	#Arch #FFE-### Size 36 1/2" x 18 1/4" x +/- 1/2" 9/23/24 Carry as an allowance. Decide later if we need to include in each room 9/24/24 Update with Vendor Pricing and Alternate Pricing to do this locally with THAM. 9/25/24 Requested Pricing for 42 Whiteboard - kingswaygroupglobal.com 9/25/24 - Emailed John Examples and Sizes	20	20	0	\$	225	\$	4,504
LL-001 LL-002 LL-003 LL-004 LL-005 LL-006 LL-007 LL-008 LL-009 LL-010	PATIENT ROOM 1,2,3,4,5,6,7,8,9,10	CLINICAL_Adult Psychiatry	Furniture - Wall Shelf	#Arch Question: Was the plan to install blocking in the walls when it was going to be a shelf? 10/21/24 Remove and Replace with Norix B-Side Table and Stool 9/23/24 Requested Update Pricing 1x/each patient bed = 20 in Adult Unit	0	0	0	\$	304	\$	-
LL-001 LL-002 LL-003 LL-004 LL-005 LL-006 LL-007 LL-008 LL-009 LL-010	PATIENT ROOM 1,2,3,4,5,6,7,8,9,10	CLINICAL_Adult Psychiatry	Furniture - Patient Bed - Platform	#Cortech Approved 6/24/24 - Cubby under bed is a good thing.	20	20	0	\$	1,419	\$	28,373
LL-001 LL-002 LL-003 LL-004 LL-005 LL-006	PATIENT ROOM 1,2,3,4,5,6,7,8,9,10	CLINICAL_Adult Psychiatry	Behavior Health - 6" Platform Mattress	#Cortech Approved 6/24/24	20	20	0	\$	414	\$	8,267
LL-001	PATIENT ROOM	CLINICAL_Adult Psychiatry	Table & Stool	#Interior CH-04	20	20	0	\$	281	\$	5,630
LL-001	PATIENT ROOM (1,10)	CLINICAL_Adult Psychiatry	32" TV (Telehealth)		2	2	0	\$	-	\$	-
LL-001 LL-010	PATIENT ROOM (1,10)	CLINICAL_Adult Psychiatry	Telehealth TV Mounting Bracket		2	2	0	\$	-	\$	-
LL-001	PATIENT ROOM (1,10)	CLINICAL_Adult Psychiatry	Telehealth Camera -		2	2	0	\$	-	\$	-
LL-001A LL-002A LL-003A LL-004A LL-005A LL-006A LL-007A LL-008A LL-009A LL-010A	PAT. TLT/SHW (1,2,3,4,5,6,7,8,9,10)	CLINICAL_Adult Psychiatry	Behavior Health 100t Behavior Health - Soap Dispenser	#Cortech 9/23/24 - Approved during FFE Meeting	10	10	0	\$	39	\$	394
LL-001A LL-002A LL-003A LL-004A LL-005A LL-006A LL-007A LL-008A LL-009A LL-010A	PAT. TLT/SHW (1,2,3,4,5,6,7,8,9,10)	CLINICAL_Adult Psychiatry	Paper towel Dispenser	#Arch Question: Confirm Locations 9/23/24 - Approved during FFE Meeting	10	10	0	\$	-	\$	-
LL-001A LL-002A LL-003A LL-004A LL-005A LL-006A LL-007A LL-008A LL-009A LL-010A	PAT. TLT/SHW (1,2,3,4,5,6,7,8,9,10)	CLINICAL_Adult Psychiatry	Behavior Health Mirror	#Arch Question: Size - A-014	10	10	0	\$	-	\$	-
LL-001A LL-002A LL-003A LL-004A LL-005A LL-006A	PAT. TLT/SHW (1,2,3,4,5,6,7,8,9,10)	CLINICAL_Adult Psychiatry	Behavior Health - Hand Sanitizer Dispenser	9/23/24 - Approved during FFE Meeting Gojo Purell LTX Behavioral Health Dispensing System with Time Delay (SKU 1926-01-DLY) - NYS Office of Mental Health 32nd Edition - p. 129 10/22/24 CP Emailed GoJo: Can this Dispenser be	10	10	0	\$	-	\$	-
LL-001A LL-002A LL-003A LL-004A LL-005A LL-006A	PAT. TLT/SHW (1,2,3,4,5,6,7,8,9,10)	CLINICAL_Adult Psychiatry	Wall Hook	#Arch #SIH: Review and Assess	20	20	0	\$	-	\$	-
LL-001A LL-002A LL-003A LL-004A LL-005A LL-006A	PAT. TLT/SHW (1,2,3,4,5,6,7,8,9,10)	CLINICAL_Adult Psychiatry	Toilet Paper Dispenser	#Arch #SIH: Review and Assess ##11/24 - Approved during FFE Meeting. Use in Locations: Low, Medium, High Risk	10	10	0	\$	-	\$	-

LL-001A LL-002A LL-003A LL-004A LL-005A LL-006A	PAT. TLT/SHW (1,2,3,4,5,6,7,8,9,10)	CLINICAL_Adult Psychiatry	Ligature-Resistant Shower Door	#Arch	10	10	0	\$	-	\$	-
LL-106	ELEVATOR	CLINICAL_Adult Psychiatry	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER	1	0	1	\$	936	\$	-
LL-106	ELEVATOR	CLINICAL_Adult Psychiatry	New Vinyl Notice on Doors		0	0	0	\$	-	\$	-
LL-107	CORRIDOR	CLINICAL_Adult Psychiatry	N/A	North South Corridor - Adult Unit Anything on the walls? Fixtures etc	0	0	0	\$	-	\$	-
LL-107	CORRIDOR	CLINICAL_Adult Psychiatry	Staff Assist Devices	IT Selected (Bill Watkins) Algo Devices	1	1	0	\$	7,432	\$	7,432
LL-109	CORRIDOR (Ramp up to Adult)	CLINICAL_Adult Psychiatry	Access Control	MX-1 SINGLE DOOR CONTROLLER West end of the corridor	1	1	0	\$	936	\$	936
LL-109	CORRIDOR (Ramp up to Adult)	CLINICAL_Adult Psychiatry	Access Control	MX-1 SINGLE DOOR CONTROLLER	1	1	0	\$	936	\$	936
LL-110	HKSP CLOSET	CLINICAL_Adult Psychiatry	Existing Mop Sink	#MEP Demo + New Mop Sink needed?	0	0	0	\$	-	\$	-
LL-302	TOILET (STAFF)	CLINICAL_Adult Psychiatry	Paper Towel Dispenser	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-302	TOILET (STAFF)	CLINICAL_Adult Psychiatry	Standard Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-302	TOILET (STAFF)	CLINICAL_Adult Psychiatry	Standard Wall Hook		1	1	0	\$	-	\$	-
LL-302	TOILET (STAFF)	CLINICAL_Adult Psychiatry	Standard Toilet Paper Dispenser		1	1	0	\$	-	\$	-
LL-302	TOILET (STAFF)	CLINICAL_Adult Psychiatry	Standard Mirror		1	1	0	\$	-	\$	-
LL-303	FLEX STORAGE	CLINICAL_Adult Psychiatry	Wheelchair	Existing-Yes Does this need stored on the Adult unit? - NO but must be readily accessible? Store in Proposed Equipment Room - Possibly in the expansion Could be shared with Adult / Med units Gero needs a dedicated one (#Programming) +/- Dims 40" L x 18" W x 36" H	1	0	1	\$	-	\$	-
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Standard High Volume		1	1	0	\$	-	\$	-
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Table	#Interior - T-01	1	1	0	\$	1,689	\$	1,689
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Coat Rack	New	1	1	0	\$	113	\$	113
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Coffee Maker	#Arch Specify Type and Location			2	\$	-	\$	-
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Chairs	#Interior - T-01	1	1	0	\$	169	\$	169
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	1	\$	936	\$	936
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Standard Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Refrigerator	#Arch Specify Type and Location	1	0	1	\$	563	\$	-
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Microwave	#Arch Specify Type and Location	1	0	1	\$	563	\$	-
LL-303	STAFF BREAK	CLINICAL_Adult Psychiatry	Staff Lockers	#Arch Specify Type and Location	48	48	20	\$	-	\$	-
LL-304	SOILED UTILITY / HSKP	CLINICAL_Adult Psychiatry	Paper Towel Dispenser; Surface Mounted - Automated Touchless	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-304	SOILED UTILITY / HSKP	CLINICAL_Adult Psychiatry	HSKP Cart	#EVS	1	0	1	\$	788	\$	-
LL-304	SOILED UTILITY / HSKP	CLINICAL_Adult Psychiatry	Linen Hampers, Step-on	#EVS	1	0	1	\$	169	\$	-
LL-304	SOILED UTILITY / HSKP	CLINICAL_Adult Psychiatry	Waste Bins	#EVS	1	0	1	\$	101	\$	-
LL-304	SOILED UTILITY / HSKP	CLINICAL_Adult Psychiatry	Standard Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-304	SOILED UTILITY / HSKP	CLINICAL_Adult Psychiatry	Standard Hand Sanitizer	#Arch Specify Location	10	10	0	\$	-	\$	-
LL-304	SOILED UTILITY / HSKP	CLINICAL_Adult Psychiatry	Storage Rack	#EVS	1	1	1	\$	281	\$	281
LL-304	SOILED UTILITY / HSKP	CLINICAL_Adult Psychiatry	Behavior Health Trash	#Cortech	1	1	0	\$	450	\$	450
LL-305	PASSAGE	CLINICAL_Adult Psychiatry	N/A	No FFE	0	0	0	\$	-	\$	-
LL-305A	REST. CLO.	CLINICAL_Adult Psychiatry		Restraint Supplies and Storage	0	0	0	\$	-	\$	-
LL-306	TOILET (RESTRAINT)	CLINICAL_Adult Psychiatry	Soap Dispenser - B.H.	9/23/24 - Approved during FFE Meeting	1	1	0	\$	-	\$	-
LL-306	TOILET (RESTRAINT)	CLINICAL_Adult Psychiatry	Trash Can - B.H.	#Cortech	1	1	0	\$	39	\$	39
LL-306	TOILET (RESTRAINT)	CLINICAL_Adult Psychiatry	Paper towel Dispenser	#Albenici	1	1	0	\$	-	\$	-
LL-306	TOILET (RESTRAINT)	CLINICAL_Adult Psychiatry	Behavior Health Mirror	#Arch Question Size - A-014	1	1	0	\$	-	\$	-
LL-306	TOILET (RESTRAINT)	CLINICAL_Adult Psychiatry	Wall Hook - B.H.	#Arch	1	1	0	\$	-	\$	-
LL-306	TOILET (RESTRAINT)	CLINICAL_Adult Psychiatry	Toilet Paper Dispenser	#Arch	1	1	0	\$	-	\$	-

LL-307	RESTRAINT ROOM	CLINICAL_Adult Psychiatry	Furniture - Patient Bed - Platform	#Cortech Color: Gray FFE - 102 - Behavior Health Platform Bed - Endurance Bed 2.0 Approved 6/24/24 - Cubby under bed is a good thing.	1	1	0	\$	1,419	\$	1,419
LL-307	RESTRAINT ROOM	CLINICAL_Adult Psychiatry	Furniture - Patient Mattress - Platform	#Cortech FFE - 104 - Behavior Health - Platform Bed Mattress Approved 6/24/24	1	1	0	\$	414	\$	414
LL-307	RESTRAINT ROOM	CLINICAL_Adult Psychiatry	Office Task Chair - Standard	#Interior	1	1	0	\$	1,002	\$	1,002
LL-307	RESTRAINT ROOM	CLINICAL_Adult Psychiatry	Covers for the PTAC Units.	(#Arch Plan) (#MEP Plan)	1	1	1	\$	-	\$	-
LL-309	CLEAN SUPPLY	CLINICAL_Adult Psychiatry	Clean Hamper	Existing Use?	0	0	1	\$	-	\$	-
LL-309	CLEAN SUPPLY	CLINICAL_Adult Psychiatry	Linen Cart	Existing-Yes	4	4	1	\$	563	\$	2,252
LL-309	CLEAN SUPPLY	CLINICAL_Adult Psychiatry	Storage Cabinet	#Arch. Specify Type and Location	1	0	1	\$	-	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Replace Home Med Cart	(#Programming) Existing Dims: +/- 32"Lx	1	1	1	\$	-	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Medication Dispensing	FFE - 17	1	0	1	\$	-	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Medication Dispensing	FFE - 17	1	0	1	\$	-	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Cactus Sink (Wall)	Existing- Yes	0	0	1	\$	281	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Paper Towel Dispenser	#Arch. Specify Location	1	1	0	\$	96	\$	96
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Medication Refrigerator	Existing is a Residential Style Ref	1	1	1	\$	2,649	\$	2,649
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Trash Can: Twenty-Three	#Arch. Specify Location	1	1	0	\$	56	\$	56
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Cameras	#Cameras	1	0	1	\$	1,214	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Standard Soap Dispenser	#Arch. Specify Location	1	1	0	\$	-	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Laptop (On Home Med	Existing - Yes	0	0	1	\$	-	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Non-Hazardous/ non-EPA	Existing - Yes	2	0	2	\$	-	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Hazardous Waste	Wall Hung	1	0	1	\$	-	\$	-
LL-310	MED. PREP	CLINICAL_Adult Psychiatry	Storage Rack	No Space in the new Med Prep for this Rack.	0	0	1	\$	-	\$	-
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Task Chairs	#Interior	7	7	0	\$	941	\$	6,589
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Mobile Workstations	#Interior	3	3	0	\$	2,139	\$	6,418
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Video Phone	#SIH IT	1	1	0	\$	507	\$	507
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Phone - Standard Desk	Existing - Yes	5	1	4	\$	366	\$	366
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Security Camera Monitor	#Cameras	1	1	0	\$	2,815	\$	2,815
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Security Camera Monitor	#Cameras	1	1	0	\$	2,815	\$	2,815
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Ergotron StyleView Cart	#SIH IT. Review with IT (Jeff Tango)	2	2	0	\$	3,378	\$	6,756
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	PC + Monitor - Standard		7	3	4	\$	1,689	\$	5,067
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Office Task Chair -	#Interior	7	7	4	\$	1,239	\$	8,670
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Storage	They would like to have another option with lids	20	20	0	\$	676	\$	13,511
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	Printer	Existing - Yes	1	0	1	\$	-	\$	-
LL-311	NURSE STATION	CLINICAL_Adult Psychiatry	PPE Holder (Wall Hung)	Are we using these in the nurse station or would it all	1	1	0	\$	563	\$	563
LL-312	ACTIVITY ROOM	CLINICAL_Adult Psychiatry	Telehealth TV Mounting Bracket		1	1	0	\$	-	\$	-
LL-312	ACTIVITY ROOM	CLINICAL_Adult Psychiatry	Soap Dispenser - B.H.	9/23/24 - Approved during FFE Meeting	1	1	0	\$	17	\$	17
LL-312	ACTIVITY ROOM	CLINICAL_Adult Psychiatry	Paper towel Dispenser -	#Alberici	1	1	0	\$	-	\$	-
LL-312	ACTIVITY ROOM	CLINICAL_Adult Psychiatry	Trash Can - B.H.	#Cortech	1	1	0	\$	225	\$	225
LL-312	ACTIVITY ROOM	CLINICAL_Adult Psychiatry	55" TV (Telehealth		1	1	0	\$	-	\$	-
LL-312	ACTIVITY ROOM	CLINICAL_Adult Psychiatry	Telehealth Camera -		1	1	0	\$	-	\$	-
LL-312	ACTIVITY ROOM	CLINICAL_Adult Psychiatry	Table	#Interior	3	3	2	\$	1,726	\$	5,179
LL-312	ACTIVITY ROOM	CLINICAL_Adult Psychiatry	Chairs	#Interior	20	20	12	\$	90	\$	1,801
LL-313	QUIET ROOM	CLINICAL_Adult Psychiatry	Chairs	#Interior CH-06 16" OR 18" Seat Height 17.5" or 18.5" Probably recommend the higher seat option	2	2	0	\$	946	\$	1,892
LL-313	QUIET ROOM	CLINICAL_Adult Psychiatry	Bench	#Interior	1	1	0	\$	811	\$	811
LL-314	THERAPIST WORK AREA	CLINICAL_Adult Psychiatry	Standard Phone - Cisco	#SIH IT	9	7	2	\$	366	\$	2,561
LL-314	THERAPIST WORK AREA	CLINICAL_Adult Psychiatry	PC + Monitor - Standard	#SIH IT. Review with IT	9	7	2	\$	1,689	\$	11,822
LL-314	THERAPIST WORK AREA	CLINICAL_Adult Psychiatry	Office Task Chair - Standard	#Interior	9	9	0	\$	941	\$	8,471
LL-314	THERAPIST WORK AREA	CLINICAL_Adult Psychiatry	Printer - Standard All-in-	#SIH IT. Review with IT	1	1	0	\$	5,630	\$	5,630
LL-314	THERAPIST WORK AREA	CLINICAL_Adult Psychiatry	System Furniture - Office	#Arch#MEP	9	9	0	\$	3,378	\$	30,400
LL-315	CONSULT	CLINICAL_Adult Psychiatry	32" TV (Telehealth		1	1	0	\$	-	\$	-
LL-315	CONSULT	CLINICAL_Adult Psychiatry	Telehealth TV Mounting		1	1	0	\$	-	\$	-
LL-315	CONSULT	CLINICAL_Adult Psychiatry	Behavior Health Table	#Cortech	1	1	0	\$	844	\$	844
LL-315	CONSULT	CLINICAL_Adult Psychiatry	Behavior Health - Dining	#Interior	3	3	0	\$	507	\$	1,520
LL-315	CONSULT	CLINICAL_Adult Psychiatry	Telehealth Camera -		1	1	0	\$	-	\$	-
LL-316	LINEN	CLINICAL_Adult Psychiatry	Storage Rack / Shelving	What is currently in this closet?#Arch. Specify Shelving	1	1	1	\$	281	\$	281
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Telehealth TV Mounting		1	1	0	\$	-	\$	-
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Foilet - Countertop Ice	FFE-021	1	1	0	\$	5,630	\$	5,630
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Soap Dispenser - B.H.	9/23/24 - Approved during FFE Meeting	1	1	0	\$	17	\$	17
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Paper towel Dispenser -	#Alberici	1	1	0	\$	-	\$	-
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health Trash	#Cortech	1	1	0	\$	225	\$	225
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health Trash	#Cortech	1	1	0	\$	225	\$	225
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	55" TV (Telehealth	FFE-125	1	1	0	\$	-	\$	-
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health Table 42x42 Square Laminate Top	#Cortech	5	5	0	\$	844	\$	4,222

LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health Table 42x42 Square Game Top	#Cortech	1	1	0	\$	901	\$	901
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health - Dining Chair	#Interior CH-01	20	20	0	\$	507	\$	10,133
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health - Standard Lounge Chair	#Interior CH-02 Options TB133 Ballasting (50 lbs)	11	11	0	\$	957	\$	10,527
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Telehealth Camera - Teladoc Health Pro 300	FFE-70	1	1	0	\$	-	\$	-
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Telehealth Camera - Teladoc Health Pro 300		1	1	0	\$	-	\$	-
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Clock	"Remove from FFE	1	1	0	\$	113	\$	113
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health - Bariatric Lounge Chair	#Interior CH-03 I don't think the Pax matches the CH-02 WINK LOUNGE CHAIR	1	1	0	\$	957	\$	957
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Table/Stool (Ballasted)	#Interior CH-04 50 lbs of Ballast - Yes	4	4	0	\$	811	\$	3,243
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health Interior Bench	#Interior CH-05	4	4	0	\$	811	\$	3,243
LL-317	DAY ROOM	CLINICAL_Adult Psychiatry	Behavior Health Rocking Chairs	#Interior CH-06 16" OR 18" Seat Height 17 5" or 18 5" Probably recommend the higher seat option	2	2	0	\$	946	\$	1,892
LL-317A	DAY ROOM	CLINICAL_Adult Psychiatry	Refrigerator	This will be used for Patient Nourishment. Probably	1	1	1	\$	6,418	\$	6,418
LL-318	FLEX STORAGE	CLINICAL_Adult Psychiatry	Stretcher	Existing - Yes	1	0	1	\$	-	\$	-
LL-318	FLEX STORAGE	CLINICAL_Adult Psychiatry	Emergency EVAC Chair	+/- 2'W x 2'D	0	0	1	\$	-	\$	-
LL-318	FLEX STORAGE	CLINICAL_Adult Psychiatry	3'x3' Wedge Storage	+/- 3'W x 3'D	0	0	1	\$	-	\$	-
LL-318	FLEX STORAGE	CLINICAL_Adult Psychiatry	3'x3' Styrofoam Cup Shelves	Would like to combine with Nourishment Storage Shelves for rubbermaid tubs for patient belongings for	0	0	1	\$	-	\$	-
LL-318	FLEX STORAGE	CLINICAL_Adult Psychiatry	Shelves	Shelves for rubbermaid tubs for patient belongings for	0	0	1	\$	281	\$	-
LL-319	ELEV. EQUIP.	CLINICAL_Adult Psychiatry	Not in Scope, NIS	Not in Scope, NIS	0	0	1	\$	-	\$	-
		CLINICAL_Adult Psychiatry								\$	300,588
LL-012 LL-013 LL-014 LL-015 LL-016	PATIENT ROOMS (Rm 12,13,14,15,16)	CLINICAL_Gero-Psychiatry	Furniture - Patient Bed - Platform	#Cortech #Arch-Color? FFE - 102 - Behavior Health Platform Bed - Endurance Bed 2.0 3/27/24 - FFE Review - (Tera/Ginger) - Price all (4) options from Cortech BH: Endurance Bed 0.0, 1.0, 2.0, 2.2 Approved 6/24/24 - Endurance Bed 2.0 - Cubby under bed is a good thing	10	10	0	\$	1,419	\$	14,187
LL-012 LL-013 LL-014 LL-015 LL-016	PATIENT ROOMS (Rm 12,13,14,15,16)	CLINICAL_Gero-Psychiatry	Furniture - Patient Mattress - Platform	#Cortech FFE - 104 - Behavior Health - Platform Bed Mattress Approved 6/24/24	10	10	0	\$	414	\$	4,143
LL-012	PATIENT ROOMS	CLINICAL_Gero-Psychiatry	Furniture - Norix	Reviewed with users - include this item vs. wall	10	10	0	\$	281	\$	2,815
LL-012	PATIENT ROOMS	CLINICAL_Gero-Psychiatry	Lockers - Behavior Health	#Cortech	10	10	0	\$	1,431	\$	14,310
LL-012	PATIENT ROOMS	CLINICAL_Gero-Psychiatry	Artwork	#Arch	10	10	0	\$	844	\$	8,444
LL-012 LL-013 LL-014 LL-015 LL-016	PATIENT ROOMS (Rm 12,13,14,15,16)	CLINICAL_Gero-Psychiatry	Ligature Resistant Whiteboard	#Arch #FFE-### Size 36 1/2" x 18 1/2" x +/- 1/2" 9/23/24 Carry as an allowance Decide later if we need to include in each room 9/24/24 Update with Vendor Pricing and Alternate Pricing to do this locally with THAM 9/25/24 Requested Pricing for 42 Whiteboard - kingswaygroupglobal.com 9/25/24 - Emailed John Examples and Sizes	10	10	0	\$	225	\$	2,252
LL-012A LL-013A LL-014A LL-015A LL-016A	PAT. TLT	CLINICAL_Gero-Psychiatry	Behavior Health 10qt Trash Can	#Cortech #Arch-Color? 9/25/24 Update to 6 per case = 6 cases = 36 for the whole project	5	5	0	\$	113	\$	563
LL-012A	PAT. TLT	CLINICAL_Gero-Psychiatry	Behavior Health Paper	#Albeni	5	5	0	\$	-	\$	-
LL-012A	PAT. TLT	CLINICAL_Gero-Psychiatry	Behavior Health Mirror	#Arch Question Size - A-014	5	5	0	\$	-	\$	-
LL-012A	PAT. TLT	CLINICAL_Gero-Psychiatry	Soap Dispenser	9/23/24 - Approved during FFE Meeting, Use in	5	5	0	\$	-	\$	-
LL-012A	PAT. TLT	CLINICAL_Gero-Psychiatry	Hand Sanitizers	9/23/24 - Approved during FFE Meeting, Use in	5	5	0	\$	-	\$	-
LL-012A	PAT. TLT	CLINICAL_Gero-Psychiatry	Wall Hook	#Arch	10	10	0	\$	-	\$	-
LL-012A	PAT. TLT	CLINICAL_Gero-Psychiatry	Toilet Paper Dispenser	#Arch	5	5	0	\$	-	\$	-
LL-012A	PAT. TLT	CLINICAL_Gero-Psychiatry	Ligature-Resistant Door	#Arch	5	5	0	\$	-	\$	-
LL-012B	PAT. CLO.	CLINICAL_Gero-Psychiatry	TBD	TBD - Overflow of Patient Belongings?	0	0	0	\$	-	\$	-

LL-012C LL-013C LL-014C LL-015C LL-016C	CLO.	CLINICAL_Gero-Psychiatry	Patient Belongings	#Cortech #SIH: Review and Assess Field Verification of Dimensions Dims 26"L x 26"W x 78.5"H	10	10	0	\$	1,431	\$	14,310
LL-014 LL-015	PATIENT ROOM 14 + 15	CLINICAL_Gero-Psychiatry	32" TV (Telehealth Selection)		2	2	0	\$	-	\$	-
LL-014 LL-015	PATIENT ROOM 14 + 15	CLINICAL_Gero-Psychiatry	Telehealth TV Mounting Bracket		2	2	0	\$	-	\$	-
LL-014 LL-015	PATIENT ROOM 14 + 15	CLINICAL_Gero-Psychiatry	Telehealth Camera - Teladoc Health Pro 300		2	2	0	\$	-	\$	-
LL-102	CORRIDOR	CLINICAL_Gero-Psychiatry	Staff Assist Devices	IT Selected (Bill Watkins) Algo Devices	1	1	0	\$	3,716	\$	3,716
LL-102	CORRIDOR	CLINICAL_Gero-Psychiatry	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER	1	1	1	\$	936	\$	936
LL-102	CORRIDOR	CLINICAL_Gero-Psychiatry	Ligature-Proof Noticeboards / Signage	(#Arch Plan) Specify Type and Location (#SIH) Review and Assess Applied Allowance	1	1	0	\$	563	\$	563
LL-103	CORRIDOR	CLINICAL_Gero-Psychiatry	N/A	No FFE	0	0	0	\$	-	\$	-
LL-124	CORRIDOR	CLINICAL_Gero-Psychiatry	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER	1	1	1	\$	936	\$	936
LL-124	CORRIDOR	CLINICAL_Gero-Psychiatry	Access Control	Access Corridor LL-125	1	1	1	\$	936	\$	936
LL-124	CORRIDOR	CLINICAL_Gero-Psychiatry	Cameras	#Cameras	1	1	0	\$	1,107	\$	1,107
LL-124	CORRIDOR	CLINICAL_Gero-Psychiatry	Cameras	#Cameras	1	1	0	\$	1,300	\$	1,300
LL-320	QUIET ROOM	CLINICAL_Gero-Psychiatry	Chairs	#Interior	2	2	0	\$	946	\$	1,892
LL-320	QUIET ROOM	CLINICAL_Gero-Psychiatry	Bench	#Interior	2	2	0	\$	811	\$	1,621
LL-322+LL-325	PATIENT TLT/SHWR	CLINICAL_Gero-Psychiatry	Trash Can - B.H.	#Cortech	1	1	0	\$	39	\$	39
LL-322+LL-325	PATIENT TLT/SHWR	CLINICAL_Gero-Psychiatry	Soap Dispenser - B.H.	9/23/24 - Approved during FFE Meeting	1	1	0	\$	17	\$	17
LL-322+LL-325	PATIENT TLT/SHWR	CLINICAL_Gero-Psychiatry	Paper towel Dispenser	#Alberici	1	1	0	\$	-	\$	-
LL-322+LL-325	PATIENT TLT/SHWR	CLINICAL_Gero-Psychiatry	Behavior Health Mirror	#Arch Question, Size - A-014	1	1	0	\$	-	\$	-
LL-322+LL-325	PATIENT TLT/SHWR	CLINICAL_Gero-Psychiatry	Wall Hook - B.H.	#Arch Elevations	1	1	0	\$	-	\$	-
LL-322+LL-325	PATIENT TLT/SHWR	CLINICAL_Gero-Psychiatry	Toilet Paper Dispenser - B.H.	#Arch #SIH: Review and Assess 10/10/24 - Approved during FFE Meeting.	1	1	0	\$	-	\$	-
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Clock	Clocks were requested to NOT be supplied in patient	1	1	0	\$	113	\$	113
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Follett Refrigerator	(#Arch Plan) Specify Type and Location Can fit	1	1	1	\$	2,815	\$	2,815
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Follett Refrigerator	This will be used for Patient Nourishment. Probably	1	1	1	\$	2,815	\$	2,815
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Follett - Countertop Ice	#Arch#MEP	1	1	0	\$	5,630	\$	5,630
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Behavior Health Dayroom	#SIH IT: Review with IT (Bill Watkins)	1	1	0	\$	394	\$	394
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Behavior Health Table	#Cortech	2	2	0	\$	844	\$	1,689
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Behavior Health Table	#Cortech	1	1	0	\$	901	\$	901
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Behavior Health - Dining	#Interior	10	10	0	\$	507	\$	5,067
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Behavior Health -	#Interior	5	5	0	\$	957	\$	4,785
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Behavior Health -	#Interior	1	1	0	\$	957	\$	957
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Table/Stool (Ballasted)	#Interior	4	4	0	\$	811	\$	3,243
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Behavior Health Interior	#Interior	1	1	0	\$	811	\$	811
LL-323	DAY ROOM	CLINICAL_Gero-Psychiatry	Behavior Health Rocking	#Interior	1	1	0	\$	946	\$	946
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Paper Towel Dispenser	#Arch: Specify Location	1	1	0	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Paper Towel Dispenser	#Arch: Specify Location	1	1	0	\$	96	\$	96
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Trash Can: Twenty-Three	#Arch: Specify Location	1	1	0	\$	56	\$	56
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Follett Refrigerator	Connected to Pvxis Machine	1	0	1	\$	2,815	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Cactus Sink (Wall)	(#Arch Plan) Specify Type and Location Wall Hung	1	0	1	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Pvxix 6 Drawer	Existing-Yes (Installed in 2020)	0	0	1	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Pvxix 7 Drawer Auxiliary	Existing - Yes (Installed in 2020)	0	0	1	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Sharps Container - 4	Wall Hung	0	0	1	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	PC + Monitor - Standard	#SIH IT: Review with IT	1	1	0	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Soap Dispenser	#Arch: Specify Location	1	1	0	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Cameras	Existing- Yes (#Arch Plan) Specify Type and Location RCP (#MEP Plan)	1	0	1	\$	1,300	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Replace Home Med Cart with a lockable cabinet or casework.	(#Programming) Existing Dims +/- 32"L x 23.5"Wx41.5"H (#Arch Plan) Specify Type and Location	1	1	1	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Laptop (On Home Med	Existing - Yes	0	0	1	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Non-Hazardous/ non-EPA	#Arch: Specify Location	2	0	2	\$	-	\$	-
LL-324	MED. / NOURISH.	CLINICAL_Gero-Psychiatry	Storage Rack	IV Supply Bins	0	0	1	\$	-	\$	-
LL-326	NURSE STATION	CLINICAL_Gero-Psychiatry	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	1	\$	936	\$	936
LL-326	NURSE STATION	CLINICAL_Gero-Psychiatry	Video Phone	#SIH IT	1	1	0	\$	507	\$	507
LL-326	NURSE STATION	CLINICAL_Gero-Psychiatry	Standard Phone - Cisco	#SIH IT	3	1	2	\$	366	\$	366
LL-326	NURSE STATION	CLINICAL_Gero-Psychiatry	PC + Monitor - Standard	#SIH IT	3	1	2	\$	1,576	\$	1,576
LL-326	NURSE STATION	CLINICAL_Gero-Psychiatry	Task Chair	#Interior	3	3	0	\$	1,239	\$	3,716
LL-326	NURSE STATION	CLINICAL_Gero-Psychiatry	Rover Charging Station	Equipment Rm or Nurse Station?	1	0	1	\$	-	\$	-
LL-326	NURSE STATION	CLINICAL_Gero-Psychiatry	Shred Bin	#Arch	1	0	1	\$	-	\$	-
LL-326	NURSE STATION	CLINICAL_Gero-Psychiatry	PPE Holder (Wall Hung)	Are we using these in the nurse station or would it all	1	1	0	\$	563	\$	563
LL-327	CLEAN SUPPLY - NURSE	CLINICAL_Gero-Psychiatry	Linen Cart	Confirm New Cart	1	1	1	\$	867	\$	867
LL-327	CLEAN SUPPLY - NURSE	CLINICAL_Gero-Psychiatry	Storage Rack - For	5' W x 18' Deep Racks Sufficient	4	3	1	\$	-	\$	-

LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Paper Towel Dispenser;	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Paper Towel Dispenser;	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Trash Can; Twenty-Three	#Arch Specify Location	1	1	0	\$	56	\$	56
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Coat Hooks	#Arch Blocking	1	1	1	\$	68	\$	68
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Microwave	#Arch	1	1	1	\$	191	\$	191
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Refridgerator (Residential)	#Arch	1	1	1	\$	1,013	\$	1,013
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Staff Lockers	New Purse lockers (jackets on coat rack) 65 total lockers for Adult and Geri Based on Number of Patient Beds +/- 22 Gero and 43 Adult	24	24	12	\$	-	\$	-
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Oxygen Concentrator	#Arch Account for this in the Gero Program - Equipment Storage (#Programming) +/- Dims 32"W x 14"D x "30H	2	0	2	\$	-	\$	-
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Coffee Maker	Standard Dng Coffee Maker?	1	1	1	\$	135	\$	135
LL-328	STAFF BREAK	CLINICAL_Gero-Psychiatry	Chairs	#Interior	2	2	0	\$	259	\$	518
LL-328A	TOILET (STAFF)	CLINICAL_Gero-Psychiatry	Paper Towel Dispenser;	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-328A	TOILET (STAFF)	CLINICAL_Gero-Psychiatry	Trash Can; Twenty-Three (23) Gallon	#Arch Specify Location	1	1	0	\$	56	\$	56
LL-328A	TOILET (STAFF)	CLINICAL_Gero-Psychiatry	Standard Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-328A	TOILET (STAFF)	CLINICAL_Gero-Psychiatry	Standard Toilet Paper	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-328A	TOILET (STAFF)	CLINICAL_Gero-Psychiatry	Standard Wall Hook	#Arch - LG Recommend from previous projects	1	1	0	\$	-	\$	-
LL-328A	TOILET (STAFF)	CLINICAL_Gero-Psychiatry	Standard Mirror	#Arch - LG Recommend from previous projects	1	1	0	\$	-	\$	-
LL-329	EQUIPMENT	CLINICAL_Gero-Psychiatry	Storage Cabinet (thermomators, etc)	"Linen Closet" used as "equip storage" (#Programming) 35 in. W X 71 in. H X 18 in. D	0	0	1	\$	-	\$	-
LL-329	EQUIPMENT	CLINICAL_Gero-Psychiatry	Wedge Storage	(#Programming) Program as part of Proposed Equipment Supply Room; Dims +/- 32"W x 20"H x 24"D	0	0	1	\$	-	\$	-
LL-329	EQUIPMENT	CLINICAL_Gero-Psychiatry	Fall Mats	(#Programming) Program as part of Proposed	0	0	1	\$	-	\$	-
LL-329	EQUIPMENT	CLINICAL_Gero-Psychiatry	Sitting Scale	(#Programming) Program as part of Proposed Equipment Supply Room Dims +/- 23 25" x 40 12" x 37 8"	0	0	1	\$	957	\$	-
LL-329	EQUIPMENT ROOM	CLINICAL_Gero-Psychiatry	Vital Machine (portable)	Notes Dept has 3 older models but only need 1	1	0	3	\$	-	\$	-
LL-329	EQUIPMENT ROOM	CLINICAL_Gero-Psychiatry	Wheelchair	Existing-Yes	0	0	2	\$	-	\$	-
LL-329	EQUIPMENT ROOM	CLINICAL_Gero-Psychiatry	Patient Lift Battery (No	Existing?	0	0	2	\$	-	\$	-
LL-400	SOILED UTILITY	CLINICAL_Gero-Psychiatry	Paper Towel Dispenser;	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-400	SOILED UTILITY	CLINICAL_Gero-Psychiatry	Linen Hampers, Step-on	#EVS	1	0	1	\$	169	\$	-
LL-400	SOILED UTILITY	CLINICAL_Gero-Psychiatry	Waste Bins	#EVS	1	0	1	\$	101	\$	-
LL-400	SOILED UTILITY	CLINICAL_Gero-Psychiatry	Standard Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-400	SOILED UTILITY	CLINICAL_Gero-Psychiatry	Standard Hand Sanitizer Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-400	SOILED UTILITY	CLINICAL_Gero-Psychiatry	Storage Rack	#EVS #Arch Specify Type and Location: (#Programming) 21 x 4'Wx6'H Storage Rack Applied Allowance	1	1	1	\$	281	\$	281
LL-401	FLEX STORAGE	CLINICAL_Gero-Psychiatry	ARJO Patient Lift Equipment	Allowance	1	1	0	\$	49,309	\$	49,309
LL-401	FLEX STORAGE	CLINICAL_Gero-Psychiatry	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER	1	1	0	\$	936	\$	936
LL-401	FLEX STORAGE	CLINICAL_Gero-Psychiatry	User Requested Items					\$	-	\$	-
LL-402	E.V.S. CLO.	CLINICAL_Gero-Psychiatry	Paper Towel Dispenser; Surface Mounted - Automated Touchless	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-402	E.V.S. CLO.	CLINICAL_Gero-Psychiatry	HSKP Cart	#EVS	1	0	1	\$	788	\$	-
LL-402	E.V.S. CLO.	CLINICAL_Gero-Psychiatry	Waste Bins	#EVS	1	0	1	\$	101	\$	-
LL-100	VESTIBULE	CLINICAL_Intake	Pistol Locker	Reviewed with Gene/Security	1	1	0	\$	-	\$	-
LL-100	VESTIBULE	CLINICAL_Intake	Cameras	#Cameras	1	1	0	\$	1,300	\$	1,300
LL-100	VESTIBULE	CLINICAL_Intake	Algo 8036 IP Multimedia Intercoms	#S/HIT Review with IT FFE - 89 - Algo 8036 IP Multimedia Intercoms Existing - Yes	0	0	1	\$	2,927	\$	-
LL-100	VESTIBULE	CLINICAL_Intake	Access Control	(1) Existing CR. Located Inside Vestibule: To Enter Comdor LL-101	1	1	1	\$	936	\$	936
LL-101	CORRIDOR	CLINICAL_Intake	Algo 8036 IP Multimedia	Existing	2	0	2	\$	2,927	\$	-

LL-101	CORRIDOR	CLINICAL_Intake	Access Control	(1) Exit to Vestibule LL-100 (1) Enter Intake LL-101 FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER	2	2	2	\$	936	\$	1,871
LL-101	CORRIDOR	CLINICAL_Intake	Access Control	Coordinating with SIH Security (1) Enter Adult (1) Enter Gero FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER	2	2	2	\$	936	\$	1,871
LL-101	CORRIDOR	CLINICAL_Intake	Digital Time Clock (Wall Mounted)	#SIH IT Review with IT Existing - Yes	1	1	0	\$	6,193	\$	6,193
LL-101	CORRIDOR	CLINICAL_Intake	Digital Time Clock (Wall Mounted)	#SIH IT Review with IT Existing - Yes	1	0	1	\$	6,193	\$	
LL-104	VESTIBULE (Between Adult/Gero)	CLINICAL_Intake	Cameras	#Cameras	2	2	2	\$	1,300	\$	2,601
LL-104	VESTIBULE (Between Adult/Gero)	CLINICAL_Intake	Algo 8036 IP Multimedia Intercoms	Existing (1) To Enter Adult (1) To Enter Gero FFE - 89 - Algo 8036 IP Multimedia Intercoms	2	0	2	\$	2,927	\$	
LL-104	VESTIBULE (Between Adult/Gero)	CLINICAL_Intake	New Vinyl Notice on Doors		0	0	0	\$	-	\$	-
LL-300	INTAKE ROOM	CLINICAL_Intake	Mobile Workstations	#Interior	1	1	0	\$	2,139	\$	2,139
LL-300	INTAKE ROOM	CLINICAL_Intake	PPE Holder (Wall Hung)	How will PPE be stored in the Casework. Will the	1	1	0	\$	563	\$	563
LL-300	INTAKE ROOM	CLINICAL_Intake	IP Phone	#SIH IT Review with IT Existing - Yes	0	0	1	\$	355	\$	
LL-300	INTAKE ROOM	CLINICAL_Intake	PC	#SIH IT Review with IT Existing - Yes	0	0	1	\$	1,576	\$	
LL-300	INTAKE ROOM	CLINICAL_Intake	Ligature-Proof Notice boards / Signage	(#Arch Plan) Specify Type and Location (#SIH) Review and Assess Applied Allowance	1	1	0	\$	563	\$	563
LL-300	INTAKE ROOM	CLINICAL_Intake	Trash Can	(#Arch Plan) Specify Type and Location	1	1	0	\$	39	\$	39
LL-300	INTAKE ROOM	CLINICAL_Intake	Crashcart	#Interior	0	0	1	\$	901	\$	
LL-300	INTAKE ROOM	CLINICAL_Intake	CAPRs	Existing - Yes	1	1	0	\$	-	\$	-
LL-300	INTAKE ROOM	CLINICAL_Intake	Portable Vitals Machine	Existing - YES	1	0	1	\$	-	\$	-
LL-300	INTAKE ROOM	CLINICAL_Intake	Patient Scale	Existing - YES (#Programming) +/- Dims 28"Lx 28"Wx 42"H	1	1	0	\$	-	\$	-
LL-300	INTAKE ROOM	CLINICAL_Intake	Phlebotomy Chair		0	0	0	\$	-	\$	-
LL-300	INTAKE ROOM	CLINICAL_Intake	Linen Cart	Size 24"x48"	1	1	0	\$	-	\$	-
LL-300	INTAKE ROOM	CLINICAL_Intake	Exam Table	Size?	1	1	0	\$	-	\$	-
LL-300	INTAKE ROOM	CLINICAL_Intake	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	1	\$	936	\$	936
LL-300	INTAKE ROOM	CLINICAL_Intake	Task Chair	#Interior	1	1	0	\$	1,239	\$	1,239
LL-301	INTAKE TOILET (PUBLIC)	CLINICAL_Intake	Soap Dispenser - B.H.	9/23/24 - Approved during FFE Meeting Use in Locations: Medium and High Risk	12	12	0	\$	-	\$	-
LL-301	INTAKE TOILET (PUBLIC)	CLINICAL_Intake	Trash Can - B.H.	#Cortech Color: Blue Gray 9/25/24 Update to 6 per case = 6 cases = 36 for the whole project	1	1	0	\$	39	\$	39
LL-301	INTAKE TOILET (PUBLIC)	CLINICAL_Intake	Paper towel Dispenser - Behavior Health Mirror	#Alberici #Arch Question Size - A-014	12	12	0	\$	-	\$	-
LL-301	INTAKE TOILET (PUBLIC)	CLINICAL_Intake	Wall Hook - B.H.	#Arch #SIH: Review and Assess	12	12	0	\$	-	\$	-
LL-301	INTAKE TOILET (PUBLIC)	CLINICAL_Intake	Toilet Paper Dispenser - B.H.	#Arch #SIH: Review and Assess ###1/24 - Approved during FFE Meeting. Use in Locations: Low, Medium, High Risk	12	12	0	\$	-	\$	-
Project	Corridors/Wayfinding	CLINICAL_Psychiatric Medical		#THAM	1	1	0	\$	450	\$	450
Project	Security	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	0	\$	936	\$	936
Project	Security	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	0	\$	936	\$	936
Project	Security	CLINICAL_Psychiatric Medical	Cameras	#Cameras	1	1	0	\$	1,727	\$	1,727
Project	Security	CLINICAL_Psychiatric Medical	Cameras	#Cameras	1	1	0	\$	1,727	\$	1,727
Project	Security	CLINICAL_Psychiatric Medical	Cameras	#Cameras	1	1	0	\$	1,727	\$	1,727

Project	Security	CLINICAL_Psychiatric Medical	Cameras	#Cameras	1	1	0	\$	1,727	\$	1,727
Project	Security	CLINICAL_Psychiatric Medical	Cameras	#Cameras	1	1	0	\$	1,727	\$	1,727
Project	Security	CLINICAL_Psychiatric Medical	Cameras	#Cameras	1	1	0	\$	1,214	\$	1,214
Project	Security	CLINICAL_Psychiatric Medical	Cameras	#Cameras	2	2	0	\$	1,214	\$	2,429
LL-021	PATIENT ROOM #1,2,3,4	CLINICAL_Psychiatric Medical	Furniture - Patient Bed	#Cortech	4	4	0	\$	1,419	\$	5,675
LL-021	PATIENT ROOM #1,2,3,4	CLINICAL_Psychiatric Medical	Furniture - Patient	#Cortech	4	4	0	\$	414	\$	1,657
LL-021	PATIENT ROOM #1,2,3,4	CLINICAL_Psychiatric Medical	Furniture - All Purpose	#Cortech	4	4	0	\$	355	\$	1,419
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Patient Lockers	#Cortech	12	12	0	\$	1,431	\$	17,173
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	32" TV (Telehealth)		12	12	0	\$	-	\$	-
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Telehealth TV Mounting		12	12	0	\$	-	\$	-
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	O2 Regulator	Where will these be stored?	12	12	0	\$	901	\$	10,809
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Telehealth Camera -		12	12	0	\$	-	\$	-
LL-022	#1,2,3,4,5,6,7,8,9,10,11,12		Teladoc Health Pro 300								
LL-023											
LL-024											
LL-025											
LL-026											
LL-027											
LL-028											
LL-029											
LL-030											
LL-031											
LL-032											
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Suction Regulator	#SecurityPatientConsole (Frame: Series B - Small Console Trim Plate / Key Style: Pin Index)	12	12	0	\$	901	\$	10,809
LL-022	#1,2,3,4,5,6,7,8,9,10,11,12			Where will these be stored?							
LL-023				###124 - Approved during FFE Meeting.							
LL-024											
LL-025											
LL-026											
LL-027											
LL-028											
LL-029											
LL-030											
LL-031											
LL-032											
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Wall PCs in Patient	#PatientCart? FFE-93	12	12	0	\$	1,576	\$	18,915
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Nightstand	(#Programming) 22H x 21W x 18D	0	0	0	\$	-	\$	-
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Artwork	#Arch	12	12	0	\$	844	\$	10,133
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Ligature Resistant	#Arch	12	12	0	\$	225	\$	2,702
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Analog Phones - Patient Room	#SIH IT: Review with IT #SecurityPatientConsole	12	12	0	\$	281	\$	3,378
LL-022	#1,2,3,4,5,6,7,8,9,10,11,12										
LL-023											
LL-024											
LL-025											
LL-026											
LL-027											
LL-028											
LL-029											
LL-030											
LL-031											
LL-032											
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Nurse Call	#Vendor - SWC #SecurityPatientConsole - Pillow Speaker Holder	1	1	0	\$	164,031	\$	164,031
LL-022	#1,2,3,4,5,6,7,8,9,10,11,12			Located inside locked cabinet							
LL-023											
LL-024											
LL-025											
LL-026											
LL-027											
LL-028											
LL-029											
LL-030											
LL-031											
LL-032											
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Nurse Call	Allowance for Added Devices in patient room	1	1	0	\$	27,500	\$	27,500
LL-022	#1,2,3,4,5,6,7,8,9,10,11,12										
LL-023											
LL-024											
LL-025											
LL-026											
LL-027											
LL-028											
LL-029											
LL-030											
LL-031											
LL-032											
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Sharps Containers	#PatientCart? FFE-93	12	12	0	\$	-	\$	-
LL-022	#1,2,3,4,5,6,7,8,9,10,11,12			Free from Stencycle							
LL-023				(#Programming) +/- Dims 6"L x 16"W x 24"H							
LL-024				(#Arch Plan) Specify Type and Location Wall Hung							
LL-025				Located inside locked cabinet							
LL-026											
LL-027											
LL-028											
LL-029											
LL-030											
LL-031											
LL-032											
LL-021	PATIENT ROOM	CLINICAL_Psychiatric Medical	Security Patient Console	#Albenci #Arch#MEP	12	12	0	\$	3,696	\$	44,357
LL-022	#1,2,3,4,5,6,7,8,9,10,11,12			MED GAS							
LL-023											
LL-024											
LL-025											
LL-026											
LL-027											
LL-028											
LL-029											
LL-030											
LL-031											
LL-032											
LL-021A	PATIENT TOILET /	CLINICAL_Psychiatric Medical	Paper towel Dispenser	#Albenci	12	12	0	\$	-	\$	-
LL-021A	PATIENT TOILET /	CLINICAL_Psychiatric Medical	Behavior Health Mirror	#Arch Question: Size - A-014	12	12	0	\$	-	\$	-
LL-021A	PATIENT TOILET /	CLINICAL_Psychiatric Medical	Trash Can	#Cortech	12	12	0	\$	113	\$	1,351
LL-021A	PATIENT TOILET /	CLINICAL_Psychiatric Medical	Soap Dispenser	9/23/24 - Approved during FFE Meeting Use in	12	12	0	\$	-	\$	-
LL-021A	PATIENT TOILET /	CLINICAL_Psychiatric Medical	Hand Sanitizers - B.H.	9/23/24 - Approved during FFE Meeting Use in	12	12	0	\$	-	\$	-

LL-021A LL-022A LL-023A LL-024A LL-025A LL-026A LL-027A LL-028A LL-029A LL-030A LL-031A LL-032A	PATIENT TOILET / SHOWER (Rm #1,2,3,4,5,6,7,8,9,10,11,12)	CLINICAL_Psychiatric Medical	Wall Hook - B.H.	#Arch #SIH: Review and Assess	12	12	0	\$	-	\$	-
LL-021A	PATIENT TOILET /	CLINICAL_Psychiatric Medical	Toilet Paper Dispenser -	#Arch	12	12	0	\$	-	\$	-
LL-021A	PATIENT TOILET /	CLINICAL_Psychiatric Medical	Ligature-Resistant	#Arch	12	12	0	\$	-	\$	-
LL-025	PATIENT ROOM	CLINICAL_Psychiatric Medical	Behavior Health Cart	Approved 10/18/24	8	8	0	\$	7,777	\$	62,219
LL-025	PATIENT ROOM	CLINICAL_Psychiatric Medical	Sitter / Office Task Chair -	#Interior	8	8	0	\$	1,002	\$	8,017
LL-025	PATIENT ROOM	CLINICAL_Psychiatric Medical	GloveBox Holder	#PatientCart	0	0	0	\$	84	\$	-
LL-025	PATIENT ROOM	CLINICAL_Psychiatric Medical	Alaris IV Pumps	12/30/25 Added in mock-up meeting	8	8	0	\$	6,188	\$	49,500
LL-025	PATIENT ROOM	CLINICAL_Psychiatric Medical	IV Poles	#PatientCart	8	8	0	\$	688	\$	5,500
LL-025	PATIENT ROOM	CLINICAL_Psychiatric Medical	ALTERNATE TO BEDSIDE	Bedside Table Option?	12	12	0	\$	304	\$	3,648
LL-025	PATIENT ROOM	CLINICAL_Psychiatric Medical	Medical Bed	(#Programming) 35"W x 82"L x Varies"H	8	0	10	\$	13,511	\$	-
LL-025	PATIENT ROOM	CLINICAL_Psychiatric Medical	Medical Bed Mattress	Mattress Dims. 36"x80"x6"	8	4	10	\$	1,154	\$	4,616
LL-025 LL-026 LL-027 LL-028 LL-029 LL-030 LL-031 LL-032	PATIENT ROOM #5,6,7,8,9,10,11,12	CLINICAL_Psychiatric Medical	Over Bed Tables	Typical Over Bed Table - Dims 31 5"W x 16"D x 31-41 5"H	8	8	0	\$	1,296	\$	10,368
				9/13/24 Request 8 at Design Meeting Confirmed 9/23/24							
LL-029 LL-030 LL-031 LL-032	PATIENT ROOM #9,10,11,12	CLINICAL_Psychiatric Medical	Recliner	4/2/24 Update with Tera Update FFE to 3 Recliners They will stay on the unit and if there were no Med Psych Patients, they would need to be moved to the Equipment Storage Room in Med Psych Expansion 9/13/24 Request 4 at Design Meeting 10/18/24 Confirmed Qty 4	4	4	0	\$	3,772	\$	15,087
LL-120	CORRIDOR	CLINICAL_Psychiatric Medical	Staff Assist Devices	IT Selected (Bill Watkins) Algo Devices	1	1	0	\$	16,352	\$	16,352
LL-120	CORRIDOR	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER Access Elevator	1	1	0	\$	936	\$	936
LL-120	CORRIDOR	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER Access Adult Unit	1	1	0	\$	936	\$	936
LL-120	CORRIDOR	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	0	\$	936	\$	936
LL-120	CORRIDOR	CLINICAL_Psychiatric Medical	Cameras	#Cameras	1	1	0	\$	1,300	\$	1,300
LL-120	CORRIDOR	CLINICAL_Psychiatric Medical	Algo 8035 IP Multimedia	(#Arch Plan) Specify Type and Location	2	2	0	\$	2,927	\$	5,855
LL-120	CORRIDOR	CLINICAL_Psychiatric Medical	Artwork	Update Pricing	16	16	0	\$	844	\$	13,511
LL-121	CORRIDOR	CLINICAL_Psychiatric Medical	Digital Timecard (Wall Mounted)	#SIH IT: Review with IT (Aaron Vineyard) #FFE-### Wall Mounted (#Arch Plan) Specify Type and Location (#MEP Plan) Power/Data Applied Allowance	1	1	0	\$	6,193	\$	6,193
LL-121	CORRIDOR	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER Exit Door to Exterior	1	1	0	\$	936	\$	936
LL-121	CORRIDOR	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER Access to Courtyard	1	1	0	\$	936	\$	936
LL-121	CORRIDOR	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER Access Corridor LL-122/Psych-Med Unit	1	1	0	\$	936	\$	936
LL-121	CORRIDOR	CLINICAL_Psychiatric Medical	Cameras	#Cameras FFE - 88 - Security Camera - 360 Degree - Axis Views of Corridor LL-121	1	1	0	\$	1,300	\$	1,300
LL-123	COURTYARD	CLINICAL_Psychiatric Medical	Terrance Bench and Tables	#Interior Updated Pricing // T-04 Subtotal	1	1	0	\$	21,345	\$	21,345
LL-123A	COURTYARD STORAGE	CLINICAL_Psychiatric Medical	N/A	No FFE	0	0	0	\$	-	\$	-
LL-125	CORRIDOR (South	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	1	\$	936	\$	936
LL-125	CORRIDOR (South Corridor)	CLINICAL_Psychiatric Medical	Cameras	#Cameras FFE - 88 - Security Camera - 360 Degree - Axis Located in Corridor Outside Patient room #3 - LL-023	1	1	0	\$	1,300	\$	1,300
LL-126	CORRIDOR (North	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	1	\$	936	\$	936

LL-126	CORRIDOR (North Corridor)	CLINICAL_Psychiatric Medical	Cameras	#Cameras FFE - 106 - Security Camera - Single POV 104 - 40° - Axis View South by door to LL-127 - Exit Vestibule	1	1	0	\$ 1,107	\$ 1,107
LL-126	CORRIDOR (North Corridor)	CLINICAL_Psychiatric Medical	Cameras	#Cameras FFE - 88 - Security Camera - 360 Degree - Axis	1	1	0	\$ 1,300	\$ 1,300
LL-126	CORRIDOR CASEWORK	CLINICAL_Psychiatric Medical	PPE Holder (Wall Hung)	How will PPE be stored in the Casework Will the Bowman PPE Holder make sense or not? #Arch Specify Type and Location See proposed FFE slides Applied Allowance	6	6	0	\$ 563	\$ 3,378
LL-127	EXIT VESTIBULE (North)	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	1	\$ 936	\$ 936
LL-127	EXIT VESTIBULE (North)	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	1	\$ 936	\$ 936
LL-127	EXIT VESTIBULE (North)	CLINICAL_Psychiatric Medical	Cameras	#Cameras	1	1	0	\$ 1,300	\$ 1,300
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical		Clocks were requested to NOT be supplied in patient	1	1	0	\$ 113	\$ 113
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Telehealth TV Mounting		1	1	0	\$ -	\$ -
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Follet - Countertop Ice	FFE-021	1	1	0	\$ 5,630	\$ 5,630
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Soap Dispenser - B.H.	9/23/24 - Approved during FFE Meeting	1	1	0	\$ 17	\$ 17
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Soap Dispenser - B.H.	9/23/24 - Approved during FFE Meeting	1	1	0	\$ 17	\$ 17
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health Dayroom	#SIH IT Review with IT (Bill Watkins)	2	2	0	\$ 394	\$ 788
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health Dayroom	#SIH IT Review with IT (Bill Watkins)	2	2	0	\$ 394	\$ 788
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Patient Phone	#SIH IT Review with IT (Bill Watkins)	2	2	0	\$ 394	\$ 788
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Paper towel Dispenser - B.H.	#Albenci Review with LG and Documents 9/23/24 - Approved during FFE Meeting Use in Locations Low Medium High Risk	1	1	0	\$ -	\$ -
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Paper towel Dispenser - B.H.	#Albenci Review with LG and Documents 9/23/24 - Approved during FFE Meeting Use in Locations Low, Medium, High Risk	1	1	0	\$ -	\$ -
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health Trash	#Cortech	1	1	0	\$ 225	\$ 225
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health Trash	#Cortech	1	1	0	\$ 225	\$ 225
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	55" TV (Telehealth)		1	1	0	\$ -	\$ -
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health Table	#Cortech	3	3	0	\$ 844	\$ 2,533
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health Table	#Cortech	1	1	0	\$ 901	\$ 901
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health - Dining Chair	#Interior CH-01	14	14	0	\$ 507	\$ 7,093
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health - Standard Lounge Chair	#Interior CH-02 Options TB133 Ballasting (50 lbs) Accessories Ganging Plate Bolt-down Kit	10	10	0	\$ 957	\$ 9,570
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Telehealth Camera - Teladoc Health Pro 300		1	1	0	\$ -	\$ -
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health - Bariatric Lounge Chair	#Interior CH-03 I don't think the Pax matches the CH-02 WINK LOUNGE CHAIR	1	1	0	\$ 957	\$ 957
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Table/Stool (Ballasted)	#Interior CH-04 50 lbs of Ballast - Yes	3	3	0	\$ 811	\$ 2,432
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health Interior Bench	#Interior CH-05	3	3	0	\$ 811	\$ 2,432
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Behavior Health Rocking Chairs	#Interior CH-06 16" OR 18" Seat Height 17.5" or 18.5" Probably recommend the higher seat option	1	1	0	\$ 946	\$ 946
LL-403	DAY ROOM	CLINICAL_Psychiatric Medical	Chairs	#Interior	2	2	0	\$ 90	\$ 180
LL-403A	REF. CLO.	CLINICAL_Psychiatric Medical	Follett Refrigerator - Full	#Arch#MEP	1	1	0	\$ 6,530	\$ 6,530
LL-404	DATA CLOSET	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	0	\$ 936	\$ 936
LL-404	DATA CLOSET	CLINICAL_Psychiatric Medical	Philips Patient Monitor - Data Rack	#MEP Confirm with Joel / SIH IT	1	1	0	\$ 188,257	\$ 188,257
LL-404	DATA CLOSET	CLINICAL_Psychiatric Medical			6	6	0	\$ 1,126	\$ 6,756
LL-404	DATA CLOSET	CLINICAL_Psychiatric Medical	Switch	(#MEP Plan) Infrastructure Confirm with Joel / SIH IT	1	1	0	\$ 12,385	\$ 12,385
LL-404	DATA CLOSET	CLINICAL_Psychiatric Medical		(#MEP Plan) Infrastructure					
LL-405	TOILET - PUBLIC/B.H.	CLINICAL_Psychiatric Medical	Trash Can - B.H.	#Cortech FFE-113 Color Blue Gray 9/25/24 Update to 6 per case = 6 cases = 36 for the whole project	1	1	0	\$ 39	\$ 39
LL-405	TOILET - PUBLIC/B.H.	CLINICAL_Psychiatric Medical	Soap Dispenser - B.H.	9/23/24 - Approved during FFE Meeting Use in Locations Medium and High Risk	1	1	0	\$ 17	\$ 17

LL-405	TOILET - PUBLIC/B.H.	CLINICAL_Psychiatric Medical	Paper towel Dispenser - B.H.	#Alben Review with LG and Documents 9/23/24 - Approved during FFE Meeting Use in Locations Low Medium High Risk	1	1	0	\$	-	\$	-
LL-405	TOILET - PUBLIC/B.H.	CLINICAL_Psychiatric Medical	Behavior Health Mirror	#Arch Question Size - A-014	1	1	0	\$	-	\$	-
LL-405	TOILET - PUBLIC/B.H.	CLINICAL_Psychiatric Medical	Wall Hook - B.H.	#Arch Elevations 10/10/24 - Approved during FFE Meeting.	1	1	0	\$	-	\$	-
LL-405	TOILET - PUBLIC/B.H.	CLINICAL_Psychiatric Medical	Toilet Paper Dispenser -	#Arch	1	1	0	\$	-	\$	-
LL-412	TOILET (STAFF)	CLINICAL_Psychiatric Medical	Paper Towel Dispenser; Surface Mounted - Automated Touchless	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-412	TOILET (STAFF)	CLINICAL_Psychiatric Medical	Trash Can; Twenty-Three (23) Gallon	#Arch Specify Location	1	1	0	\$	56	\$	56
LL-412	TOILET (STAFF)	CLINICAL_Psychiatric Medical	Standard Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-412	TOILET (STAFF)	CLINICAL_Psychiatric Medical	Standard Wall Hook		1	1	0	\$	-	\$	-
LL-412	TOILET (STAFF)	CLINICAL_Psychiatric Medical	Standard Toilet Paper Dispenser		1	1	0	\$	-	\$	-
LL-412	TOILET (STAFF)	CLINICAL_Psychiatric Medical	Standard Mirror		1	1	0	\$	-	\$	-
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	Paper Towel Dispenser;	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	Trash Can; Twenty-Three (23) Gallon	#Arch Specify Location	1	1	0	\$	56	\$	56
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	Coat Hooks	#Arch Blocking	1	1	1	\$	68	\$	68
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	Microwave	#Arch	1	1	1	\$	191	\$	191
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	Refridgerator (Residential)	#Arch	1	1	1	\$	1,013	\$	1,013
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	Bunn Coffee Maker - Standard	#Arch	1	1	0	\$	507	\$	507
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	System Furniture - Office	#Interior T-01	1	1	0	\$	1,689	\$	1,689
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	System Furniture - Office	#Interior CH-11	5	5	0	\$	169	\$	844
LL-413	STAFF BREAK	CLINICAL_Psychiatric Medical	System Furniture - Office	#Interior CH-12	5	5	0	\$	281	\$	1,407
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Trash Can; Twenty-Three	#Arch Specify Location	1	1	0	\$	56	\$	56
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Glove Dispenser; Triple	#Arch Specify Location	2	2	0	\$	110	\$	221
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Video Phone	#SIH IT	1	1	0	\$	507	\$	507
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Standard Phone - Cisco	#SIH IT: Review with IT	1	1	0	\$	366	\$	366
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Security Camera Monitor	#Cameras Update FFE-119 with Precision Dell Desktop for Each Monitor (Tera Peterson - IT Ticket for Monitoring Station for Cameras)	2	2	0	\$	2,815	\$	5,630
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Ergotron StyleView Cart - Workstation on Wheels - WOWs	#SIH IT: Review with IT (Jeff Tango) WOWs between Nurse Work and Corridor LL-122 (2) South Wall between Med Prep and Nurse station opening (2) North of Nurse Station Opening	4	4	0	\$	3,378	\$	13,511
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	PC + Monitor - Standard	#SIH IT: Review with IT	2	2	0	\$	1,689	\$	3,378
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Task Chair	#Interior	5	5	0	\$	1,239	\$	6,193
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Printer - Standard All-in-	(#Arch Plan) Specify Type and Location	1	1	0	\$	5,630	\$	5,630
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Under Count 3-Drawer	#Interior	2	2	0	\$	355	\$	709
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	System Furniture - Office	#Interior CH-09 Mirra 2	2	2	0	\$	941	\$	1,883
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Shred Bin	#Arch (#Programming) 24"W x 24"L x 42"H	1	0	1	\$	-	\$	-
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	BOWMAN DISPENSERS Face Mask Dispenser:	This vs separate glovebox holder + mask holder?	1	1	0	\$	191	\$	191
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Philips Patient Monitor System	23" Monitor - Wall Hung Monitor Philips Provide the GCX Bracket and Arm #MEP - Connects to UPS North Seat in Enclosed Area away from corridor E Power from UPS to support monitor	1	1	0	\$	-	\$	-
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Philips Patient Monitor System	Requested Cut Sheet from Austin at Philips	1	1	0	\$	-	\$	-
LL-414	NURSE WORK	CLINICAL_Psychiatric Medical	Philips Patient Monitor System	Requested Cut Sheet from Austin at Philips #MEP - Connects to UPS E Power from UPS to support receiver.	1	1	0	\$	-	\$	-
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Paper Towel Dispenser;	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Trash Can; Twenty-Three	#Arch Specify Location	1	1	0	\$	56	\$	56
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Cactus Sink (Wall)	(#Arch Plan) Specify Type and Location Wall Hung	1	0	1	\$	281	\$	-

LL-415	MED PREP	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	0	\$	936	\$	936
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Sharps Container - 4 Gallon	Walt Hung (#Arch Plan) Specify Type and Location (#Programming) +/- Dims 6'L x 16"W x 24"H	0	0	1	\$	-	\$	-
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Cameras	(#Arch Plan) Specify Type and Location. RCP	1	0	1	\$	1,214	\$	-
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Home Med Lockable	(#Programming) Existing Dims +/- 32"Lx	1	1	0	\$	2,252	\$	2,252
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Laptop (On Home Med Cart)	New Allowance 2000	1	1	0	\$	2,252	\$	2,252
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Storage Rack	(#Arch Plan/Elevations) Specify Type and Location (#Programming) +/- Dims 36"W x 18"D x 72"H	1	1	0	\$	281	\$	281
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Medication Dispensing Console - Screen. (Installed in 2020)	(#Arch Plan/Elevations) FFE - 17 (#Programming) +/- Dims All main cabinets are 22.8 in W x 27 in D 6-drawer (55 in H)	1	1	0	\$	63,796	\$	63,796
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Medication Dispensing (Installed in 2020)	(#Arch Plan/Elevations) FFE - 17 (#Programming) 7-drawers auxiliary (+/- Dims 22.8 in W x 27 in D x 47 in H) (Planning)	1	1	0	\$	48,797	\$	48,797
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Medication Dispensing (Installed in 2020)	(#Arch Plan/Elevations) Basis of Design is to Match HMC Med-Surg (#Programming) Pyxis_4 door tower - Single Column Auxiliary (+/- Dims 31 in W x 28 in D x 79.5 in H) (#SIH) Review with Pharmacy Cody Sandusky	2	2	0	\$	10,330	\$	20,661
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Medication Refrigerator	Basis of Design: Follett Model: REF5P	1	1	0	\$	2,196	\$	2,196
LL-415	MED PREP	CLINICAL_Psychiatric Medical	Non-Hazardous/ non-EPA	Stencycle	2	2	0	\$	281	\$	563
LL-416	NURSE STATION	CLINICAL_Psychiatric Medical	Digital Clock - Primex	Allowance	1	1	0	\$	8,800	\$	8,800
LL-416	NURSE STATION	CLINICAL_Psychiatric Medical		#Arch Question				\$	-	\$	-
LL-417	PASSAGE	CLINICAL_Psychiatric Medical	Paper Towel Dispenser	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-417	PASSAGE	CLINICAL_Psychiatric Medical	Trash Can: Twenty-Three	#Arch Specify Location	1	1	0	\$	56	\$	56
LL-417	PASSAGE	CLINICAL_Psychiatric Medical	Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-417	PASSAGE	CLINICAL_Psychiatric Medical	Tracker Board + PC	#SIH IT Review with IT	1	1	0	\$	5,630	\$	5,630
LL-417	PASSAGE	CLINICAL_Psychiatric Medical	Rover/Phone Charger	42" TV + PC + TV Mount (#Programming) Dims +/- 2"W x 2" D x 10" H (#Arch Plan) Specify Type and Location (#MEP Plan): Power	1	0	1	\$	-	\$	-
LL-417	PASSAGE	CLINICAL_Psychiatric Medical	Crasheart	#Interior CT-01 \$3,333 Cart and Accessories / Applied Allowance	1	1	0	\$	5,630	\$	5,630
LL-418	CLEAN SUPPLY	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	0	\$	936	\$	936
LL-418	CLEAN SUPPLY	CLINICAL_Psychiatric Medical	Blanket Warmer	#Arch Question Elevation for LL-418, Equipment Location?	1	1	0	\$	10,358	\$	10,358
LL-418	CLEAN SUPPLY	CLINICAL_Psychiatric Medical	Linen Cart	Confirm New Cart	1	1	1	\$	867	\$	867
LL-418	CLEAN SUPPLY	CLINICAL_Psychiatric Medical	Storage Racks	#Arch Question: Size of the Racks in Clean Supply	5	5	0	\$	901	\$	4,504
LL-419	SOILED UTILITY	CLINICAL_Psychiatric Medical	Paper Towel Dispenser	#Arch Specify Location	1	1	0	\$	96	\$	96
LL-419	SOILED UTILITY	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR	1	1	0	\$	936	\$	936
LL-419	SOILED UTILITY	CLINICAL_Psychiatric Medical	Linen Hampers, Step-on	#EVS	1	1	0	\$	169	\$	169
LL-419	SOILED UTILITY	CLINICAL_Psychiatric Medical	Waste Bins	#EVS	1	1	0	\$	101	\$	101
LL-419	SOILED UTILITY	CLINICAL_Psychiatric Medical	Standard Soap Dispenser	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-419	SOILED UTILITY	CLINICAL_Psychiatric Medical	Standard Hand Sanitizer	#Arch Specify Location	1	1	0	\$	-	\$	-
LL-419	SOILED UTILITY	CLINICAL_Psychiatric Medical	Storage Rack	#EVS	1	1	1	\$	281	\$	281
LL-420	EQUIPMENT ROOM	CLINICAL_Psychiatric Medical	Philips Patient Monitor	10/18/24 - Approved	3	3	0	\$	-	\$	-
LL-420	EQUIPMENT ROOM	CLINICAL_Psychiatric Medical	Access Control	FFE - 30 - Access Control - MX-1 SINGLE DOOR CONTROLLER	0	0	0	\$	936	\$	-
LL-420	EQUIPMENT ROOM	CLINICAL_Psychiatric Medical	Ario Portable Lift and	Tera is meeting with ARJO in the next few days	1	1	0	\$	11,259	\$	11,259
LL-420	EQUIPMENT ROOM	CLINICAL_Psychiatric Medical	Bariatric Cammode?	Where do you store this? Equipment room?	1	1	0	\$	450	\$	450
LL-420	EQUIPMENT ROOM	CLINICAL_Psychiatric Medical	Cammode	Where do you store this? Equipment room? #Arch: Basis of Design: 30" wide x 20" deep x 36"H (#Programming): 30" wide x 10" deep x 36"H	1	1	0	\$	394	\$	394
LL-420	EQUIPMENT ROOM	CLINICAL_Psychiatric Medical	Walkers	(#Programming): 30" wide x 10" deep x 36"H	1	1	0	\$	394	\$	394
LL-420	EQUIPMENT ROOM	CLINICAL_Psychiatric Medical	Wheelchair	Existing: Yes Store in Proposed Gero Equipment Room Gero needs a dedicated wheelchair (#Programming) +/- Dims 40" L x 18" W x 36" H	1	1	0	\$	844	\$	844
Project	Misc Allowance	CLINICAL_Psychiatric Medical			1	1	0	\$	-	\$	2,815
Project	Security	CLINICAL_Psychiatric Medical						\$	-	\$	1,069,348
Project	Security	NON-CLINICAL_Psychiatry	Cameras	#Cameras FFE - 88 - Security Camera - 360 Degree - Axis South of Vestibule	1	1	0	\$	1,300	\$	1,300
		NON-CLINICAL_Psychiatry						\$	-	\$	1,300
Courtyard	Courtyard	NON-CLINICAL_Courtyard	Alternate for Additional Tables and Benches in Courtyard		1	1	0	\$	18,000.00	\$	18,000
		NON-CLINICAL_Courtyard						\$	-	\$	18,000
LL-422	MECHANICAL	NON-CLINICAL_Electrical	Standard Phone - Cisco	#SIH IT Review with IT	1	1	0	\$	366	\$	366
LL-422	MECHANICAL	NON-CLINICAL_Electrical	PC + Monitor - Standard	#SIH IT Review with IT	2	2	0	\$	1,689	\$	3,382
		NON-CLINICAL_Electrical						\$	-	\$	3,748
Project	Corridors	NON-CLINICAL_Egress	Behavior Health Interior	#Arch 11/4/24 Issue Tracker: Add Dashed Outline	96	96	0	\$	450	\$	43,235
Project	Corridors	NON-CLINICAL_Egress	WAP	#IT Question: Jopl when will you have draft	30	30	0	\$	563	\$	16,889
		NON-CLINICAL_Egress						\$	-	\$	60,124
Project	Elevator	NON-CLINICAL_Elevators -	Access Control	Coordinating with SIH Security Access Elevator	1	1	0	\$	936	\$	936
Project	Elevator	NON-CLINICAL_Elevators -	Cameras	#Cameras	1	1	0	\$	1,300	\$	1,300

Project	Elevator	NON-CLINICAL Elevators - Lower Level and Level 1	Pistol Locker	#SIH IT Review with IT	1	1	0	\$	2,702	\$	2,702
LL-119	ELEVATOR	NON-CLINICAL Elevators - Lower Level and Level 1	Cameras	#Cameras	1	1	0	\$	1,475	\$	1,475
LL-119	ELEVATOR	NON-CLINICAL Elevators - Lower Level and Level 1	Access Control	FFE - 30' Access Control - MX-1 SINGLE DOOR CONTROLLER Access in Elevator Reviewed with Gene/Security	1	1	0	\$	936	\$	936
ELEVATOR	ELEVATOR	NON-CLINICAL Elevators - Lower Level and Level 1	Pistol Locker	What is needed in this space?	1	1	0	\$	-	\$	-
LL-207	CONFERENCE	NON-CLINICAL Hospital Conference Room	What is needed in this space?	#Interior Allowance Applied	1	1	0	\$	5,630	\$	5,630
LL-117	CORRIDOR	NON-CLINICAL Medical Gas	N/A	No FFE	0	0	0	\$	-	\$	-
LL-118	MEDICAL GAS ROOM	NON-CLINICAL Medical Gas	N/A	No FFE	0	0	0	\$	-	\$	-
		CLINICAL Adult Psychiatry								\$	300,588
		CLINICAL Gero-Psychiatry								\$	165,879
		CLINICAL Psychiatric Medical								\$	1,069,348
		CLINICAL Administrative Offices								\$	87,559
		CLINICAL Intake								\$	20,290
				CLINICAL TOTAL						\$	1,643,664
		NON-CLINICAL Psychiaty Public Entrance - Corridors, and Toilet								\$	1,300
		NON-CLINICAL Elevators - Lower Level and Level 1								\$	7,349
		NON-CLINICAL Elevators - Egress Corridor from Nursing Units								\$	60,124
		NON-CLINICAL Courtyard and Courtyard Storage								\$	18,000
		NON-CLINICAL Electrical and Mechanical Room								\$	3,748
		NON-CLINICAL Mechanical Shafts from Room (Level 1)								\$	-
		NON-CLINICAL Hospital Conference Room								\$	5,630
		NON-CLINICAL Medical Gas Room, and Corridor								\$	-
				NON-CLINICAL TOTAL						\$	96,151
				CLINICAL + NON-CLINICAL TOTAL						\$	1,739,815

**ATTACHMENT 9
SPACE REQUIREMENTS**

		Departmental Gross Square Footage (DGSF)					
		Entire Hospital		This Project			
		Total Upon					Vacated as a
Department	Cost	Existing	Project Completion	New	Modernized	As Is	Result of this Project
CLINICAL SERVICE AREAS:							
Psychiatric Nursing Units including support areas							
Adult Psychiatry Nursing Unit	{	7,561	7,561	0	7,542	19	0
Gero-Psychiatry Nursing Unit	{	3,596	3,683	87	3,548	48	0
Medical Psychiatry Nursing Unit	{	0	7,221	7,221	0	0	0
Psychiatry Administrative Offices	{	Included in Nursing Units	844	844	0	0	0
Psychiatry Intake	{	0	162	0	162	0	0
Physician Offices		162	0	0	0	0	0
Psychiatric Nursing Units Total	\$15,896,097	11,319	19,471	8,152	11,252	67	0
TOTAL CLINICAL SERVICE AREAS	\$15,896,097	11,319	19,471	8,152	11,252	67	0
NON-CLINICAL SERVICE AREAS:							
Psychiatry Public Entrance, Corridors, and Toilets	\$173,633	333	333	0	333	0	0
Egress Corridor from Nursing Units	\$1,128,579	0	936	936	0	0	0
Elevators - Lower Level and Level 1 (Ground and First Floor)	\$611,544	0	164	164	0	0	0
Courtyard and Courtyard Storage	\$697,240	2,257	2,538	281	2,257	0	0
Electrical and Mechanical Rooms	\$565,494	0	511	511	0	0	0
Mechanical Units and Shafts to Lower Level	\$573,251	0	12	0	12	0	0
Hospital Conference Room	\$90,118	779	203	0	203	0	0
Medical Gas Room and Corridor	\$239,727	0	576	0	576	0	0
TOTAL NON-CLINICAL SERVICE AREAS	\$4,079,586	3,369	5,273	1,892	3,381	0	0
TOTAL PROJECT	\$19,975,683	14,688	24,744	10,044	14,633	67	

III.

1110.110(a) Background of the Applicant

1. Southern Illinois Hospital Services, the sole corporate member of Harrisburg Medical Center, Inc., currently owns or operates the following health care facilities, including LLCs with ownership of at least 5%. Their identification numbers are listed below.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Harrisburg Medical Center, Inc., Harrisburg	Illinois Hospital License ID# 0000521 The Joint Commission ID# 7353
Herrin Hospital, Herrin	Illinois Hospital License ID# 0000935 The Joint Commission ID# 7357
Memorial Hospital of Carbondale, Carbondale	Illinois Hospital License ID# 0000513 The Joint Commission ID# 7252
St. Joseph Memorial Hospital, Murphysboro (Critical Access Hospital)	Illinois Hospital License ID# 0004614
Physicians Surgery Center, LLC, Carbondale	Illinois Ambulatory Surgical Treatment Center License ID# 7003128 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID# 4398
Southern Illinois Orthopedic Center, LLC, d/b/a Ambulatory Orthopedic Surgery Center, Herrin (51% ownership)	Illinois Ambulatory Surgical Treatment Center License ID# 7002421 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID#22592

2. The corporate officers or directors of Harrisburg Medical Center, Inc., Southern Illinois Hospital Services, and Southern Illinois Healthcare Enterprises, Inc., do not own or operate or operate any healthcare facilities.
3. Southern Illinois Hospital Services is the sole corporate member of Harrisburg Medical Center, Inc., and Southern Illinois Healthcare Enterprises, Inc. (Southern Illinois Healthcare) is the sole corporate member of Southern Illinois Hospital Services.

The only health care facilities currently owned and/or operated by Southern Illinois Hospital Services, all of which are identified in Item 1, are located in Illinois.

Southern Illinois Healthcare Enterprises, Inc., does not own or operate any health care facilities other than those owned or operated by Southern Illinois Hospital Services.

This Attachment includes a certification letter from Southern Illinois Healthcare, documenting that health care facilities owned or operated by Southern Illinois Hospital Services have not had any adverse action taken against them during the past three years.

4. The certification letter referenced in Item 3. above authorizes the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection, including but not limited to the licensing or certification records of other states, where applicable, and the records of nationally recognized accreditation organizations.
5. This item is not applicable to this application because the requested materials are being submitted as part of this application.



Administration

t 618.457.5200

f 618.529.0568

January 20, 2025

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Dear Mr. Kniery,

The sole corporate member of Harrisburg Medical Center, Inc. is Southern Illinois Hospital Services (SIHS), an Illinois not-for-profit corporation, and Southern Illinois Healthcare Enterprises, Inc. (Southern Illinois Healthcare) is the sole corporate member of Southern Illinois Hospital Services.

SIHS owns and operates the following health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

Harrisburg Medical Center, Inc.
Herrin Hospital, Herrin (Southern Illinois Hospital Services d/b/a Herrin Hospital)
Memorial Hospital of Carbondale (Southern Illinois Hospital Services
d/b/a Memorial Hospital of Carbondale)
St. Joseph Memorial Hospital, Murphysboro (Southern Illinois Hospital Services
d/b/a St. Joseph Memorial Hospital)
Physicians' Surgery Center, LLC, Carbondale

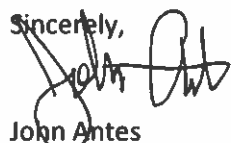
In addition, SIHS owns 51% of Southern Illinois Orthopedic Center, LLC, Herrin.

We hereby certify that there has been no adverse action taken against any health care facility owned and/or operated by SIHS or any of its officers, directors, or LLC members during the three years prior to the filing of this application.

We further certify that none of these applicants, including their corporate officers or directors or LLC members, have been cited, arrested, taken into custody, charged with, indicted, convicted, 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.

This letter also authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable, and the records of nationally recognized accreditation organizations.

Sincerely,


John Antes
President & CEO



Valerie K. Cawvey
1/22/2025

III.

1110.110(b) & (d) Purpose of Project

1. The purpose of this project is to address the critical inpatient mental health needs in Southern Illinois by increasing the number of Acute Mental Illness (AMI, also known as Psychiatric or Behavioral Health) beds at Harrisburg Medical Center (HMC).

"Behavioral Health" is a term that generally includes mental health and substance abuse disorders, including stress-related physical symptoms. Inpatient care for patients with mental health disorders is provided in an Acute Mental Illness (AMI, Psychiatric) Unit.

The project's purpose will be accomplished by constructing an addition to Harrisburg Medical Center (HMC) with 12 private AMI rooms and modernizing its two existing AMI Nursing Units.

This project will increase HMC's AMI bed capacity (also known as Authorized Beds) by 11 beds and decrease its Medical/Surgical bed capacity by 3 beds for a net increase of 8 beds.

HMC is one of the hospitals in the Southern Illinois Healthcare system, which also includes Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph Memorial Hospital. All of these hospitals are located in Southern Illinois, in the same state-designated AMI planning area, Planning Area (P.A.) 05. P.A. 05 encompasses all of and is coterminous with Health Service Area (HSA) 05, the southernmost planning area of the State of Illinois.

There is currently a need for 9 AMI beds in P.A. 05 according to the Illinois Health Facilities and Services Review Board (HFSRB). This planning area is comprised of 30 counties that constitute the southern third of the state.

There are currently only 2 providers of AMI services in P.A. 05: Harrisburg Medical Center, which has 31 authorized AMI beds, and SSM Health St. Mary's Hospital in Centralia, which has 24 authorized AMI beds. SSM Health St. Mary's Hospital is located 90 miles from HMC.

P.A. 05 needs increased AMI bed capacity in modernized facilities. The total population of the area is 613,7057.

Southern Illinois Healthcare (SIH) is part of a regionalized rural health consortium, one of whose goals is improve access to quality inpatient mental/behavioral health in the region. The Consortium Agreement is found in Appendix 1 of this application.

In addition to Southern Illinois Healthcare, this consortium also includes the following: the Board of Trustees of Southern Illinois University, by and on behalf of its School of Medicine; Egyptian Health Department; and Southeastern Illinois Regional Planning and Development Commission.

This consortium has received grants to undertake this project from (1) the U.S. Department of Agriculture under the Emergency Rural Health Care (ERHC) Grant, Track 2 Program and (2) the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Capital Development Board (CDB) as a Healthcare Transformation Capital Investment Grant. The applications for these grants are found in Appendix 2 and Appendix 3 of this application.

This project will improve the health care of residents of Southern Illinois by increasing the number of AMI beds and providing a needed service to a subset of the area population, those Behavioral Health patients who would benefit from care in a Medical-Psychiatric Unit, a nursing unit that is licensed to provide AMI care to patients who require both AMI and medical care.

Access to behavioral health services is one of the top challenges for the US healthcare system, particularly in rural areas. Nationwide, the need for behavioral health care is overwhelming the supply of available care, including inpatient beds. The prevalence of mental illness is worsening, with nearly one in five adults living with a behavioral health disorder. The economic hardships and elevated levels of stress associated with the COVID-19 pandemic have exacerbated existing behavioral health conditions and are contributing to an increase in demand for services.

HMC currently operates 30 of its 31 authorized AMI beds, all of which are in double occupancy rooms. The only AMI single room cannot be used for inpatient care, as it is designated as the AMI Seclusion Room, which is also known as a "safety room" or "de-escalation room."

Over the past several years, HMC has experienced an inability to accommodate transfers into its AMI Service, which results in a denial of access to needed medical care for behavior health. For the past several years, an average of approximately 700 patient referrals for AMI care have been denied admission annually due to the lack of available beds or medical capacity constraints in HMC's AMI Service. Prospective patients who are unable to secure an inpatient AMI bed at HMC must often travel to Springfield, Chicago, or out-of-state (e.g., to Indiana, Missouri, or Kentucky) to receive needed care.

It should be noted that people with behavioral health disorders are more likely to have other chronic medical conditions than people without a mental illness. These chronic medical conditions include asthma, diabetes, heart disease, high blood pressure, and stroke. Additionally, those with physical health conditions

such as asthma or diabetes report higher rates of substance use disorders and serious psychological distress. As a result, those with behavioral health disorders and co-morbidities are likely to use more hospital services, including those in the Emergency Department.

An inadequate number of inpatient AMI beds in Southern Illinois, particularly for those who have an acute medical need, has created a significant challenge to treating behavioral health needs at HMC. Patients suffering from mental health crises and other behavioral health disorders comprise a considerable portion of visits to Emergency Departments at hospitals in Southern Illinois that are part of Southern Illinois Healthcare: HMC; Herrin Hospital; Memorial Hospital of Carbondale; and St. Joseph Memorial Hospital. Because access to inpatient behavioral health care is limited, finding appropriate placement for these patients results in delays for care. It is not uncommon for behavioral health patients to be "boarded" in Emergency Departments in Southern Illinois Healthcare's hospitals for days while awaiting placement in an AMI Unit. For mental health patients with medical issues that need monitoring, placement is even more of a challenge.

This project proposes to address existing capacity issues, due primarily to the lack of private patient rooms, as well as to meet the HFSRB's calculated bed need that addresses the need to accommodate future growth for increased AMI capacity as well. To meet this need, HMC proposes to construct an addition of 12 private AMI rooms that will increase the hospital's AMI bed capacity by 11 beds. The existing AMI Seclusion Room will no longer be part of HMC's bed capacity when this project becomes operational.

This addition will be constructed adjacent to the hospital's existing AMI Nursing Units, and the existing AMI Nursing Units will be modernized to result in a unified 42 bed AMI department.

The proposed new AMI nursing Unit of 12 private rooms will operate as a Medical-Psychiatric Unit, licensed as AMI beds, that will treat patients who need both physical and behavioral (i.e., mental) health care. Medical-Psychiatric Units are appropriate for patients who are admitted with both medical and psychiatric diagnosis, but who would be considered at-risk in a Medical Nursing Unit, where they would require a sitter or one-on-one care. Staff in a Medical-Psychiatric Unit are trained to care for patients with both medical and psychiatric care needs, and the Medical-Psychiatric Unit is designed with enhanced safety detail to minimize the need for sitters or physical restraints.

In Calendar Year 2023, Herrin Hospital and Memorial Hospital of Carbondale had more than 3,400 discharges of patients with a chronic condition of bipolar disorder, depression/bipolar disorder, or schizophrenia. These patients typically use more resources and have a longer length of stay while waiting either to be accepted for transfer to a psychiatric facility or stabilized to be discharged to

home. The creation of a Medical-Psychiatric Unit at HMC will permit many of these patients to receive timely, integrated physical and behavioral care in a setting more appropriate to their needs, while freeing up Medical/Surgical beds at Herrin Hospital and Memorial Hospital of Carbondale.

The projected AMI utilization at HMC after this project is completed is based on market growth because of the care that will be available, capture of lost transfers to facilities outside the planning area and frequently outside of Illinois, and capture of medical patients at Southern Illinois Healthcare hospitals (i.e., HMC, Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph Memorial Hospital) who have a significant behavioral health chronic condition. These projections do not include any transfers from hospitals in HSA 05 that are not part of the Southern Illinois Healthcare system or from any other areas, either within HSA 05 or outside it. As a result, HMC believes that these projections are conservative and that the need for additional beds is likely to be considerably higher.

It should be remembered that the HFSRB bed need determination for AMI beds in P.A. 05 by 2026 is for 9 additional beds.

2. The state-designated Planning Area for the Acute Mental Illness Category of Service in which HMC is located is P.A. 05, which consists of all and is coterminous with HSA 05. HMC as well as all of Southern Illinois Healthcare's hospitals are located in this planning area.

HMC's patient origin for AMI discharges during the most recent fiscal year (July 1, 2023, through June 30, 2024) indicates that more than 81% of the discharges resided in zip codes that are within P.A. 05.

The patient origin data by zip code and county are appended to this Attachment.

All of the patients residing in zip codes that constituted the top 81% of AMI discharges during that one-year period resided in P.A. 05.

Of the AMI discharges during that one-year period, 68% resided within the following counties in P.A. 05, which constitutes HMC's market area for this project.

Franklin County
Gallatin County
Hardin County
Jackson County
Johnson County
Saline County
White County
Williamson County

This market area is larger than the market area for HMC since the expanded and modernized AMI Service at HMC is anticipated to draw patients from the entire planning area, particularly from the market areas of other hospitals that are part of Southern Illinois Healthcare.

The 2023 population of these zip codes totaled 218,094, and it is projected to decline to 215,989 (a decline of 0.97%) by 2028.

The 2021 population of P.A. 05 was estimated to be 1,019,900 by the Illinois Health Facilities and Services Review Board and its population was projected to decline to 1,014,300 by 2026, a decline of 05,600 or 0.059%.

3. As discussed under Item 1 above, this project is intended to address the following issues:

- The need for additional acute mental health beds in hospitals in P.A. 05 in Southern Illinois;
- The need for more private rooms for AMI patients at HMC;
- The need for a designated Medical-Psychiatric Unit at HMC;

This project will also modernize the existing AMI Nursing Units.

4. The sources of information provided as documentation are the following.

- a. Hospital records for HMC as well as for other Southern Illinois Healthcare Hospitals: Herrin Hospital; Memorial Hospital of Carbondale; and St. Joseph Memorial Hospital
- b. Illinois Health Facilities and Services Review Board, Illinois Department of Public Health: Inventory of Health Care Facilities and Services and Need Determinations: Acute Mental Illness Category of Service, Acute Mental Illness Planning Area: 05, December 20, 2023
- c. Reports by the hospital's architects assessing facility needs in the AMI Nursing Units
- d. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Health Professional Shortage Areas (<http://hpsafind.hrsa.gov/HPSASearch.aspx>, <https://bhw.hrsa.gov/shortage-designation/hpsa-process>, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>), for all the counties in this project's market area: Franklin County; Gallatin County; Hardin County;

Jackson County; Johnson County; Saline County; White County; and Williamson County

- e. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Medically Underserved Areas and Populations by State and County (<http://muafind.hrsa.gov/index.aspx>, <https://bhw.hrsa.gov/shortage-designation/muap-process>, <https://data.hrsa.gov/tools/shortage-area/mua-find>) for all the counties in this project's market area: Franklin County; Gallatin County, Hardin County, Jackson County; Johnson County; Saline County; White County; and Williamson County
 - f. Southern Illinois Hospital Services' Application to the U.S. Department of Agriculture for funding this project under the Emergency Rural Health Care (ERHC) Grant, Track 2 Program
5. This project will address and improve the previously referenced issues, as well as the population's health status and well-being in the following ways.
- a. The project will increase the number of AMI beds available to serve residents of P.A. 05.
 - b. The project will enable HMC to operate all of its authorized AMI beds because it will result in an increased number of private rooms.

All 30 of HMC's current AMI beds that can be operated for inpatient care are located in semi-private rooms. The 31st bed is located in the only private room, but it cannot be utilized for inpatient care because it is designated as the AMI Seclusion Room, which is also known as a "safety room" or de-escalation room."

As a result, since the COVID-19 pandemic began, HMC has been unable to operate all of its bed capacity because the second bed in the AMI patient rooms could not be utilized in order to meet social distancing requirements. In 2020 and 2021, 700 inpatient behavioral health referrals to the AMI Unit were denied annually due to issues such as lack of available beds or lack of medical capacity. HMC was not able to operate the 30 of its AMI beds that could be used for inpatient care until February 9, 2024. Even since that time, as noted above, the 31st AMI bed could not be used for inpatient care because it is the only private room and must be designated as the AMI Seclusion Room, which is also known as a "safety room" or de-escalation room.

- c. The project will increase the number of private rooms available for AMI patients at HMC, which is one of the two hospitals in P.A. 05 that provides

AMI care. The increase in private rooms will enable HMC to care for additional patients, since the need for social distancing has not enabled HMC to operate all of its currently authorized bed capacity during periods of high infection rates.

- d. The project will meet the calculated bed need for AMI beds in P.A. 05.
- e. The project will address inpatient behavioral health needs in the market area served by HMC as well as the other hospitals that are part of the Southern Illinois Healthcare system and other hospitals in P.A. 05.

The need for behavioral health services in P.A. 05 has become more critical since the COVID-19 pandemic exacerbated existing behavioral health conditions.

These areas are located in counties that are all classified as Medically Underserved Areas and Health Professional Shortage Areas by the Health Resources and Services Administration (HRSA). These areas are largely rural, and they have residents who are isolated, low income, have low educational levels, and experience high rates of poverty, illness, and mortality.

These counties are located in one of the least healthy regions of Illinois, and their residents are more prone to have higher BMI, higher blood pressure, increased risk for diabetes, and to be more apt to smoke and be sedentary than all other Illinoisans.

- f. The project will provide a Medical-Psychiatric Unit, which is needed to provide care for patients who have combined medical and behavioral health diagnoses.

For instance, a patient might (i) have a psychiatric condition that is usually stable but becomes symptomatic as a result of the medical issue, (2) have been admitted to a hospital for a medical condition (e.g., severe urinary tract infection) but develop behavioral or cognitive symptoms that make it impossible to be safely managed in the general medical environment, or (3) be admitted for COVID or another medical condition but be too mentally acute to be placed on a medical floor with other COVID patients.

Patients in the Medical-Psychiatric Unit would be cared for by specially trained staff. The unit will generally be video-monitored, locked for entry with delayed egress (which minimizes the need for sitters or physical constraints).

6. The goals and objectives of this project are the following.

- a. Implement the goals established by the formation of a regionalized rural consortium consisting of Southern Illinois Hospital Services, Egyptian Health Department, Southern Illinois University (SIU) School of Medicine Center for Rural Health and Social Service Development and Southeastern Illinois Regional Planning and Development Commission to collaborate to expand mental and behavioral health services in the region. This consortium has established the following common goals that guide the work plan and evaluation of this project.
 - i. Develop and expand partnerships that build and sustain capacity, maximize available resources, and establish community-based approaches for addressing the long-term sustainability of rural health care.
 - ii. Create a sustainable solution to improve access to quality inpatient mental/behavioral health care in the region, as an identified acutely felt community need; collaborate with rural community partners to improve outcomes through the lens of our collective rural cultural competence.
 - iii. Create and maintain sustainable economic development for rural communities, invest in the creation of high-paying jobs in the region and strengthen healthcare as a regional industry cluster.
- b. This project addresses the need for additional resources to address the need for additional AMI beds in P.A. 05.
- c. The availability of additional AMI beds in P.A. 05 will result in the provision of needed behavioral health services to additional residents of this area.
- d. The availability of an increased number of AMI beds at HMC will enable HMC to support P.A. 05 with increased access to much needed care for patients needing behavioral health services.
- e. The availability of a Medical-Psychiatric Unit will enable HMC to provide care for residents of P.A. 05 who have medical and psychiatric co-morbidities, with both a psychiatrist and an internist providing care for each patient.

- f. This project will modernize HMC's existing AMI Nursing Units, upgrading them and creating a unified appearance that will blend with the newly constructed Medical-Psychiatric Nursing Unit.

As a result, existing deficiencies of the existing Psychiatric facilities will be corrected, and the finishes will match those of the new addition.

- 1) The 2 existing Psychiatric Nursing Units will have full refurbishment of finishes, replacement of secure doors within the units, new LED lighting, new furniture that is appropriate for Psychiatric units, and correction of a few current code deficiencies related to the mechanical and electrical services on the nursing units.
- 2) Patient care areas will be served by new LED lighting, technology and communications infrastructure, fire alarm, and security. User end devices will be ligature free in all Psychiatric areas.
- 3) The nursing stations on both of the existing AMI Nursing Units will be modernized.
- 4) An additional bathroom will be constructed on the Gero-Psychiatric Unit, which is one of the 2 existing AMI Nursing Units.
- 5) A new rooftop ventilation unit will be added, which will have ducting to each of the existing patient rooms to ventilate the spaces that are currently served by PTAC units. These patient rooms currently do not have any means of ventilation.
- 6) A new electrical feed will be established in the new addition that will back feed to the modernized area.
- 7) Both normal power and all 3 branches of emergency power – Life Safety, Critical, and Equipment – will be established. The 3 new emergency branches will distribute panels throughout the new and renovated areas to provide infrastructure to all the Psychiatric Nursing Units that properly separates emergency power branches for the areas under construction.

HARRISBURG MEDICAL CENTER							
PATIENT ORIGIN FOR ACUTE MENTAL ILLNESS PATIENTS							
JULY 1, 2023 - JUNE 30, 2024							
Community	Zip Code	Discharges	Percentage		County	In P.A. 05?	In HMC AMI
			of Discharges	Cumulative %			Market Area?
Carbondale}	62901	73	0.1155	0.1155	Jackson	Yes	Yes
Carbondale}	62902	9	0.0142	0.1297	Jackson	Yes	Yes
Carbondale}	62903	7	0.0111	0.1408	Jackson	Yes	Yes
Harrisburg	62946	61	0.0965	0.2373	Saline	Yes	Yes
Marion	62959	39	0.0617	0.2991	Williamson	Yes	Yes
Herrin	62948	32	0.0506	0.3497	Williamson	Yes	Yes
Murphysboro	62966	27	0.0427	0.3924	Jackson	Yes	Yes
West Frankfort	62896	25	0.0396	0.4320	Franklin	Yes	Yes
ElDorado	62930	18	0.0285	0.4604	Saline	Yes	Yes
Carrier Mills	62917	17	0.0269	0.4873	Saline	Yes	Yes
Benton	62812	16	0.0253	0.5127	Franklin	Yes	No
Mount Vernon	62864	16	0.0253	0.5380	Jefferson	Yes	No
Cartersville	62918	16	0.0253	0.5633	Williamson	Yes	Yes
Vienna	62995	14	0.0222	0.5854	Johnson	Yes	Yes
DuQuoin	62832	13	0.0206	0.6060	Perry	Yes	No
Johnston City	62951	12	0.0190	0.6250	Williamson	Yes	Yes
Carmi	62821	9	0.0142	0.6392	White	Yes	Yes
Christopher	62822	9	0.0142	0.6535	Franklin	Yes	Yes
Anna	62906	8	0.0127	0.6661	Union	Yes	No
Galatia	62935	8	0.0127	0.6788	Saline	Yes	Yes
Olney	62450	6	0.0095	0.6883	Richland	Yes	No
Metropolis	62960	6	0.0095	0.6978	Massac	Yes	No
Pittsburg	62974	6	0.0095	0.7073	Williamson	Yes	Yes
Shawneetown	62984	6	0.0095	0.7168	Gallatin	Yes	Yes
Ava	62907	5	0.0079	0.7247	Jackson	Yes	Yes
De Soto	62924	5	0.0079	0.7326	Jackson	Yes	Yes
Equality	62934	5	0.0079	0.7405	Gallatin	Yes	Yes
Zeigler	62999	5	0.0079	0.7484	Franklin	Yes	Yes
Fairfield	62837	4	0.0063	0.7547	Wayne	Yes	No
McLeansboro	62859	4	0.0063	0.7611	Hamilton	Yes	No
Woodlawn	62898	4	0.0063	0.7674	Jefferson	Yes	No
Goreville	62839	4	0.0063	0.7737	Johnson	Yes	Yes
Ridgway	62979	4	0.0063	0.7801	Gallatin	Yes	Yes
Pinckneyville	62274	3	0.0047	0.7848	Perry	Yes	No
Freeman Spur	62841	3	0.0047	0.7896	Williamson	Yes	Yes
Ina	62846	3	0.0047	0.7943	Jefferson	Yes	No
Louisville	62858	3	0.0047	0.7991	Clay	Yes	No
Golconda	62938	3	0.0047	0.8038	Pope	Yes	Yes
Makanda	62958	3	0.0047	0.8085	Jackson	Yes	Yes
Ozark	62972	3	0.0047	0.8133	Johnson	Yes	Yes
Other Zipcodes		118	0.1867				
Total, All of these Zipcodes		514					
Total AMI Discharges		632					
Total AMI Discharges from Market Area: 441, 67.78%							

III.

Criterion 1110.110(b) & (d) Alternatives

1. Harrisburg Medical Center (HMC) considered the following alternatives to the proposed project.
 - a. Renovate one of the existing Medical/Surgical Nursing Units in order to convert it into a 12 bed Acute Mental Illness (AMI) Nursing Unit. Do not construct an addition to HMC in order to accommodate an increase in authorized AMI beds.
 - b. Construct an addition to HMC in a different location than proposed, which would increase the hospital's authorized AMI beds by 10, all of which would be located in semi-private rooms. As a result of this project, HMC would have 5 private AMI rooms.
 - c. Construct an addition to HMC that would increase the hospital's authorized AMI beds by 11, but do not modernize the existing AMI nursing units or support spaces. This alternative would result in 12 private AMI rooms, the same number as proposed for the proposed project.

2. These alternatives were rejected for the following reasons.

- a. Renovate one of the existing Medical/Surgical Nursing Units in order to convert it into a 12 bed Acute Mental Illness (AMI) Nursing Unit. Do not construct an addition to HMC in order to accommodate an increase in authorized AMI beds.

Capital Costs: \$12,223,150 in 2025 dollars

- 1) This alternative would create a divided AMI Service with Psychiatric nursing units being provided on 2 separate floors.

This alternative did not meet the objectives that relate to having HMC provide efficient access to all of its AMI Nursing Units.

Keeping all of the hospital's AMI Nursing Units on a single floor was determined to be an appropriate goal for patient care, staff utilization, and facilitating the sharing of resources and equipment among the 3 AMI Nursing Units that will result from this project.

- 2) Implementation of this alternative is not feasible because the only Medical/Surgical Nursing Unit suitable for conversion to the AMI service is located above an existing AMI Nursing Unit, and such a conversion would remove from medical/surgical nursing care the only Nursing Unit at HMC that is used for general medical/surgical

care. That is because the hospital has only 2 Medical/Surgical Nursing Units, the other being used for step-down and special care.

- 3) The patient rooms and support spaces in this Medical/Surgical Nursing Unit would not meet the licensing requirements and programmatic requirements for an AMI Service unless significant modernization were implemented.
 - 4) In addition to the reasons provided above, implementation of this alternative would not be a cost-effective solution since this Medical/Surgical Nursing Unit was recently modernized, and this nursing unit would need to be significantly remodeled in order to serve as an AMI Nursing Unit.
- b. Construct an addition to HMC in a different location than proposed, which would increase the hospital's authorized AMI beds by 10, all of which would be located in semi-private rooms. As a result of this project, HMC would have 5 private AMI rooms.

Capital Costs: \$8,185,350 in 2025 dollars

- 1) This alternative does not meet the project objective of constructing 12 private AMI rooms because it would only be possible to construct 5 semi-private AMI rooms for the AMI Service due to existing road and building setback requirements.

This alternative envisioned that all of the 8 patient rooms that would be constructed would be semi-private rooms, which would only add 10 AMI beds since 3 semi-private AMI patient rooms would be lost as a result of implementing this alternative.

- 2) This alternative would not meet the goal of increasing authorized AMI beds by 11, since it would only be possible to result in a net increase of 9 authorized AMI beds. That is because building the hospital addition in the location considered for this alternative would result in the loss of 3 existing semi-private AMI rooms due to site constraints and the building line setback.
- c. Construct an addition to HMC that would increase the hospital's authorized AMI beds by 11, but do not modernize the existing AMI nursing units or support spaces. This alternative would result in 12 private AMI rooms, but the existing AMI Nursing Units would not be modernized.

Capital Costs: \$18,637,217 in 2025 dollars

- 1) This alternative did not include modernization of the existing AMI nursing units or support spaces.

Modernization of both of the existing AMI Nursing Units and direct patient support areas on these nursing units is needed, in some cases in order to meet licensure requirements.

In addition, implementation of this alternative would not include necessary upgrading of infrastructure serving the current AMI Nursing Units and support spaces.

- 2) This alternative, which served as the development for the proposed plan, was modified in several ways in order to meet the project's objectives in the presentation of the proposed plan.
 - a) This alternative did not provide direct access between the new AMI Nursing Unit and one of the 2 existing AMI Nursing Units, which serves Geriatric patients.
 - b) Because of the lack of direct access between the new AMI Nursing Unit and one of the existing AMI nursing units, this alternative did not permit equipment and storage areas to be shared between the new AMI Nursing Unit and the Geriatric Psychiatric Nursing Unit.
 - c) This alternative did not include the consolidation of the Psychiatric administrative offices into a Psychiatric Administrative Suite.
 - d) This alternative did not include the enclosure and securing of an exterior courtyard that would serve all of the Psychiatric Nursing Units.
3. This information is not available.

IV.

1110.120 Project Scope, Utilization, and Unfinished/Shell Space

This project includes both Clinical and Non-Clinical Service Areas.

The Acute Mental Illness Service (also known as Psychiatric Service, Behavioral Health Service) is the only Clinical Service Area as well as the only Category of Service included in this project, as discussed in Attachment 21.

This project includes the expansion of the Acute Mental Illness (AMI) Service at Harrisburg Medical Center (HMC) by adding 11 authorized beds and replacing 1 authorized bed that cannot be used for inpatient care, as it is designated as the AMI Seclusion Room, which is also known as a "safety room" or "de-escalation room."

The new addition will be adjacent to the existing AMI Nursing Units, and the rooms in the addition will constitute the only private AMI patient rooms. All of the existing AMI patient rooms are semi-private (i.e., 2-bed) rooms and will remain semi-private rooms after this project is completed.

The increased number of authorized AMI beds is needed to both (1) accommodate projected bed need in the planning area, which is for 9 additional AMI beds, as well as (2) to meet HMC's own determination of future bed need at the hospital.

Since 30 of the existing AMI beds will remain in semi-private rooms, it will undoubtedly be necessary to use the existing patient rooms as private rooms on occasion.

The only Clinical Service Area included in this project is the AMI Category of Service.

The square footage that is provided is for the entire AMI Service. This square footage includes therapeutic and support space as well as patient rooms. A space program for the AMI Service is found on Pages 4 and 5 of this Attachment.

1. The Illinois certificate of need (CON) Rules include State Guidelines (77 Ill. Adm. Code 1110.APPENDIX B) for the AMI Category of Service, based on both the number of beds and gross square footage of the nursing unit.

An analysis of the proposed size (number of authorized beds and gross square footage) of the AMI Category of Service in comparison to the State Guidelines is found on the following pages of this Attachment and in Attachments 15 and 21.

CLINICAL SERVICE AREA	STATE GUIDELINE
Acute Mental Illness	85% utilization of authorized beds 440-560 DGSF/Bed

Attachment 15 includes historic and projected utilization for HMC's AMI Category of Service.

The justification for the number of AMI beds is presented in Attachments 15 and 21.

The square footage proposed for HMC's AMI Service is presented below.

CLINICAL SERVICE AREA	STATE STANDARD AMI	PROJECTED FY2030 AMI VOLUME	TOTAL EXISTING AMI BEDS	TOTAL PROPOSED AMI BEDS
Acute Mental Illness (AMI)	440-560 DGSF/Bed	13,032 Patient Days	31	42

The proposed number of authorized AMI beds is justified.

This project includes the addition of a new AMI nursing unit dedicated to Medical-Psychiatric patients as well as the modernization of the existing AMI nursing units, one for Adult Psychiatric Patients and the other for Geriatric Psychiatric patients.

The square footage proposed for the AMI Service is shown below.

CLINICAL SERVICE AREA	STATE GUIDELINE/ BED	PROPOSED AMI BEDS	TOTAL DGSF JUSTIFIED FOR THIS SERVICE	TOTAL PROPOSED DGSF
Acute Mental Illness (AMI)	440-560 DGSF/Bed	42 Beds	18,480 DGSF- 23,520 DGSF	19,471 DGSF

The space program for the AMI Service begins on Page 4 of this Attachment.

This project is within the State Standards for the AMI Service.

2. The proposed square footage for the AMI Service, the only Clinical Service Area included in this project, is less than the State Guideline for this department that is found in 77 Ill. Adm. Code 1110.APPENDIX B, as shown below.

CLINICAL SERVICE AREA	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Acute Mental Illness (AMI)	19,471 DGSF	18,480 DGSF- 23,520 DGSF	under by 4,049 DGSF	Yes

SIH: HMC Behavioral Health Addition & Renovation

December 9, 2024

Space Summary

Space	Floor	Quantity	New Construction	Modernization	Unchanged
Psychiatry Nursing Units including Administration and Professional Offices					
Patient Intake	LL	1		X	
Adult Psychiatry Unit					
Corridors	LL	2		X	
Patient Rooms with Patient Closets	LL	10		X	
Patient Toilet Room with Shower	LL	10		X	
Day Room / Patient Dining	LL	1		X	
Nourishment	LL	1		X	
Quiet Room	LL	1		X	
Consult Room	LL	1		X	
Activity Room	LL	1		X	
Restraint Room	LL	1		X	
Restraint Toilet	LL	1		X	
Passage	LL	1		X	
Nurse Station	LL	1		X	
Nurse Work	LL	1		X	
Clean Supply	LL	1		X	
Medication Prep	LL	1		X	
Passage	LL	1		X	
Therapist Work Area	LL	1		X	
Linen Closet	LL	1			X
Flex Equipment Storage	LL	1		X	
EVS Closet	LL	1		X	
Soiled Utility	LL	1		X	
Staff Break	LL	1		X	
Staff Toilet	LL	1		X	
Geriatric Psychiatry Unit					
Corridors	LL	2		X	
Patient Rooms with Patient Closets	LL	5		X	
Patient Toilet Rooms - No Shower	LL	5		X	
Patient Shower Rooms	LL	2		X	
Day Room / Patient Dining	LL	1		X	
Nourishment	LL	1		X	
Quiet Room	LL	1		X	
Nurse Station	LL	1		X	
Clean Supply	LL	2		X	
Medication Prep	LL	1		X	
Flex Equipment Storage - Shared with Psychiatry Medical Unit	LL	1	Identified Below		
Soiled Utility	LL	1	X		
EVS Closet - Shared with Psychiatry Medical Unit	LL	1	Identified Below		
Staff Break	LL	1		X	
Staff Toilet	LL	1		X	
Information Technology Closet	LL	1			X

SIH: HMC Behavioral Health Addition & Renovation

December 9, 2024

Space Summary

Space	Floor	Quantity	New Construction	Modernization	Unchanged
Psychiatry Medical Unit					
Corridors	LL	4	X		
Exit Vestibule	LL	1	X		
Patient Rooms with Patient Closets	LL	12	X		
Patient Toilet Room with Shower	LL	12	X		
Day Room / Patient Dining	LL	1	X		
Nourishment	LL	1	X		
Nurse Station	LL	1	X		
Nurse Work	LL	1	X		
Passage	LL	1	X		
Clean Supply	LL	1	X		
Medication Prep	LL	1	X		
Soiled Utility	LL	1	X		
Equipment Room	LL	1	X		
Flex Equipment Storage - Shared with Geriatric Psychiatry Unit	LL	1	X		
EVS Closet - Shared with Geriatric Psychiatry Unit	LL	1	X		
Staff Break	LL	1	X		
Staff Toilet	LL	1	X		
Administration and Professional Offices					
APP Office	LL	1	X		
Nurse Manager Office	LL	1	X		
Medical Director Office	LL	1	X		
Clinical Case Manager Office - Shared	LL	1	X		
Work Room / Student Work	LL	1	X		
Passage	LL	1	X		
Work Area	LL	1	X		
Psychiatry Public Entrance - Corridors and Toilets					
Entrance Vestibule	LL	1		X	
Corridor	LL	2		X	
Public Toilet	LL	1		X	
Elevators - Lower Level and Level 1					
Elevator Shaft - Lower Level	LL	1	X		
Elevator Shaft - Level 1	L1	1	X		
Egress Corridor from Nursing Unit					
Elevator Shaft - Ground Floor	LL	1	X		
Corridors	LL	2	X		
Public Toilet	LL	1	X		
Data Closet	LL	1	X		
Courtyard and Courtyard Storage					
Courtyard	LL	1	X	X	
Courtyard Storage	LL	1	X		
Electrical and Mechanical Room					
Mechanical Room	LL	1	X		
Electrical Room	LL	1	X		
Mechanical Units and Shafts to Level 1 and Lower Level Adult Unit					
Mechanical Shaft	L1	1		X	
Mechanical Shaft	L1	1		X	
Hospital Conference Room	LL	1		X	
Medical Gas Room and Corridor					
Medical Gas Room	LL	1		X	
Corridor	LL	1		X	

IV.

1110.120 Project Services Utilization

Acute Mental Illness (also known as Psychiatric Service, Behavioral Health Service) is the only service included in this project for which the HFSRB has established utilization standards or occupancy targets.

This service currently exists at Harrisburg Medical Center (HMC), which is located in Planning Area 05 (i.e., P.A. 05, coterminous with HSA 05) for the AMI Category of Service (77 Ill. Adm. Code 1100.560(a)(1)).

The certificate of need (CON) Rules specified a need for 9 additional beds in the Acute Mental Illness (AMI) Service in P.A. 05 in the most recent Bed Need Determinations (Illinois Department of Public Health: Illinois Health Facilities and Services Review Board, Inventory of Health Care Facilities and Services and Need Determinations: Acute Mental Illness Category of Service, December 20, 2023), which is bed need that remains unchanged at the present time.

The CON Rules (77 Ill. Adm. Code 1100.560(c)) state that the occupancy target for an AMI Service is 85%.

The chart below identifies the occupancy target and State Guidelines that exist for the AMI Category of Service.

CLINICAL SERVICE AREA	STATE GUIDELINE
Acute Mental Illness	85% utilization of authorized beds 440-560 DGSF/Bed

Harrisburg Medical Center (HMC) currently has 31 authorized Acute Mental Illness (AMI) beds, 30 of which can be used for inpatient care. All 30 of these beds are located in semi-private rooms. One of the 31 currently authorized beds cannot be used for inpatient care, as it is designated as the AMI Seclusion Room, which is also known as a "safety room" or "de-escalation room."

This project includes the expansion of the AMI Service at HMC by adding 11 authorized beds and replacing 1 of the currently authorized beds. As a result, when this project is completed, HMC will have 42 AMI beds, all of which will be able to be used for inpatient care, 12 of which will be located in private rooms.

Historic utilization for the last 2 years and projected utilization for the first 2 complete years of the AMI Service after this project is completed are found below.

ACUTE MENTAL ILLNESS							
	HISTORIC YEARS			PROJECTED YEARS		STATE STANDARD	MET STANDARD?
	CY22	CY23	11/23-10/24	FY29	FY30		
Admissions	695	626	673	1,629	1,629	N/A	
Patient Days	5,599	4,812	5,732	13,032	13,032	85% occupancy	Yes

In recent historic years, it has not been possible to set up and staff all authorized AMI beds because many prospective AMI patients require private patient rooms and none of the current AMI beds are located in private rooms, except for the one room that cannot be used for inpatient care, as noted above.

During CY22 and CY23, the peak number of beds set up and staffed during each year was 20.

For the reasons stated above and elsewhere in this application, HMC was not able to set up and staff 30 AMI beds until February 9, 2024.

The proposed number of authorized AMI beds is justified.

The increased number of authorized AMI beds is needed to both (1) accommodate projected bed need in the planning area, which is for 9 additional AMI beds, as well as (2) to meet HMC's own determination of future bed need at the hospital, which may generate a need for several additional beds since 30 of the existing AMI beds will remain in semi-private rooms, which will undoubtedly make it necessary to use the existing patient rooms as private rooms on occasion.

The rationale that the expanded AMI Service at HMC will meet the projected increase in authorized beds is as follows.

1. There is a computed bed need for an additional 9 AMI beds in the planning area (i.e., P.A. 05), which is the southernmost planning area in Illinois.

This planning area is made up of 30 counties comprising the southern third of the state. The total population of this area is 613,757.

2. HMC is one of only 2 hospitals in P.A. 05 that provide the AMI Service. The other provider, SSM St. Mary's Hospital in Centralia, is located 90 miles from HMC.
3. The prevalence of mental illness is worsening, with nearly one in five adults living with a behavioral health disorder. The economic hardships and elevated levels of stress associated with the COVID-19 pandemic have exacerbated existing behavioral health conditions and are contributing to an increase in demand for services.

4. Over the past several years, HMC has experienced an inability to accommodate transfers into its AMI Service, which results in a denial of access to needed medical care for behavioral health. For the past several years, an average of about 700 patient referrals for AMI care have been denied admission annually due to the lack of available beds or medical capacity constraints in HMC's AMI Service.

Prospective patients who are unable to secure an inpatient AMI bed at HMC must often travel to Springfield, Chicago, or out-of-state (e.g., to Indiana, Missouri, or Kentucky) to receive needed care.

5. This project includes the establishment of a 12 bed Medical-Psychiatric Nursing Unit with private rooms that will accommodate patients with both an acute mental illness need and an acute medical need.

Such a unit is needed because people with behavioral health disorders are more likely to have other chronic medical conditions than people without a mental illness. These chronic medical conditions include asthma, diabetes, heart disease, high blood pressure and stroke. Additionally, those with physical health conditions such as asthma or diabetes report higher rates of behavioral health disorders and serious psychological distress. As a result, those with behavioral health disorders and co-morbidities are likely to use more hospital services, including those in the Emergency Department.

An inadequate number of inpatient AMI beds in Southern Illinois, particularly for those who have an acute mediate need, has created a significant challenge to treating behavioral health needs at HMC. Patients suffering from mental health crises and other behavioral health disorders comprise a considerable portion of visits to Emergency Departments at hospitals in Southern Illinois that are part of Southern Illinois Healthcare: HMC; Herrin Hospital; Memorial Hospital of Carbondale; and St. Joseph Memorial Hospital. Because access to inpatient behavioral health care is limited, finding appropriate placement for these patients results in delays for care. It is not uncommon for behavioral health patients to be "boarded" in Emergency Departments in Southern Illinois Healthcare hospitals for days while awaiting placement in an AMI Unit. For mental health patients with medical issues that need monitoring, placement is even more of a challenge.

6. HMC is part of a consortium, established in 2023, that has, as one of its goals, the "creat[ion of] a sustainable solution to improve access to quality inpatient mental/behavioral health care in the region, as an identified acomunity felt community need; collaborat[ion] with rural community partners to improve outcomes through the lens of our collective rural cultural competence."

The members of the consortium are the following: Southern Illinois Hospital Services, the sole corporate member of HMC as well as Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph Memorial Hospital, Murphysboro; Egyptian Health Department; the Board of Trustees of Southern Illinois University, by and on behalf of its School of Medicine; and Southeastern Illinois Regional Planning and Development Commission.

7. The existing AMI Nursing Units will be modernized. One is dedicated to Adult Psychiatric Patients, and the other is dedicated to Geriatric Psychiatric patients.

VI.C.

1110.210 Service Specific Review Criteria: Acute Mental Illness

This application proposes the expansion and modernization of the Acute Mental Illness (AMI) Service (also known as the Psychiatric Service or Behavioral Health Service) at Harrisburg Medical Center (HMC) through the construction of a new addition with an additional AMI Nursing Unit, consisting of 12 private rooms dedicated to Medical-Psychiatric care, and the modernization of the 2 existing AMI nursing units.

When this project is completed and becomes operational, HMC's AMI Service will increase from 31 to 42 authorized beds. Also, when this project is completed, HMC will decrease its Medical/Surgical Service by 3 authorized beds. As a result, HMC will increase its total authorized beds by 8 beds when this project becomes operational.

1. Criterion 1110.210(b)(1) Planning Area Need – 77 Ill. Adm. Code 1100 (Formula Calculation)

This criterion is not applicable to this project because HMC is not proposing to establish a new category of service.

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

- a. As discussed in Attachment 12, the primary purpose of this project is to provide necessary health care to residents of Planning Area 05 (i.e., P.A. 05, HSA 05), the planning area for the AMI Service in which HMC is located.

This service currently exists at Harrisburg Medical Center (HMC), which is located in Planning Area 05, which is coterminous with HSA 05) for the AMI Category of Service (77 Ill. Adm. Code 1100.560(a)(1)).

P.A. 05 consists of the 30 counties that are located in the southeastern area of Illinois.

HMC's primary service area consists of 5 counties, all of which are located within P.A. 05.

Its AMI Service primarily cares for patients residing within the planning area.

As the chart appended to this Attachment indicates, more than 80% of the discharges from HMC's Acute Mental Illness (AMI) Service during the most recent fiscal year (July 1, 2023 – June 30, 2024) resided in P.A. 05.

During that period of time, this percentage constituted all of the residents within the zipcodes with 3 or more discharges. Additional AMI discharges residing in zipcodes that provided less than 19% of the AMI discharges are also likely to reside in zipcodes located in P.A. 05.

3. Criterion 1110.210(b)(3) Planning Area Need – Service Demand – Establishment of Category of Service

This criterion is not applicable to this project because HMC is not proposing to establish a new category of service.

4. Criterion 1110.210(b)(4) Planning Area Need – Service Demand – Expansion of Existing Category of Service

The most recent CON Bed Need Determinations for the AMI Category of Service (Illinois Department of Public Health: Illinois Health Facilities and Services Review Board, Inventory of Health Care Facilities and Services and Need Determinations: Acute Mental Illness Category of Service, December 20, 2023), show a need for 9 additional AMI beds. This bed need remains unchanged at the present time.

The CON Rules (77 Ill. Adm. Code 1100.560(c)) state that the occupancy target for an AMI Service is 85%.

The chart below identifies the occupancy target and State Guidelines that exist for the AMI Category of Service.

CLINICAL SERVICE AREA	STATE GUIDELINE
Acute Mental Illness	85% utilization of authorized beds 440-560 DGSF/Bed

- a. Harrisburg Medical Center (HMC) currently has 31 authorized Acute Mental Illness (AMI) beds, 30 of which can be used for inpatient care. All 30 of these beds are located in semi-private rooms. One of the 31 currently authorized beds cannot be used for inpatient care, as it is designated as the AMI Seclusion Room, which is also known as a “safety room” or “de-escalation room.”

In recent years, it has not been possible to set up and staff all authorized AMI beds because many AMI patients require private patient rooms, and none of the current AMI beds are located in private rooms, except for the one room that cannot be used for inpatient care, as noted above. This requirement is due to both a need for medical isolation and also because of AMI patients’ behavioral issues.

This project includes the expansion of the AMI Service at HMC by adding 11 authorized beds and replacing 1 of the currently authorized beds. As a result, when this project is completed, HMC will have 42 AMI beds, all of which will be able to be used for inpatient care, 12 of which will be located in private rooms.

Historic utilization for the last 2 years and projected utilization for the first 2 complete years of the AMI Service after this project is completed are found below. ACUTE MENTAL ILLNESS							
	HISTORIC YEARS			PROJECTED YEARS		STATE STANDARD	MET STANDARD?
	CY22	CY23	11/23-10/24	FY29	FY30		
Admissions	695	626	673	1,629	1,629	N/A	
Patient Days	5,599	4,812	5,732	13,032	13,032	85% occupancy	Yes

During CY22 and CY23, the peak number of beds set up and staffed during each year was 20.

For the reasons stated above and elsewhere in this application, HMC was not able to set up and staff 30 AMI beds until February 9, 2024.

Over the past several years, HMC has experienced an inability to accommodate transfers into its AMI Service, which results in a denial of access to needed medical care for behavioral health. For the past several years, an average of about 700 patient referrals for AMI care at HMC have been denied admission annually due to the lack of available beds or medical capacity constraints in HMC's AMI Service.

Prospective patients who are unable to secure an inpatient AMI bed at HMC must often travel to Springfield, Chicago, or out-of-state (e.g., to Indiana, Missouri, or Kentucky) to receive needed care.

The proposed number of authorized AMI beds is justified.

- b. The increased number of authorized AMI beds is needed to both (1) accommodate projected bed need in the planning area, which is for 9 additional AMI beds, as well as (2) to meet HMC's own determination of future bed need at the hospital, which may generate a need for several additional beds since 30 of the existing AMI beds will remain in semi-private rooms, which will undoubtedly make it necessary to use the existing patient rooms as private rooms on occasion.

The rationale that the expanded AMI Service at HMC will meet the projected increase in authorized beds is as follows.

- 1) There is a computed bed need for an additional 9 AMI beds in the planning area (i.e., P.A. 05, which is coterminous with HSA 05), which is the southernmost planning area in Illinois.

This planning area is made up of 30 counties comprising the southern third of the state. The total population of this area is 613,757.

- 2) HMC is one of only 2 hospitals in the planning area (i.e., P.A. 05) that provide the AMI Service. The other provider, SSM St. Mary's Hospital in Centralia, is located 90 miles from HMC.
- 3) The prevalence of mental illness is worsening, with nearly one in five adults living with a behavioral health disorder. The economic hardships and elevated levels of stress associated with the COVID-19 pandemic have exacerbated existing behavioral health conditions and are contributing to an increase in demand for services.
- 4) Over the past several years, HMC has experienced an inability to accommodate transfers into its AMI Service, which results in a denial of access to needed medical care for behavioral health. For the past several years, an average of about 700 patient referrals for AMI care at HMC have been denied admission annually due to the lack of available beds or medical capacity constraints in HMC's AMI Service.

Prospective patients who are unable to secure an inpatient AMI bed at HMC must often travel to Springfield, Chicago, or out-of-state (e.g., to Indiana, Missouri, or Kentucky) to receive needed care.

- 5) This project includes the establishment of a 12 bed Medical-Psychiatric Nursing Unit, licensed as part of the AMI Service, with private rooms that will accommodate patients with both an acute mental illness need and an acute medical need.

Such a unit is needed because people with behavioral health disorders are more likely to have other chronic medical conditions than people without a mental illness. These chronic medical conditions include asthma, diabetes, heart disease, high blood pressure and stroke. Additionally, those with physical health conditions such as asthma or diabetes report higher rates of behavioral health disorders and serious psychological distress.

As a result, those with behavioral health disorders and co-morbidities are likely to use more hospital services, including those in the Emergency Department.

An inadequate number of inpatient AMI beds in Southern Illinois, particularly for those who have an acute mediate need, has created a significant challenge to treating behavioral health needs at HMC. Patients suffering from mental health crises and other behavioral health disorders comprise a considerable portion of visits to Emergency Departments at hospitals in Southern Illinois that are part of Southern Illinois Healthcare: HMC; Herrin Hospital; Memorial Hospital of Carbondale; and St. Joseph Memorial Hospital.

Because access to inpatient behavioral health care is limited, finding appropriate placement for these patients results in delays for care. It is not uncommon for behavioral health patients to be "boarded" in Emergency Departments in Southern Illinois Healthcare hospitals for days while awaiting placement in an AMI Unit. For mental health patients with medical issues that need monitoring, placement is even more of a challenge.

- 6) HMC is part of a consortium, established in 2023, that has, as one of its goals, the "creat[ion of] a sustainable solution to improve access to quality inpatient mental/behavioral health care in the region, as an identified acutely felt community need; collaborat[ion] with rural community partners to improve outcomes through the lens of our collective rural cultural competence."

The members of the consortium are the following: Southern Illinois Hospital Services, the sole corporate member of HMC as well as Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph Memorial Hospital, Murphysboro; Egyptian Health Department; the Board of Trustees of Southern Illinois University, by and on behalf of its School of Medicine; and Southeastern Illinois Regional Planning and Development Commission.

This consortium has received approval of a grant for this project from the US Department of Agriculture under the Emergency Rural Health Care (ERCH) Program.

- 7) The existing AMI Nursing Units will be modernized. One is dedicated to Adult Psychiatric Patients and the other is dedicated to Geriatric Psychiatric patients.

5. Criterion 1110.210(b)(5) Planning Area Need – Service Accessibility

This criterion is not applicable to this project because HMC is not proposing to establish a new category of service.

6. Criterion 1110.210(c)(1) Unnecessary Duplication of Services

This criterion is not applicable to this project because HMC is not proposing to establish a new category of service.

7. Criterion 1110.210(c)(2) Maldistribution

This criterion is not applicable to this project because HMC is not proposing to establish a new category of service.

8. Criterion 11.210(c)(3) Impact of Project on Other Providers

This criterion is not applicable to this project because HMC is not proposing to establish a new category of service.

9. Criterion 1110.210(d)(1)(2)(3) Deteriorated Facilities

A portion of this project will consist of the modernization of the existing AMI Service.

Modernization of the existing Psychiatric Nursing Units will need to be phased with a limited number of beds removed from service at a time during the modernization period.

The modernization will include the following project elements.

- a. The 2 existing Psychiatric Nursing Units will have full refurbishment of finishes, replacement of secure doors within the units, new LED lighting, new furniture that is appropriate for Psychiatric units, and correction of a few current code deficiencies related to the mechanical and electrical services on the nursing units.
- b. Patient care areas will be served by new LED lighting, technology and communications infrastructure, fire alarm and security. User end devices will be ligature free in all Psychiatric areas.
- c. The nursing stations on both of the existing AMI Nursing Units will be modernized.

- d. An additional bathroom will be constructed on one of the AMI Nursing Units (i.e., the Gero Psychiatric Unit).
- e. A new rooftop ventilation unit will be added, which will have ducting to each of the existing patient rooms to ventilate the spaces that are currently served by PTAC units. These patient rooms currently do not have any means of ventilation.
- f. A new electrical feed will be established in the new addition that will back feed to the modernized area,
- g. Both normal power and all 3 branches of emergency power – Life Safety, Critical, and Equipment – will be established. The 3 new emergency branches will distribute panels throughout the new and renovated areas to provide infrastructure to all the Psychiatric Nursing Units that properly separates emergency power branches for the areas under construction.

As a result, existing deficiencies of the existing Psychiatric facilities will be corrected, and the finishes will match the new addition.

10. Criterion 1110.210(d)(4) Occupancy

This project includes the modernization of HMC's current AMI authorized beds, which are located in 2 Nursing Units, as well as the expansion of its AMI authorized beds.

When this project is completed, the AMI Category of Service will meet the occupancy standard for this category of service, which is specified in 77 Ill. Adm. Code 1100.560(c) as a minimum occupancy rate of 85%.

This project will become operational by March, 2028.

The first 2 full years of operation of all 42 AMI beds will be FY29 and FY30.

	FY29	FY30
Beds in Service	42	42
Patient Days	13,032	13,032
Occupancy	85.0%	85.0%

11. Criterion 1110.210(e)(1) Staffing Availability

- a. HMC considered the relevant clinical and professional staffing needs when it planned the proposed project and is confident that it will have the adequate number of staff required to operate the additional 11 beds, while meeting licensure and The Joint Commission staffing requirements.
- b. In addition, HMC is documenting that necessary staffing is available by providing the following narrative explanation of how the proposed staffing will be achieved.

The existing AMI Service at HMC has been successful with its recruitment and retention efforts and does not rely upon any agency staffing. The hospital has achieved the necessary staffing by doing the following:

- Offering competitive salaries and benefits packages to attract and retain staff;
- Developing relationships with area nursing schools to create a pipeline of new graduates;
- Providing internships and clinical affiliations with colleges and universities that ensures a steady influx of new talent; and
- Making investments in workforce development and training programs that support career growth and advancement.

The proposed staffing is as follows.

Provider staffing will consist of 2 physicians, 1 APP, and weekend coverage from clinic APPs, all of which currently exist. As a result, no additional provider staffing will be required.

Staffing for the AMI Service units is expected to increase by a total of 15.29 FTEs, consisting of both fixed and variable staff, as shown below.

	Current	Additional	Total
Fixed (Manager, Case Manager, LSW, COTA, Coordinator)	9	2	11
Variable (Nursing, Tech, Sitter)	33.24	13.29	46.53
Total Staff	42.24	15.29	57.53

The additional staff will be recruited in the manner described above, using the same efforts as have been used successfully for recruitment of staff for the AMI Service in the past.

12. Criterion 1110.210(f) Performance Requirements – Bed Capacity Minimum

This criterion is not applicable to this project because this project is not proposing to establish a new AMI Unit.

However, the project is in compliance with the criterion because the current (31 authorized AMI beds) and proposed (42 authorized AMI beds) AMI unit size both exceed the minimum unit size of 10 beds for a new AMI unit outside an MSA.

13. Criterion 1110.210(g) Assurances

A signed and dated statement attesting to the applicants' understanding that, by the second year of operation after the project's completion, HMC will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for the Acute Mental Illness (AMI) Category of Service is found on Page 10 of this Attachment.



Administration

t 618.457.5200

f 618.529.0568

January 20, 2025

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Dear Mr. Kniery,

I am the applicant representative of the co-applicants for this project (i.e., Harrisburg Medical Center, Southern Illinois Hospital Services, and Southern Illinois Healthcare Enterprises, Inc.) who has signed the CON application that includes an increase in Harrisburg Medical Center's authorized Acute Mental Illness (i.e., Psychiatric, Behavioral Health) beds.

In accordance with 77.Ill.Adm. Code 1110.210(g), I hereby attest to the understanding of the co-applicants for this project that, by the second year of operation after this project is completed, Harrisburg Medical Center will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code for the Acute Mental Illness Category of Service, which is the category of service involved in this proposal.

The occupancy standard for the Acute Mental Illness Category of Service is an annual minimum occupancy rate of 85% (77 Ill. Adm. Code 1100.560(c)).

Sincerely,

A handwritten signature in black ink, appearing to read "John Antes", is written over a faint circular watermark.

John Antes
President & CEO



Valerie K. Cawvey
1/22/2025

HARRISBURG MEDICAL CENTER							
PATIENT ORIGIN FOR ACUTE MENTAL ILLNESS PATIENTS							
JULY 1, 2023 - JUNE 30, 2024							
Community	Zip Code	Discharges	Percentage		County	In HMCAMI	
			of Discharges	Cumulative %		In P.A. 05?	Market Area?
Carbondale)	62901	73	0.1155	0.1155	Jackson	Yes	Yes
Carbondale)	62902	9	0.0142	0.1297	Jackson	Yes	Yes
Carbondale)	62903	7	0.0111	0.1408	Jackson	Yes	Yes
Harrisburg	62946	61	0.0965	0.2373	Saline	Yes	Yes
Marion	62959	39	0.0617	0.2991	Williamson	Yes	Yes
Herrin	62948	32	0.0506	0.3497	Williamson	Yes	Yes
Murphysboro	62966	27	0.0427	0.3924	Jackson	Yes	Yes
West Frankfort	62896	25	0.0396	0.4320	Franklin	Yes	Yes
ElDorado	62930	18	0.0285	0.4604	Saline	Yes	Yes
Carrier Mills	62917	17	0.0269	0.4873	Saline	Yes	Yes
Benton	62812	16	0.0253	0.5127	Franklin	Yes	No
Mount Vernon	62864	16	0.0253	0.5380	Jefferson	Yes	No
Carterville	62918	16	0.0253	0.5633	Williamson	Yes	Yes
Vienna	62995	14	0.0222	0.5854	Johnson	Yes	Yes
DuQuoin	62832	13	0.0206	0.6060	Perry	Yes	No
Johnston City	62951	12	0.0190	0.6250	Williamson	Yes	Yes
Carmi	62821	9	0.0142	0.6392	White	Yes	Yes
Christopher	62822	9	0.0142	0.6535	Franklin	Yes	Yes
Anna	62906	8	0.0127	0.6661	Union	Yes	No
Galatia	62935	8	0.0127	0.6788	Saline	Yes	Yes
Olney	62450	6	0.0095	0.6883	Richland	Yes	No
Metropolis	62960	6	0.0095	0.6978	Massac	Yes	No
Pittsburg	62974	6	0.0095	0.7073	Williamson	Yes	Yes
Shawneetown	62984	6	0.0095	0.7168	Gallatin	Yes	Yes
Ava	62907	5	0.0079	0.7247	Jackson	Yes	Yes
De Soto	62924	5	0.0079	0.7326	Jackson	Yes	Yes
Equality	62934	5	0.0079	0.7405	Gallatin	Yes	Yes
Zeigler	62999	5	0.0079	0.7484	Franklin	Yes	Yes
Fairfield	62837	4	0.0063	0.7547	Wayne	Yes	No
McLeansboro	62859	4	0.0063	0.7611	Hamilton	Yes	No
Woodlawn	62898	4	0.0063	0.7674	Jefferson	Yes	No
Goreville	62839	4	0.0063	0.7737	Johnson	Yes	Yes
Ridgway	62979	4	0.0063	0.7801	Gallatin	Yes	Yes
Pinckneyville	62274	3	0.0047	0.7848	Perry	Yes	No
Freeman Spur	62841	3	0.0047	0.7896	Williamson	Yes	Yes
Ina	62846	3	0.0047	0.7943	Jefferson	Yes	No
Louisville	62858	3	0.0047	0.7991	Clay	Yes	No
Golconda	62938	3	0.0047	0.8038	Pope	Yes	Yes
Makanda	62958	3	0.0047	0.8085	Jackson	Yes	Yes
Ozark	62972	3	0.0047	0.8133	Johnson	Yes	Yes
Other Zipcodes		118	0.1867				
Total, All of these Zipcodes		514					
Total AMI Discharges		632					
Total AMI Discharges from Market Area: 441, 67.78%							

ATTACHMENTS 34-36
PROOF OF A+ BOND RATING

29 SEP 2023

Fitch Downgrades Southern Illinois Healthcare (IL) to 'A+'; Outlook Stable

Fitch Ratings - New York - 29 Sep 2023: Fitch Ratings has downgraded Southern Illinois Healthcare Enterprise's (SIHE) Issuer Default Rating (IDR) and revenue bond rating on series 2017 A, B and C bonds issued by the Illinois Finance Authority on behalf of SIHE and series 2020 taxable bonds issued directly by SIHE to 'A+' from 'AA-'.

The Rating Outlook is Stable.

The downgrade to 'A+' from 'AA-' is driven by large operating losses in both FY22 and FY23 and Fitch's expectation that operating improvement will be gradual and meaningful gains in cash flow will likely not occur until FY26 as staffing shortages continue and cost efficiencies currently being implemented will take some time to be realized. Fitch expects expense mitigation efforts will remain a key focus of management and there will be return to margins that are more consistent with the midrange operating risk assessment by 2027. While financial profile metrics have softened somewhat with the reduced cash flow, SIHE maintains ample financial flexibility through Fitch's stress scenario for the 'A+' rating, supporting the Stable Outlook. SIHE has moderate immediate capex needs, allowing the system to maintain its healthy balance sheet while operating challenges are addressed. The rating also reflects SIHE's leading market position in a somewhat challenging service area.

The Stable Outlook reflects Fitch's expectation that balance sheet metrics will remain in line with a strong assessment, even in a stressed scenario, as SIHE addresses the current operating challenges.

SECURITY

The bonds are secured by a gross revenue pledge of the obligated group.

KEY RATING DRIVERS

Revenue Defensibility - 'bbb'

Leading Provider in Somewhat Challenging Market

SIHE benefits from a leading market position in a broad seven county service area. Primary service area market share remains strong at about 55%, but has declined from about 59% in 2019. Although no individual competitor has more than 7% share, competitive pressure has intensified as Deaconess Health (IDR: AA) purchased nearby Heathland Regional Medical Center, (about 15 miles to the West of SIHE) and Union County Hospital (about 20 miles to the south). There is some outmigration of high acuity service to St. Louis, located just over 100 miles from Carbondale.

With a predominantly employed physician model, SIEH has been focused on rebalancing physician contracts to promote efficiency, productivity and sustainability. SIHE continues to focus on physician recruitment in key service lines that are accretive to the enterprise. In August 2021, SIHE acquired Harrisburg Medical Center, a 71-bed community hospital located in Harrisburg, IL, further expanding its presence in southeastern Illinois.

The service area economy is anchored by Southern Illinois University's Carbondale campus, with approximately 10,000 students. Median household income is well below state and national averages, which is in part due to the presence of the university. Population growth is relatively flat, and unemployment rates are higher than state averages. Fitch expects the service area to support a generally stable payor mix, partially due to the stability conveyed by the university. Combined Medicaid and self-pay is consistently just under 25% of gross revenues.

Operating Risk - 'bbb'

Operating Challenges Continue, Improvement Expected

Operating challenges at SIHE persist reflecting macro labor and inflationary trends. Following a strong FY21 (9% operating EBITDA margin) benefitting from \$13.5 million in relief funding, SIHE faced various challenges in FY22 and FY23, resulting in large operating losses and Fitch expects moderating operating losses through FY24 and possibly FY25. Because of Fitch's expectation for a slower return to operating profitability and margins that are consistent with the midrange operating risk assessment, SIHE's operating risk profile assessment has been changed to 'bbb' (midrange) from 'a' (strong).

FY22 was a challenging year with expenses from agency nurses, unbudgeted staffing adjustments, a \$6 million write off related to an IT system, and revenue shortfalls from a suspension of overnight stay procedures during a spike in coronavirus cases. The system ended FY22 with an operating loss of about \$57 million and an operating EBITDA margin of just 0.2%. Operating challenges continued in FY23 and SIHE experienced an operating loss of about \$49 million, which was close to \$10 million off of budget.

Working with a consultant, SIHE identified and is in the process of implementing several efficiency strategies and cost reduction initiatives. Specifically, SIHE implemented a reduction in workforce in December 2023, renegotiated physician employment contracts, and implemented a formal labor management system with benchmarking. Other areas of focus include supply chain, pharmacy, the use of enhanced analytics, and a more robust process for capex.

While 1Q24 operating performance shows improvement over the prior year period, with an operating EBITDA margin of 3.2% compared to 0.2%, headwinds remain. Staffing challenges persist, affecting volumes and agency costs remain over budget as the labor market remains tight. SIHE is also in the process of integrating the Epic EMR system at Harrisburg Hospital and while system integration has gone smoothly to date and is expected to be on budget, there will be added costs in 2Q24 associated with this effort. Fitch expects SIHE to end FY24 with an operating EBITDA of about 4% and gradually improve to about 7.5% by FY26 as the current strategies are implemented.

Capex requirements are assessed as moderate with capex averaging about 90% of depreciation expense over the past five years and the expectation that spending will be curtailed as SIHE implements its operating improvement plan. SIHE has flexibility to scale back on capital spending during this current operating stress as the average age of plant is low at about 10 years, and competitive pressures are limited. Management intends to keep capex near or below depreciation until the current efficiency plan more fully materializes and operating profitability returns.

Financial Profile - 'a'

Stable Financial Profile

Despite constrained operating cash flow in FY22 and FY23, SIHE has maintained ample financial flexibility consistent with the rating category. Unrestricted cash and investments measured \$606 million at FYE23, down from \$670 million at FYE22, translating to cash to adjusted debt of 165%. Total debt measured just above \$358 million at FYE23 and SIHE does not have a defined benefit pension plan, and consequently adjusted debt is equivalent to direct debt.

Fitch's base case scenario, which is a reasonable five-year forward look, shows SIHE with a gradual return to stable operations over the next three to four years with an operating EBITDA margin reaching about 7.5% by 2027, following improving but still constrained performance in fiscal 2023 and 2024. The base case incorporates SIHE's planned capex that averages about 115% of depreciation expense, with lower capex in the early years.

Fitch's stress case applies a portfolio sensitivity (based on SIHE's asset allocation) and revenue stress. SIHE's financial profile demonstrates financial flexibility in Fitch's stress case, with cash to adjusted debt reaching about 150% by year five, consistent with the 'A' rating category given SIHE's midrange revenue defensibility and operating risk assessments.

Asymmetric Additional Risk Considerations

There are no asymmetric risks associated with the rating.

RATING SENSITIVITIES

Factors that Could, Individually or Collectively, Lead to Negative Rating Action/Downgrade

- Operating improvement does not materialize in the medium term and operating EBITDA margins stabilize at levels that are more consistent with weak operating metrics, with operating EBITDA margins sustained near or below 6%;
- Cash to adjusted debt begins to track towards 140% or lower in Fitch's forward-looking scenario;
- Sustained deferral of capex such that required capital spending affects the operating risk assessment.

Factors that Could, Individually or Collectively, Lead to Positive Rating Action/Upgrade

--Operating improvement that is sustained at levels consistent with the strong operating risk profile, around 8% or better;

--Sustained strengthening of the financial profile.

PROFILE

SIHE is a four-hospital health system headquartered in Carbondale, IL approximately 105 miles southeast of St. Louis. SIHE includes 162-bed Memorial Hospital of Carbondale, 114-bed (including 29 rehabilitation beds) Herrin Hospital in Herrin, IL, St. Joseph's Hospital, a 25-bed critical access hospital in Murphysboro, IL, and 71-bed Harrisburg Medical Center.

Additional operations include an employed multi-specialty medical group, a physician hospital organization, a charitable foundation, and a broad network of outpatient facilities. Fitch's analysis is based on the consolidated statements. Operating revenue of the consolidated entity totaled about \$804 million in FY22.

Sources of Information

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

The highest level of ESG credit relevance is a score of '3', unless otherwise disclosed in this section. A score of '3' 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. Fitch's ESG Relevance Scores are not inputs in the rating process; they are an observation on the relevance and materiality of ESG factors in the rating decision. For more information on Fitch's ESG Relevance Scores, visit <https://www.fitchratings.com/topics/esg/products#esg-relevance-scores>.

Fitch Ratings Analysts

Madeline Tretout

Director

Primary Rating Analyst

+1 646 582 4569

Fitch Ratings, Inc. Hearst Tower 300 W. 57th Street New York, NY 10019

Kevin Holloran

Senior Director

Secondary Rating Analyst

+1 512 813 5700

Mark Pascaris

Senior Director

Committee Chairperson

+1 312 368 3135

Media Contacts**Sandro Scenga**

New York

+1 212 908 0278

sandro.scenga@thefitchgroup.com

Rating Actions

ENTITY/DEBT	RATING		RECOVERY	PRIOR
Southern Illinois Healthcare (IL)	LT IDR	A+ 	Downgrade	AA- 
• Southern Illinois Healthcare (IL) /General Revenues/ 1 LT	LT	A+ 	Downgrade	AA- 

RATINGS KEY OUTLOOK WATCH

POSITIVE		
NEGATIVE		
EVOLVING		
STABLE		

Applicable Criteria

Public Sector, Revenue-Supported Entities Rating Criteria (pub.27 Apr 2023) (including

rating assumption sensitivity)

U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria (pub.18 Nov 2020)
(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), v2.0.0 (1)

Additional Disclosures

Solicitation Status

Endorsement Status

Southern Illinois Healthcare (IL) EU Endorsed, UK Endorsed

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summary page for this issuer on the Fitch Ratings website.

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The complete span of best- and worst-case scenario credit ratings for all rating categories ranges from 'AAA' to 'D'. Fitch also provides information on best-case rating upgrade scenarios and worst-case rating downgrade scenarios (defined as the 99th percentile of rating transitions, measured in each direction) for international credit ratings, based on historical performance. A simple average across asset classes presents best-case upgrades of 4 notches and worst-case downgrades of 8 notches at the 99th percentile. Sector-specific best- and worst-case scenario credit ratings are listed in more detail at <https://www.fitchratings.com/site/re/10238496>

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ATTACHMENT 36
PROJECTED OPERATING COSTS
TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

IX.D. Projected Operating Costs

Projected Operating Costs Per EPD =
FY29 Operating Expenses for the hospital/FY29 hospital EPD

FY29 Hospital Operating Expenses:

Salaries	\$ 76,491,617
Benefits	34,011,643
Supplies	<u>7,414,174</u>
	\$117,917,434

FY29 Equivalent Patient Days (EPD) =

$$\left[1 + \frac{(\text{Outpatient} + \text{Emergency Revenue})}{(\text{Inpatient Revenue})} \right] \times \text{Total Projected FY29 Inpatient Days} =$$

$$\left[1 + \frac{\$27,124,777}{\$12,286,893} \right] \times 15,913 =$$

$$[1 + 2.208] \times 15,913 = 3.208 \times 15,913 = 51,048.90 \text{ EPD}$$

Projected Operating Costs Per EPD = FY29 Operating Expenses/FY29 EPD =
$$\frac{\$117,917,434}{51,049} = \$2,309.89$$

IX.E. Total Effect of the Project on Capital Costs

Projected Capital Costs Per EPD = FY29 Capital Costs/FY29 EPD

FY29 Capital Costs:

Depreciation	\$3,440,000
Amortization	15,500
Interest	<u>655,000</u>
	\$4,110,500

FY29 Equivalent Patient Days (EPD) =

$$\left[1 + \frac{(\text{Outpatient} + \text{Emergency Revenue})}{(\text{Inpatient Revenue})} \right] \times \text{Total Projected FY29 Inpatient Days} =$$

$$\left[1 + \frac{\$27,124,777}{\$12,286,893} \right] \times 15,913 =$$

$$[1 + 2.208] \times 15,913 = 3.208 \times 15,913 = 51,048.90 \text{ EPD}$$

Projected Capital Costs Per EPD = FY29 Capital Costs/FY29 EPD =
$$\frac{\$4,110,500}{51,049} = \$80.52$$

ATTACHMENT 38
CHARITY CARE INFORMATION

X.
Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Harrisburg Medical Center, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

HARRISBURG MEDICAL CENTER

	FY2021	FY2022	FY2023
Net Patient Revenue	\$47,012,410	\$32,891,915	\$39,411,670
Amount of Charity Care (charges)	\$2,233,000	\$976,322	\$1,603,104
Cost of Charity Care	\$764,490	\$553,940	\$714,516
Ratio of Charity Care to Net Patient Revenue (Based on Charges)	4.8%	3.0%	4.1%
Ratio of Charity Care to Net Patient Revenue (Based on Costs)	1.6%	1.7%	1.8%

2. This chart reports data for Harrisburg Medical Center.

The charity costs, charity charges, and patient revenue are only for Harrisburg Medical Center and are not consolidated with any other entities that are part of Southern Illinois Hospital Services or its parent, Southern Illinois Healthcare.

3. Because Harrisburg Medical Center is an existing facility, the data are reported for the latest three audited fiscal years.

ATTACHMENT 39
FLOOD PLAIN INFORMATION

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: Harrisburg Medical Center 100 Dr. Warren Tuttle Drive
 (Name) (Address)
Harrisburg Illinois 62946-2718 Contact: 312-266-0466
 (City) (State) (ZIP Code) (Telephone Number)
2. Project Location: Harrisburg Medical Center 100 Dr. Warren Tuttle Drive Harrisburg, Illinois
 (Address) (City) (State)
Saline
 (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? NO

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: 17165C0182D Effective Date: 10/2/2014

Name of Official: ERIN CONLEY Title: ST. FLOOD PLAIN COORD.

Business/Agency: ILL DEPT. OF NATURAL RESOURCES Address: 1 NATURAL RESOURCES WAY

SPRINGFIELD IL 62702 217-782-4428
 (City) (State) (ZIP Code) (Telephone Number)

Signature: Erin Conley by Andrew Royer ERIN.C.CONLEY@ILLINOIS.GOV Date: 11/6/24

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



USDA USGS National Wetland Inventory Data referenced June 2024. Powered by Esri

PHI

Approximate location based on user input and does not represent an authoritative property location

SPECIAL FLOOD HAZARD AREAS

Without Base Flood Elevation (BFE)
With BFE or Depth
Regulatory Floodway Zone AE, AO, AH, VE, AS
0.2% Annual Chance Flood Hazard Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
Future Conditions 1% Annual Chance Flood Hazard Zone X
Area with Reduced Flood Risk due to Levee See Notes, Zone X
Area with Flood Risk due to Levee Zone D

MAP PANELS

Selected Floodmap Boundary
Digital Data Available
No Digital Data Available
Unmapped
Area of Minimal Flood Hazard Zone X
Effective LOHs
Area of Undetermined Flood Hazard Zone D
Otherwise Protected Area
Coastal Barrier Resource System Area

OTHER AREAS

NO FLOOD
Area of Minimal Flood Hazard Zone X
Effective LOHs
Area of Undetermined Flood Hazard Zone D
Otherwise Protected Area
Coastal Barrier Resource System Area

OTHER FEATURES

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

GENERAL STRUCTURES

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

APPENDIX 1
SOUTHERN ILLINOIS RURAL HEALTH CONSORTIUM

Consortium Agreement

This agreement, which includes any referenced attachments, is made among the organizations listed below.

Southern Illinois Hospital Services whose registered office is at 1239 East Main Street, Carbondale, IL 62901; and

Egyptian Health Department whose registered office is at 1412 US 45 North, Eldorado, IL 62930; and

The Board of Trustees of Southern Illinois University, by and on behalf of its School of Medicine, whose registered office is at 900 S. Normal Avenue, Carbondale, IL 62901; and

Southeastern Illinois Regional Planning and Development Commission whose registered office is at 230 West Poplar St, Harrisburg, IL 62946.

These organizations will be referred to individually as a "Member" and collectively as "Members" throughout this agreement.

- I. **Purpose:** The purpose of this Agreement is to specify the responsibilities of the Consortium Members in carrying out the Project, to identify the rights and obligations of the Members, and to complete the Project, including producing deliverables, as described in Attachment A - Work Plan.
- II. **Duration:** This agreement shall commence on the Effective Date and continue until the completion of the Project. The duration of this Agreement may be extended beyond the completion date, at any time prior to that date, by written agreement of the Members.
- III. **Definitions:** The following terms are defined for this Agreement:
 1. **Confidential Information** means all information that is marked as Confidential and is disclosed by one Member to the others for the purpose of completing the Project. It includes, but is not limited to, the following: ideas, financial information, marketing information, work plans, computer systems and software, products and services, records, reports, documents, papers, and any other materials that are generated through work on the Project.
 2. **Consortium** means the Members collectively.
 3. **Effective Date** means the date when all members have signed this Agreement.
 4. **Lead Institution** means the Member who is designated in Section IV of this Agreement. This Member is authorized as the Consortium's agent to sign agreements in the Consortium's name and on behalf of the Project in accordance with Section IV of this Agreement.
 5. **Project** means the work described in Attachment A – Work Plan.

6. **Project Manager** means the person appointed by the Lead Institution to run the day-to-day operation of the Project and report directly to the Lead Institution.

7. **Personnel** means any employee, director, agent, contractor, or other individual engaged by a Member.

- IV. **Lead Institution:** The Lead Institution for this Agreement is designated as Southern Illinois Hospital Services. The lead institution is responsible for the following:
- Taking all reasonable steps to seek and obtain prior approval of each of the other Members before signing agreements for the benefit of the Project;
 - Monitoring Project progress and notifying other Members of any concerns in meeting progress goals;
 - Ensuring completion of Project tasks by assigning tasks to other Members, completing tasks with its Personnel, and/or by contracting with qualified individuals on behalf of the Consortium;
 - Providing deliverables to USDA/Rural Development and other funding partners as required by any financial assistance agreements related to the Project;
 - Submitting all progress, performance, and financial reports to USDA/Rural Development and other funding partners as required by any financial assistance agreements related to the Project;
 - Appointing a Project Manager; and
 - Managing the Project's finances in accordance with appropriate accounting principles, applicable State and Federal laws and regulation, and any financial assistance agreements related to the Project.

- V. **Responsibilities of the Members:** The Members agree to undertake the following:
1. To procure and maintain its own liability insurance, to cover the Member's liabilities and those of its Personnel;
 2. To comply with and to assist the Lead Institution with compliance with all applicable laws, regulations, and financial assistance agreements related to the Project;
 3. To the extent permitted by law and not inconsistent with the doctrine of sovereign immunity, to indemnify and hold harmless the other Members from and against all costs, liabilities, injuries, direct, indirect or consequential loss (all three of which terms include, without limitation, pure economic loss, loss of profits, loss of business, depletion of goodwill and like loss), damages, claims, demands, proceedings or legal costs (on a full indemnity basis) and judgments which they incur or suffer as a result of a breach of this Agreement or negligent acts or omissions or misconduct of the Member and/or its Personnel including without limitation any resulting liability the Consortium has to the funder or to any third Member;
 4. To provide appropriate facilities and services as necessary to achieve proper performance of the Member's assigned tasks;

5. To provide Personnel, as needed, to perform assigned tasks and to attend Project-related meetings including for any Boards or Sub-committees;
6. To complete the tasks assigned to it by the Lead Institution and any other obligations under this Agreement;
7. To provide all information, such as financial records and progress reports, needed by the Project Manager and Lead Institution to fulfill the obligations incurred by this Agreement;
8. To notify each of the other Members when the Member becomes aware of any significant delay in performance;
9. To inform each of the other Members when a Member receives relevant communications from a third Member about the Project;
10. To ensure the accuracy of any information it provides under this Agreement, to the best of the Member's ability; and
11. To avoid issuing press releases or other publicity materials relating to the Consortium and/or the Project without obtaining prior approval from the other Members.

The signatories below certify that they have the authority to enter into this Agreement.

Approved by an Authorized Representative of Southern Illinois Hospital Services:

Woody Thorne	Chief Development Executive - Community Affairs
_____ Name (Please Print)	_____ Title (Please Print)
<i>Woody Thorne</i>	September 22, 2023
_____ Signature	_____ Date

Approved by an Authorized Representative of Egyptian Health Department:

Angie Hampton	CEO
_____ Name (Please Print)	_____ Title (Please Print)
<i>Angie Hampton</i>	October 6, 2023
_____ Signature	_____ Date

Approved by an Authorized Representative of The Board of Trustees of Southern Illinois
University by and on behalf of its School of Medicine

John Horvat

J Kruse/by J Horvat on behalf of A Lane, Chancellor

Name (Please Print)

Title (Please Print)

John Horvat

September 27, 2023

Signature

Date

Approved by an Authorized Representative of Southeastern Illinois Regional Planning and
Development Commission:

Alene Carr

Executive Director

Name (Please Print)

Title (Please Print)

Alene Carr

October 6, 2023

Signature

Date

Attachment A

Work Plan

Goal 1: Develop and expand partnerships that build and sustain capacity, maximize available resources, and establish community-based approaches for addressing the long-term sustainability of rural health care				
<i>Objective 1-1: Partners meet regularly to discuss long-term and ongoing considerations/issues</i>				
<i>Key Activity to Complete Objective</i>	<i>Key Partners</i>	<i>Criteria Determining Completion</i>	<i>Measurable Outcomes</i>	<i>Timeline</i>
An initial partner meeting is conducted.	All partners	Initial meeting is conducted	Initial meeting is well attended- 90% attendance rate	Within first three weeks of award notice
A schedule of meetings is determined.	All partners	A minimum of quarterly meetings are scheduled	Meetings are all well attended. - 90% attendance rate	Through December 2024
Additional meetings are scheduled as needed	All partners	Additional meetings are scheduled to discuss imminent topics/issues.	Meetings are all well attended. - 90% attendance rate	Through December 2024
<i>Objective 1-2: Create Protocol for Data Collection and Project Evaluations.</i>				
<i>Key Activity to Complete Objective</i>	<i>Key Partners</i>	<i>Criteria Determining Completion</i>	<i>Measurable Outcomes</i>	<i>Timeline</i>
Develop a working draft of evaluation tools and measurements	CRHSSD	A draft of the tools and techniques to capture and measure data is devised.	Draft of information regarding data collection disseminated to partners	Months 1-7, 2022
Develop final draft of evaluation tools and measurements	CRHSSD	A final draft of the tools and techniques to capture and measure data is devised.	Final draft of information regarding data collection is disseminated to all partners	Months 8-12, 2022
Each consortium member will review the final evaluation plan	All Partners	Meeting held to discuss assessment / evaluation component of the project	Meeting is well attended- 90% attendance rate	Months 1-3, 2023

Goal 2: Create a sustainable solution to improve access to quality inpatient mental/behavioral health care in the region, as an identified acutely felt community need; collaborate with rural community partners to improve outcomes through the lens of our collective rural cultural competence.				
<i>Objective 2-1: Capital Construction – Planning / Programming Phase</i>				
<i>Key Activity to Complete Objective</i>	<i>Key Partners</i>	<i>Criteria Determining Completion</i>	<i>Measurable Outcomes</i>	<i>Timeline</i>
Pre-design	SIH – Project Team	Finalize the project objectives Determine the building and user requirements Establish a total building area Set the scope of work	Comprehensive description of the necessary components of the construction project is created.	*Assuming January 1, 2022 award Months 1-3, 2022
<i>Objective 2-2: Capital Construction – Business Plan Approval Phase</i>				
<i>Key Activity to Complete Objective</i>	<i>Key Partners</i>	<i>Criteria Determining Completion</i>	<i>Measurable Outcomes</i>	<i>Timeline</i>
Outline objectives through a business case	SIH – Project Team	Key decisions are made final.	Project Initiation Document (PID) is created	*Assuming January 1, 2022 award Months 8, 2022
Business case approval	SIH – Project Team	Financial plan is developed Mission, values and vision are discussed	Finance and SIH Board of Trustees approve plan.	*Assuming January 1, 2022 award Months 8, 2022

Objective 2-3: Capital Construction – Schematic and Design Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Create all schematic designs	SIH – Dan Boeckman, Project Team	A schematic Design that is clearly defined, feasible concept	100% Schematic Design documents Confirmed budget Confirmed schedule Commissioning strategy Identification of local, state and federal approvals needed and strategies to obtain them Plan for swing space and move timing, if necessary	*Assuming January 1, 2022 award Months 4-7, 2022
Design development	SIH – Dan Boeckman, Project Team	Details of equipment needed and materials used are researched and determined. Finish and Millwork details are determined.	Materials, colors, and textures of spaces determined Construction phasing is determined.	*Assuming January 1, 2022 award Months 4-7, 2022
Objective 2-4: Capital Construction – Certificate of Need (CON) Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
SIH submits application for CON permit to the IHFSRB	SIH – Project Team, Cathy Blythe	Upon completion of the project, each permit holder must notify the IHFSRB within 90 days. A report of the final realized costs must be submitted and	Approval of the application for permit by the IHFSRB.	*Assuming January 1, 2022 award Months 8-12, 2022

Application is declared complete within 10 days of receipt	Illinois Health Facilities and Services Review Board	contain itemization of all project costs	*Once our final realized cost report is submitted and reviewed we will also receive notice from the IHFSRB that the project is complete and no further action is required.	Months 1, 2023
Application review period begins, not to exceed 120 days	Diversified Health Resources (CON Consultant)	Certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project		
Application for permit is considered for approval at IHFSRB meeting.		Certification of compliance with all terms of the permit, including project cost, square footage, and services		
Objective 2-5: Capital Construction – Construction Documentation Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Construction documents	SIH – Dan Boeckman, Project Team	Documents that include final drawings and specifications	Contract documents created	*Assuming January 1, 2022 award Months 8-11, 2022
Objective 2-6: Capital Construction – Bidding Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Select preferred, qualified contractors, and secure bids for the specified work.	SIH – Dan Boeckman	Contracts negotiated and signed, complying with SIH Construction Bidding Policy SY-FE-019.	All contractors selected (including contract administrator, project manager, superintendent, field engineer, and health and safety manager) and committed through signed contracts, outlined specific deliverables.	*Assuming January 1, 2022 award Months 2-3, 2023

Objective 2-7: Capital Construction – Construction and Occupancy Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Construction of project	SIH – Dan Boeckman, Don Hutson Contractor - TBD	IDPH Final Occupancy	Project is occupied and functioning as designed.	*Assuming January 1, 2022 award Months 4-12, 2023 Months 1-8, 2024
Objective 2-8: Capital Construction – Project Close-Out Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Create and complete punch list	SIH – Dan Boeckman, Don Hutson Contractor – TBD All Partners	Complete As-Built drawings	IDPH Final Occupancy permit As Built Drawings received.	*Assuming January 1, 2022 award Months 9-12, 2024
Close construction contracts Application and Certification for Payment for the construction contract, as per the American Institute of Architects form G702.	SIH – Dan Boeckman, Don Hutson, Sherrie Harlow All Partners	Closure of the project communicated to all stakeholders Project Administrator processes reconciliation change order to close contracts Contractor requests final payment, release of retainage; Project Administrator approves request and authorizes payment	Project documentation in hand Project resources released Final payment released IDPH Final Occupancy CON Closed Out	*Assuming January 1, 2022 award Months 9-12, 2024

Close design contracts	SIH – Dan Boeckman, Don Hutson, Sherrie Harlow All Partners	Closure of the project communicated to all stakeholders Project Administrator processes reconciliation change order to close contracts Contractor requests final payment, release of retainage Project Administrator approves request and authorizes payment	Project documentation in hand Project resources released Final payment released	*Assuming January 1, 2022 award Months 9-12, 2024
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Goal 3: Create and maintain sustainable economic development for rural communities, invest in the creation of high-paying jobs in the region and strengthen healthcare as a regional industry cluster.

Objective 3-1:

<i>Key Activity to Complete Objective</i>	<i>Key Partners</i>	<i>Criteria Determining Completion</i>	<i>Measurable Outcomes</i>	<i>Timeline</i>
Assess the open positions of the department and additional new jobs created	All Partners (contributing their strengths)	HMC hiring needs understood Roles created, job responsibilities completed, market analysis completed	Listing of exact positions needed – with phased hiring approach outlined	*Assuming January 1, 2022 award Months 9-12, 2024
Assess the level of professional support and residency outreach needed/required.	All Partners SIH – Physician relations SIRPDC	Meeting held with consortium to discuss area resources/regional planning resources/SIH resources. Physician Relations/Recruitment Plan	Positions filled.	Ongoing

APPENDIX 2
APPLICATION TO U.S. DEPARTMENT OF AGRICULTURE
UNDER THE EMERGENCY RURAL HEALTH CARE
(ERHC) GRANT, TRACK 2 PROGRAM
(SELECTED SECTIONS)

Summary Page

Funding Track Requested: Track Two: Impact Grants

Lead Applicant: Southern Illinois Hospital Services, c/o Harrisburg Medical Center

Amount of Federal Grant Request: \$8,709,909.00 (55% of Total Project Costs)

Amount of Cost-Sharing Funds: \$7,126,290.00 (45% of Total Project Costs)

Total Project Costs: \$15,836,199.00

Project Title: Rural Hospital Acute Mental Illness Expansion Project

Project Description: Southern Illinois Healthcare is a not for profit health system, encompassing a four-hospital, 375+ bed system with over forty facilities and over 600 medical staff physicians. The location of this project is the Harrisburg Medical Center in Harrisburg, IL, with a primary service area of Saline, Gallatin, Hardin, Pope, and White counties. This project aims to address the critical mental health need in the region by expanding the number of mental health beds at Harrisburg Medical Center through the implementation of an in-patient medical psychiatric unit.

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Evidence of Eligibility

Location of Facility

Located in the southeastern part of Illinois, the Harrisburg Medical Center is a 71-bed non-profit 501(c)(3) sole community hospital licensed by the Illinois Department of Public Health and is a member of the Illinois Hospital and Health Systems Association. HMC is a hospital within the Southern Illinois Healthcare (SIH) system of care. HMC and its clinics are accredited by The Joint Commission, and consists of a primary service area of Saline, Gallatin, Hardin, Pope, and White counties.

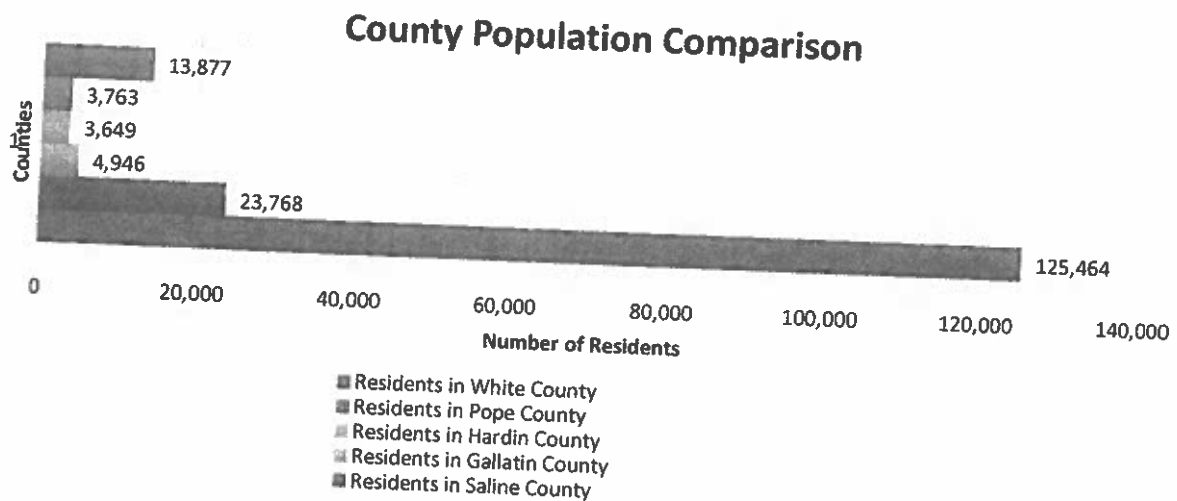


Description of Area

This area plays a compelling role in our nation's cultural identity and abounds with rich natural resources and hard-working, innovative people. This section of Illinois not only produces the agricultural bounty that feeds and fuels the nation, but it also boasts unparalleled creativity, evident in its literature, music, and cuisine. Along with its many assets, however, the region is also presented with significant challenges. These include entrenched problems such as generational poverty, racial divides and inequities, and challenges that exacerbated by inadequate infrastructure, susceptibility to natural disasters, and lack of access to quality education, healthcare, and employment opportunities.

Historically, this rural area has endured isolated households, low income and low educational levels, high rates of poverty, illness and mortality, as well as large numbers of medically underserved residents. In general, the residents within HMC's service area are more prone to have higher BMI, higher blood pressure, increased risk for diabetes and are more apt to smoke and be sedentary than all other Illinoisans. It is blatantly obvious that these counties lag behind our northern neighbors and can take the dubious honor of being one of the unhealthiest regions in Illinois.

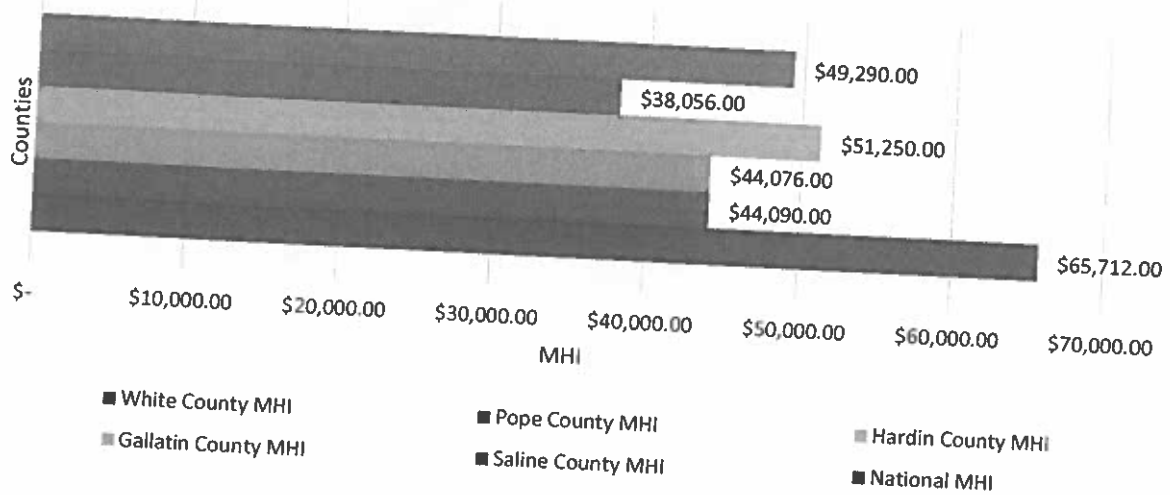
The 2020 Census indicates there are just over 50,000 residents that span the five-county area, while the average number of residents per single county in Illinois is over 125,000. Most residents live in rural towns and small rural cities separated by extensive farmland. It is nothing unusual for people to have to travel out of their respective counties for food, education, training or medical care. According to the 2010 Census, this five-county area has a size of approximately 1,750 square miles, and averages less than thirty residents per square mile. This is over seven times less than the average population per square mile in Illinois.



Source: U.S. Census Bureau, 2020 Census
Redistricting Data (Public Law 94-171)

According to the 2020 Census, the average median household income in the five-county area is \$45,352.40, over \$20,000.00 less than the national median household income of \$65,712.00. According to the Delta Regional Authority, all five of these counties are deemed distressed in 2021; to be deemed distressed, counties and parishes must have an unemployment rate of one percent higher (6.7 percent) than the national average (5.7 percent) for the most recent 24-month period and have a per capita income of 80 percent or less of the national per capita income.

Median Household Income Comparison



Source: U.S. Census Bureau, 2015-2019
American Community Survey 5-Year Estimates

A significant contributor to this economic distress is the demise of the coal mining industry in Southern Illinois. For the majority of the 19th and 20th centuries, coal mining served as a key economic driver for the region. At its peak in 1920, Illinois mines employed 100,000 residents and produced 100 million tons of coal. Between 1990 and 2000, employment plummeted from 10,000 workers to fewer than 3,500.¹

Additionally, according to the Health Resources and Services Administration, all five of these counties are designated as Medically Underserved areas; these are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.

Each of these counties are also designated Health Professional Shortage Areas by the Health Resources and Services Administration. HPSA scores in primary care are as follows: Saline, 19; Gallatin, 15; Hardin and Pope, 14; White, 16. In addition, the U.S. Bureau of Labor Statistics reports the annual growth rate for covered jobs from 2010 to 2015 for the nation to be 1.9 percent. The state of Illinois' growth rate is slightly less at 1.4 percent. However the delta region, in which HMC's five-county service area resides, only has an annual growth rate of 1.0 percent and the Delta counties in Illinois collectively have a negative growth rate of 0.1 percent.

¹ "A Look Inside the Coal Communities in the Illinois Basin," Pacific Standard Magazine. Retrieved from: <https://psmag.com/magazine/a-look-inside-the-coal-communities-in-the-illinois-basin>.

Need, Methodology, and Innovation

COVID-19 Pandemic Impact

The COVID-19 pandemic has caused enormous strain on the mental and behavioral health of people across the globe. The COVID-19 pandemic has had dramatic impacts across the United States, disrupting work, school, social interaction, and economic activity. Not surprisingly, these disruptions have had wide ranging impacts on mental health while simultaneously disrupting mental health service delivery. Nationwide, there have been spikes in anxiety, depression, and other behavioral health issues as people navigate the complexity of the current crisis. These spikes are extensions of a long-standing crisis in behavioral health resources. The COVID-19 pandemic has made it more evident that to better serve the behavioral health needs of people in our region, improve health care outcomes, reduce health care costs, and create a healthier population, innovative solutions are necessary.

Even before COVID-19, the prevalence of mental illness among adults was increasing. National data indicates that in 2017-2018, 19% of adults experienced a mental illness, an increase of 1.5 million people over the previous year's data. According to the 2021 State of Mental Health in America (MHA), more people are reporting frequent thoughts of suicide and self-harm than have ever been recorded in the MHA Screening program since its launch in 2014. Since the COVID-19 pandemic began to spread rapidly in March 2020, over 178,000 people have reported frequent suicidal ideation. Thirty-seven percent of people reported having thoughts of suicide more than half or nearly every day in September 2020. These consequences can be devastating, especially when behavioral health struggles lead directly to overdose, suicide, or premature death.

According to a June 2020, Center for Disease Control and Prevention (CDC) surveyⁱ:

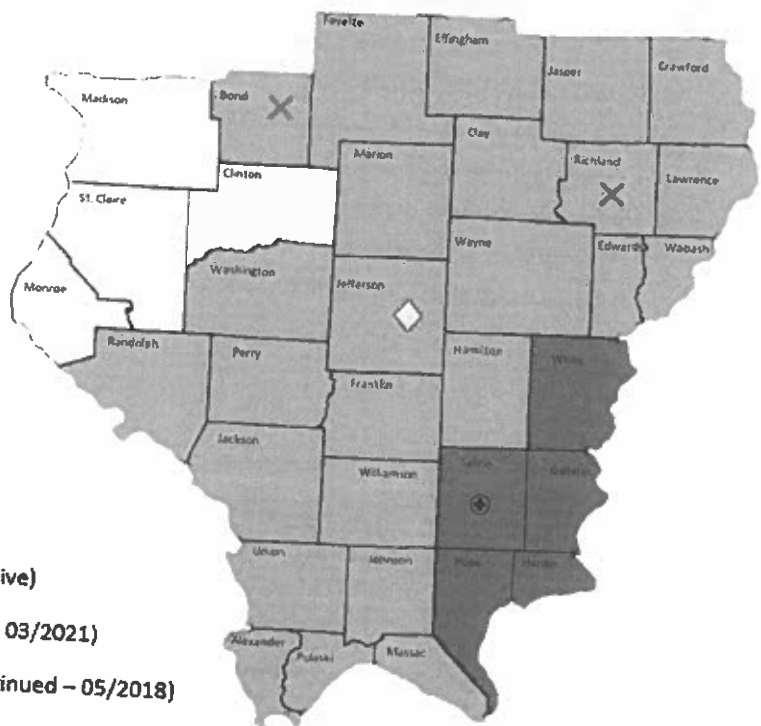
- 31% of respondents reported symptoms of anxiety or depression, an increase from 11.0 percent in January through June of 2019.
- 13% of people reported that they had started or increased substance use to cope with pandemic related stress or emotions.
- 11% of respondents reported serious consideration of suicide in the previous 30 days, compared with 4.3% in a similar 2018 survey.

The COVID-19 pandemic has presented additional challenges to providers trying to deliver mental health services in rural areas. Rural behavioral health systems were already stressed by the alarming growth of opioid use and overdose deaths over the past two decades, and early evidence suggests that the COVID-19 pandemic has exacerbated the opioid crisis.ⁱⁱ

Identified Need

Harrisburg Medical Center (HMC) is an acute care hospital located in Saline county. HMC's licensed bed complement consists of 46 Medical/Surgical beds and 31 Acute Mental Illness (AMI) beds, for a total of 77 licensed beds. In 2019 HMC had 2,547 admissions, of which 45.2% were AMI patients. Total patient days for this time period were 13,445, of which 68.6% were AMI patients. The facility employs 478 people and has 142 physicians on their medical staff. HMC has 7 outlying clinics, located in Eldorado, Harrisburg, Marion, Mach Mine Clinic and Viking Mine Clinic. Saline county has federal designations as both a Health Professional Shortage Area and a Medically Underserved Area. In fact, as of March 2021, 58% of Mental Health Professional Shortage Areas were located in rural areas. The communities served by Harrisburg Medical Center are among the most vulnerable in the state.

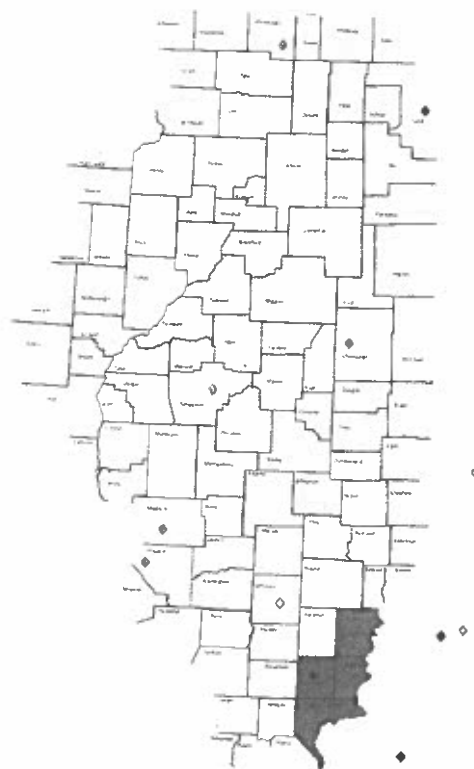
To determine the number of Acute Mental Illness beds needed in Illinois, the Illinois Health Facilities and Services Review Board divides the state into planning areas. HMC is located in Planning Area 05, which is made up of thirty counties comprising the southern third of the state. Total population for this area is 613,757. HMC is one of only two facilities in the entire Planning Area that provide Acute Mental Illness services. The other facility, SSM Health St. Mary's Hospital in Centralia, is located 90 miles from HMC and is currently licensed for 24 AMI beds. Prior to 2018 there were two other hospitals in Planning Area 05 with AMI beds, but they have both since discontinued the category of service within their facilities.



- ⊙ Harrisburg Medical Center (31 AMI Beds, Active)
- ◇ SSM Health Good Samaritan Hospital (24 AMI Beds, Active)
- ✕ HSHS Holy Family Hospital (10 AMI Beds, Discontinued - 03/2021)
- ✕ Carle Richland Memorial Hospital (16 AMI Beds, Discontinued - 05/2018)

People with behavioral health disorders are more likely to have other chronic medical conditions such as asthma, diabetes, heart disease, high blood pressure, and stroke than those without a mental illness. Additionally, those with physical health conditions such as asthma or diabetes report higher rates of substance use disorders and serious psychological distress. As a result, those with behavioral health disorders and comorbidities are likely to use more hospital and ED services. The lack of inpatient AMI beds has created a significant challenge in treating the behavioral health needs of patients in southern Illinois. Patients suffering from mental health crises and other behavioral health disorders make up a considerable portion of visits to emergency departments across Southern Illinois Healthcare hospitals each year. Because access to inpatient behavioral health care is limited, finding appropriate placement for these patients results in delays of care and increased risk. It is not uncommon for emergency departments to “board” behavioral health patients for days while awaiting placement. For mental health patients with medical issues that need monitoring, placement is even more of a challenge.

- ⊙ Harrisburg Medical Center
- ◆ Mulberry Center Behavioral Health (Distance: 380 Miles)
- ◆ Deaconess Gateway Hospital (Distance: 69 Miles) (Indiana)
- ◆ Lincoln Prairie Behavioral Health Center (Distance: 195 Miles)
- ◆ Touchette Regional Hospital (Distance: 131 Miles)
- ◆ The Pavilion Foundation (Distance: 172 Miles)
- ◆ Hartgrove Hospital (Distance: 339 Miles)
- ◆ Gateway Regional Medical Center (Distance: 135 Miles)
- ◆ Lourdes Hospital Heliport (Distance: 54 Miles) (Kentucky)
- ◆ Harsha Behavioral Center (Distance: 152 Miles) (Indiana)
- ◇ SSM Health Good Samaritan Hospital – Mt. Vernon (Distance: 100 Miles)
- ◆ Brentwood Springs (Distance: 76 Miles) (Indiana)



The prevalence of mental illness among adults is worsening, with nearly one in five living with a behavioral health disorder. The economic hardships and elevated levels of stress associated with the COVID-19 pandemic have exacerbated existing behavioral health conditions and are contributing to an increase in demand for behavioral health services. Within the Planning Area 05 market, inpatient Behavioral Health discharges are projected to increase by 4.2% over the next five years. Inpatient days are projected to increase by 8.2% during the same time period.

While HMC is currently licensed for 31 AMI beds, they are only able to operate 30, all of which are located in double occupancy rooms. The only single room in the unit must be used as a seclusion room, which is used as a "safety room" or "de-escalation room" with no capacity to be used as an inpatient bed. Throughout the COVID-19 pandemic HMC has experienced additional constraints with bed operation due to the need to social distance to fully comply with COVID-19 mitigation standards. While sized appropriately to meet double-occupancy room standards, there is not enough space to hold two patients and maintain the recommended six feet of distance between them at all times.

As a result, throughout most of 2020 and 2021 HMC was unable to utilize the second bed in the AMI patient rooms. An astounding 700 inpatient behavioral health referrals must be denied by HMC each year due to issues such as lack of available beds or lack of medical capacity. The inability to accommodate transfers into the AMI unit bears significant and negative repercussions around appropriate access to care. In order to accommodate existing capacity issues as well as to prepare for future growth, HMC is proposing a facility plan to construct a twelve-room addition to expand inpatient behavioral health services. The proposed project will add eleven AMI beds to the inventory. Total licensed and operating AMI beds will be 42, consisting of 12 beds in private rooms and 30 beds in semi-private rooms.

Projected bed need based on market growth and capture of lost transfers anticipate a need for 11 additional AMI beds at HMC. This need was calculated using existing licensed beds and historic patient days as a baseline, per Illinois Health Facilities and Services Review Board requirements. Because COVID limitations prohibited the ability to operate all beds in the unit, it is felt that these projections are extremely conservative and the need for additional beds is considerably higher.

Hospitals serve as safety nets for behavioral health care. Increasing the number of Acute Mental Illness beds at Harrisburg Medical Center is necessary to support the region with much needed access to care.

Innovation

As this need is so widely felt within the rural region, four organizations have come together to propose that an expansion of mental health services at Harrisburg Medical Center – as the only hospital in the rural region with an established unit – via the construction of a medical psychiatric unit, will improve the region's mental and behavioral health outcomes, greatly improve access to quality care, and spur further economic development for the community by strengthening healthcare as a regional industry cluster.

A Psychiatric Hospital, or “stabilizing unit” is primarily engaged in providing psychiatric services for persons who have all kinds of mental illnesses and are admitted during a crisis time in their life, where they are evaluated, stabilized and discharged. These patients are ambulatory and can take care of daily needs and can attend group and individual therapy. Psychiatric needs are usually met within a short stay.

A med-psych unit is for patients who have combined medical and severe behavioral health diagnoses. For instance, patient might have been admitted in a hospital for a medical condition(e.g., severe urinary tract infection) but develops behavioral or cognitive symptoms and becomes unable to be safely managed in the general medical environment as a result of the condition, or possibly a patient who has a psychiatric condition that is usually stable however becomes symptomatic as a result of their medical issue.

Specially trained staff care for the patients with co-occurring needs. Usually, the unit is video-monitored, locked for entry and delayed egress (which minimizes the need or sitters or physical restraints that often come with behavioral-specific units). Another example in this age of COVID-19, are patients who are positive for the virus, but are too mentally acute to be placed on the medical floor with other COVID+ patients. The med-psych unit would have equipment and staffing to compassionately care for this type of patient, which currently must be transferred significant distances outside of the region – away from their homes, support systems and familiar surroundings. In the previous five months alone (May – September 2021) a minimum of 46 patients could have stayed in the region, were the HMC Med-Psych unit available to them.

A medical psychiatric unit is an innovative solution for the Southeastern Illinois region for its integrated approach to medical care – where medical patients with psychiatric comorbidities are kept together, and a psychiatrists and internist provide care for each patient.

Methodology: Gap Analysis and Actionable Strategies

In 2016, Southern Illinois Healthcare worked with The Cowley Johnson Group to provide an assessment of the mental and behavioral health landscape of both the organization and the region. The Cawley Johnson Group is a national behavioral health care management consulting company that provides behavioral health consultation and advisory services to healthcare systems across the United States. The Cawley Johnson Group applies vast experiences and strategies learned from more than 40 years of developing, managing and operating successful behavioral health facilities and programs to address and fiscally quantify strategies, concerns or market opportunities.

The goals of this engagement were to:

- Provide SIH with an internal and external market and service gap analysis of the current delivery network for behavioral health services.

- Identify how the current internal and external behavioral health network and resources support or fall short of meeting needs of emergency departments (Eds), medical floors and medical group practices.
- Prepare strategic actions for consideration and fiscal analysis for strategic options.

The primary recommendations that came out of the assessment include:

- Formation of a directed service line. Recruit or appoint an experienced behavioral health service line leader who will (a) Develop and organize an SIH behavioral health resource team and implement an approved strategic behavioral health plan (b) Serve as SIH's point of contact and champion for all behavioral health strategies and services within SIH business units (SIH owned or outsourced services) and (c) participate in existing coalition initiatives, or participate in the formation of new coalitions of which include external and internal stakeholders to proactively to communicate, coordinate services and collaborate to best meet regional patient needs.
- Adoption of policies and staff training. (a) Adopt a policy in which patients placed on an involuntary hold awaiting a placement at an acute psychiatric facility will be re-assessed every 12-24 hours to determine if their mental health condition has improved sufficiently to remove the "hold" for a discharge to the community. (b) Identify high users of ED services through data analysis and ongoing patient monitoring for mental health issues and work with community resources to develop an overall care management model to reduce use of ED. (c) Develop and implement an orientation and training program for ED staff to assure their comfort and competency in behavioral health patient care responsibilities, including:
 - o Participation by first responders and police where feasible
 - o Patient risk assessment
 - o De-escalation techniques
 - o Therapeutic interaction
 - o Patient restraint
 - o Implement the Columbia Suicide Assessment Tool
 - o Continuous EOC monitoring for risk issues in the EDs
- Implement a plan to increase the availability of IP Psychiatric beds available for SIH ED dispositions. Assess the legal, financial, and patient care implications of purchasing, partnering, joint venture, etc. to increase the availability of psychiatric beds with those currently providing IP psychiatric care.

Southern Illinois Healthcare uses this gap analysis to inform its strategic plan for mental and behavioral health. In the five years since, SIH has spearheaded or actively participated in addressing these gaps. The formation of the service line was completed, and Sherrie Harlow, who will also be the project director for this grant (see Organizational Capacity and Strength of Consortium, Project Director) was named System Director of Mental and Behavioral Health Services.

SIH has instilled policies and trainings for our own ED staff, and have worked closely with external stakeholders in the region on addressing high ED use for the primary care of mental and behavioral health. Senior Leaders serve on the boards of other regional project initiatives to increase early identification services to 80% of the Medicaid population (see Organizational Capacity and Strength of Consortium, Consortium Membership). At last (or especially,) with COVID-19 exacerbating need, we seek along with our consortium partners, to increase the availability of in-patient acute mental illness beds available to our rural region.

¹ Early Release of Selected Mental Health Estimates Based on Data from the January–June 2019 National Health Interview Survey. Atlanta, GA, National Center for Health Statistics, Centers for Disease Control and Prevention, 2020. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

² McGranahan DA, Parker, TS: The Opioid Epidemic: A Geography in Two Phases ERR-287. Washington, DC, US Department of Agriculture, Economic Research Service, 2021. <https://www.ers.usda.gov/webdocs/publications/100833/err-287.pdf?v=1130.9>

Organizational Capacity & Strength of Consortium

Consortium Goals

This project proposes the formation of a regionalized rural consortium consisting of Southern Illinois Hospital Services (i.e. Harrisburg Medical Center), Egyptian Health Department, Southern Illinois University (SIU) School of Medicine Center for Rural Health and Social Service Development, and Southeastern Illinois Regional Planning and Development Commission. These organizations will collaborate to expand mental and behavioral health services in the rural region, aligned with the common goals of:

- 1. Develop and expand partnerships that build and sustain capacity, maximize available resources, and establish community-based approaches for addressing the long-term sustainability of rural health care.*
- 2. Create a sustainable solution to improve access to quality inpatient mental/behavioral health care in the region, as an identified acutely felt community need; collaborate with rural community partners to improve outcomes through the lens of our collective rural cultural competence.*
- 3. Create and maintain sustainable economic development for rural communities, invest in the creation of high-paying jobs in the region and strengthen healthcare as a regional industry cluster.*

These goals guide the work plan and evaluation of the project. Unlike Centers and institutes, which themselves are the primary organization or entity, a consortium has a distinct and broader focus: bring together the work of multiple organizations and stakeholders to provide the common space and shared resources necessary to create a whole that is greater than the sum of its parts. This is what we strive to do.

Lead Applicant: Contributions, Abilities and Community Ties

Southern Illinois Healthcare (SIH) will serve as lead agency and fiscal agent for the project. SIH is a not-for-profit health system serving the southernmost counties of Illinois with four hospitals, a comprehensive cancer center, Level II Trauma Center and more than 30 outpatient and specialty practices. SIH is the region's second largest employer with over 4,000 employees and the largest provider of charity care, unreimbursed care, and community benefits.

Harrisburg Medical Center officially joined the SIH family in August of 2021 after nearly ten years of collaborating with SIH on various clinical and operational services. Harrisburg is home to the only inpatient behavioral health program in the southernmost 16 counties in Illinois. Other

features include: 77 beds; 12,000+ ED encounters annually; inpatient adult psychiatric unit; inpatient gero-psychiatric unit; outpatient behavioral health program; Prairie STAT Heart activated hospital for rapid transfer of STEMI patients; 24-hour Hospitalist program; comprehensive outpatient rehabilitation center; ambulatory infusion center; surgical services including general, ENT, GI, gynecologic, ophthalmologic, orthopedic, podiatry, and thoracic; and a newly expanded and modernized emergency department, surgical center, and outpatient services.

Southern Illinois Healthcare is as committed to quality health services today as it was when its first hospital opened in 1875. The system is guided by its mission statement, which reflects the purpose of the organization as envisioned by its founders: "We are dedicated to improving the health and well-being of all of the people in the communities we serve." SIH works diligently to help bring health services, educational programs, free rural health clinics, parish nursing, preventative screenings and immunizations to the region's most vulnerable populations.

Generations of southern Illinoisans have learned to trust SIH and know they will be provided with the same quality of care regardless of race, creed, sex, national origin, disability, age or ability to pay. Each year, SIH spends millions of dollars in charitable and non-reimbursable care to ensure the regions poorest have the same access to quality care as all other Illinoisans. The SIH hospitals provided significant quantifiable community benefits in the form of charity care (\$8 million), uncompensated government-sponsored care (\$142 million), and medical education (\$2.8 million) in fiscal year 2020. The SIH Healthcare Assistance Program provides assistance to individuals applying for financial aid and other support services and applies a sliding fee scale for those patients whose income is between 2 and 4 times the Federal Poverty Guidelines.

SIH is governed by a Board of Trustees which maintains strategic oversight to maintain organizational sustainability and overall fiduciary responsibility for SIH's operating budget. SIH operates in a highly regulated industry that meets or exceeds federal, state and local requirements that cover patient care, safety, employees, environmental and financial regulations. All grants are managed by the program director in coordination with support staff including the Grant Management Supervisor and Grant Management Specialist. Fiscal tracking is maintained by Southern Illinois Hospital Services' accounting department which includes 16 staff. One staff member is dedicated solely to grants accounting. The Compliance and Legal departments oversee compliance with federal rules and regulations. Grants are tracked according to the specific grant guidelines to ensure that the collection and timely reporting of process and outcomes is achieved. SIH has a long and successful record of administering federal, state and private foundation grants. Throughout the SIH system, grants from various funders in aggregate approximately \$4.5 million are administered annually.

Not only do a majority of board members and senior leaders serve with community organizations, but SIH further strengthens ties with the community through the work of the Community Benefits team and the SIH Foundation. We make every effort to fulfill our not-for profit mission to "improve the health and well-being of all of the people in the communities we serve." Besides providing charity care and financial assistance to patients, we want to positively

impact our communities by extending care beyond hospital walls and into the neighborhoods where people live and work. Community benefits are the programs and services that SIH offers to meet these community health needs, in partnership with schools, workplaces, faith communities and other community agencies and groups. The Community Benefits Department seeks to bring health-related programs to the areas where they are most needed.

SIH Foundation and HMC Foundation are uniquely positioned to showcase the strong community ties that each foster. Each foundation is led by community board members who are invested in the region and are active volunteer participants in leading the charitable giving in the hospital system through the foundations. Not only do leaders and board members know the region and rely on community ties to advance services at SIH, but moreover the community has proven a deepened sense of confidence that the right level of care is available for patients of Southern Illinois close to home. The special event fundraisers that the foundations hold bring community members together in a setting that encourages camaraderie and enjoyment while learning about the good work that is done across the region by SIH and HMC. Furthermore, events take place in local spaces and with the help of local individuals. They are designed to unify the hearts of community members towards making a profound impact for all.

Consortium Membership: Contributions, Abilities, Community Ties

SIH is fortunate to be supported by several committed, established collaborators. Our collaborators have deep history and experience supporting each other, and nurtures strong ties to the rural region and the communities within it.

The Egyptian Health Department was founded in 1952 as a Public Health Department. A full complement of Mental Health services was added in 1972 changing the name to the **Egyptian Public and Mental Health Department (Egyptian Health Department)**. The health department is governed by a Board of Health for Saline, Gallatin, and White County, and by a 708 Board in Wayne County for behavioral health services.

Egyptian Health Department is a leader in mental and behavioral health services in the region, and has an impressive history of addressing this need. Substance abuse remains one of the top health priorities in these communities. EHD provides a comprehensive approach to fighting the opioid epidemic as well as creating a Recovery Oriented System of Care (ROSC) Council. ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families and communities to achieve recovery and improved health, wellness, and quality of life for those with or at risk of substance use disorders. The central focus of ROSC is to create an infrastructure, or "system of care," with the resources to effectively address the full range of substance use problems within communities.

Egyptian Health Department has also been a revolutionary in both care coordination and model sustainability in the region. Egyptian received a grant award from the Illinois Department of

Healthcare and Family Services to implement an Integrated Care for Kids (InCK) Model. Village InCK aims to increase early identification services to 80 percent of the Medicaid population. In order to achieve this goal, Egyptian Health Department uses an integrated services team called "i-Hub" as a central access point for care coordination. Village InCK is also designed to reduce costs for emergency department visits, inpatient psychiatric care, and residential substance use disorder (SUD) services. Egyptian Health Department seeks to reduce expenditures through heightened education, mobile crisis response services, and increased engagement in SUD prevention, treatment, and recovery services, respectively.

Village InCK's alternative payment model (APM) builds on Illinois' state plan amendment for Integrated Health Homes. This model includes three provider-specific incentive funding pools including primary care, community services, and care teams. Incentive pools will be funded through a shared savings program and supplemental managed care organization funding. Egyptian Health Department will convene an APM working group to design a Cost and Quality Scorecard based on performance metrics as well as a work plan. The work plan will include key milestones and ensure a focus on data analysis, incentive development strategy and planning, and clear communication strategies for all stakeholders.

Egyptian Health Department has most recently been an HFS grant recipient to replicate this model for adults – Integrated Care for Adults (InCA). InCA is based on the evidence-based Integrated Care for Kids (InCK) model, endorsed by the Centers for Medicare and Medicaid Services (CMS) and supported by the Illinois Department of Healthcare and Family Services (HFS). As part of InCA, our collaborative plans to construct an Integrated Hub (iHub), which will house the staff and resources to deploy both mental health (MH) and social support services to individuals with BH and SUD conditions throughout our community service area. The iHub will be an innovative space that will provide shared office for the InCK and InCA teams, and education space to EHD providers and flexible space for our partners to focus efforts and activities on issues driving health disparities and addressing equity challenges in our community to ensure social determinants of health are addressed and appropriate care coordination support is deployed.

This growth for our region in the area of mental and behavioral health access has propelled clear forward momentum for expansion – the next step of which is to address the lack of in-patient AMI beds.

Economic and community development are key issues to achieving sustainable development. The **Southeastern Illinois Regional Planning and Development Commission (SIRPDC)** was formed in 1968 to serve the counties of Gallatin, Hamilton, Hardin, Pope and Saline, and is another consortium partner. The Economic Development Administration, U.S. Department of Commerce designated the Southeastern Illinois Regional Planning and Development Commission as an Economic Development District in 1969. SIRPDC's primary concern is the preparation and implementation of the District's Comprehensive Economic Development Strategy (CEDS). The Southeastern Illinois Regional Planning and Development Commission is comprised of a community-represented board, and the District's CEDS is an analysis of the region's strengths

and weaknesses and lists the goals and objectives of the District. The CEDS Committee is composed of SIRPDC's Board of Commissioners and private stakeholders in the community. This committee provides local input into the development, maintenance and adoption of the CEDS.

Since its inception, SIRPDC has provided numerous services to the Region. The Commission serves as a center for district statistics and project information. As a part of this activity, SIRPDC was designated as the regional clearinghouse for Gallatin, Hamilton, Hardin, Pope and Saline Counties. Local government units such as municipalities and county governments use the Commission as a liaison with the State and Federal agencies concerned with comprehensive planning and development in the District. SIRPDC also serves as the Region's data census bank. The priority goal of the Commission is to create new jobs and to stimulate private sector investment. In this capacity, SIRPDC enhances the public-private partnership linkages in the five-county area and addresses the needs of the Region such as job creation, retention and business expansion.

The final consortium member participating and guiding this project is the **Center for Rural Health and Social Service Development (CRHSSD)**. The CRHSSD has been a state accredited center for over 20 years, partnering with area agencies through academics, research, and community-based programs and services to address the most pressing health and social service concerns affecting our communities. As part of the SIU School of Medicine, their aim is to reduce health disparities and assist citizens in meeting their health care needs in the 66 urban and rural counties across central and southern Illinois.

The CRHSSD supports and empowers residents from these counties through research, program evaluations, needs assessments, demonstration projects, trainings, advocacy work and policy recommendations to improve the health of our rural communities. They regularly test new models of health care delivery to promote meaningful change in the lives of residents and ensure at-risk communities receive the quality health care they deserve. The CRHSSD is in place to help address health care and social service issues impacting the lives and productivity of those in our region. One important initiative the CRHSSD drives for community benefit is the Illinois CATCH onto Health program. Working with rural area schools, the Center and the schools coordinate behavioral and environmental change to improve children's nutrition and physical activity as well as decrease childhood obesity. Below lists a sampling of other important community projects with which the CRHSSD participates:

- CareRX
- Community College Pathways to Medicine
- Drug Endangered Children Alliance (DEC)
- Lincoln Scholars Program
- Medical Reserve Corps (MRC)
- Opioid Use Disorder Project/Southern Illinois Behavioral Health Consortium
- Prescription Monitoring Program (PMP)
- Resilient Southern Illinois (RSI)
- Trauma Based Behavioral Health Fellowship (TBBHF)
- Upward Bound

Project Director

The project director to manage the grant activities will be Sherrie Harlow, MSW, LCSW, System Director of Behavioral and Mental Health Services at Southern Illinois Healthcare. Sherrie has over two decades of experience in administration, social work and counseling field. Over the past four and half years, Sherrie has succeeded in building the behavioral health program at SIH to include outpatient therapists and emergency crisis therapists, and is committed to seeing an expansion of in-patient access and services for the region.

Sherrie has practiced in both public and private sectors with children, families, and adults. Before coming to Southern Illinois Healthcare, she directed a \$4.5 million grant program funded by the Department of Children and Family Services that served 84 counties in Illinois, led by Southern Illinois University. Sherrie holds two degrees from Southern Illinois University graduating Suma Cum Laude. She is pursuing a Ph.D. in Health Education and is currently ABD.

Sherrie will work closely with other critical SIH staff, including Dan Boeckman, System Director of Facilities Engineering for SIH, to ensure project objectives are carried out aligned with the consortium's goals. As this grant-funded project aligns so closely with her other responsibilities, it is expected that it will require a considerable amount of her time, more than 50%, of which Southern Illinois Healthcare will give in-kind to the project; no personnel or fringe costs will be requested from federal funds to support the project director.

As project director, her key activities will include, but limited to:

- Oversee the USDA Emergency Healthcare Grant Program
- Actively participate in the regional rural consortium formed as part of this application, with appropriate subcommittees or work groups as necessary, to address mental health care access in the geographic region.
- Organizes and meets with the regional consortium a minimum of four times annually, with subcommittees meeting during intermediate intervals.
- Collaborates with the regional coalition for goal alignment with project objectives and activities.
- Coordinate with consortium members, specifically with the Center for Rural Health and Social Service Development to evaluate the process, outcomes and ROI of the regional consortium's collaborations and correlating initiatives.
- Participate in the budgeting process; coordinate with the Grant Management Supervisor for fiscal and regulatory oversight.
- Maintain regular communication with the grant funder and serve as a primary point of contact (along with grant management staff).
- Submits performance measurements and coordinates the development, planning, management and reporting process for the grant.



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Angie Hampton, MS, LCPC, LSW
Chief Executive Officer

Woody Thorne, Vice President

Community Affairs & Chief Development Officer

Southern Illinois Hospital Services

1239 E Main Street

Carbondale, IL 62902-3988

To Woody Thorne:

I write on behalf of Egyptian Health Department in support of Southern Illinois Healthcare's proposal to the United States Department of Agriculture, Office of Rural Development for a grant to fund the expansion of mental health in-patient beds and services at Harrisburg Medical Center. This project will improve access to in-patient mental and behavioral health services within the region – reducing need for patients to leave the area (and their families and support systems) to receive proper treatment – and will promote employment growth in high-wage positions.

As an organization which is an integrated public health and behavioral health agency serving Saline, Gallatin, White, Wayne and Hamilton Counties, Egyptian Health Department has been a lead entity in Southeastern Illinois providing integrated care and care coordination for children and adults with behavioral health issues. The organization also serves as the Mobile Crisis Response Team for Harrisburg and the surrounding counties responding to crises that require screening, assessment, and support services for both children and adults.

Through this letter, we acknowledge specific roles and responsibilities we will fulfill in this partnership. In the event this proposal is funded, we would expect our role in this rural health and community transformation initiative to include:

- Forming a genuine partnership to improve health outcomes and reduce disparities by addressing the shortage of mental health in-patient beds, specifically medical psychiatric beds, in the region.
- Designating the time and efforts of a representative from our organization to work on this effort as a member of a consortium board and/or various sub-committees.
- Providing crisis intervention services including intervention, stabilization, transition, linkage and aftercare
- Partnering to ensure that individuals who require in-patient psychiatric services are appropriately screened and referred
- Partnering to ensure a comprehensive coordinated continuum of care is in place

SIH will take responsibility to lead this consortium that will work to expand mental and behavioral health services in our rural region as well as oversee all agreed upon deliverables. The Covid-19

Main Office
1412 US 45 North
Eldorado, IL 62930
Phone: (618) 273-3326
Fax: (618) 273-2808
TTY: (618) 273-9403
Send all mail to Eldorado)

Recovery Resource Center
715 E Church Street
Harrisburg, IL 62946
Phone: (618) 294-8322
Fax: (618) 294-8354

Wellness Center
5155 HWY 13
Junction, IL 62954
Phone: (618) 272-7132
Fax: (618) 272-7064

Gallatin County
9525 Gold Hill Road
Shawneetown, IL 62984
Phone: (618) 269-3454
Fax: (618) 269-3825

White County
1705 College Avenue
Carmi, IL 62821
Phone: (618) 382-7311
Fax: (618) 382-7552

Egyptian Behavioral
Health Department:
Wayne County
407 N Basin Road
Fairfield, IL 62837
Phone: (618) 516-5326
Fax: (618) 516-5325



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Serving Saline, White, Gallatin, Hamilton, and Wayne Counties
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Angie Hampton, MS, LCPC, LSW
Chief Executive Officer

pandemic has only made it more acutely felt the need to do more to address the ongoing mental health crisis. Rural residents particularly, face challenges of accessibility – often having to travel long distances to receive services, are less likely to be insured for mental health services and are less likely to recognize an illness.

We look forward to working with you in addressing the mental and behavioral health and healthcare access challenges in rural southern Illinois, and in turn, improving health outcomes.

Respectfully submitted,

Angie Hampton, CEO
Angie Hampton
CEO
Egyptian Health Department

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**Egyptian Behavioral
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407 N Basin Road
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Fax: (618) 516-5325



October 6, 2021

Woody Thorne, Vice President
Community Affairs & Chief Development Officer
Southern Illinois Hospital Services
1239 E Main Street
Carbondale, IL 62902-3988

To Woody Thorne:

I write on behalf of SIU School of Medicine, Center for Rural Health and Social Service Development for a grant to fund the expansion of mental health in-patient beds and services at Harrisburg Medical Center. This project will improve access to in-patient mental and behavioral health services within the region – reducing need for patients to leave the area (and their families and support systems) to receive proper treatment – and will promote employment growth in high-wage positions.

The Center for Rural Health and Social Service Development (CRHSSD), has been a state accredited center for over 20 years, partnering with area agencies through academics, research and community-based programs and services to address the most pressing health and social service concerns affecting our communities. As part of SIU School of Medicine, our aim is to reduce health disparities and assist citizens in meeting their health care needs in the 66 urban and rural counties across central and southern Illinois. We support and empower residents from these counties through research, program evaluations, needs assessments, advocacy work, and policy recommendations. We are regularly testing new models of health care delivery to promote meaningful change in the lives of our neighbors and ensure at-risk communities receive the quality health care they deserve.

Through this letter, we acknowledge specific roles and responsibilities we will fulfill in this partnership. In the event this proposal is funded, we would expect our role in this rural health and community transformation initiative to include:

- Forming a genuine partnership to improve health outcomes and reduce disparities by addressing the shortage of mental health in-patient beds, specifically medical psychiatric beds, in the region.
- Providing needs assessments and evaluative measures of the project's impact to the long-term sustainability of rural health care by improving rural health care access, improving rural health care outcomes, and sustaining health care as an economic driver for the rural region.
- Designating the time and efforts of a representative from our organization to work on this effort as a member of a consortium board and/or various sub-committees.



SIH will take responsibility to lead this consortium that will work to expand mental and behavioral health services in our rural region as well as oversee all agreed upon deliverables. The Covid-19 pandemic has only made the need to do more to address the ongoing mental health crisis more acutely felt. Rural Residents particularly, face challenges of accessibility – often having to travel long distances to receive services, are less likely to be insured for mental health services, and less likely to recognize the onset of illness.

We look forward to working with you in addressing the mental and behavioral health and healthcare access challenges in rural southern Illinois, and in turn, improving health outcomes.

Sincerely,

Jeffrey Franklin
Director
Center for Rural Health and Social Service Development



October 6, 2021

Woody Thorne, Vice President
Community Affairs & Chief Development Officer
Southern Illinois Hospital Services
1239 E Main Street
Carbondale, IL 62902-3988

Dear Mr. Thorne:

Please accept this letter on behalf of Southeastern Illinois Regional Planning and Development Commission and in support of Southern Illinois Healthcare's proposal to the U.S. Department of Agriculture for a grant to fund the Rural Mental and Behavioral Health Services Expansion Project. This project will improve access to in-patient mental and behavioral health services within the region – reducing need for patients to leave the area (and their families and support systems) to receive proper treatment – and will promote employment growth in high-wage positions.

The mission of the Southeastern Illinois Regional Planning and Development Commission is to provide professional support to the local governments, businesses and residents of our five-county region (Gallatin, Hamilton, Hardin, Pope, and Saline counties) and to promote and foster growth. Our organization collaborates with other organizations in the region to execute a Comprehensive Economic Development Strategy (CEDS). The Rural Mental and Behavioral Health Services Expansion Project aligns and supports

GOAL 1: Modernization and expansion of community facilities, infrastructure and transportation

- Policy 1.3 Prioritize and promote the development and improvements of all infrastructure that serves counties, cities and multiple locations.

GOAL 2: Support new job generation and business development

- Policy 2.5 Encourage localities to pursue additional funds for economic development

GOAL 6: Strengthen the region's economic resiliency

- Policy 6.1 Encourage expansion of healthcare systems. (During Covid-19 in 2020 and 2021 many of our healthcare providers have needed to expand services and to remodel facilities so residents do not have to travel as far for services).

GOAL 7: Improve health care systems

- Policy 7.1 Pursue grants for the Harrisburg Medical Center
- Policy 7.2 Promote the establishment of a regional hospital system with networking capabilities to serve rural counties
- Policy 7.7 Support and encourage adequate health care and emergency services for residents of the Southeastern region
- Policy 7.11 Increase public/private partnership programs for disease, chemical and physical abuse victims to improve the general well-being of residents and reduce stress and all kinds of abuse throughout the region.

GOAL 8: Development of human resources and educational opportunity expansion

- Policy 8.2 Support the efforts of agencies which have the mission and resources to implement the necessary educational/training and job placement activities to create a more skilled labor force.

Through this letter, we acknowledge specific roles and responsibilities we will fulfill in this partnership. In the event this proposal is funded, we would expect our role in this rural health and community transformation initiative to include:

- Forming a genuine partnership to improve health outcomes and reduce disparities by addressing the shortage of mental health in-patient beds, specifically medical psychiatric beds, in the region.
- Forming a genuine collaboration to increase qualified and certified healthcare workers living in and serving our region.
- Designating the time and efforts of a representative from our organization to work on this effort as a member of a consortium board and/or various sub-committees.
- Work to assist in finding additional funding sources that could supplement the project.

SIH will take responsibility to lead this consortium that will work to expand mental and behavioral health services in our rural region as well as oversee all agreed upon deliverables. The Covid-19 pandemic has only made it more acutely felt the need to do more to address the ongoing mental health crisis. Rural residents particularly, face challenges of accessibility – often having to travel long distances to receive services, are less likely to be insured for mental health services and are less likely to recognize an illness.

We look forward to working with you in addressing the mental and behavioral health and healthcare access challenges in rural southern Illinois, and in turn, impact our region's labor economy while providing for its people certified medical professionals.

Sincerely,



Alene Carr
Executive Director

230 West Poplar Street – PO Box 606, Harrisburg, IL 62946
618-252-7463 / 618-252-7464 fax

Preliminary Architectural Feasibility Report:

Tchoukaleff, Kelly, Hartke (TKH): Healthcare Facility Planning, Design, Programming

Existing Facility:

Harrisburg Medical Center, a licensed hospital in the state of Illinois, is a two-story Hospital with 77 licensed beds; 46 beds licensed as Medical -Surgical Beds and 31 Acute Mental Illness beds. The current staffed beds total 71; 40 Medical-Surgical beds and 30 Behavioral Health Beds. The Medical – Surgical beds are located on the Ground Floor of the Hospital and Behavioral Health beds are located on the Lower level of the hospital.

The original Hospital was constructed in 1963, currently houses the Business Occupancy portion of the Hospital and remains mainly unsprinklered with an approximate area of 16,000 square feet. Additions to the Hospital have occurred since 1963, specifically in 1969, 1973, 1985, 2005, 2017 and 2020 resulting in replacement of the 1963 original hospital space with Hospital Occupancy space with an approximate area of 79,200 and is fully sprinklered. Inpatient units are in the 1973 and 2005 additions.

Hospital departments at Harrisburg Medical Center include Emergency, Surgery, Endoscopy, Radiology, MRI, Laboratory, Respiratory Services, Dialysis, Cardiac Rehabilitation, Pharmacy, Food and Nutrition with support services required to support a hospital. Inpatient units include a Special Care Unit, a Progressive Care Unit, Medical-Surgical Unit, and two Behavioral Health Units – an Adult Psychiatry Unit, and a Gero-Psychiatry Unit. Harrisburg Medical Center does not have an Intensive Care Unit or an Obstetrics Unit.

Proposed Facility:

The construction of a 12-patient room addition, approximately 9,930 square foot addition to the Hospital for a Medical Psychiatry Inpatient Unit on the Lower Level of the Hospital with a new hospital sized elevator between the Ground Floor and Lower-Level floors of the hospital and to renovate the existing Adult and Gero-Psychiatry Units. The proposed parking lot will be sized to accommodate the lost parking and parking need with the bed increase of this project scope.

The proposed Medical Psychiatry unit will be a closed, self-contained inpatient unit and can be accessed without having to pass through the existing Psychiatry units on the Lower Level, connecting to the Ground Floor of the existing hospital with a new hospital sized elevator. The 12-room unit will provide private patient rooms with bathrooms, patient care / support spaces including a multi-purpose activity / dining room, counseling areas, nurse station with supporting spaces of a medications room, nourishment room, clean supply / equipment room, and soiled utility room, unit management offices, all as required by the hospital licensure requirement of the State of Illinois. Considerations to make this unit ligature safe for patients will be included in the detailed design.

Renovations to the existing Adult and Gero-Psychiatry Units will include full finish refurbishments, replacement of ligature safe doors within the unit, new lighting, new behavioral health furniture, and will address a couple code deficiencies that currently exist in these units relating the mechanical and electrical services of the 1963 inpatient units. The Psychiatry inpatient units are served by PTACs currently with no means of ventilation. The scope includes adding a new rooftop ventilation unit and ducting it to each of the patient rooms for all three of these existing wings to ventilate the spaces. A new electrical feed will be established in the new addition and back feed to the renovated area.

Normal power and all three branches of emergency power- Life Safety, Critical, and Equipment will be established. The three new emergency branches will distribute panels throughout the new and renovated areas to provide infrastructure on this end of the hospital to properly separate emergency power branches for the areas under construction. Patient care areas will be served by new LED lighting, technology and communications infrastructure, fire alarm and security. User end devices will be ligature free in all behavioral health areas.

Building Sites

The expansion requires .228 acre of land. Harrisburg Medical Center is located on a hill. Several locations were reviewed to the south and to the east. The location to the east was chosen. The location to the south limited the size of the expansion. The east location was selected due to its ability to tie into the hospital infrastructure and corridor system. The parking lot will be replaced on other property the hospital owns.

Construction Problems

- Labor and Material cost are a concern for this project. The typical labor and material increases we have experienced before COVID-19 were around 3% per year. During Covid prices have substantially risen. We are planning on material prices coming down before this project begins and for labor prices to level off.
- Unforeseen soil excavation. While soil samples are planned on being taken this is a small sample of a large area. We have allowed an allowance for unforeseen soils.
- Renovation of existing Psychiatry unit construction will be completed while the unit is occupied and will need to be phased. The phasing may need to be adjusted to address patient concerns that may extend the time frame for completing the project.

Conclusions and Recommendations

Harrisburg Medical Center (c/o Southern Illinois Healthcare is well-positioned to pursue an expansion of Acute Mental Illness in-patient beds via a 12-bed addition to the hospital on the lower level. With a robust health care industry cluster and strong leadership, matched with

overlapping community goals the feasibility of moving this project forward with a 55% match of federal grant funds is very positive.

This project is crucial to meet the mental and behavioral health care needs of residents of these rural counties. The renovations of the existing Adult Psychiatry Unit, and a Gero-Psychiatry Unit will resolve code deficiencies relating to fresh-air ventilation – of important consideration as rural hospitals are treating an influx of COVID-19 positive patients.

An alternate plan for an 8-bed expansion has already been investigated, if cutting costs is needed due to rising construction costs and supply chain demands heightened by the COVID-19 pandemic. Both the proposed 12-bed expansion and alternate 8-bed expansion are designed to support a future second-story expansion.

SIH: Harrisburg Medical Center

12 Room Addition Model

Project Estimate Summary:

October 8, 2021, October 11, 2021/R

TKH

		Project Budget (10/11/2021)	
FMP Budget	Basis of Budgeting	Total Project Estimate	Comments / Sources
Pre-Planning			
Pre-Planning	Allow	\$60,000	
		\$60,000	
Site Acquisition and Clearing (By Owner)			
Site Acquisition and Property Survey		\$0	Building on owned property
Site Demolition		\$0	
		\$0	
Site Surveys			
Survey	Allow	\$12,000	Topographic & Geotech Survey
Site Abatement		\$0	
		\$12,000	
Construction Contracts/Site Prep/Off Site			
Site Work	Alberici	\$700,273	
New Construction	Alberici	\$6,457,557	
Renovation Construction	Alberici	\$4,440,737	
Landscaping	Allow	\$10,000	
Miscellaneous construction	TBD	\$20,000	Courtyard Renovations
		\$11,628,568	
Architect/Engineer Fees			
Architectural / Engineering: fees & reimb.	12% of Construction	\$1,395,428	
Furniture/Artwork Specification LGA		Incl. Above	
		\$1,395,428	
Movable or Other Equipment			
Equipment/Furnishings (from Equip-Fum Sheet)	D. Boeckman	\$1,137,082	
Relocated, Installed	D. Boeckman	\$0	
Information Services	D. Boeckman	\$0	Included in FFE Budget
		\$1,137,082	
Consulting and Other Fees			
Inspection & Testing (Concrete, Steel, Other)	Allow	\$55,000	
Inspection & Monitoring, Abatement (Farmer)	Allow	\$0	
Thermal Balance	Allow	\$10,000	
Med Gas testing	Incl w/ Const	\$2,400	
Commissioning	Allow	\$75,000	
		\$142,400	
Other Costs to Capitalize			
Relocation/moving	Allow	\$0	
SIH Constr Management	1% of Construction	\$116,286	
Storage	NA	\$0	
Construction/temporary signage	Allow	\$0	
Cleaning	NA	\$0	
		\$116,286	
Fees, taxes, permits, etc.			
IDPH Review	.11% of Project Costs	\$15,950	
Building Permit	Included in Construction	\$0	
Utilities permits, fees.	Allow	\$0	
Builders Risk (Owner)	TBD	\$0	
CON Fee	22% of Project Costs	\$34,628	
CON Consulting	Allow	\$70,000	
		\$120,578	
Contingency			
Owner's Contingency	10% of Construction and Fees	\$1,162,857	
Furniture	Included in FFE Budget	\$0	
		\$1,162,857	
PROJECT TOTAL		\$15,775,199	
Illinois Certificate of Need Threshold (Hospitals)		\$14,537,713	Updated July 1, 2021
Grant Cost Sharing Summary:			
- Grant Request	55% of Project Budget	\$8,676,359	
- SIH Responsibility	45% of Project Budget	\$7,098,840	
		\$0	
Data Sources			
- Construction Cost Opinion: Alberici Constructors Estimate dated October 5, 2021			
- Movable and Other Equipment: Dan Boeckman dated October 6, 2021			
- Jennifer Sigler states the CON process will be pursued and requested Owner's Contingency be updated to 10% - October 8, 2021.			
- MEP Infrastructure Budget updated 10/8/2021.			
- CON Fee Update based on email from Cathy Blythe, 10/11/2021.			

ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Approval No. 0348-0040

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NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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ASSURANCES - CONSTRUCTION PROGRAMS

OMB Approval No. 0348-0042

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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		TITLE	
		Vice President, Community Affairs, CDO	
APPLICANT ORGANIZATION		DATE SUBMITTED	
Southern Illinois Hospital Services		October 11, 2021	

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Budget Narrative and Work Plan

Budget Narrative

The proposed project is comprised of both construction and non-construction expenses. In total, the project is requesting \$8,709,909.00 in federal grant funds.

Construction Budget Categories

Architectural and engineering fees: \$1,467,428.00; Federal grant fund request (55%): \$807,085.40

- To include pre-planning, site surveys, and architect/engineering fees. This is the design work customary on a typical project to take an established building program, site and budget and then develop the architectural design, engineer the building systems, produce construction documents, and perform construction administration. This includes architectural, structural, civil, mechanical, and electrical engineering services.

Other architectural and engineering fees: \$116,286.00; Federal grant fund request (55%): \$63,957.30

- Refers to "Other costs to capitalize" in the project estimate summary in the Preliminary AFR. This is SIH management of construction project.

Project inspection Fees: \$142,400.00; Federal grant fund request (55%): \$78,320.00

- This include inspection and testing (of concrete, steel, and other), thermal balance, med gas testing, and commissioning. These inspections will assure that all building systems in the facility are installed and perform in accordance with the design intent, that the design intent is consistent with the project's requirements, and that operations and maintenance staff are adequately prepared to operate and maintain the completed facility.

Site Work: \$700,273.00; Federal grant fund request (55%): \$385,150.15

- All work regarding the earthwork for a project. This includes all excavation and backfill for the project, including miscellaneous items such as retaining walls, paving, concrete work, and erosion and sediment control.

Construction: \$10,928,295.00; Federal grant fund request (55%): \$6,010,562.25

- To include the new construction of a 12-bed unit, including nursing station, offices, mechanical room and misc. sterile rooms on the lower level of Harrisburg Medical Center. To include all renovation construction of the existing adult and gero-psychiatry units, including replacement of ligature safe doors within the unit, new lighting, and adding a new rooftop ventilation unit and ducting it to each of the patient rooms for all three of these existing wings to ventilate the spaces. Normal power and all three

branches of emergency power- Life Safety, Critical, and Equipment will be established. Finally, to include finish landscaping and courtyard renovations.

Equipment: \$1,137,082.00; Federal grant fund request (55%): \$625,395.10

- For both medical and non-medical equipment. Refer to Equipment breakout budget in Preliminary Architectural Feasibility Report. Includes beds, mattresses O2 and Vac regulators, monitors, computers, all hospital room sanitization equipment and fixtures, Nurse station call system, Pyxis, 48 port switch, rack mounts, badge readers, cameras, and behavioral health specific equipment to be ligature safe.

Miscellaneous: \$120,578.00; Federal grant fund request (55%): \$66,317.90

- Refers to "Fees, taxes, permits, etc." in the project estimate summary in the Preliminary AFR. All Certificate of Need applicants are required to submit an application processing fee to the Illinois Health Facilities and Services Review Board. An initial fee deposit of \$2,500 must accompany each application for permit. Once the application is deemed complete, a notice for the additional fee balance will be sent to the applicant. For projects with a total estimated project cost at or above \$1,250,000, the application fee is 0.22% of the project costs with a maximum fee of \$100,000. Applications are declared null and void if the total application fee has not been paid within 30 days after receipt of notice. Internally, fees associated with the planning and preparation of the application as well as consultation throughout the Certificate of Need regulatory process will be required.

Contingencies: \$1,162,857.00; Federal grant fund request (55%): \$639,571.35

- A construction contingency is the amount of money allocated to pay for additional or unexpected costs during the construction project. This is a key aspect of risk management protocol to ensure the project can remain viable.

Non-Construction Budget Categories

Contractual: \$61,000.00; Federal grant fund request (55%): \$33,550.00

- Contractual services with the SIU Center for Rural Health and Social Service Development to conduct assessment and evaluation measures of project activities.

Work Plan

Goal 1: Develop and expand partnerships that build and sustain capacity, maximize available resources, and establish community-based approaches for addressing the long-term sustainability of rural health care				
Objective 1-1: Partners meet regularly to discuss long-term and ongoing considerations/issues				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
An initial partner meeting is conducted.	All partners	Initial meeting is conducted	Initial meeting is well attended- 90% attendance rate	Within first three weeks of award notice
A schedule of meetings is determined.	All partners	A minimum of quarterly meetings are scheduled	Meetings are all well attended. - 90% attendance rate	Through December 2024
Additional meetings are scheduled as needed	All partners	Additional meetings are scheduled to discuss imminent topics/issues.	Meetings are all well attended. - 90% attendance rate	Through December 2024
Objective 1-2: Create Protocol for Data Collection and Project Evaluations.				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Develop a working draft of evaluation tools and measurements	CRHSSD	A draft of the tools and techniques to capture and measure data is devised.	Draft of information regarding data collection disseminated to partners	Months 1-7, 2022
Develop final draft of evaluation tools and measurements	CRHSSD	A final draft of the tools and techniques to capture and measure data is devised.	Final draft of information regarding data collection is disseminated to all partners	Months 8-12, 2022
Each consortium member will review the final evaluation plan	All Partners	Meeting held to discuss assessment / evaluation component of the project	Meeting is well attended- 90% attendance rate	Months 1-3, 2023

Goal 2: Create a sustainable solution to improve access to quality inpatient mental/behavioral health care in the region, as an identified acutely felt community need; collaborate with rural community partners to improve outcomes through the lens of our collective rural cultural competence.				
Objective 2-1: Capital Construction – Planning / Programming Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Pre-design	SIH – Project Team	Finalize the project objectives Determine the building and user requirements Establish a total building area Set the scope of work	Comprehensive description of the necessary components of the construction project is created.	*Assuming January 1, 2022 award Months 1-3, 2022
Objective 2-2: Capital Construction – Business Plan Approval Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Outline objectives through a business case	SIH – Project Team	Key decisions are made final.	Project Initiation Document (PID) is created	*Assuming January 1, 2022 award Months 8, 2022
Business case approval	SIH – Project Team	Financial plan is developed Mission, values and vision are discussed	Finance and SIH Board of Trustees approve plan.	*Assuming January 1, 2022 award Months 8, 2022

Objective 2-3: Capital Construction – Schematic and Design Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Create all schematic designs	SIH – Dan Boeckman, Project Team	A schematic Design that is clearly defined, feasible concept	100% Schematic Design documents Confirmed budget Confirmed schedule Commissioning strategy Identification of local, state and federal approvals needed and strategies to obtain them Plan for swing space and move timing, if necessary	*Assuming January 1, 2022 award Months 4-7, 2022
Design development	SIH – Dan Boeckman, Project Team	Details of equipment needed and materials used are researched and determined. Finish and Millwork details are determined.	Materials, colors, and textures of spaces determined Construction phasing is determined.	*Assuming January 1, 2022 award Months 4-7, 2022
Objective 2-4: Capital Construction – Certificate of Need (CON) Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
SIH submits application for CON permit to the IHFSRB	SIH – Project Team, Cathy Blythe	Upon completion of the project, each permit holder must notify the IHFSRB within 90 days. A report of the final realized costs must be submitted and	Approval of the application for permit by the IHFSRB.	*Assuming January 1, 2022 award Months 8-12, 2022

Application is declared complete within 10 days of receipt	Illinois Health Facilities and Services Review Board	contain itemization of all project costs	*Once our final realized cost report is submitted and reviewed we will also receive notice from the IHFSRB that the project is complete and no further action is required.	Months 1, 2023
Application review period begins, not to exceed 120 days	Diversified Health Resources (CON Consultant)	Certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project		
Application for permit is considered for approval at IHFSRB meeting.		Certification of compliance with all terms of the permit, including project cost, square footage, and services		
Objective 2-5: Capital Construction – Construction Documentation Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Construction documents	SIH – Dan Boeckman, Project Team	Documents that include final drawings and specifications	Contract documents created	*Assuming January 1, 2022 award Months 8-11, 2022
Objective 2-6: Capital Construction – Bidding Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Select preferred, qualified contractors, and secure bids for the specified work.	SIH – Dan Boeckman	Contracts negotiated and signed, complying with SIH Construction Bidding Policy SY-FE-019.	All contractors selected (including contract administrator, project manager, superintendent, field engineer, and health and safety manager) and committed through signed contracts, outlined specific deliverables.	*Assuming January 1, 2022 award Months 2-3, 2023

Objective 2-7: Capital Construction – Construction and Occupancy Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Construction of project	SIH – Dan Boeckman, Don Hutson Contractor - TBD	IDPH Final Occupancy	Project is occupied and functioning as designed.	* Assuming January 1, 2022 award Months 4-12, 2023 Months 1-8, 2024
Objective 2-8: Capital Construction – Project Close-Out Phase				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Create and complete punch list	SIH – Dan Boeckman, Don Hutson Contractor – TBD All Partners	Complete As-Built drawings	IDPH Final Occupancy permit As Built Drawings received.	* Assuming January 1, 2022 award Months 9-12, 2024
Close construction contracts Application and Certification for Payment for the construction contract, as per the American Institute of Architects form G702.	SIH – Dan Boeckman, Don Hutson, Sherrie Harlow All Partners	Closure of the project communicated to all stakeholders Project Administrator processes reconciliation change order to close contracts Contractor requests final payment, release of retainage; Project Administrator approves request and authorizes payment	Project documentation in hand Project resources released Final payment released IDPH Final Occupancy CON Closed Out	* Assuming January 1, 2022 award Months 9-12, 2024

Close design contracts	SIH – Dan Boeckman, Don Hutson, Sherrie Harlow All Partners	Closure of the project communicated to all stakeholders Project Administrator processes reconciliation change order to close contracts Contractor requests final payment, release of retainage Project Administrator approves request and authorizes payment	Project documentation in hand Project resources released Final payment released	*Assuming January 1, 2022 award Months 9-12, 2024
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Goal 3: Create and maintain sustainable economic development for rural communities, invest in the creation of high-paying jobs in the region and strengthen healthcare as a regional industry cluster.				
Objective 3-1:				
Key Activity to Complete Objective	Key Partners	Criteria Determining Completion	Measurable Outcomes	Timeline
Assess the open positions of the department and additional new jobs created	All Partners (contributing their strengths)	HMC hiring needs understood Roles created, job responsibilities completed, market analysis completed	Listing of exact positions needed – with phased hiring approach outlined	*Assuming January 1, 2022 award Months 9-12, 2024
Assess the level of professional support and residency outreach needed/required.	All Partners SIH – Physician relations SIRPDC	Meeting held with consortium to discuss area resources/regional planning resources/SIH resources. Physician Relations/Recruitment Plan	Positions filled.	Ongoing

Sustainability and Evaluation

Long-term sustainability & Return on Investment

Healthcare systems play an integral role in the economy. As stated in the 2021 CDC Report from the Surgeon General “health and the economy are inextricably linked – both must thrive if either is to be strongⁱ.”

Specifically, healthcare systems advance the economy through their:

1. Direct economic impact – creating jobs, purchasing goods and services, and capital investments
2. Indirect economic impact
 - Spurring additional economic activity
 - Creating additional jobs
 - Improving health and productivity of workforce
 - Attracting and retaining residents and businesses

Direct Economic Impact of Healthcare Systems

In the United States, hospitals support 16.5 million total jobs, or 1 out of every 9 jobs, and purchase \$903 billion on goods and services from other businesses. In total, U.S. hospitals support almost \$3 trillion in economic activity.ⁱⁱ

From a state perspective, Illinois hospitals employ nearly 285,000 people and are a consistent creator of good-paying jobs, with a percent change in employment rising +32% since 2001 while overall Illinois employment has risen only +2.8%. Further, the Illinois healthcare industry has a projected job growth of +13.5% by 2026, illustrating that health systems are poised to continue creating jobs for Illinois communities.ⁱⁱⁱ

Indirect Economic Impact of Healthcare Systems

The goods and services hospitals purchase from other businesses creates a ripple effect of additional economic value for the community. With this ripple effect, each dollar spent by a hospital supports approximately \$2.30 of additional economic opportunity.² Hospital jobs also create additional jobs indirectly. In 2020, Illinois hospitals generated 495,000 jobs – by directly employing 205,000 people and spurring 290,000 additional jobs indirectly. For every Illinois hospital job, 1.4 jobs are created in other sectors.³

Health systems also play a critical role in improving the health and productivity of the community's workforce. Providing employees with quality preventive care promotes a workforce that can perform jobs at the highest of their abilities while reducing absenteeism. Businesses considering expanding or relocating to a region examine the health and productivity of an area's workforce as well as access to quality and comprehensive healthcare. As communities work to

retain their existing businesses as well as attract new business to the area, the quality of healthcare services is a key component of ensuring a healthy workforce and satisfied business owners that can feel good about bringing their employees to a place with access to care.

SIH's Role in the Southern Illinois Economy

SIH serves as an economic anchor for Southern Illinois as the region's second largest employer, with over 4,000 employees. For FY2020, SIH's direct economic impact on the Southern Illinois economy through salaries and benefits, goods and services, and capital spending totaled nearly \$700 million. SIH's direct and indirect impact totaled over \$1.6 billion. The table below includes additional detail about SIH's direct and indirect economic impact on the region.

Direct Economic Impact	
Number of Jobs	3,900
Salaries & Benefits	\$353,014,343
Goods & Services	\$305,070,859
Capital Spending	\$37,829,512
Total	\$695,914,714
Direct and Indirect Economic Impact*	
Number of Jobs	9,023
Salaries & Benefits	\$845,081,036
Goods & Services	\$730,309,129
Capital	\$100,852,367
Total	\$1,676,242,532

Source: Estimates of the economic benefits of Illinois hospitals were based on regional Input-Output Modeling System II (RIMS-II) developed by the U.S. Bureau of Economic Analysis (BEA). The Final Demand Multipliers, obtained from BEA RIMS II, were applied to 2016/2017 Medicare cost report data of hospital jobs and spending to obtain the "ripple effect" of jobs and spending throughout the economy.

*Based on FY 19 Factors

The economic impact generated from development and operation of an HMC medical psychiatric unit is significant to the southern Illinois region. Upon careful consideration and planning, this consortium proposes the existing facility to be expanded to meet both current and future needs. Total project capital costs are estimated at \$15,836,199.00. Considering the capital investment and projected salary and benefits of the employees working within the added unit, an estimated \$44,359,210.00 in indirect and direct economic impact is anticipated for the region.

Direct Economic Impact	
Number of Jobs	42
Salaries & Benefits	\$2,693,903
Capital Spending	\$15,836,199
Total	\$18,530,102
Direct and Indirect Economic Impact*	
Number of Jobs	97
Salaries & Benefits	\$6,448,934
Capital	\$37,910,276
Total	\$44,359,210

Source: Estimates of the economic impact of the HMC medical psychiatric unit are based on regional Input-Output Modeling System II (RIMS-II) developed by the U.S. Bureau of Economic Analysis (BEA). The Final Demand Multipliers, obtained from BEA RIMS II, were applied to data of jobs and spending to obtain the "ripple effect" of jobs and spending throughout the economy.

It is estimated by the National Center for Rural Health Works (NCRHW) that a primary physician working for a rural health care system like SIH can generate more than \$1.4 million in wages, salaries, and benefits as well as 26.3 jobs in a local community.^{iv} Additionally, SIH provides high level care that enables residents to stay close to home to seek care. This is not only in the patient's best interest from an access and affordability perspective, but also ensures that tax dollars and insurance premiums stay in our region. For example, it is estimated that rural hospitals generate an average of \$1.8 million in taxable retail sales in a community.

Evaluation Process

Assessment and evaluation will be based upon three aspects of evaluation: process; outcomes; and implementation. Theory and general structure of the process and outcomes evaluations are drawn from the CDC's *Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide*.P18FP18F*PP

1. *Process evaluation* - This aspect of evaluation is meant to capture elements reflecting clinical and community activities, and patient experiences. Process evaluation assesses if an intervention was implemented as intended, and reasons for success or failure.
2. *Outcomes evaluation* – This aspect of evaluation is meant to capture elements reflecting the result of an implemented intervention. Outcomes evaluation assesses if an intervention accomplished its goal(s).

The implementation evaluation will be guided by the *Consolidated Framework for Implementation Research* (CFIR).P19FP19F*PP This higher-level aspect of evaluation is meant to

capture elements reflecting how much of an impact the intervention made on clinical operations, as well as community and patient outcomes – during the grant period and going forward.

The five CFIR domains are:

- *Intervention Characteristics* elements such as adaptability, complexity, cost, and evidence strength and quality
- *Outer setting* elements such as: cosmopolitanism, external policies and incentives, patient needs and resources, and peer pressure
- *Inner setting* elements such as: structural characteristics, networks and communications, culture, implementation climate, and readiness for implementation
- *Characteristics of individuals* elements such as: individual identification with organization, individual stage of change, knowledge and beliefs about the intervention, and self-efficacy
- *Process* elements such as: engaging, executing, planning, and reflecting and evaluating

A plan will be developed to intentionally and purposefully share key results and network partners and stakeholders. Different targets or project achievement goals will be quantified and qualified following the project's initiation.

¹ Community Health and Economic Prosperity: The Problem, the Causes, the Opportunities, and the Solutions—At a Glance (hhs.gov)

² Hospitals Are Economic Drivers in Their Communities 2018 | AHA

³ iha-economicimpactreport2020.aspx (team-ih.org)

⁴ Community Vitality and Rural Healthcare Overview - Rural Health Information Hub

⁵ Centers for Disease Control and Prevention. Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Available at: <https://www.cdc.gov/eval/guide/index.htm>. Accessed 21 Aug 2020.

⁶ Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci.* 2009;4:50. Published 2009 Aug 7. doi:10.1186/1748-5908-4-50

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
☒ Construction ☐ Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Pre-application ☐ Construction ☐ Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Southern Illinois Hospital Services			Organizational Unit: Department:		
Organizational DUNS: 068548403			Division:		
Address: Street: 1239 E Main St City: Carbondale County: Jackson State: IL Zip Code: 62901-3988			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jennifer Middle Name: Last Name: Sigler Suffix:		
Country: United States			Email: jennifer.sigler@sih.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 37-0618939			Phone Number (give area code) 618-457-5200		Fax Number (give area code)
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Nonprofit with 501c3 IRS status (other than Institution of Higher Ed) Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766			9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
TITLE (Name of Program): The American Rescue Plan Act Emergency Rural Health Care Grant Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Hospital Acute Mental Illness Expansion Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Saline, Gallatin, Hardin, Pope, and White counties of Illinois			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 12, 15 b. Project 12		
13. PROPOSED PROJECT Start Date: January 1, 2022 Ending Date: December 31, 2024			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372 ☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ☐ Yes if "Yes" attach an explanation. ☒ No		
a. Federal \$ 8,709,909					
b. Applicant \$ 7,126,290					
c. State \$					
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 15,836,199					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix First Name Woody Middle Name Last Name Thorne Suffix b. Title Vice President, Community Affairs, Chief Development Officer c. Telephone Number (give area code) 618-457-5200 ext. 87836 d. Signature of Authorized Representative e. Date Signed 10-11-21					

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**ATTORNEY'S OPINION RELATIVE TO
ORGANIZATION, AUTHORITY AND CONTINUOUS EXISTENCE**

To: Area Director, Rural Development
Marion Area Office _____, IL

Re: Southern Illinois Hospital Services _____, Jackson _____ County, IL
Organization

1. This is to certify that I have examined the organizational proceedings of the Southern Illinois Hospital Services ("SIHS") _____, Jackson _____ County, IL.
2. Said SIHS _____ was organized as a legally constituted Not-For-Profit Hospital Corporation _____ (state applicable corporate body) in accordance with General Not-For-Profit Corporation Act of 1986 _____ of the _____ (recite applicable statute) State of Illinois on April 15th _____, 1946 _____. (date)
3. I find, further that said Not-For-Profit Corporation _____ has been in continuous legal existence since its incorporation.
4. The Southern Illinois Hospital Services _____, Jackson _____ County, IL, is in good standing with the State of Illinois as of this date.
5. Based upon the laws under which it was organized, said Southern Illinois Hospital Services _____ has the necessary legal authority to install, construct, operate, and maintain the not-for-profit corporation _____ or carry out the proposed activities of the four hospitals it either owns or operates _____ (describe facility or activities), to borrow sufficient money, give security therefore, to raise revenue for the repayment thereof or accept federal grant funds.

This OPINION is based on the following documentation, certified copies of which are attached:

I. ORGANIZATIONAL PROCEEDINGS (Strike out inapplicable documents)

Public Body

- a. ~~Petition to Organize~~
- b. ~~Order Setting Hearing on Petition~~
- c. ~~Certificate of Posting Order Setting Hearing~~
- d. ~~Notice of Hearing on Petition~~
- e. ~~Plat of Proposed Area to be Incorporated~~

(Cont'd)

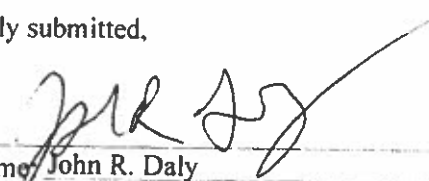
- ~~f. Order Calling an Election~~
- ~~g. Certificate of Posting of Notice of Election~~
- ~~h. Notice of Election Order Canvassing Election Returns~~
- ~~i. Order Incorporating the Municipality~~
- ~~j.~~

Not-For-Profit Corporation

- a. Certificate of Incorporation (Secretary of State)
 - b. Articles of Incorporation
 - ~~c. Waiver of Notice of First Meeting of Members~~
 - ~~d. Waiver of Notice of First Meeting of Board of Directors~~
 - e. By-laws of the Association
 - f. ~~Minutes or Excerpts Thereof of the Meeting Having to do with the Election of Officers and the Adoption of the By-laws~~
 - g. Certificate of Good Standing
2. EVIDENCE SUPPORTING CONTINUOUS LEGAL EXISTENCE (List and attach any documentation applicable)
- 1. Original Articles of Incorporation
 - 2. 1999 Amended Articles of Incorporation
 - 3. 2021 Annual Report
- SIHS has filed Articles of Incorporation every year in between
3. EVIDENCE SUPPORTING PRESENT GOOD STANDING (Attach copies of latest reports filed with the appropriate State offices)
- Certificate of Good Standing

Dated: October 11, 2021.

Respectfully submitted,

Signature: 

Printed Name: John R. Daly

, Attorney-at-Law

Law Firm: Southern Illinois Hospital Services

Address: 1239 E. Main Street

P.O. Box 3988

Carbondale, Illinois 62902

Phone: 618-457-5200

Fax: 618-457-529-0575

Email: john.daly@sih.net

(ORGANIZATION OPINION FORM 05/12 [CHICAGO OGC])



Representations Regarding Felony Conviction and Tax Delinquent Status for Corporate Applicants

AD-3030

Note: You only need to complete this form if you are a corporation. A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) agencies and staff offices is in § 744 and 745 of the Consolidated Appropriations Act, 2019, Pub. L. 116-6 as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0025. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

PART A - APPLICANT

1. APPLICANT'S NAME Southern Illinois Hospital Services	2. APPLICANT'S ADDRESS (Including Zip Code) 1239 E Main St Carbondale, IL 62902-3988	3. TAX ID NO. (Last 4 digits) 8939
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4A. Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application? ☐ YES ☒ NO

4B. Does the Applicant have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability? ☐ YES ☒ NO

Providing the requested information is voluntary. However, failure to furnish the requested information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan, loan guarantee, or cooperative agreement with USDA.

PART B - SIGNATURE

5A. APPLICANT'S SIGNATURE (BY) 	5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY Vice President, Community Affairs, CDO	5C. DATE SIGNED (MM-DD-YYYY) 10-11-2021
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint \(https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer\)](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

REV 04/19

This form is available electronically.

OMB Control No. 0505-0025
Expiration Date: 6/30/2022



**Assurance Regarding Felony Conviction
or Tax Delinquent Status for Corporate Applicants**

AD-3031

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) agencies and staff offices is in § 744 and 745 of the Consolidated Appropriations Act, 2019, Pub. L. 116-6 as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0025. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

This award is subject to the provisions contained in the Consolidated Appropriations Act, 2019, Pub. L. 116-6, Division E, Title VII, sections § 744 and 745, as amended and/or subsequently enacted for U.S. Department of Agriculture (USDA) agencies and offices regarding corporate felony convictions and corporate federal tax delinquencies.

Accordingly, by accepting this award the corporation recipient acknowledges: (1) that it does not have a Federal tax delinquency, meaning that it is not subject to any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, and/or (2) that it has not been convicted of a felony criminal violation under any Federal law within 24 months preceding the award, unless a suspending and debarring official of the USDA has considered suspension or debarment of the recipient corporation based on these convictions and/or tax delinquencies and determined that suspension or debarment is not necessary to protect the interests of the Government. If the recipient fails to comply with these provisions, the agency will annul this agreement and may recover any funds the recipient has expended in violation of the above cited statutory provisions.

APPLICANT'S SIGNATURE

Vice President, Community Affairs, CDO

TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A
REPRESENTATIVE CAPACITY

Southern Illinois Hospital Services

BUSINESS NAME

10-11-2021

DATE SIGNED (MM-DD-YYYY)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint (<https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

REV 04/19

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

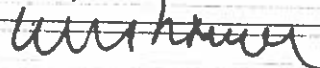
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
Southern Illinois Hospital Services	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix ☐ Mr. ☐	* First Name William Middle Name R
* Last Name Thorne	Suffix ☐
* Title VP/Community Affairs & CDO	
* SIGNATURE 	* DATE October 6, 2021

Entity Workspace Results 2 Total Results

Southern Illinois Medical Services, NFP

DUNS Unique Entity ID: 027679163

Physical Address:

SAM Unique Entity ID: NHSYN37JMVR4

2601 W Main St
Carbondale, IL
62901-1031 USA

CAGE/NCAGE: 62T25

Expiration Date:

Nov 09, 2021

Purpose of Registration:

All Awards

Southern Illinois Hospital Services

DUNS Unique Entity ID: 068548403

Physical Address:

SAM Unique Entity ID: MBVEXPGAPSK3

1239 East Main St
Carbondale, IL
62902-3176 USA

CAGE/NCAGE: 3RRC5

Expiration Date:

Mar 27, 2022

Purpose of Registration:

All Awards

CERTIFICATION APPROVAL

For All Farmers Programs

EM, OL, FO, and SW Loans

This loan is approved subject to the availability of funds. If this loan does not close for any reason within 90 days from the date of approval on this document, the approval official will request updated eligibility information. The undersigned loan applicant agrees that the approval official will have 14 working days to review any updated information prior to submitting this document for obligation of funds. If there have been significant changes that may affect eligibility, a decision as to eligibility and feasibility will be made within 30 days from the time the applicant provides the necessary information.

If this is a loan approval for which a lien and/or title search is necessary, the undersigned applicant agrees that the 15-working-day loan closing requirement may be exceeded for the purposes of the applicant's legal representative completing title work and completing loan closing.

35. COMMENTS AND REQUIREMENTS OF CERTIFYING OFFICIAL

Approval of financial assistance is subject to the terms of the LOC dated: 1/31/23

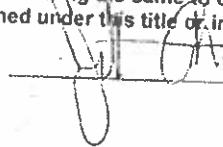
36. I HEREBY CERTIFY that I am unable to obtain sufficient credit elsewhere to finance my actual needs at reasonable rates and terms, taking into consideration prevailing private and cooperative rates and terms in or near my community for loans for similar purposes and periods of time. I agree to use the sum specified herein, subject to and in accordance with regulations applicable to the type of assistance indicated above, and request payment of such sum. I agree to report to USDA any material adverse changes, financial or otherwise, that occur prior to loan closing. I certify that no part of the sum specified herein has been received. I have reviewed the loan approval requirements and comments associated with this loan request and agree to comply with these provisions.

(For FP loans at eligible terms only) If this loan is approved, I elect the interest rate to be charged on my loan to be the lower of the interest rate in effect at the time of loan approval or loan closing. If I check "NO", the interest rate charged on my loan will be the rate specified in Item 28 of this form. ☐ YES ☐ NO

WARNING:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Date 02-02-2023, 20



(Signature of Applicant)

Date _____, 20

(Signature of Co-Applicant)

37. I HEREBY CERTIFY that all of the committee and administrative determinations and certifications required by regulations prerequisite to providing assistance of the type indicated above have been made and that evidence thereof is in the docket, and that all requirements of pertinent regulations have been complied with. I hereby approve the above-described assistance in the amount set forth above, and by this document, subject to the availability of funds, the Government agrees to advance such amount to the applicant for the purpose of and subject to the availability prescribed by regulations applicable to this type of assistance.

MICHAEL WALLACE

Digitally signed by MICHAEL

WALLACE
Date: 2023.02.01 10:41:35 -06'00'

(Signature of Approving Official)

Typed or Printed Name: Michael A Wallace

Date Approved: 2/1/23

Title: Community Programs Director

38. TO THE APPLICANT: As of this date 2/10/23, this is notice that your application for financial assistance from the USDA has been approved, as indicated above, subject to the availability of funds and other conditions required by the USDA. If you have any questions contact the appropriate USDA Servicing Office.



United States Department of Agriculture

Rural Development

Illinois State Office

2118 W. Park Ct.
Champaign, IL
61821

Voice: 217.403.6200
Fax: 855.832.8693
TTY: 217.403.6240

January 31, 2023

To: SOUTHERN ILLINOIS HOSPITAL SERVICES
ATTN: WOODY THORNE, PRESIDENT
1239 E. MAIN ST
CARBONDALE, IL 62901

Subject: Letter of Conditions for Emergency Rural Health Care Grant, Track 2
Improvements to Harrisburg Medical Center

Dear Mr. Thorne:

This letter, with attachments, establishes conditions that must be understood and agreed to by the applicant before further consideration may be given to the application for assistance under the Emergency Rural Health Care (ERHC) Grant, Track 2 Program. Any changes in project cost, source of funds, scope of services, or any other significant changes (this includes significant changes in the applicant's financial condition, operation, organizational structure or executive leadership) in the project or applicant must be reported to and approved by USDA Rural Development by written amendment to this letter. Any change not approved by USDA Rural Development will be cause for discontinuing processing of the application.

This letter is not to be considered as grant approval or as representation to the availability of funds. The application can be processed on the basis of a USDA Rural Development grant not to exceed \$8,709,909. Funds for this project are provided by the Rural Housing Service (RHS).

Please complete and return the attached Form RD 1942-46, "Letter of Intent to Meet Conditions," and Form RD 1940-1, "Request for Obligation of Funds," within the next ten (10) days, if you desire that we give further consideration to your application. The execution of these and all other documents required by USDA Rural Development must be authorized by appropriate resolutions of the applicant's governing body.

The grant will be considered approved on the date Form RD 1940-1, "Request for Obligation of Funds," is mailed by USDA Rural Development.

Prior to disbursement of any funds the Agency will need to obtain an OGC opinion regarding the organizational eligibility of the not for profit lead applicant, Southern Illinois Hospital Services.

Project Budget—Based on Standard Form 424, "Application for Federal Assistance," the project cost and funding will be as follows:

a. <u>Project Cost</u>	
	<u>Total</u>
Construction	\$13,129,199
Site Work	\$ 813,626
Equipment	\$ 1,553,706
Miscellaneous	\$ 132,722
All professional fees	\$ 1,613,682
Contingencies	\$ 1,394,282
TOTAL:	\$18,637,217
b. <u>Source of Funds</u>	
Applicant cash	\$9,927,308
USDA Grant	\$8,709,909
TOTAL:	\$18,637,217

Any changes in funding sources following obligation of Agency funds must be reported to the processing official. Project feasibility and funding will be reassessed if there is a significant change in project costs after bids are received. If actual project costs exceed the project cost estimates, an additional contribution by the borrower may be necessary.

Section I of the attached conditions (Items 1—13) must be satisfied prior to grant closing or before construction begins, whichever occurs first, in either case not later than twelve (12) months [for construction projects] or six (6) months [non-construction projects] from the date of this letter. **In the event the project has not advanced to the point of construction within twelve (12) months, USDA Rural Development reserves the right to discontinue the processing of the application.**

In addition to the conditions in Sections I-III, the applicant must fully comply with all requirements on Form RD 3570-3, Community Facilities Grant Agreement. The Agency reserves the right to cancel funds if the applicant does not fully comply with all requirements as presented or subsequently modified, as needed.

If you have any questions, feel free to contact this office.

Sincerely,

Michael A Wallace
Community Programs Director

cc: Area Director, Mt. Vernon

ATTACHMENT TO LETTER OF CONDITIONS

SECTION I. CONDITIONS TO BE SATISFIED PRIOR TO GRANT CLOSING OR BEFORE CONSTRUCTION BEGINS, WHICHEVER OCCURS FIRST

1. Consortium agreement

Applicant and consortium members must execute a legally binding consortium agreement to reflect that the consortium will remain in place throughout the ERHC performance period in support of the ERHC project, and that consortium entities will support the lead applicant's efforts in adhering to the terms of the grant agreement. The consortium agreement must specify that the lead applicant is Southern Illinois Hospital Services, the USDA grantee.

2. Applicant Certification

- a. The applicant must certify that it will not use Emergency Rural Health Care Grant funds to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.
- b. The applicant must certify that grant funds will be used to support health care or nutritional assistance needs in correlation with the COVID-19 pandemic.
3. You have executed and agree to comply with the provisions of "USDA Certification of Compliance with Federal Requirements/Laws." This form certifies that you are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; certifies you will provide a drug-free workplace (grants); prohibits lobbying with Federal funds; prohibits discrimination in employment by any of your contractors; prohibits discrimination in the use of the facility; and gives actions to be taken to recover any debts owed.

4. Disbursement of Funds

- a. The applicant will provide evidence that funds from other sources will be made available for the project cost in the amount of \$9,927,308.00. This evidence should include a copy of the loan/grant award that addresses how funds will be disbursed.
- b. The applicant's contribution of funds toward the project cost shall be considered the first funds expended and must be deposited in its project account before construction is started. After providing for all authorized costs, any remaining RHS project funds will be considered RHS grant funds and refunded to RHS. For CF Direct Loan and Grant combination projects, if the amount of unused RHS project funds exceeds the RHS grant, that part would be RHS loan funds.
- c. Agency funds will not be used to pre-finance funds committed to the project from other sources.

5. Security Requirements

- a. The applicant will be required to complete and execute Form RD 3570-03, "Community Facilities Grant Agreement" before grant funds are disbursed.

b. Prior to any disbursement of funds, a Notice of Federal Interest must be recorded in the official real property records for the jurisdiction where the facility is or will be located. The applicant must provide evidence of the recording. Federal interest cannot be defeated by a grantee's failure to file a Notice of Federal Interest.

c. The grantee understands that any property improved with Federal grant funds may have use and disposition conditions which apply to the property as provided by 2 CFR part 200 as adopted by USDA through 2 CFR part 400 in effect at this time and as may be subsequently modified.

d. The grantee understands that any sale or transfer of property is subject to the interest of the United States Government in the market value in proportion to its participation in the project as provided by 2 CFR part 200 as adopted by USDA through 2 CFR part 400 in effect at this time and as may be subsequently modified.

6. Insurance and Bonding Requirements —The applicant must provide evidence of adequate fidelity bond insurance by grant closing or start of construction, whichever occurs first. Adequate coverage, in accordance with USDA Rural Development's regulations, must then be maintained for the life of the grant. It is the responsibility of the applicant and not that of USDA Rural Development to assure that adequate insurance and fidelity bond coverage is maintained. Applicants are encouraged to review coverage amounts and deductible provisions with their attorney, consulting architect, and/or insurance provider(s).

a. Property Insurance—Fire and extended coverage will be required on all above-ground structures, including applicant-owned equipment and machinery housed therein. Provide USDA Rural Development with proof of coverage.

b. Workers' Compensation Insurance—The applicant will be required to carry workers' compensation insurance for all employees in accordance with state law. Provide USDA Rural Development with proof of coverage.

c. General liability and vehicular coverage must be maintained—Provide USDA Rural Development with proof of coverage.

7. Davis-Bacon and Related Acts Requirements — Any project that involves a new construction or repair contract, exceeding \$2,000, must comply with the prevailing wage requirements of the Davis-Bacon and Related Acts requirements. Prevailing wages are determined by the Secretary of Labor (www.wdol.gov).

a. Application of Davis-Bacon wage rates and associated labor standards to all contracts associated with a project funded directly by or assisted in whole or in part with Emergency Rural Health Care funds, even if some of the contracts are not RD funded.

b. All contracts covered by Davis-Bacon and Related Acts requirements must include the statement "The contractor must comply with the minimum rates for wages for laborers and mechanics as determined by the Secretary of Labor in accordance with the provisions of the Davis-Bacon and Related Acts." Labor standards provisions from 29 CFR 5.5(a) must be included in every contract. (See www.dol.gov/dol/allcfr/ESA/Title_29/Part_5/toc.htm.)

c. A Davis-Bacon and Related Acts poster, "Notice to All Employees Working on Federal or Federally Financed Construction Projects" (www.dol.gov/esa/whd/regs/compliance/posters/davis.htm) must be posted at the construction site.

d. No grant disbursement is authorized for construction or repair unless there is a certification on file by the contractor that they and their subcontractors have complied with the requirements of Davis-Bacon and Related Acts.

e. All employees and volunteers working for individuals or corporations (not-for-profit or for-profit entities) and their contractors and subcontractors are subject to the requirements of Davis-Bacon wage rates and associated labor standards. Employees and volunteers working for public body recipients of ERHC funds, including Tribes, are not subject to the Davis-Bacon wage rates and labor standards.

f. If a project is funded in whole or in part using ERHC funds, Davis-Bacon requirements apply to the entire project, including contracts funded using non-ERHC funds.

8. Civil Rights & Equal Opportunity— The grantee has received an award of Federal funding and is required to comply with U.S. statutory and public policy requirements, including but not limited to:

a. **Age Discrimination Act of 1975** – This Act (42 U.S.C. 6101 et seq.) provides that no person in the United States shall on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

b. Agency financial programs must be extended without regard to race, color, religion, sex, national origin, marital status, age, or physical or mental handicap. The recipient must display posters (provided by the Agency) informing users of these requirements, and the Agency will monitor the recipient's compliance with these requirements during regular compliance reviews.

c. The applicant is subject to a post-grant closing civil rights compliance review by USDA Rural Development utilizing Form RD 400-8, "Compliance Review."

d. As a recipient of Rural Development funding, you are required to post a copy of the Non-Discrimination Statement listed below in your office and include in full, on all materials produced for public information, public education, and public distribution both print and non-print.

Non-Discrimination Statement

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ocio.usda.gov/document/ad-3027>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

If the material is too small to permit the full statement to be included, the material at a minimum includes the statement in print size no smaller than the text that "This institution is an equal opportunity provider and employer."

9. Written Agreements for Professional Services

a. A legal services agreement needs to be submitted.

b. An Agreement for Architectural Services with Architect will have to be approved by USDA Rural Development.

10. Land and Rights-of-Way —The applicant must present satisfactory evidence that they have obtained, or can obtain, any and all lands, rights-of-way, easements, permits and franchises which are required by the architectural plan. Acquisitions of necessary land and rights must be accomplished in accordance with the Uniform Relocation and Real Property Acquisition Act. The following forms may be used for these purposes:

- a. Form RD 442-20, "Right-of-Way Easement"
- b. Form RD 442-21, "Right-of-Way Certificate" (with map attached)
- c. Form RD 442-22, "Opinion of Counsel Relative to Rights-of-Way"

11. Permits (if applicable) — All permits involving Federal, State, and local agencies must be obtained and evidence thereof provided to USDA Rural Development prior to bidding. (For Design/Build Projects - All permits involving Federal, State, and local agencies must be obtained and evidence thereof provided to USDA Rural Development prior to the start of the construction phase of the project.)

12. Environmental Reviews— The project as proposed has been evaluated to be consistent with the National Environmental Policy Act. Other Federal, State, tribal, and local laws, regulations and or permits may apply or be required. During any stage of project development, including construction, should environmental issues develop which require mitigation measures, USDA Rural Development applicants are required to notify USDA Rural Development and comply with such mitigation measures. Failure by an applicant to implement mitigation measures may disqualify the project from Agency funding. Mitigation measures identified or prepared as part of the NEPA environmental process must be implemented. If the project or any project element deviates from or is modified from the originally-approved project, additional environmental review may be required.

13. Architectural and Construction

- a. USDA Rural Development must approve any agreements or modifications to agreements for professional planning and design services. AIA Document "Standard Form of Agreement Between owner and Architect," may be used when appropriate or other Agency approved forms of agreement
- b. All construction will be completed under contract. The planning, bidding, contracting, and construction must comply with 7 CFR 1942.9, 1942.18, and any additional requirements of state law and the requirements of other County, State, or Federal agencies.
- c. The following must be reviewed and approved by USDA Rural Development in the sequence indicated:
 - i. Preliminary Architectural Report
 - ii. Agreement for Architectural Services
 - iii. Final Plans and Specifications for the project
 - iv. Draft/Construction Bid Documents, prior to Going Out to Bid
 - v. Bid Award Information
 - vi. Executed Contract Documents
- d. Affirmative steps should be taken to assure that small, minority and/or women-owned businesses are utilized as source of supplies, equipment, construction, and services.

e. The Plans & Specifications must be reviewed and approved, when applicable, by any regulatory or other agencies that are required to review these documents.

f. A representative of USDA Rural Development will attend all pre-construction conferences in connection with this project. These conferences must be held prior to the issuance of the Notice to Proceed to the contractors. The applicant's architect will conduct the conference and document the discussions and agreements.

14. Electronic Funds Transfer—All grant funds will be transferred to grantees via Electronic Funds Transfer/Automated Clearinghouse Systems (EFT/ACH). Normal transfers will be ACH, with money being placed in the grantees account two business days after the USDA processing office approves the pay request. The applicant must submit the Electronic Funds Transfer Form containing the banking (ACH) information to the USDA Servicing Office at least 45 days prior to the date of grant closing. Failure to do so could delay grant closing.

SECTION II. GRANT CONDITIONS TO BE SATISFIED DURING CONSTRUCTION (if applicable)

1. Disbursement of Grant Funds—USDA Rural Development funds will be disbursed as they are needed in the amount(s) necessary to cover the Rural Development proportionate share of obligation due and payable to the Grantee.

2. Inspections—A full-time resident inspector/project manager is required during construction unless a written exception is made by the Agency upon your written request. This service is to be provided by the consulting architect or other arrangements as approved by the Agency. Prior to the pre-construction conference, a resume of qualifications of the resident inspector(s) will be submitted to the owner and Agency for review and approval. The owner will provide a letter of acceptance for all proposed observers to the architect and Agency. The inspection reports must be available to USDA Rural Development for review at any time. These reports must be kept at the project site or borrower's office, if nearby.

3. Monthly Reporting—The applicant must monitor and provide a monthly reports to USDA Rural Development on actual performance for each project financed, or to be financed, in whole or in part with USDA Rural Development funds. For construction projects, include Forms RD 1924-18, "Partial Payment Estimate" and RD 1924-7, "Contract Change Order." Copies of certified payrolls or timesheets must be submitted with pay requests to demonstrate compliance with Davis-Bacon and Related Acts requirements.

4. Final Inspection—A final inspection will be made by USDA Rural Development on the component USDA is financing before final payment is made.

5. Excess Funds—Any remaining funds must be utilized for approved purposes within 60 days following the final inspection or the funds will be canceled without further notification from USDA Rural Development.

SECTION III. GRANT CONDITIONS TO BE SATISFIED AFTER PROJECT COMPLETION

1. Financial Statements—To be submitted on an annual basis in accordance with the following:

a. An annual audit under the Single Audit Act is required if the recipient expends \$750,000 or more in Federal financial assistance per fiscal year. The total Federal

funds expended from all sources shall be used to determine Federal financial assistance expended. Expenditures of interim financing are considered Federal expenditures.

All audits are to be performed in accordance with 2 CFR Part 200, Subpart F, as adopted by USDA through 2 CFR Part 400. Further guidance on preparing an acceptable audit can be obtained from the Agency. The audit must be prepared by an independent licensed Certified Public Accountant, or a State or Federal auditor if allowed by State law, and must be submitted within 9 months of the recipients fiscal year end.

b. For local governments and Indian tribes, an audit in accordance with State or local law or regulation or regulatory agency requirements must be submitted when you expend less than \$750,000 in Federal financial assistance per fiscal year. These audits shall be submitted to USDA no later than 150 days after the end of the borrower's fiscal year.

c. All borrowers exempt from USDA audit requirements and who do not otherwise have annual audits, will within 60 days following the end of the borrower's fiscal year furnish USDA with annual financial statements, consisting of a verification of the organization's balance sheet and statement of income and expenses. The recipient may use Form RD 442-2, "Statement of Budget, Income and Equity," and 442-3, "Balance Sheet," or similar format to provide the financial information.

2. Audit agreement—If you are required to obtain the services of a licensed Certified Public Accountant (CPA), you must enter into a written audit agreement with the auditor. The audit agreement may include terms and conditions that you and auditor deem appropriate.

3. Evaluation Plan - Applicant is to submit its evaluation plan using the framework provided in the "Evaluation Framework and Outcomes" document (attached) during its first performance reporting period after award. Applicant may refer to feedback provided in the attached document. The Applicant must provide updates and progress as it relates to the framework during the normal performance reporting periods.

The Applicant must also provide three required outcome metrics (reported every 6 months through the grant period) for USDA Rural Development's evaluation (more details can be found in the Evaluation Outcomes, Measures, and Methods table). The metrics include: 1) the healthcare consortium service area served using grant funds; 2) rank the amount of grant funds dedicated to primary, secondary, and tertiary prevention care, and 3) the percentage of total services supported using grant funds that is dedicated to each of the following categories: inpatient, outpatient, mental health, hospice, community based, administrative, or other.

REQUEST FOR OBLIGATION OF FUNDS

FORM APPROVED
OMB No. 0570-0062

INSTRUCTIONS-TYPE IN CAPITALIZED ELITE TYPE IN SPACES MARKED ()			
Complete Items 1 through 29 and applicable Items 30 through 34. See FMI.			
1. CASE NUMBER ST CO BORROWER ID 13-039-222360442		LOAN NUMBER	FISCAL YEAR
2. BORROWER NAME Southern IL Hospital Services		3. NUMBER NAME FIELDS (1, 2, or 3 from Item 2)	
		4. STATE NAME Illinois	
		5. COUNTY NAME Jackson	
GENERAL BORROWER/LOAN INFORMATION			
6. RACE/ETHNIC CLASSIFICATION 1 - WHITE 2 - BLACK 3 - ALIAN 4 - HISPANIC 5 - API	7. TYPE OF APPLICANT 1 - INDIVIDUAL 2 - PARTNERSHIP 3 - CORPORATION 4 - PUBLIC BODY 5 - ASSOC OF FARMERS 6 - ORG OF FARMERS 7 - NONPROFIT-SECULAR 8 - NONPROFIT-FAITH BASED 9 - INDIAN TRIBE 10 - PUBLIC COLLEGE/UNIVERSITY 11 - OTHER	8. COLLATERAL CODE 1 - REAL ESTATE SECURED 2 - REAL ESTATE AND CHATTEL 3 - NOTE ONLY OR CHATTEL ONLY 4 - MACHINERY ONLY 5 - LIVESTOCK ONLY 6 - CROPS ONLY 7 - SECURED BY SCHDS 8 - RLF ACCT	9. EMPLOYEE RELATIONSHIP CODE 1 - EMPLOYEE 2 - MEMBER OF FAMILY 3 - CLOSE RELATIVE 4 - ASSOC.
10. SEX CODE 1 - MALE 2 - FEMALE 3 - FAMILY UNIT 4 - ORGAN MALE OWNED 5 - ORGAN FEMALE OWNED 6 - PUBLIC BODY	11. MARITAL STATUS 1 - MARRIED 2 - SEPARATED 3 - UNMARRIED (INCLUDES WIDOWED/DIVORCED)	12. VETERAN CODE 1 - YES 2 - NO	13. CREDIT REPORT 1 - YES 2 - NO
14. DIRECT PAYMENT (See FMI)	15. TYPE OF PAYMENT 1 - MONTHLY 2 - ANNUALLY 3 - SEMI-ANNUALLY 4 - QUARTERLY	16. FEE INSPECTION 1 - YES 2 - NO	
17. COMMUNITY SIZE 1 - 10,000 OR LESS 2 - OVER 10,000 (FOR SP/AND HPG ONLY)	18. USE OF FUNDS CODE (See FMI)		
COMPLETE FOR OBLIGATION OF FUNDS			
19. TYPE OF ASSISTANCE 886 (See FMI)	20. PURPOSE CODE 1	21. SOURCE OF FUNDS	22. TYPE OF ACTION 1 - OBLIGATION ONLY 2 - OBLIGATION/CHECK REQUEST 3 - CORRECTION OF OBLIGATION
23. TYPE OF SUBMISSION 1 - INITIAL 2 - SUBSEQUENT	24. AMOUNT OF LOAN	25. AMOUNT OF GRANT 8,709,909	
26. AMOUNT OF IMMEDIATE ADVANCE	27. DATE OF APPROVAL MO DAY YR 02-02-2023	28. INTEREST RATE 0 %	29. REPAYMENT TERMS
COMPLETE FOR COMMUNITY PROGRAM AND CERTAIN MULTIPLE-FAMILY HOUSING LOANS			
30. PROFIT TYPE 1 - FULL PROFIT 2 - LIMITED PROFIT 3 - NONPROFIT			
COMPLETE FOR EM LOANS ONLY		COMPLETE FOR CREDIT SALE-ASSUMPTION	
31. DISASTER DESIGNATION NUMBER (See FMI)	32. TYPE OF SALE 1 - CREDIT SALE ONLY 2 - ASSUMPTION ONLY 3 - CREDIT SALE WITH SUBSEQUENT LOAN 4 - ASSUMPTION WITH SUBSEQUENT LOAN		
FINANCE OFFICE USE ONLY		COMPLETE FOR FP LOANS ONLY	
33. OBLIGATION DATE MO DA YR		34. BEGINNING FARMER/RANCHER (See FMI)	

If the decision contained above in this form results in denial, reduction or cancellation of USDA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

Position 2

ORIGINAL - Borrower's Case Folder

COPY 1 - Finance Office

COPY 2 - Applicant/Lender

COPY 3 - State Office

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0062. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.



Representations Regarding Felony Conviction and Tax Delinquent Status for Corporate Applicants

OMB No. 0505-0025
Expiration Date: 06/30/2022
AD-3030

Note: You only need to complete this form if you are a corporation. A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) agencies and staff offices is in § 744 and 745 of the Consolidated Appropriations Act, 2019, Pub. L. 116-6 as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0025. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

PART A - APPLICANT

1. APPLICANT'S NAME Southern Illinois Hospital Services	2. APPLICANT'S ADDRESS (Including Zip Code) 1239 E Main St Carbondale, IL 62902-3988	3. TAX ID NO. (Last 4 digits) 8939
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4A. Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application? ☐ YES ☒ NO

4B. Does the Applicant have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability? ☐ YES ☒ NO

Providing the requested information is voluntary. However, failure to furnish the requested information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan, loan guarantee, or cooperative agreement with USDA.

PART B - SIGNATURE

5A. APPLICANT'S SIGNATURE (BY) 	5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY Vice President, Community Affairs, CDO	5C. DATE SIGNED (MM-DD-YYYY) 10-11-2021
---	---	---

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint \(https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer\)](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

APPENDIX 3
APPLICATION TO ILLINOIS DEPARTMENT OF HEALTHCARE
AND FAMILY SERVICES (HFS)
AND
ILLINOIS CAPITAL DEVELOPMENT BOARD (CDB)
AS A HEALTHCARE TRANSFORMATION
CAPITAL INVESTMENT GRANT



**Capital
Development
Board**

Building a Better Illinois

Expanding Equitable Access to Mental Health Services

Prepared by Southern Illinois Hospital Services
for CDB Healthcare Transformation Capital Investment Grants

Submitted by Woody Thorne

Submitted on 07/01/2024 1:22 PM Central Standard Time



Opportunity Details

Opportunity Information

CSFA Number

511-00-3381

CSFA Popular Name

HTC Capital Grants

Title

Healthcare Transformation Capital Investment Grants

Description

The Illinois legislature created the Hospital and Healthcare Transformation Capital Investment Grant Program at 20 ILCS 3105/20i. Pursuant to that legislation, the Department of Healthcare and Family Services (HFS) and the Capital Development Board (CDB) published joint rules governing the program. The rules are found at 71 Ill. Admin. Code Part 44. This NOFO is intended to implement the program pursuant to the statute and rules. The Illinois Healthcare Transformation Program is authorized at 305 ILCS 5/14-12 (d-5)(2). The Illinois Healthcare Transformation Program (the "HTC Services Program") funds initiatives that serve an underserved community based on a community needs assessment and that consist of collaboratives of providers across the care and community spectrum, including preventative care, primary care, specialty care, hospital services, mental health, and substance abuse services, as well as community-based entities that address the social determinants of health.

HTC Services are specifically designed to improve healthcare outcomes and reduce healthcare disparities, and improve the coordination, effectiveness, and efficiency of care delivery. The Transformation Capital Investment Grant Program (the "Capital Program") is designed to address some of the capital needs of the initiatives funded under the HTC Services Program. However, participation in a Healthcare Transformation Collaborative funded under the HTC Services Program is not a pre-requisite for eligibility in the Capital Program.

Grantee(s) will be required to relate financial data to performance accomplishments of the Capital Program award. Performance will be measured in a way that helps the Department of Healthcare and Family Services improve program outcomes, share lessons learned and spread the adoption of promising practices.

\$200 million is available under this NOFO. Applicants must provide sufficient detail of the capital expenses to be addressed and a timeframe for completing the project. Applicants must submit a detailed project plan with their application that describes how this award will be executed.

Awarding Agency Name

Capital Development Board

Agency Contact Name

HTC Email Account

Agency Contact Phone

Amplifund Questions: 216-377-5500

Agency Contact Email

HFS.HTCManager@illinois.gov

Category Explanation

This grant opportunity is limited to capital improvement expenses and is funded with bond funds. Indirect costs, general operation overhead, and administrative expenses are not allowable uses for bond funds. The grant therefore cannot compensate for indirect costs, general operation overhead, or administrative expenses associated with the execution of the program.

Manager

Heather Sultemeier

Additional Users

Opportunity Posted Date
5/1/2024

Announcement Type
Initial Announcement

Funding Opportunity Number
2025-20-001

Public Link
<https://il.amplifund.com/Public/Opportunities/Details/530efdd1-8831-4364-9006-4b7d6aa5f083>

Is Published
Yes

Funding Information

Opportunity Funding
\$200,000,000.00

Funding Sources
State

Funding Source Description

\$200 million is available under this NOFO. Applicants must provide sufficient detail of the capital expenses to be addressed and a timeframe for completing the project. Applicants must submit a detailed project plan with their application that describes how this award will be executed.

This grant opportunity is limited to capital improvement expenses and is funded with bond funds. Indirect costs, general operation overhead, and administrative expenses are not allowable uses for bond funds. The grant therefore cannot compensate for indirect costs, general operation overhead, or administrative expenses associated with the execution of the program.

This grant opportunity is limited to capital improvement expenses and is funded with bond funds. Indirect Costs, general operation overhead, and administrative expenses are not allowable uses for bond funds. The grant therefore cannot compensate for indirect costs, general operation overhead, or administrative expenses associated with the execution of the program. Costs incurred in preparation of applications and local income surveys are not reimbursable under this grant program. Costs for projects already in the construction phase are not eligible for reimbursement under this NOFO. Capital projects included in approved applications under the Services Program pursuant to Section 14-12(d-5) of the Illinois Public Aid Code are eligible for funding under this NOFO, but only if they are not yet in the construction phase. With respect to eligible projects that were included in approved applications under the Services Program, HFS, in its sole discretion, will decide whether to approve funding for those projects under this NOFO and remove funding from the Services Program agreement, or continue the funding through appropriations made to HFS for the Services Program.

1. "Capital Project" means a capital plan to acquire a new physical location, which may include necessary construction, renovations and/or real property or equipment purchases, to establish or support a healthcare transformation project, or renovate an existing healthcare facility; purchase equipment to expand the services of an existing facility; or prevent or reverse the deterioration of an existing facility that supports or will support a healthcare transformation project that addresses community needs; improves the health and wellness for individuals and communities; tailors solutions to meet the unique needs of individuals; improves outcomes; decreases disparities; and is sustainable over time.

2. "Equipment" means movable equipment, including all items of equipment other than built-in equipment, necessary and appropriate for the functioning of a facility that is purchased, renovated, or constructed with grant funds, and that will be used solely or primarily for purposes related to the mission of the grantee. Further, equipment is defined as durable manufactured items that have a significant useful life of at least 20 years, that are not affixed to a building and are capable of being moved or relocated from room to room or building to building, that are not consumed in use, and that have an identity and function that will not be lost through incorporation into a more complex unit.

3. Equipment includes the following when meeting the above requirements: office/medical equipment and furniture; machinery, implements and major tools; scientific instruments and apparatus, excluding those items that are subject to a short useful life (e.g., glassware, tubing, crockery, and light bulbs); and transportation costs and installation costs of equipment when incurred from an outside source.

Funding Restrictions

See above Funding Source Description

Award Information

Award Range

\$80,000,000.00 Ceiling

Award Period

01/15/2025 - 01/14/2030

Award Announcement Date

10/15/2024

Award Type

Competitive

Capital Grant

Yes

Expected Number of Awards

10.00

Indirect Costs Allowed

No

Submission Information

Submission Window

05/01/2024 8:00 AM - 07/01/2024 5:00 PM

Submission Timeline Type

One Time

Submission Timeline Additional Information

a. Application deadline is the date and time by which HFS must receive the application in the AmpliFund System.

b. Late applications will not be reviewed or considered.

c. HFS will determine if an application has been submitted by the application deadline by using the AmpliFund system generated documentation of receipt date and time.

d. If you are unsure that your application has been received via the AmpliFund System, e-mail HFS.HTCManager@illinois.gov with Subject: "Application Status Inquiry" to request a status. Please allow 24-48 hours for a status update reply e-mail.

5. Application Submission

Acceptable form of application submission includes the following:

Electronically through the AmpliFund System. AmpliFund records the date and time of each submission, along with the submitting applicant and the title of the grant proposal.
Applicants can view and submit all application materials via the AmpliFund opportunity.

Applicants should provide a Project Narrative (Appendix C of NOFO) description of their project and how it will accomplish the program objectives, as follows:

a. Provide a general project description and rationale.

b. Describe any new or expanded services/programs to be offered because of the Project, the number of people to be

served by each, and the estimated date/year of completion.

c. Provide a site analysis.

d. Provide a description of funding sources and cost estimates for the project.

e. Provide a timeline of the project that includes major milestones.

f. Describe the community your project will serve by zip codes or counties.

g. Provide the results of the community needs assessment upon which your proposal is based and describe the method of conducting the assessment.

h. List the entities participating in your project that provide services across the care and community spectrum, including preventative care, primary care, specialty care, hospital services, mental health, and substance abuse services, as well as community-based entities that address the social determinants of health.

i. Describe how your project will improve healthcare outcomes and reduce healthcare disparities, and improve the coordination, effectiveness, and efficiency of care delivery and increase access to primary, preventive and specialty care. For entities participating in the Services Program seeking capital funds for expenses not previously included in the approved agreement under the Services Program, explain how your requested capital project furthers the program already approved.

j. List the specific measurable metrics related to disparities that will be improved by your project.

k. Describe other funding you will bring to the project. Other funding is not required but availability of other funding may be considered in the grantmaking process.

l. Submit a detailed budget using the budget template provided. (Appendix D of NOFO)

Allow Multiple Applications

No

Application Review Start Date / Pre-Qualification Deadline

7/2/2024

Other Submission Requirements

All application materials are provided in the AmpliFund opportunity.

Applicants should provide a Project Narrative description of their project and how it will accomplish the program objectives, as follows:

a. Provide a general project description and rationale.

b. Describe any new or expanded services/programs to be offered because of the Project, the number of people to be served by each, and the estimated date/year of completion.

c. Provide a site analysis.

d. Provide a description of funding sources and cost estimates for the project.

e. Provide a timeline of the project that includes major milestones.

f. Describe the community your project will serve by zip codes or counties.

g. Provide the results of the community needs assessment upon which your proposal is based and describe the method of conducting the assessment.

h. List the entities participating in your project that provide services across the care and community spectrum, including preventative care, primary care, specialty care, hospital services, mental health, and substance abuse services, as well as community-based entities that address the social determinants of health.

i. Describe how your project will improve healthcare outcomes and reduce healthcare disparities, and improve the

coordination, effectiveness, and efficiency of care delivery and increase access to primary, preventive and specialty care. For entities participating in the HTC Services Program seeking capital funds for expenses not previously included in the approved agreement under the HTC Services Program, explain how your requested capital project furthers the program already approved.

j. List the specific measurable metrics related to disparities that will be improved by your project.

k. Describe other funding you will bring to the project. Other funding is not required but availability of other funding may be considered in the grantmaking process.

l. Submit a detailed budget using the budget template provided in AmpliFund.

Question Submission Information

Question Submission Open Date

05/01/2024 12:00 AM

Question Submission Close Date

05/17/2024 5:00 PM

Question Submission Additional Information

Questions regarding any item listed in this NOFO may be submitted via this link:

<https://officeofmedicaidinnovation.jotform.com/has776/NOFOApplicationQuestion>

All substantive questions and responses will be posted by June 3, 2024 on the HFS website, on the GATA website <https://gata.illinois.gov/> and on the AmpliFund website at <https://www.amplifund.com/>.

Due to the competitive nature of this solicitation, applicants may not discuss the opportunity directly with any employee other than via this link.

Click on the "HFS Grant Application Process" link below for more information.

Attachments

- HFS Grant Application Process_3APR2024

Eligibility Information

Eligibility Type

Public

Eligible Applicants

- Others

Additional Eligibility Information

C. Eligibility Information

1. Pre-Registration

An entity may not apply for a grant until the entity has registered and pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, www.grants.illinois.gov/portal. Registration and pre-qualification are required annually.

2. Pre-Qualification

During pre-qualification, verifications are performed including a check of federal SAM.gov Exclusion List and status on the Illinois Stop Payment List. The Grantee Portal alerts the entity alerts of "qualified" status or informs how to remediate a negative verification (e.g., missing UEI- Unique Entity Identifier assigned in sam.gov, not in good standing with the Secretary of State). Inclusion on the SAM.gov Exclusion List cannot be remediated.

3. Eligible Applicants

a. Any health care provider, including an Illinois hospital licensed under the Hospital Licensing Act, which is enrolled as

an eligible medical provider with the Department of Healthcare and Family Services may be eligible to receive a Capital Program grant.

b. Participation in a Healthcare Transformation Collaborative funded under the HTC Services Program is not a pre-requisite for eligibility in the Capital Program. However, priority will be given to safety net hospitals participating in an approved Healthcare Transformation Collaborative for capital improvements approved in those projects. Other Safety Net hospitals will be the second priority.

c. Applicants not in a Healthcare Transformation Collaborative must demonstrate how the proposed Capital Program project will promote the transformation of healthcare in Illinois as set out in the statutory provisions of the Healthcare Transformation Program (305 ILCS 5/14-12 (d-5)(2)).

d. Program Standards for Determination of Priority Needs

- At least 20% of funds awarded for the Capital Program shall be awarded to Projects involving one or more Safety Net Hospitals as defined by 305 ILCS 5/5-5e.1.

- Priority consideration shall be given to Critical Access Hospitals, which are Illinois hospitals designated as a critical care hospital by the Department of Public Health in accordance with 42 CFR 485, Subpart F; communities that experience significant health disparities aggravated by social determinants of health and insufficient health resources determined by the social vulnerability index published by the Centers for Disease Control and Prevention; and applicants involved in the Services Program pursuant to Section 14-12(d-5) of the Illinois Public Aid Code.

4. Cost Sharing or Matching

There is no cost sharing or matching requirement although cost sharing may be considered in evaluating applications.

5. Limitations

This grant opportunity is limited to capital improvement expenses and is funded with bond funds. Indirect Costs, general operation overhead, and administrative expenses are not allowable uses for bond funds. The grant therefore cannot compensate for indirect costs, general operation overhead, or administrative expenses associated with the execution of the program. Costs incurred in preparation of applications and local income surveys are not reimbursable under this grant program. Costs for projects already in the construction phase are not eligible for reimbursement under this NOFO. Capital projects included in approved applications under the Services Program pursuant to Section 14-12(d-5) of the Illinois Public Aid Code are eligible for funding under this NOFO, but only if they are not yet in the construction phase. With respect to eligible projects that were included in approved applications under the Services Program, HFS, in its sole discretion, will decide whether to approve funding for those projects under this NOFO and remove funding from the Services Program agreement, or continue the funding through appropriations made to HFS for the Services Program.

3. Registration Requirements

Each applicant (unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)) is required to:

a. Be registered in SAM before submitting its application, with a UEI assigned. To establish a SAM registration, go to www.SAM.gov.

b. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency. The State awarding agency may not make an award to an applicant until the applicant has complied with all applicable SAM requirements. If an applicant has not fully complied with the requirements by the time the awarding agency is ready to make an award, the awarding agency may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

Award Administration Information

Administrative and National Policy Requirements

H. Additional Requirements

- Successful applicants must enter into a grant agreement with CDB outlining the roles and responsibilities of the parties.
- Subrecipients are not allowed as part of this grant program.
- Subcontractors are subject to all applicable provisions of the grant agreement executed between CDB and the grantee. The successful applicant shall retain sole responsibility for the performance of its subcontractor(s).
- A grant agreement will be issued for a maximum contract period of five years. All projects must be operational at the end of the grant term. Grants are subject to the Illinois Grant Funds Recovery Act (30 ILCS 705). As such, all applicable design and construction contracts must be bid and awarded within 2 years of the grant agreement execution date. Any grant funds not legally obligated within two years shall be returned to CDB within 45 days.
- Proposed projects, including the project area, project scope, and proposed beneficiaries, supplied in the grant application submitted for funding must not be changed or modified at any time without express written approval by CDB.
- Modifications will only be allowed by CDB when the requested change is outside the control and foreseeability of the

grantee and would not have affected any scoring outcome.

- Any equipment, material, or real property that the grantee purchases or improves with grant funds may not be sold, transferred, encumbered, or otherwise disposed of without prior approval of CDB.
- Applicants must comply with the standards set forth in 2 CFR 200.317-200.326 for use in establishing procedures for the procurement of supplies, services, equipment, real property, or other items with grant funds.
- Grantees shall comply with all audit requirements found at 44 Ill. Adm. Code 7000.90 and may be required to incur costs related thereto.

I. Statutory Requirements

Grantees must comply with all legal requirements related to procurement, environmental concerns, labor standards, and other requirements. Failure to comply with any legal requirement or other requirement specified in the grant agreement may result in suspension or termination of the grant agreement, grant funds being repaid by the Grantee, the withholding of future grant payments by CDB, or other remedy provided by law. In addition to the below requirements, Grantees must comply with all rules, regulations, and laws applicable to the grant program, as may be listed in this NOFO.

- **Business Enterprise Program (30 ILCS 575/0.01 et seq.):** For grant awards of \$250,000 or more, the grantee will be required to comply with the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (30 ILCS 575/0.01 et seq.), which establishes a goal for contracting with businesses that have been certified as owned and controlled as a minority-owned business, woman-owned business or business owned by a person with a disability. CDB will work with the grantee to ensure compliance prior to the establishment of the grant agreement as well as through the life of the grant. Grantee must agree to coordinate the meeting of these goals with CDB's Fair Employment Practices Unit and to provide documentation of its good faith efforts to meet the established percentages in the event that the goals are not met.
- **Prevailing Wage Act (820 ILCS 130/0.01 et seq.):** Applicants that are awarded grants shall comply with all requirements of the Prevailing Wage Act, including, but not limited to, inserting into all contracts for construction a stipulation that not less than the prevailing rate of wages as applicable to the project shall be paid to all laborers, workers, and mechanics performing work under the grant and requiring all bonds of contractors to include a provision as will guarantee the faithful performance of such prevailing wage clause as provided by contract.
- **Illinois Works Jobs Program Act (30 ILCS 559/20-1 et seq.):** For grants with an estimated total project cost of \$500,000 or more, the grantee will be required to comply with the Illinois Works Apprenticeship Initiative (30 ILCS 559/20-20 to 20-25) and applicable administrative rules (14 Ill. Adm. Code 680). The "estimated total project cost" is a good faith approximation at the time an applicant submits the grant application of the costs of the entire project being paid for in whole or in part by grant funds. The goal of the Illinois Apprenticeship Initiative is that apprentices will perform either 10% of the total labor hours actually worked in each prevailing wage classification or 10% of the estimated labor hours in each prevailing wage classification, whichever is less. Of the 10% Apprenticeship Initiative goal, at least 50% of the labor hours of each prevailing wage classification performed by apprentices shall be performed by graduates of the Illinois Works Preapprenticeship Program, the Illinois Climate Works Preapprenticeship Program, or the Highway Construction Careers Training Program. Grantees will be permitted to seek a waiver or reduction of this goal in certain circumstances pursuant to 30 ILCS 559/20-20(b). The grantee must ensure compliance for the life of the entire project, including during the term of the grant and after the term ends, if applicable, and will be required to report on and certify its compliance.
- **Employment of Illinois Workers on Public Works Act (30 ILCS 570/0.01 et seq.):** All grantees will be required to comply with the Employment of Illinois Workers on Public Works Act (30 ILCS 570/0.01 et seq.). During any period of excessive unemployment, which is any month immediately following two consecutive calendar months during which the level of unemployment in the State of Illinois has exceeded 5% as measured by the United States Bureau of Labor Statistics in its monthly publication of employment and unemployment figures (see <https://www.bls.gov/lau/>), the grantee and its subcontractors shall employ at least 90% Illinois laborers on the project. In the event that the grantee is unable to comply with this requirement, it may submit an exemption request to be evaluated by CDB and the Illinois Department of Labor.
- **Project Labor Agreements:** It is in the public interest to have construction projects funded by State grants completed in the most timely, efficient, and orderly manner possible and without labor disputes or disruptions of any kind which might interfere with or delay the project. Accordingly, all contracts for the construction of fixed works which are financed in whole or in part grant funds shall include a project labor agreement. Each such project labor agreement shall comply with the requirements of Section 25 of the Project Labor Agreements Act (30 ILCS 571/25). The Project Labor Agreement template will be provided by CDB.
- **Environmental Requirements:** If the proposed project and/or land development falls under the requirements of the Farmland Preservation Act (505 ILCS 75), the Interagency Wetland Policy Act of 1989 (20 ILCS 830), the Illinois Natural Areas Preservation Act (525 ILCS 30), and/or the Illinois Endangered Species Protection Act (520 ILCS 10), the grantee will be required to accept assignment of any duties CDB has or may have under those, and will be required to provide proof of compliance.
- **Additional Legal Requirements:** The grantee shall agree to comply in all respects with the Illinois State Agency Historic Resources Act (20 ILCS 3420) and the Archaeological and Paleontological Resources Protection Act (20 ILCS 3435), including the acceptance of the assignment of any duties CDB has or may have under those Acts. Additionally, grantee shall comply with the equal employment practices of Section 2-105 of the Illinois Human Rights Act (775 ILCS 5/2-105);

the Illinois Accessibility Code (71 Ill. Adm. Code 400); the Employee Classification Act (820 ILCS 185); and with Executive Order 2006-05, Construction Activities in Special Flood Hazard Areas, if applicable. (www.illinois.gov/Government/ExecOrders/Documents/2006/execorder2006-5.pdf)

Reporting

I. Reporting, Monitoring, and Audit Requirements

Grantees must complete multiple reports during the term of the grant and potentially after the grant has ended. This will include, but is not limited to, financial and performance reports, closeout report, labor hour reports, and a single audit. Deadlines for any required reports may be extended at the discretion of CDB. Extensions shall be issued only in extraordinary circumstances not in control of the grantee.

1. Grantee must complete periodic financial reporting at least quarterly using the State grant management system.
2. Grantees with participation goals under the Business Enterprise for Minorities, Women, and Persons with Disabilities Act will be required to report at least quarterly on their use of approved vendors.
3. For applicable projects, Illinois Works periodic compliance reporting is required quarterly.
4. More frequent or additional reporting may be required in the grant agreement based on the successful applicant's risk assessments.

In addition to required reporting, grantees are subject to fiscal and programmatic monitoring visits by CDB in accordance with 2 CFR 200.336. Grantees must have an open-door policy allowing periodic visits by CDB monitors to evaluate the progress of the project and must provide documentation upon request. CDB staff will also maintain contact with the participants and will monitor progress and performance under the terms of the agreement(s). CDB may modify grants based on performance.

Grantees shall be subject to Illinois' statewide Audit Report Review requirements. Terms of the Single Audit Act Amendments of 1996 (31 USC 7501-7507), Subpart F of 2 CFR Part 200, and the audit rules set forth under the Grant Accountability and Transparency Act shall apply. (See 30 ILCS 708/65).

Other Information

F. Allowable Costs and Activities

All purchases made with grant funds must be bondable. Allowable costs and activities include the following:

- Acquisition and installation of allowable equipment
- Appraisals from a licensed appraiser
- Architectural and engineering services by licensed individuals
- Bid advertising
- Bid bonds and performance and payment bonds. A bid bond or guarantee is a form of security assuring that the bidder will not withdraw a bid within the period specified for acceptance and will execute a written contract and furnish required bonds. Performance bonds secure fulfillment of all the contractor's obligations under the contract and payment bonds assure payment as required by law to all persons supplying labor and material in the execution of the work provided for in the contract.
- Contingency fund. To provide for unanticipated costs, applicants for construction grants may include a project contingency amount with the initial total allowable cost estimates. The construction contingency is an allowance for cost growth that may occur during construction as a result of unexpected circumstances or incomplete design documents. CDB recommends no more than 10% of the construction budget for contingency. Any unused contingency funds set aside from the grant award must be spent on other, approved direct project costs or returned.
- General conditions (e.g., moveable site trailers, port-a-johns, hard hats, temporary or limited duration signage, security costs during construction).
- Inspection and commissioning fees.
- Insurance. Costs of builder's risk insurance, title insurance, physical destruction insurance, and liability insurance are generally allowable. Builder's risk insurance and title insurance may be charged to the grant in proportion to the amount of State participation in the property.
- Legal fees. Legal fees related to obtaining a legal opinion regarding title to a site.
- Pre-award costs. Costs incurred before award for architect's fees, consultant's fees, and environmental analysis necessary for the planning and design of the project are allowable if the project is subsequently approved and funded. Pre-award construction costs are generally unallowable.
- Site survey and soil investigation and any necessary remediation.
- Site clearance. Site clearance costs are allowable if they are reflected in the bid.

G. Unallowable Costs and Activities

Unallowable costs and activities include the following:

- Bonus payments to contractors.

- Construction of shell space designed for completion at a future date.
- Consultant fees not related to actual construction.
- Damage judgment suits.
- Equipment purchased through a conditional sales contract. A conditional sale is a type of agreement to sell under which the seller retains title to goods sold and delivered to a purchaser until full payment has been made.
- Fund-raising expenses.
- Interior and exterior decorating fees (e.g., purchase of artwork, sculpture, etc.).
- Legal services not related to title certification.
- Indirect costs, overhead, or operational expenses of the grantee.
- Pre-award costs are generally not allowable, but design fees incurred for the project prior to award may be allowable if an award is made.

Additionally, grant funds shall not be used for the following:

- To offset existing debt.
- To supplant existing funds that support a service, program, or activity for which grant support is requested.
- To fund expenses associated with the operation of the facility.
- To lease/rent space for occupancy.
- To make leasehold improvements.

J. Reporting, Monitoring, and Audit Requirements

Grantees must complete multiple reports during the term of the grant and potentially after the grant has ended. This will include, but is not limited to, financial and performance reports, closeout report, labor hour reports, and a single audit. Deadlines for any required reports may be extended at the discretion of CDB. Extensions shall be issued only in extraordinary circumstances not in control of the grantee.

1. Grantee must complete periodic financial reporting at least quarterly using the State grant management system.
2. Grantees with participation goals under the Business Enterprise for Minorities, Women, and Persons with Disabilities Act will be required to report at least quarterly on their use of approved vendors.
3. For applicable projects, Illinois Works periodic compliance reporting is required quarterly.
4. More frequent or additional reporting may be required in the grant agreement based on the successful applicant's risk assessments.

In addition to required reporting, grantees are subject to fiscal and programmatic monitoring visits by CDB in accordance with 2 CFR 200.336. Grantees must have an open-door policy allowing periodic visits by CDB monitors to evaluate the progress of the project and must provide documentation upon request. CDB staff will also maintain contact with the participants and will monitor progress and performance under the terms of the agreement(s). CDB may modify grants based on performance.

Grantees shall be subject to Illinois' statewide Audit Report Review requirements. Terms of the Single Audit Act Amendments of 1996 (31 USC 7501-7507), Subpart F of 2 CFR Part 200, and the audit rules set forth under the Grant Accountability and Transparency Act shall apply. (See 30 ILCS 708/65).

K. Merit Based Review

1. Evaluation Process Description

The Merit Based Review will follow Administrative Code Title 44, Subtitle F, Chapter I, Part 7000, Section 7000.350.

An analytic scoring rubric (Appendix A) is provided in this NOFO that will be used by the Review Committee when evaluating and scoring grant applications.

In the event of a required change to the evaluation criteria prior to submission the grant applicants shall be informed by publication of the change to the HFS website at a minimum.

Evaluation shall be conducted by a committee determined by HFS, tailored to this grant application, and include as appropriate technical or other personnel with expertise to ensure a comprehensive evaluation of applicants.

Evaluation committee members must sign a Confidentiality Agreement and Conflict of Interest Disclosure to participate in the evaluation process.

Evaluation members shall be assigned a code for identification of their evaluation process.

Evaluator names will be available only for audit or litigation requirements.

2. Criteria and Importance

Evaluation shall be based on numerical rating and must contain at a minimum:

- a. Any scoring tool shall reflect the evaluation criteria and ranking set forth in the grant application and any sub criteria available at the opening.
 - b. A summary score sheet that shows the comparative scores and resulting finalist for award will be completed through AmpliFund.
 - c. Any significant or substantial variance between evaluator scores shall be reviewed and documented including revision of individual scores.
- 3. Merit-Based Evaluation Appeals Process**
- a. Competitive grant appeals are limited to the evaluation process. Evaluation scores may not be protested. Only the evaluation process is subject to appeal.
 - b. Appeals Review Officer – The agency head or designee may appoint one or more Appeal Review Officers (ARO) to consider the grant-related appeals and make a recommendation to the HFS or designee for resolution.
 - c. Submission of Appeal - An appeal must be submitted in writing in accordance with the grant application document.
 - d. An appeal must be received within fourteen calendar days after the date that the grant award notice has been published.
 - e. The written appeal shall include at a minimum the following:
 - i. the name and address of the appealing party
 - ii. identification of the grant
 - iii. a statement of reasons for the appeal



Project Information

Application Information

Application Name

Expanding Equitable Access to Mental Health Services

Award Requested

\$9,927,308.00

Cash Match Requirement

\$0.00

Cash Match Contributions

\$0.00

In-Kind Match Requirement

\$0.00

In-Kind Match Contributions

\$0.00

Other Funding Requirement

\$0.00

Other Funding Contributions

\$8,709,909.00

Total Award Budget

\$18,637,217.00

Primary Contact Information

Name

Woody Thorne

Email Address

woody.thorne@sih.net

Address

1239 E Main St.
Carbondale, IL 62901

Phone Number

(618) 457-5200 x 67836

Project Description

Conflict of Interest Disclosure

Applicants MUST complete and upload the Conflict of Interest Disclosure before continuing with their application.

Conflict of Interest Disclosure

Grantee Conflict of Interest Disclosure_HFS.pdf

Upload signed disclosure

Conflict of Interest Disclosure_Signed.pdf



Uniform Grant Application-Applicant Completed Section

Applicant Information

Legal Name (name used for Sam.gov registration and Grantee Portal)
Southern Illinois Hospital Services

Common Name (DBA)
Southern Illinois Healthcare

Employer/ Taxpayer Identification Number (EIN, TIN)
37-0618939

UEI (Unique Entity Identifier)
MBVEXPGAPSK3

GATA ID (Assigned through the Grantee Portal)
672562

SAM Cage Code
3RRC5

Business Address
**1239 E Main St
Carbondale, IL 62901**

Applicant's Organizational Unit

Department Name
Community Affairs

Division Name
Grants

Applicant's Name and Contact Information for Person to be Contacted for Program Matters involving this Application

First Name
Jennifer

Last Name
Sigler

Suffix

Title
System Manager of Grant Development

Organizational Affiliation
Southern Illinois Hospital Services

Telephone Number
618.457.5200 x 67839

Fax Number

Email address
jennifer.sigler@sih.net

Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office



Matters involving this Application

First Name

Jason

Last Name

Suchon

Suffix

Title

Grant Coordinator

Organizational Affiliation

Southern Illinois Hospital Services

Telephone Number

618.457.5200 x 67512

Fax Number

Email address

jason.suchon@sih.net

Areas Affected

Areas Affected by the Project (cities, counties, state-wide) Add attachments (e.g., maps)
HMC AMI HFS HTC Service Area Map.pdf

Legislative and Congressional Districts of Applicant

IL House District 118

IL Senate District 59

US Congressional District IL-12

Legislative and Congressional Districts of Program/ Project

IL House District 117

IL Senate District 59

US Congressional District IL-12

Applicant's Project

Description Title of Applicant's Project

Expanding Equitable Access to Mental Health Services

Proposed Project Term Start Date:

9/1/2024

Proposed Project Term End Date:

8/31/2029

Estimated Funding Sources (include all that apply)

☒ Amount Requested from the State

☐ Applicant Contribution (e.g., in kind, matching)

☐ Local Contribution

☒ Other Source of Contribution

☐ Program Income

Estimated Funding Amounts:

	\$ Amount (if checked in last question)
Amount Requested from the State	\$9927308
Applicant Contribution (e.g., in kind, matching)	
Local Contribution	
Other Source of Contribution	\$8709909
Program Income	

Applicant Certification

By submitting this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ I AGREE

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

Initial Questions

Initial Questions

Are you a healthcare provider including an Illinois hospital licensed under the Hospital Licensing Act, which is enrolled as an eligible medical provider with the Department of Healthcare and Family Services?

- ☒ YES
☐ NO

Are you applying as / or on behalf of a Healthcare Transformation Collaborative with a services funding agreement currently in place with the Department of Healthcare and Family Services?

- ☒ YES
☐ NO

Are you applying as / or on behalf of a Safety Net Hospital as defined by 305 ILCS 5/5-5e.1?

- ☐ YES
☒ NO

Are you applying as / or on behalf of a Critical Access Hospital, which are Illinois hospitals designated as a critical care hospital by the Department of Public Health in accordance with 42 CFR 485, Subpart F?

- ☐ YES
☒ NO

Project Proposal Plan

Project Proposal Plan

Describe how capital expense is critical to overall transformation project narrative.

This capital project will directly support and enhance the current work being carried out by the Egyptian Health Department through their InCK and InCA programs. These programs, in partnerships with HFS' Healthcare Transformation efforts, have shown not only the great need for increased mental and behavioral health services in Southern Illinois, but also the significant impact a partnership and collaboration with HFS can have on the lives and care of the residents of this area. This application is being submitted in full knowledge and with the support of this Healthcare Transformation team.

Southern Illinois Healthcare, as a strategic anchor institution and largest healthcare provider in the region, is proud to partner with HFS as well as Egyptian Mental Health as lead entity for the Healthcare Transformation initiative to collaborate and support their efforts to transform healthcare delivery, especially around behavioral and mental health, throughout Southern Illinois. This project looks to expand on those efforts by also addressing inpatient services in the region where the access to care is severely lacking. Partnering with HFS on this capital project will ensure that the full complement of services necessary to properly treat resident's behavioral and mental health needs will be available where and when they are needed.

Southern Illinois University School of Medicine is also in the early stages of creating the Behavioral Health Workforce Center for behavioral and mental health providers and staff to ensure that as infrastructure for these vital services increases, there will be a sufficient labor pool available to ensure long-term sustainability.

The location of this capital project is the Harrisburg Medical Center in Harrisburg, IL, with a primary service area of Saline, Gallatin, Hardin, Pope, and White counties. The project aims to address the critical mental health need in the broader southern sixteen county region by expanding the number of mental health beds at Harrisburg Medical Center's Mulberry Center through the implementation of an in-patient medical psychiatric unit. Currently Harrisburg Medical Center (hereon referred to as HMC) is only able to operate 30 of their 31 licensed beds, all of which are located in double occupancy rooms. The only single room in the unit cannot be used as an inpatient bed, as it is designated as the seclusion room (also known as a "safety room" or "de-escalation room"). Prior to 2020, HMC consistently operated these 30 beds at maximum occupancy with many patient referrals having to be denied due to capacity constraints. Throughout the COVID-19 pandemic HMC experienced additional constraints with bed operation due to the need to social distance. While sized appropriately to meet double-occupancy room standards, there is not enough space to hold two patients and maintain six feet of distance at all times. As a result, throughout most of 2020 and 2021 HMC was unable to utilize the second bed in the patient rooms. Patients who are not able to secure an inpatient behavioral health bed must travel to Springfield, Chicago, or out of state to receive needed care. On average, about 700 inpatient behavioral health transfers must be denied by HMC each year due to issues such as lack of available beds or medical capacity. This inability to accommodate transfers into HMC's Acute Mental Illness unit bears significant and negative repercussions around equitable access to care.

In order to accommodate existing capacity issues as well as to prepare for the anticipated and projected future need, HMC is currently in process of a facility plan to construct a twelve-room addition to expand inpatient mental health services. The proposed project will add eleven acute mental illness beds to the inventory, as well as necessary updates to the current psychiatric unit. Total licensed and operating acute mental illness beds will be 42, consisting of 12 beds in private rooms and 30 beds in semi-private rooms. The proposed unit will operate as a Medical-Psychiatric unit, treating patients in need of both physical and mental health care. Med-Psych units are appropriate for patients who are admitted with a primary medical diagnosis, but in a regular medical unit would be considered at-risk and require a sitter or one-on-one care. Staff are trained to care for patients with both medical and psychiatric care needs and the units are designed with enhanced safety detail to minimize the need for sitters or physical restraints.

The benefit of the project for the region is necessary to support the much-needed access to care. This project is illustrative of SIH's role as a community leader and anchor with a commitment to develop a comprehensive system of care for patients in our communities that ensures safety, comfort and cost savings. This project is essential in order to maintain capacity and level of care our communities deserve, without having to travel out of state for state-of-the-art care and services.

List and describe any other funding source(s).

This project was awarded a USDA Rural Emergency Healthcare Grant in the amount of \$8,709,909 in 2023.

List and describe all cost estimates of the project.

Total project cost is estimated to be \$18,637,218. This includes all new construction costs including planning and design work, surveys, consultation, site testing, etc. This also includes all costs associated with renovating the current facility as well as costs for creating a new parking lot. This estimate also includes all necessary movable equipment.

List all equipment purchased and/or construction activities.

Architectural and engineering fees:

These fees will include pre-planning, site surveys, and architect/engineering costs. This is the design work customary on a typical project to take an established building program, site and budget and then develop the architectural design, engineer the building systems, produce construction documents, and perform construction administration. This includes architectural, structural, civil, mechanical, and electrical engineering services.

Project inspection Fees:

These fees include inspection and testing (of concrete, steel, and other), thermal balance, med gas testing, and commissioning. These inspections will assure that all building systems in the facility are installed and perform in accordance with the design intent, that the design intent is consistent with the project's requirements, and that operations and maintenance staff are adequately prepared to operate and maintain the completed facility.

Site Work:

Site work encompasses all activities regarding the earthwork for a project. This includes all excavation and backfill for the project, including miscellaneous items such as retaining walls, paving, concrete work, and erosion and sediment control.

Construction:

This activity includes the new construction of a 12-bed unit, including nursing station, offices, mechanical room and misc. sterile rooms on the lower level of Harrisburg Medical Center.

Project Narrative

Project Need / Urgency

Provide a general project description and rationale.

Harrisburg Medical Center (HMC) is an acute care hospital located in Saline County. HMC is one of only two facilities in the entire lower third of the state that provide Acute Mental Illness services. The lack of inpatient AMI beds has created a significant challenge in treating the behavioral health needs of patients in southern Illinois, particularly among those suffering from Social Determinants of Health. SDOH are known to influence mental health outcomes, which are independent risk factors for poor health status and physical illness. The projected bed need based on the analysis of data demonstrated a future need of at least 10-22 additional AMI beds at HMC to serve the region.

As this need is so widely felt within the rural region, four organizations have come together to spearhead a renovation and expansion of mental health care at SIH/Harrisburg Medical Center. Egyptian Health Department, Southern Illinois University School of Medicine Center for Rural Health and Social Service Development, and Southeastern Illinois Regional Planning and Development Commission have partnered to improve the regions' mental and behavioral health outcomes, greatly improving access to quality care.

A 7,704 square foot lower-level expansion will connect to the existing AMI unit where extensive renovations are also planned, providing an additional twelve rooms to expand inpatient behavioral health services. The project will add eleven AMI beds to the inventory. Total licensed and operating AMI beds will be 42, consisting of 12 beds in private rooms and 30 beds in semi-private rooms. The additional bed space will operate as a Medical-Psychiatric unit, treating patients in need of both physical and mental health care.

A medical psychiatric unit is an innovative solution for the Southern Illinois region for its integrated approach to medical care – where patients with both medical and psychiatric care needs can be treated in a space designed with enhanced safety provisions to minimize the need for sitters or physical restraints. This capital project further complements outpatient services being provided by one of our collaborative partners, Egyptian Health Department, through their transformative work with the iHUB, InCA, and InCK projects.

Total project cost is estimated to be \$18,637,218 and is comprised of a variety of funding sources. This project is a current recipient of a USDA Rural Development Grant in the amount of \$8,709,909, leaving \$9,927,308 still needing funding. SIH respectfully requests to partner with HFS on this collaborative effort to enhance access to critical mental health care in our rural region.

Discuss the community your project will serve. (include zip codes or counties)

Located in the southeastern part of Illinois, the Harrisburg Medical Center is a 71-bed non-profit 501(c)(3) sole community hospital licensed by the Illinois Department of Public Health and is a member of the Illinois Hospital and Health Systems Association. HMC is a hospital within the Southern Illinois Healthcare (SIH) system of care. HMC and its clinics are accredited by The Joint Commission, and consists of a primary service area of Saline, Gallatin, Hardin, Pope, and White counties.

This area plays a compelling role in our nation's cultural identity and abounds with rich natural resources and hard-working, innovative people. This section of Illinois not only produces the agricultural bounty that feeds and fuels the nation, but it also boasts unparalleled creativity, evident in its literature, music, and cuisine. Along with its many assets, however, the region is also presented with significant challenges. These include entrenched problems such as generational poverty, racial divides and inequities, and challenges that exacerbated by inadequate infrastructure, susceptibility to natural disasters, and lack of access to quality education, healthcare, and employment opportunities.

Historically, this rural area has endured isolated households, low income and low educational levels, high rates of poverty, illness and mortality, as well as large numbers of medically underserved residents. In general, the residents within HMC's service area are more prone to have higher BMI, higher blood pressure, increased risk for diabetes and are more apt to smoke and be sedentary than all other Illinoisans. It is blatantly obvious that these counties lag behind our northern neighbors and can take the dubious honor of being one of the unhealthiest regions in Illinois.

The 2020 Census indicates there are just over 50,000 residents that span the five-county area, while the average number of residents per single county in Illinois is over 125,000. Most residents live in rural towns and small rural cities separated by extensive farmland. It is nothing unusual for people to have to travel out of their respective counties for food, education, training or medical care. According to the 2010 Census, this five-county area has a size of approximately 1,750 square miles, and averages less than thirty residents per square mile. This is over seven times less than the average population per square mile in Illinois.

According to the 2020 Census, the average median household income in the five-county area is \$45,352.40, over \$20,000.00 less than the national median household income of \$65,712.00. According to the Delta Regional Authority, all five of these counties are deemed distressed in 2021; to be deemed distressed, counties and parishes must have an unemployment rate of one percent higher (6.7 percent) than the national average (5.7 percent) for the most recent 24-month period and have a per capita income of 80 percent or less of the national per capita income.

A significant contributor to this economic distress is the demise of the coal mining industry in Southern Illinois. For the majority of the 19th and 20th centuries, coal mining served as a key economic driver for the region. At its peak in 1920, Illinois mines employed 100,000 residents and produced 100 million tons of coal. Between 1990 and 2000, employment plummeted from 10,000 workers to fewer than 3,500.

Additionally, according to the Health Resources and Services Administration, all five of these counties are designated as Medically Underserved areas; these are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.

Each of these counties are also designated Health Professional Shortage Areas by the Health Resources and Services Administration. HPSA scores in primary care are as follows: Saline, 19; Gallatin, 15; Harden and Pope, 14; White, 16. In addition, the U.S. Bureau of Labor Statistics reports the annual growth rate for covered jobs from 2010 to 2015 for the nation to be 1.9 percent. The state of Illinois' growth rate is slightly less at 1.4 percent. However, the Delta Region, in which HMC's five-county service area resides, only has an annual growth rate of 1.0 percent and the Illinois Delta counties collectively have a negative growth rate of 0.1 percent.

Describe the method of conducting your community needs assessment.

The SIH Community Health Needs Assessment process began in August 2021 and continued through Spring 2022 through the following steps:

- 1) Define the community served (August 1, 2021)
- 2) Collect and analyze existing data (August – October 2021)
- 3) Collect additional data through:
 - a. Community Survey (August – September 2021)
 - b. Survey of Physicians and Leaders (September – October 2021)
 - c. Analysis of existing community plans/goals, i.e., Quality Health Partners Measures/Goals, Community Health Improvement Plans developed by local health departments and the Healthy Southern Illinois Delta Network (HSIDN) (August - September 2021)
- 4) Synthesize data and create a Community Health Needs Assessment (CHNA) profile/data report (August – November 2021)
- 5) Establish a CHNA Advisory Team to identify key issues, provide input and prioritize needs and Vote on the CHNA's Priority Health Issues (September - October 2021)
- 6) Determine and Prioritize Final Health Priorities (October – November 2021)
- 7) Create Implementation Plan Teams and develop the HMC/SIH Implementation Plan (November 2021 – December 2021)
- 8) Adoption of the CHNA and Implementation Plan (December 2021 - March 2022)
- 9) Document and Communicate Results of the Community Health Needs Assessment and Implementation Plan (March 2022)
- 10) HMC/SIH staff and community partners implement the plan (April 1, 2022 – March 31, 2025)

Using the results of the community needs assessment, describe in detail the significant need/urgency of healthcare disparity improvement for this community.

Led by the SIH System Director of Community Health, the Community Health Needs Assessment is a strategic part of the organizational and Community Benefits planning process. The goal is to identify the most important health issues in the hospital service areas and particularly for the vulnerable and under-represented populations, to ensure that programs and services closely match the priorities and needs of the community, and to strategically address those needs to improve the health of the communities served by SIH facilities. The CHNA and development of its implementation plan is a way for SIH and our community partners to work collaboratively to improve the health and well-being of all the people in the communities we serve.

The Story Behind the Problem:

Mental health issues/disorders and substance misuse are concerns in the SIH service area and the need for screening and treatment for those experiencing behavioral health issues has been identified as a priority. To reduce these issues, it is also important that youth and adults receive screenings and education to identify early warning signs to reduce suicide, and that stigma towards obtaining needed services for mental health and substance misuse is

reduced. Patients often use emergency departments (EDs) frequently for mental health and substance misuse issues when the condition can be treated more appropriately and affordably in an outpatient setting. Solutions are needed to ensure patients are getting quality care in the appropriate setting.

Key Findings:

Between 32.7-45.8% of adults in our eleven-county area reported that their mental health was not good on at least one day in the last month. Between 18% - 23.3% of adults reported that they had ever been told they have a depressive disorder. 20% of Medicare beneficiaries experience depression in our eleven-county area, as compared to the state at 16.7% and the US at 18.4%

The percentage of 10th grade students who felt sad or hopeless almost every day for two weeks or more in a row so that they stopped doing some usual activities in the past 12 months was at 40%, compared to 35% in Illinois. In our eleven-county area, 23% of 10th graders surveyed reported having seriously considered attempting suicide as compared to the state at 16%.

In the eleven-county area, the rate of death due to self-harm (suicide), alcohol-related disease and drug overdose, also known as "deaths of despair," was 646 between 2015-2019. This age-adjusted death rate per 100,000 was 49.6 in our area as compared to the state rate of 39.0 and the US at 44.1

In 2020, the opioid fatality rate per 100,000 in our area ranged from 0 – 23.7. Counties with the highest opioid fatality rate per 100,000 were Pope (23.7), Perry (18.9) and Union (17.8).

The total prescriptions for opioids and benzodiazepines in the SIH eleven county area in 2018, was 208,081, which is down from the 2017 number of 227,894. The with the average days' supply ranging from 93-121.

The percentage of 10th grade students who used any substance in the last year such as alcohol, cigarettes, inhalants, or marijuana was 49% as compared to the state at 43%.

The percentage of 10th graders who used any prescription drugs in the past year to get high was 5% as compared to the state at 4%. The percentage of 10th graders who reported using any illicit drugs was 3% as compared to the state at 2%.

High volumes of Emergency Department utilization for both routine and crisis mental health disorders and substance misuse related issues suggest access or barriers to care for mental health and substance misuse health services.

As a result of the CHNA, SIH determined that the priority health issues that the four hospitals will focus on are: Social Determinants of Health (access to care, hunger/food access, housing, and poverty), Behavioral Health (mental health and substance misuse), and Chronic Disease Prevention and Management. This project supports these priorities by ensuring increased access to care, increasing available care for behavioral and mental health problems, as well as helping current patients manage their ongoing psychiatric conditions.

Describe how your capital project will answer the healthcare disparity needs of the community.

Nationwide, the need for behavioral health care is overwhelming the supply. The prevalence of mental illness is worsening, with nearly one in five adults living with a behavioral health disorder. The economic hardships and elevated levels of stress associated with the COVID-19 pandemic have exacerbated existing behavioral health conditions and are contributing to an increase in demand for services. Access to behavioral health services is one of the top challenges for the US healthcare system, particularly in rural areas. According to IDPH, there is a current shortage of Acute Mental Illness beds in the designated planning area that HMC is located in. This area is made up of thirty counties comprising the southern third of the state. Total population for this area is 613,757. HMC is one of only two facilities in the entire planning area providing Acute Mental Illness services. The other facility, SSM Health St. Mary's Hospital in Centralia, is located 90 miles from HMC and is currently licensed for 24 AMI beds.

Patients who are not able to secure an inpatient behavioral health bed must travel to Springfield, Chicago, or out of state to receive needed care. On average, about 700 inpatient behavioral health transfers must be denied by HMC each year due to issues such as lack of available beds or medical capacity. This inability to accommodate transfers into HMC's AMI unit bears significant and negative repercussions around appropriate access to care.

Between July 2021 and June 2022, over 1,600 discharges at Herrin Hospital and Memorial Hospital of Carbondale were from patients with a chronic condition of bipolar disorder, depression/bipolar/ adjustment disorder, or schizophrenia. These patients typically use more resources and have a longer length of stay while waiting for transfer acceptance to a psychiatric facility or stabilization before discharging to home. Creation of a Med-Psych unit will allow many of these patients to receive timely, integrated physical and behavioral care in a setting more appropriate to their needs, while freeing up beds in the Medical units at HH and HMC.

Within HMC's planning area, inpatient behavioral health discharges are projected to increase by 4.2% over the next

five years and inpatient days projected to increase by 8.2% during the same time period. Projected bed need based on market growth and capture of SIH medical patients with a significant behavioral health chronic condition anticipate a need of 10-22 additional AMI beds at HMC. Because this does not include any transfer from non-SIH hospitals in the area, it is felt that these projections are conservative and the need for additional beds is considerably higher.

The results of the CHNA demonstrated the immediate need for healthcare organizations to come together to address the lack of behavioral and mental health care in Southern Illinois. SIH is proud to join with collaborative partners to address these needs where efforts are underway, and this project is showcasing its willingness to lead where an immediate and significant impact can be made. SIH lives by its mission statement to improve the health and well-being of all the people in all the communities it serves, and this project emerging as a direct result of the needs identified in the CHNA demonstrate that commitment. SIH is proud to pursue this opportunity to partner with HFS to further this important work.

Describe any new or expanded services/programs to be offered because of this project.

This expansion of HMC's AMI unit will ensure patients who are seeking inpatient behavioral and mental health services can receive those services close to home without unnecessary delay. Access to behavioral health services is one of the top challenges for the US healthcare system, particularly in rural areas. According to IDPH, there is a current shortage of Acute Mental Illness beds in the designated planning area that HMC is located in. This area is made up of thirty counties comprising the southern third of the state. Patients who are not able to secure an inpatient behavioral health bed must travel to Springfield, Chicago, or out of state to receive needed care. On average, about 700 inpatient behavioral health transfers must be denied by HMC each year due to issues such as lack of available beds or medical capacity. This inability to accommodate transfers into HMC's AMI unit bears significant and negative repercussions around appropriate access to care.

The lack of inpatient AMI beds, particularly for those who also have an acute medical need, has created a significant challenge in treating the behavioral health needs of patients in southern Illinois. Patients suffering from mental health crises and other behavioral health disorders make up a considerable portion of visits to SIH Emergency Departments each year. Because access to inpatient behavioral health care is limited, finding appropriate placement for these patients results in delays of care and increased risk.

This project will add eleven AMI beds to the inventory. Total licensed and operating AMI beds will be 42, consisting of 12 beds in private rooms and 30 beds in semi-private rooms. The proposed unit will operate as a Medical-Psychiatric unit, treating patients in need of both physical and mental health care. Med-Psych units are appropriate for patients who are admitted with a primary medical diagnosis, but in a regular Medical unit would be considered at-risk and require a sitter or one-on-one care. Staff are trained to care for patients with both medical and psychiatric care needs and the units are designed with enhanced safety detail to minimize the need for sitters or physical restraints.

Provide an estimated number of people to be served by the new or expanded programs that will be offered because of this project.

It is estimated that an average of 465 admissions will occur per year in the newly constructed unit for a total of 1,629 admissions per year in the Acute Mental Illness category of service. This comes out to approximately 3,720 patient days per year in the new unit and 13,032 patient days per year total.

Capacity

List the entities participating in your project that provide services across the care and community spectrum, including preventative care, primary care, specialty care, hospital services, mental health, and substance abuse services, as well as community-based entities that address the social determinants of health. Include any other community-based stakeholders or entities that are supporting or participating in your project.

This project brought about the formation of a regionalized rural consortium consisting of SIH Harrisburg Medical Center, Egyptian Health Department, Southern Illinois University (SIU) School of Medicine Center for Rural Health and Social Service Development, and Southeastern Illinois Regional Planning and Development Commission. These organizations will collaborate to expand mental and behavioral health services in the rural region, aligned with the common goals of:

1. Developing and expanding partnerships that build and sustain capacity, maximize available resources, and establish community-based approaches for addressing the long-term sustainability of rural health care.
2. Creating sustainable solution to improve access to quality inpatient mental/behavioral health care in the

region, as an identified acutely felt community need; collaborate with rural community partners to improve outcomes through the lens of our collective rural cultural competence.

3. *Creating and maintaining sustainable economic development for rural communities, invest in the creation of high-paying jobs in the region and strengthen healthcare as a regional industry cluster.*

These goals guide the work plan and evaluation of the project. Carrying out this work as a consortium has these entities bringing together the work of multiple organizations and stakeholders to provide the common space and shared resources necessary to create a whole that is greater than the sum of its parts. This is what we strive to do.

Lead Applicant:

Southern Illinois Healthcare (SIH) will serve as lead agency and fiscal agent for the project. SIH is a not-for-profit health system serving the southernmost counties of Illinois with four hospitals, a comprehensive cancer center, Level II Trauma Center and more than 30 outpatient and specialty practices. SIH is the region's second largest employer with over 4,000 employees and the largest provider of charity care, unreimbursed care, and community benefits.

Harrisburg Medical Center officially joined the SIH family in August of 2021 after nearly ten years of collaborating with SIH on various clinical and operational services. Harrisburg is home to the only inpatient behavioral health program in the southernmost 16 counties in Illinois. Other features include: 77 beds; 12,000+ ED encounters annually; inpatient adult psychiatric unit; inpatient gero-psychiatric unit; outpatient behavioral health program; Prairie STAT Heart activated hospital for rapid transfer of STEMI patients; 24-hour Hospitalist program; comprehensive outpatient rehabilitation center; ambulatory infusion center; surgical services including general, ENT, GI, gynecologic, ophthalmologic, orthopedic, podiatry, and thoracic; and a newly expanded and modernized emergency department, surgical center, and outpatient services.

SIH is as committed to quality health services today as it was when its first hospital opened in 1875. The system is guided by its mission statement, which reflects the purpose of the organization as envisioned by its founders: "We are dedicated to improving the health and well-being of all of the people in the communities we serve." SIH works diligently to help bring health services, educational programs, free rural health clinics, parish nursing, preventative screenings and immunizations to the region's most vulnerable populations.

Generations of southern Illinoisans have learned to trust SIH and know they will be provided with the same quality of care regardless of race, creed, sex, national origin, disability, age or ability to pay. Each year, SIH spends millions of dollars in charitable and non-reimbursable care to ensure the regions poorest have the same access to quality care as all other Illinoisans. The SIH hospitals provided significant quantifiable community benefits in the form of charity care (\$8 million), uncompensated government-sponsored care (\$142 million), and medical education (\$2.8 million) in fiscal year 2020. The SIH Healthcare Assistance Program provides assistance to individuals applying for financial aid and other support services and applies a sliding fee scale for those patients whose income is between 2 and 4 times the Federal Poverty Guidelines.

SIH is governed by a Board of Trustees which maintains strategic oversight to maintain organizational sustainability and overall fiduciary responsibility for SIH's operating budget. SIH operates in a highly regulated industry that meets or exceeds federal, state and local requirements that cover patient care, safety, employees, environmental and financial regulations. All grants are managed by the program director in coordination with support staff including the Grant Management Supervisor and Grant Management Specialist. Fiscal tracking is maintained by SIH's accounting department which includes 16 staff. One staff member is dedicated solely to grants accounting. The Compliance and Legal departments oversee compliance with federal rules and regulations. Grants are tracked according to the specific grant guidelines to ensure that the collection and timely reporting of process and outcomes is achieved. SIH has a long and successful record of administering federal, state and private foundation grants. Throughout the SIH system, grants from various funders in aggregate approximately \$14.5 million are administered annually.

Not only do a majority of board members and senior leaders serve with community organizations, but SIH further strengthens ties with the community through the work of the Community Benefits team and the SIH Foundation. SIH makes every effort to fulfill our not-for profit mission to "improve the health and well-being of all of the people in the communities we serve." Besides providing charity care and financial assistance to patients, the organization positively impacts the communities it serves by extending care beyond hospital walls and into the neighborhoods where people live and work. Community benefits are the programs and services that SIH offers to address health disparities and meet these community health needs, in partnership with schools, workplaces, faith communities and other community agencies and groups. The Community Benefits Department seeks to bring health-related programs to the areas where they are most needed.

SIH Foundation and Harrisburg Medical Center Foundation are uniquely positioned to showcase the strong community ties that each foster. Each foundation is led by community board members who are invested in the region and are active volunteer participants in leading the charitable giving in the hospital system through the foundations. Not only do

leaders and board members know the region and rely on community ties to advance services at SIH, but moreover the community has proven a deepened sense of confidence that the right level of care is available for patients of Southern Illinois close to home.

Consortium Membership:

SIH is fortunate to be supported by several committed, established collaborators. Our collaborators have deep history and experience supporting each other, and nurtures strong ties to the rural region and the communities within it.

The Egyptian Health Department was founded in 1952 as a Public Health Department. A full complement of Mental Health services was added in 1972 changing the name to the Egyptian Public and Mental Health Department (Egyptian Health Department). The health department is governed by a Board of Health for Saline, Gallatin, and White County, and by a 708 Board in Wayne County for behavioral health services.

Egyptian Health Department is a leader in mental and behavioral health services in the region and has an impressive history of addressing this need. Substance abuse remains one of the top health priorities in these communities. EHD provides a comprehensive approach to fighting the opioid epidemic as well as creating a Recovery Oriented System of Care (ROSC) Council. ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improved health, wellness, and quality of life for those with or at risk of substance use disorders. The central focus of ROSC is to create an infrastructure, or "system of care," with the resources to effectively address the full range of substance use problems within communities.

Egyptian Health Department has also been a revolutionary in both care coordination and model sustainability in the region. Egyptian is partnering with the Illinois Department of Healthcare and Family Services to implement an Integrated Care for Kids (InCK) Model. Village InCK aims to increase early identification services to 80 percent of the Medicaid population. In order to achieve this goal, Egyptian Health Department uses an integrated services team called "i-Hub" as a central access point for care coordination. Village InCK is also designed to reduce costs for emergency department visits, inpatient psychiatric care, and residential substance use disorder (SUD) services. Egyptian Health Department seeks to reduce expenditures through heightened education, mobile crisis response services, and increased engagement in SUD prevention, treatment, and recovery services, respectively.

Village InCK's alternative payment model (APM) builds on Illinois' state plan amendment for Integrated Health Homes. This model includes three provider-specific incentive funding pools including primary care, community services, and care teams. Incentive pools will be funded through a shared savings program and supplemental managed care organization funding. Egyptian Health Department has convened an APM working group to design a Cost and Quality Scorecard based on performance metrics as well as a work plan. The work plan includes key milestones and ensure a focus on data analysis, incentive development strategy and planning, and clear communication strategies for all stakeholders.

Egyptian Health Department has recently partnered with HFS to replicate this model for adults – Integrated Care for Adults (InCA). InCA is based on the evidence-based Integrated Care for Kids (InCK) model, endorsed by the Centers for Medicare and Medicare Services (CMS) and supported by the Illinois Department of Healthcare and Family Services (HFS). As part of InCA, the collaborative has constructed an Integrated Hub (iHub), which will house the staff and resources to deploy both mental health (MH) and social support services to individuals with BH and SUD conditions throughout our community service area. The iHub is an innovative space that will provide shared office for the InCK and InCA teams, and education space to EHD providers and flexible space for our partners to focus efforts and activities on issues driving health disparities and addressing equity challenges in our community to ensure social determinants of health are addressed and appropriate care coordination support is deployed.

This growth for our region in the area of mental and behavioral health access has created forward momentum for expansion – the next step of which is to address the lack of in-patient AMI beds.

Economic and community development are key issues to achieving sustainable development. The Southeastern Illinois Regional Planning and Development Commission (SIRPDC) was formed in 1968 to serve the counties of Gallatin, Hamilton, Hardin, Pope and Saline, and is another consortium partner. The Economic Development Administration, U.S. Department of Commerce designated the Southeastern Illinois Regional Planning and Development Commission as an Economic Development District in 1969. SIRPDC's primary concern is the preparation and implementation of the District's Comprehensive Economic Development Strategy (CEDS). The Southeastern Illinois Regional Planning and Development Commission is comprised of a community-represented board, and the District's CEDS is an analysis of the region's strengths and weaknesses and lists the goals and objectives of the District. The CEDS Committee is composed of SIRPDC's Board of Commissioners and private stakeholders in the community. This committee provides local input into the development, maintenance, and adoption of the CEDS.

Since its inception, SIRPDC has provided numerous services to the Region. The Commission serves as a center for

district statistics and project information. As a part of this activity, SIRPDC was designated as the regional clearinghouse for Gallatin, Hamilton, Hardin, Pope and Saline Counties. Local government units such as municipalities and county governments use the Commission as a liaison with the State and Federal agencies concerned with comprehensive planning and development in the District. SIRPDC also serves as the Region's data census bank. The priority goal of the Commission is to create new jobs and to stimulate private sector investment. In this capacity, SIRPDC enhances the public-private partnership linkages in the five- county area and addresses the needs of the Region such as job creation, retention and business expansion.

The final consortium member participating and guiding this project is the SIU School of Medicine's Center for Rural Health and Social Service Development (CRHSSD). The CRHSSD has been a state accredited center for over 20 years, partnering with area agencies through academics, research, and community-based programs and services to address the most pressing health and social service concerns affecting our communities. As part of the SIU School of Medicine, their aim is to reduce health disparities and assist citizens in meeting their health care needs in the 66 urban and rural counties across central and southern Illinois.

The CRHSSD supports and empowers residents from these counties through research, program evaluations, needs assessments, demonstration projects, trainings, advocacy work and policy recommendations to improve the health of our rural communities. They regularly test new models of health care delivery to promote meaningful change in the lives of residents and ensure at-risk communities receive the quality health care they deserve. The CRHSSD is in place to help address health care and social service issues impacting the lives and productivity of those in our region. One important initiative the CRHSSD drives for community benefit is the Illinois CATCH onto Health program. Working with rural area schools, the Center and the schools coordinate behavioral and environmental change to improve children's nutrition and physical activity as well as decrease childhood obesity. Below lists a sampling of other important community projects with which the CRHSSD participates:

- CareRX
- Community College Pathways to Medicine
- Drug Endangered Children Alliance (DEC)
- Lincoln Scholars Program
- Medical Reserve Corps (MRC)
- Opioid Use Disorder Project/Southern Illinois Behavioral Health Consortium
- Prescription Monitoring Program (PMP)
- Resilient Southern Illinois (RSI)
- Trauma Based Behavioral Health Fellowship (TBBHF)
- Upward Bound

Describe how your project will improve healthcare outcomes and reduce healthcare disparities.

The Delta service region faces significant health care disparities in patients receiving access to care, including specific preventative services necessary in achieving equitable healthcare. People with behavioral health disorders are more likely to have other chronic medical conditions such as asthma, diabetes, heart disease, high blood pressure, and stroke than those without a mental illness. Additionally, those with physical health conditions such as asthma or diabetes report higher rates of substance use disorders and serious psychological distress.

This project will create systemic change by increasing access to care for the most vulnerable population in Southern Illinois who often have to wait significant delays or skip care altogether because of the lack of a regional inpatient behavioral and mental health facility. This expansion will ensure that patients are effectively connected to the services and resources they need for optimal health and well-being. This investment is necessary to truly transform our system to be patient-centered, to fully address the social determinants of health needs and reduce healthcare disparities in our most vulnerable populations in rural Illinois. At the heart of this proposal is a goal to reduce healthcare disparities for rural Illinois residents and improve the system of care.

Describe how your project will improve the coordination, effectiveness, and efficiency of care delivery.

A medical psychiatric unit is an innovative, efficient solution for the Southeastern Illinois region for its integrated

approach to medical care – where medical patients with psychiatric comorbidities are kept together, and a psychiatrist and internist provide care for each patient. A med-psych unit is for patients who have combined medical and severe behavioral health diagnoses. For instance, patient might have been admitted in a hospital for a medical condition (e.g., severe urinary tract infection) but develops behavioral or cognitive symptoms and becomes unable to be safely managed in the general medical environment as a result of the condition, or possibly a patient who has a psychiatric condition that is usually stable however becomes symptomatic as a result of their medical issue. Specially trained staff care for the patients with co-occurring needs. Usually, the unit is video-monitored, locked for entry and delayed egress (which minimizes the need for sitters or physical restraints that often come with behavioral-specific units).

Not only does this project address access to timely care, but it will also improve the efficiency and coordination of the care currently being provided. Renovating the existing space will bring about significant improvements in safety for both patients and staff. Currently, the lack of sight lines throughout the facility means that a significant number of sitters must be on duty at all times to ensure that patients are properly supervised whether they are in the day room or moving throughout the facility. By engaging providers, staff, and patients in designing the new layout, staff have been able to ensure they will be empowered to provide safe and effective treatment while also protecting the privacy and dignity of the patients. A decision was also made to reduce the number of and space requirements for provider offices in order to increase patient care spaces. This will allow for more dayroom space, more exercise space, and more patient rooms. When discussing mental health care, these are the types of services that can make traditional treatments more efficient and the impact on the patient even more significant.

The collaborative partners that have been established for this project will also ensure greater access to timely care. For example, a patient who is screened through the Egyptian Health Department's iHub project can be immediately provided with a local, high-quality care option instead of forcing them to seek out care outside of the area. All partners working together to provide greater access to timely care will bring about greater health outcomes for the region's patients.

Describe how your project will increase access to primary, preventive and specialty care.

The lack of inpatient AMI beds has created a significant challenge in treating the behavioral health needs of patients in southern Illinois. Patients suffering from mental health crises and other behavioral health disorders make up a considerable portion of visits to emergency departments across Southern Illinois hospitals each year. Because access to inpatient behavioral health care is limited, finding appropriate placement for these patients results in delays of care and increased risk.

The prevalence of mental illness among adults is worsening, with nearly one in five living with a behavioral health disorder. The economic hardships and elevated levels of stress associated with the COVID-19 pandemic have exacerbated existing behavioral health conditions and are contributing to an increase in demand for behavioral health services. Within the Planning Area 05 market, inpatient Behavioral Health discharges are projected to increase by 4.2% over the next five years. Inpatient days are projected to increase by 8.2% during the same time period.

By adding to the number of available AMI beds, this project will immediately increase access to high quality behavioral and mental health treatment options that are severely lacking at this time. An astounding 700 inpatient behavioral health referrals must be denied by HMC each year due to issues such as lack of available beds or lack of medical capacity. The inability to accommodate transfers into the AMI unit bears significant and negative repercussions around appropriate access to care. This project will address that deficiency of care in an immediate way to provide greater access to these vital services.

Please upload your project Site Analysis
Site Analysis_Final.docx

Sustainability

Explain your plan for long-term project sustainability upon completion of any grant distribution.

Healthcare systems play an integral role in the economy. As stated in the 2021 CDC Report from the Surgeon General "health and the economy are inextricably linked – both must thrive if either is to be strong."

Specifically, healthcare systems advance the economy through their:

1. Direct economic impact – creating jobs, purchasing goods and services, and capital investments
2. Indirect economic impact
 - o Spurring additional economic activity
 - o Creating additional jobs

- o Improving health and productivity of workforce
- o Attracting and retaining residents and businesses Direct Economic Impact of Healthcare Systems

In the United States, hospitals support 16.5 million total jobs, or 1 out of every 9 jobs, and purchase \$903 billion on goods and services from other businesses. In total, U.S. hospitals support almost \$3 trillion in economic activity.

From a state perspective, Illinois hospitals employ nearly 285,000 people and are a consistent creator of good-paying jobs, with a percent change in employment rising +32% since 2001 while overall Illinois employment has risen only +2.8%. Further, the Illinois healthcare industry has a projected job growth of +13.5% by 2026, illustrating that health systems are poised to continue creating jobs for Illinois communities.

Indirect Economic Impact of Healthcare Systems:

The goods and services hospitals purchase from other businesses creates a ripple effect of additional economic value for the community. With this ripple effect, each dollar spent by a hospital supports approximately \$2.30 of additional economic opportunity. Hospital jobs also create additional jobs indirectly. In 2020, Illinois hospitals generated 495,000 jobs – by directly employing 205,000 people and spurring 290,000 additional jobs indirectly. For every Illinois hospital job, 1.4 jobs are created in other sectors.

Health systems also play a critical role in improving the health and productivity of the community's workforce. Providing employees with quality preventive care promotes a workforce that can perform jobs at the highest of their abilities while reducing absenteeism. Businesses considering expanding or relocating to a region examine the health and productivity of an area's workforce as well as access to quality and comprehensive healthcare. As communities work to retain their existing businesses as well as attract new business to the area, the quality of healthcare services is a key component of ensuring a healthy workforce and satisfied business owners that can feel good about bringing their employees to a place with access to care.

SIH's Role in the Southern Illinois Economy:

SIH serves as an economic anchor for Southern Illinois as the region's largest private employer, with over 4,000 employees. For FY2020, SIH's direct economic impact on the Southern Illinois economy through salaries and benefits, goods and services, and capital spending totaled nearly \$700 million. SIH's direct and indirect impact totaled over \$1.95 billion.

The economic impact generated from development and operation of an HMC medical psychiatric unit is significant to the southern Illinois region. Upon careful consideration and planning, this consortium proposes the existing facility to be expanded to meet both current and future needs. Total project capital costs are estimated at \$18,637,218. Considering the capital investment and projected salary and benefits of the employees working within the added unit, an estimated \$44,359,210.00 in indirect and direct economic impact is anticipated for the region.

It is estimated by the National Center for Rural Health Works (NCRHW) that a primary physician working for a rural health care system like SIH can generate more than \$1.4 million in wages, salaries, and benefits as well as 26.3 jobs in a local community. Additionally, SIH provides high level care that enables residents to stay close to home to seek care. This is not only in the patient's best interest from an access and affordability perspective, but also ensures that tax dollars and insurance premiums stay in our region. For example, it is estimated that rural hospitals generate an average of \$1.8 million in taxable retail sales in a community.

However, SIH is not only relying on the indirect benefit it brings to the Southern Illinois region to ensure long term sustainability of this project. The SIH Board and its Executive Leadership have pledged to focus efforts on addressing the behavioral and mental health needs of the residents of Southern Illinois, and this project is an extension of that pledge. As one of the three areas of focus to come from the results of the CHNA, the entire organization is fully committed to investing its resources to provide top-tier care in the area of behavioral and mental health now and into the future.

Provide a timeline of the project that includes major milestones such as: Design Completion, Anticipated Bid Dates, Start of Construction, Substantial Completion, etc.

Planning and Programming: January 2024 - March 2024
Schematic Design and Design Development: April 2024 - July 2024
Construction Documentation: August 2024 - November 2024
Bidding: February 2025 - March 2025
Construction Begins: April 2025
Substantial Completion: August 2026
Project Close Out: December 2026

Financial Readiness

Please list and describe other funding you will bring to the project. Other funding is not required but other funding will be used to make choices between equally qualified projects if necessary.

This project was awarded a USDA Rural Emergency Healthcare Grant in the amount of \$8,709,909 in 2023. While these federal funds make a significant contribution to the project, it still leaves a large gap from the total project cost. The SIH Board and Executive Leadership have pledged to ensure this project will not suffer from a lack of funding.

The SIH Foundation, Southern Illinois Healthcare's philanthropic arm, has also invested in a comprehensive feasibility study conducted by Catapult Fundraising, Inc. to assess regional giving capacity. This study included interviews with possible donors, community leaders, and other interested stakeholders. 89% of those interviewed agreed that the timing was right to pursue this project showing the overwhelming support of the community. It is anticipated that there will be a positive response to an opportunity to raise funds in support of this project to meet the needs of the region's behavioral health patients. This underscores the commitment and high priority placed on this project and the impact it will make on the lives of those in Southern Illinois. As an anchor of the community, SIH is fully committed to long term support of this vital work and believes this project will be driver in the sustainability and success of behavioral and mental health care for the region's patients.

Scope of Work

The scope of work should include a detailed description of the proposed project for which grant funds are sought.

Please include the following, as it pertains to your specific project:

- **For renovation projects:** please outline the total square footage of the facility and the amount of space (sq ft) to be renovated. Please include how the utilization of the space will change as a result of the renovation. If new offices, rooms etc will be created, please detail the number and their new usage. Please also outline changes in use for, or new construction of ancillary spaces.
- **For additions to existing buildings:** please outline the total square footage of the additional space as well of the square footage of the current space you have. Please explain how the new space will be used and how it will benefit the existing facility. Please detail the number of new offices, rooms etc that will be created, and briefly explain their planned usage. Please also outline any new ancillary spaces being built such as bathrooms, storage closets or mechanical areas.
- **For wholly new construction:** please provide details related to the size and usage of the new facility, including number of offices, classrooms/exam rooms/spaces specific to your project, bathrooms, ancillary spaces and the potential number of people who will benefit from the project. Please also provide information on site selection and whether your new site is already chosen and/or purchased.
- **For building/land purchases:** please provide details on the property, including square footage, to be acquired using grant and/or matching funds. Please include information on site selection and its appropriateness for your project. Please also include a description of any renovation that will be needed for the facility as outlined above.
- **For equipment purchases:** please outline all equipment to be purchased and the reason it is needed. Additionally, please ensure that planned equipment is bondable, as outlined in the Notice of Funding Opportunity.

Your scope should also include information on any due diligence performed, such as:

- site appropriateness for the project;
- zoning issues or requirements;
- any building code compliance concerns; and
- any environmental studies performed, as applicable, for the project.

If you choose, you may upload a single file that further shows or explains the proposed scope of work. This file does not replace the need for a written scope as outlined above.

Please limit the scope of work to only those items that are eligible under the grant program. Information unrelated to the construction project, or not allowed under the grant program, should not be included in the scope of work.

Project Title

Expanding Equitable Access to Mental Health Services

Please enter Scope of Work:

Existing Facility:

Harrisburg Medical Center, a licensed hospital in the state of Illinois, is a two-story Hospital with 77 licensed beds; 46 beds licensed as Medical -Surgical Beds and 31 Acute Mental Illness beds. The current staffed beds total 71; 40 Medical-Surgical beds and 30 Behavioral Health Beds. The Medical – Surgical beds are located on the Ground Floor of the Hospital and Behavioral Health beds are located on the Lower level of the hospital.

The original Hospital was constructed in 1963, currently houses the Business Occupancy portion of the Hospital with an approximate area of 16,000 square feet. Additions to the Hospital have occurred since 1963, specifically in 1969, 1973,

1985, 2005, 2017 and 2020 resulting in replacement of the 1963 original hospital space with Hospital Occupancy space with an approximate area of 79,200 square feet. Inpatient units are in the 1973 and 2005 additions.

Hospital departments at Harrisburg Medical Center include Emergency, Surgery, Endoscopy, Radiology, MRI, Laboratory, Respiratory Services, Dialysis, Cardiac Rehabilitation, Pharmacy, Food and Nutrition with support services required to support a hospital. Inpatient units include a Special Care Unit, a Progressive Care Unit, Medical-Surgical Unit, and two Behavioral Health Units – an Adult Psychiatry Unit, and a Geropsychiatry Unit. Harrisburg Medical Center does not have an Intensive Care Unit or an Obstetrics Unit.

Proposed Facility:

The construction of a 12-patient room addition, approximately 9,930 square foot addition to the Hospital for a Medical Psychiatry Inpatient Unit on the Lower Level of the Hospital with a new hospital sized elevator between the Ground Floor and Lower-Level floors of the hospital. The proposed parking lot will be sized to accommodate the lost parking and parking need with the bed increase of this project scope.

The proposed Medical Psychiatry unit will be a closed, self-contained inpatient unit and can be accessed without having to pass through the existing Psychiatry units on the Lower Level, connecting to the Ground Floor of the existing hospital with a new hospital sized elevator. The 12-room unit will provide private patient rooms with bathrooms, patient care / support spaces including a multi-purpose activity / dining room, counseling areas, nurse station with supporting spaces of a medications room, nourishment room, clean supply / equipment room, and soiled utility room, unit management offices, all as required by the hospital licensure requirement of the State of Illinois. Considerations to make this unit ligature safe for patients will be included in the detailed design.

A new electrical feed will be established in the new addition and back feed to the renovated area. Normal power and all three branches of emergency power- Life Safety, Critical, and Equipment will be established. The three new emergency branches will distribute panels throughout the new areas to provide infrastructure on this end of the hospital to properly separate emergency power branches for the addition. Patient care areas will be served by new LED lighting, technology and communications infrastructure, fire alarm and security. User end devices will be ligature free in all behavioral health areas.

Building Sites:

The expansion requires .228 acre of land. Harrisburg Medical Center is located on a hill. Several locations were reviewed to the south and to the east. The location to the east was chosen. The location to the south limited the size of the expansion. The east location was selected due to its ability to tie into the hospital infrastructure and corridor system. The parking lot will be replaced on other property the hospital owns.

Construction Problems:

Labor and Material cost are a concern for this project. The typical labor and material increases we have experienced before COVID-19 were around 3% per year. During Covid prices have substantially risen. We are planning on material prices coming down before this project begins and for labor prices to level off. Unforeseen soil excavation. While soil samples are planned on being taken this is a small sample of a large area. We have allowed an allowance for unforeseen soils.

Summary:

SIH's Harrisburg Medical Center is well-positioned to pursue an expansion of Acute Mental Illness in-patient beds via a 12-bed addition to the hospital on the lower level. With a robust health care industry cluster and strong leadership, the feasibility of moving this project forward with a pre-existing commitment of federal grant funds is very positive, and the project is crucial to meet the mental and behavioral health care needs of residents of these rural counties.

OPTIONAL: upload Scope of Work document here;

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete.

Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

Construction Budget

This budget is not a scored element of your application. However, as a capital project, the Capital Development Board needs to understand the costs associated with the project prior to considering making a grant award. Questions following the budget may be scored however.

Construction Budget

	Total Costs
Architectural & Engineering Fees	1,003,883.20
Project Inspection Fees	275,122.00
Site Work	890,626.00
Demolition & Removal	\$0.00
Building/Land Purchase	\$0.00
Construction	7,749,069.00
Equipment	\$0.00
Misc Expenses	8,607.80
Total Project Cost	\$9,927,308

THE TOTAL PROJECT COST IS THE SUM TOTAL OF THE PREVIOUS BOXES.

The costs provided on this page MUST match the Uniform Budget Template amounts later in the application and that must be confirmed on the Construction Budget form by clicking the appropriate box.

Definitions

Architectural and Engineering Fees: These are the fees related to the design work and construction supervision by a licensed architect or engineer. This may include, for example, creating the design, issuing bidding documents, overseeing the bidding, providing on-site representation during construction, responding to questions during construction, assisting with the completion of grant related reports as may be necessary, and issuing final as build drawings.

Project Inspection Fees: This may include, for example, appraisals from licensed appraisers, boundary surveys, and building inspection fees.

Site Work: This includes all costs associated with work outside of the 5-foot building line, including grading, excavation, filtration systems, parking lots, sidewalks, utilities, etc.

Demolition and Removal: This includes all costs associated with the removal of any structures required to accommodate new construction and approved as part of the grant.

Building/Land Purchase: This will include any amounts needed to purchase land or a building that will be used for the grant project.

Construction: This includes all costs associated with physical construction and construction related services provided by the contractor(s) for the facility. This includes construction work bid for the project, including general conditions such as moveable site trailers, port-a johns, hard hats, temporary or limited duration signage, and security costs during construction; bid bonds and performance and payment bonds; and a construction contingency amount.

Equipment: This may include, for example, large general equipment or smaller specialty items that may be purchased with bond funds as outlined in the Notice of Funding Opportunity.

Misc. Expenses: This may include, for example, legal fees related to obtaining a legal opinion regarding title to a site and filing fees for recording liens which may be required by CDB. Given the nature of the grant program, this category could be a very minimal part of the overall budget.

Completing the Uniform Budget Template - Information Only

Applicants are encouraged to download and/or print this page prior to completing the full budget template for easy reference.

CDB understands the volatility in construction material prices but asks that you make every effort to be realistic and estimate costs accurately.

Grant awards will not be increased if actual costs exceed the amount requested in the application.

When you are ready to enter your budget items, under Budget Viewing Settings, make sure that both *Line Items* and *Non-Grant Funded* are checked.

- Line Items will be paid for with grant funds.
- Non-Grant Funded amounts are paid for using either a required match amount, or self funded amounts in excess of the grant request.

Due to the funding source for the program, CDB can only accept amounts entered into three expense categories, *Construction*, *Equipment* and *Miscellaneous*. Entries in other categories may result in your application being removed from consideration.

Each entry must include a written narrative. This narrative should explain how costs were estimated and justify the need for the cost item. While there is the option to upload supporting documents, this DOES NOT replace a written narrative. Failure to include a written narrative may result in your application being removed from consideration.

- If the written narrative does not support the cost and necessity of the item, the line item may be excluded from any awarded amount.

To make an entry to the Budget, click on the green plus sign next to the category for which you would like to make the entry. You can and should make multiple entries under certain categories.

To edit a line item previously entered, click the green pencil icon to the right of the line item's name.

To remove a line item previously entered, click the green garbage can icon.

Construction Costs.

From your Construction Budget, the costs listed for 1. Architectural and Engineering Fees, 2. Project Inspection Fees, 3. Site Work, 4. Demolition and Removal, and 5. Construction are all considered Construction costs on the Uniform Budget. Each of the numbered items should be entered on separate lines under the category. If you know you will have multiple construction contractors, eg. Electrical, Carpentry, Plumbing etc, please list each type of work and its anticipated budget as a separate line item.

- While the uniform template text related to construction says that costs must be supported by bids, *that is not the case for this opportunity*. Because this is a construction program, Construction Costs do not require pre-approval at the time of application.
- While estimates for Construction Costs should be as accurate as possible, bids are not required at this stage.

Completing the Budget

Name: This should correspond to an element of the Construction Budget, or a construction category such as "Electrical".

Description: A brief description of the cost. Further, more detailed information should be written in the Narrative.

Direct Cost: The estimated total cost to you for the line item.

- For items paid entirely with grant funds, select No for "Non-Grant Funded".
- If you as the recipient will be paying some or all of the cost, whether through required matching funds, or to meet a budget over the total grant amount available or requested, select Yes for "Non-Grant Funded". Enter the amount you will be contributing as Cash Match. The Grant Funded amount automatically adjusts to equal the full cost of the item.
- If you intend to use In-Kind contributions, they **MUST** be added as a separate line item and cannot be combined with another entry. Please provide details in the narrative including what is being provided, by whom and how the value of the item was calculated.

Narrative: Each entry must include a written narrative explaining the cost and necessity for the item. If funds were already expended, please include that including the reason why. Please review the NOFO for allowable pre-award costs.

Adding a File: You can add documents that support the written information for the line item, but it does not replace the required written details.

Click Create to add the item to the Budget. Repeat for as many line items as needed.

Equipment Costs.

While the uniform template text mentions a minimum useful life of one year for equipment purchases, additional requirements apply to this opportunity. Please review the NOFO for information on allowable equipment purchases.

All Equipment costs on the Construction Budget (Form X) must be included on the Budget template in this category. The Construction Budget total for Equipment **MUST** match the category total on this budget template.

Completing the Budget

Name: Identify the type of equipment by name. Large purchases with multiple price rates should be broken down into separate line items.

Cost Rate: Enter the cost per item unit.

Quantity: Enter the number of units being purchased

Direct Cost: This will self populate based on the unit cost and quantity entered..

- For items paid entirely with grant funds, select No for "Non-Grant Funded".
- If you as the recipient will be paying some or all of the cost, whether through required matching funds,

or to meet a budget over the total grant amount available or requested, select Yes for "Non-Grant Funded". Enter the amount you will be contributing as Cash Match. The Grant Funded amount automatically adjusts to equal the full cost of the item.

- If you intend to use In-Kind contributions, they MUST be added as a separate line item and cannot be combined with another entry. Please provide details in the narrative including what is being provided, by whom and how the value of the item was calculated.

Narrative: Each entry must include a written narrative explaining the cost and necessity for the item.

Adding a File: You can add documents that support the written information for the line item, but it does not replace the required written details.

Click Create to add the item to the Budget. Repeat for as many line items as needed.

Other or Miscellaneous Costs.

All Miscellaneous Expenses on the Construction Budget (Form X) must be included on the Budget template in this category. The items in this category should be an extremely small portion of the overall budget as almost all allowable costs will be part of a better defined category.

- Land and Property Purchase costs from the Construction Budget should be included here. If you are purchasing land or property, your Misc Costs total will be higher than otherwise expected.
- Each item making up your Misc Costs total should be a separate line item with full narrative.

Completing the Budget

Name: Add the line item name.

Cost Rate: Enter the cost of the item.

Basis: This is not a required field.

Quantity: Please enter "1". There should be no need for a higher number.

Length of Time: Please enter "1" unless the item is billed at an hourly rate and more than one hour is expected to be necessary.

Direct Cost: This will self populate based on the unit cost and quantity entered..

- For items paid entirely with grant funds, select No for "Non-Grant Funded".
- If you as the recipient will be paying some or all of the cost, whether through required matching funds, or to meet a budget over the total grant amount available or requested, select Yes for "Non-Grant Funded". Enter the amount you will be contributing as Cash Match. The Grant Funded amount automatically adjusts to equal the full cost of the item.
- If you intend to use In-Kind contributions, they MUST be added as a separate line item and cannot be combined with another entry. Please provide details in the narrative including what is being provided, by whom and how the value of the item was calculated.

Narrative: Each entry must include a written narrative explaining the cost and necessity for the item.

Adding a File: You can add documents that support the written information for the line item, but it does not replace the required written details.

Click Create to add the item to the Budget. Repeat for as many line items as needed.

Once completed, the Budget should include an itemized list of all costs related to the project and will clearly identify which items will be purchased with Grant Funds, Matching Funds or from In-Kind contributions. It will give you totals for Grant Funded costs, Non-Grant Funded costs and a combined total for the whole project as your Expense Budget Cost.

The Revenue Budget shows where your funding is coming from and pulls those totals from the Project Information page you filled out at the start. If your Expense budget and your Revenue budget do not match, you will not be able to continue your application or submission. Your Overall Budget Cost must be \$0.00 in order to hit Save and Continue.

If your line item totals are accurate, you may need to adjust your requested amounts on the project Information page. *Totals must match to the penny.*

Once all entries are accurate, you will be able to select "Save & Continue".

The total budget entered here **MUST MATCH** the Construction budget in the previous application form. It must also match the amounts entered in the Project Information section of the application, **TO THE PENNY**. If these amounts do not match, you will not be able to save and submit your application. You may need to go back to the Project Information section and correct the amounts entered once you finalize your budget.

Budget

Proposed Budget Summary

Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
4. Equipment (2 CFR 200.439)			
Equipment	\$0.00	\$1,553,706.00	\$1,553,706.00
Subtotal	\$0.00	\$1,553,706.00	\$1,553,706.00
8. Construction			
Architectural & Engineering Fees	\$1,003,883.20	\$250,970.80	\$1,254,854.00
Construction Management	\$0.00	\$139,428.00	\$139,428.00
Contingency	\$0.00	\$1,394,282.00	\$1,394,282.00
Fees, Taxes, & Permits	\$132,722.00	\$0.00	\$132,722.00
Landscaping & Misc. Construction	\$8,607.80	\$21,392.20	\$30,000.00
New Construction	\$7,749,069.00	\$0.00	\$7,749,069.00
Pre-Planning	\$65,000.00	\$0.00	\$65,000.00
Project Inspection Fees	\$142,400.00	\$0.00	\$142,400.00
Renovation Construction	\$0.00	\$5,350,130.00	\$5,350,130.00
Site Surveys	\$12,000.00	\$0.00	\$12,000.00
Site Work	\$813,626.00	\$0.00	\$813,626.00
Subtotal	\$9,927,308.00	\$7,156,203.00	\$17,083,511.00
Total Proposed Cost	\$9,927,308.00	\$8,709,909.00	\$18,637,217.00

Revenue Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Grant Funding			
Award Requested	\$9,927,308.00		\$9,927,308.00
Subtotal	\$9,927,308.00		\$9,927,308.00
Non-Grant Funding			
Cash Match		\$0.00	\$0.00
In-Kind Match		\$0.00	\$0.00
Other Funding and Contributions		\$8,709,909.00	\$8,709,909.00
Subtotal		\$8,709,909.00	\$8,709,909.00

	Grant Funded	Non-Grant Funded	Total Budgeted
Total Proposed Revenue	\$9,927,308.00	\$8,709,909.00	\$18,637,217.00

Proposed Budget Detail

See attached spreadsheet.

Proposed Budget Narrative

4. Equipment (2 CFR 200.439)

Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the Contractual Services category.

Equipment

Various medical equipment and specialized furnishings to finish & furnish the newly constructed 12-bed med-psych units.

8. Construction

Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless with prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

Architectual & Engineering Fees

Professional fees for producing construction documents.

Project Inspection Fees

Project Inspections to ensure construction and renovations are all up to current code.

Site Work

Expenses incurred to prepare building site for construction.

New Construction

Construction of a new 12-bed med-psych unit.

Fees, Taxes, & Permits

Funds to cover construction and renovation related fees and permits.

Renovation Construction



Expanding Equitable Access to Mental Health Services
Southern Illinois Hospital Services

Renovation of existing behavioral health unit.

Landscaping & Misc. Construction

Funding for outdoor landscaping/finishing.

Construction Management

Anticipated construction management costs.

Pre-Planning

Fees incurred for the planning of project.

Site Surveys

Costs associated with building site surveys.

Contingency

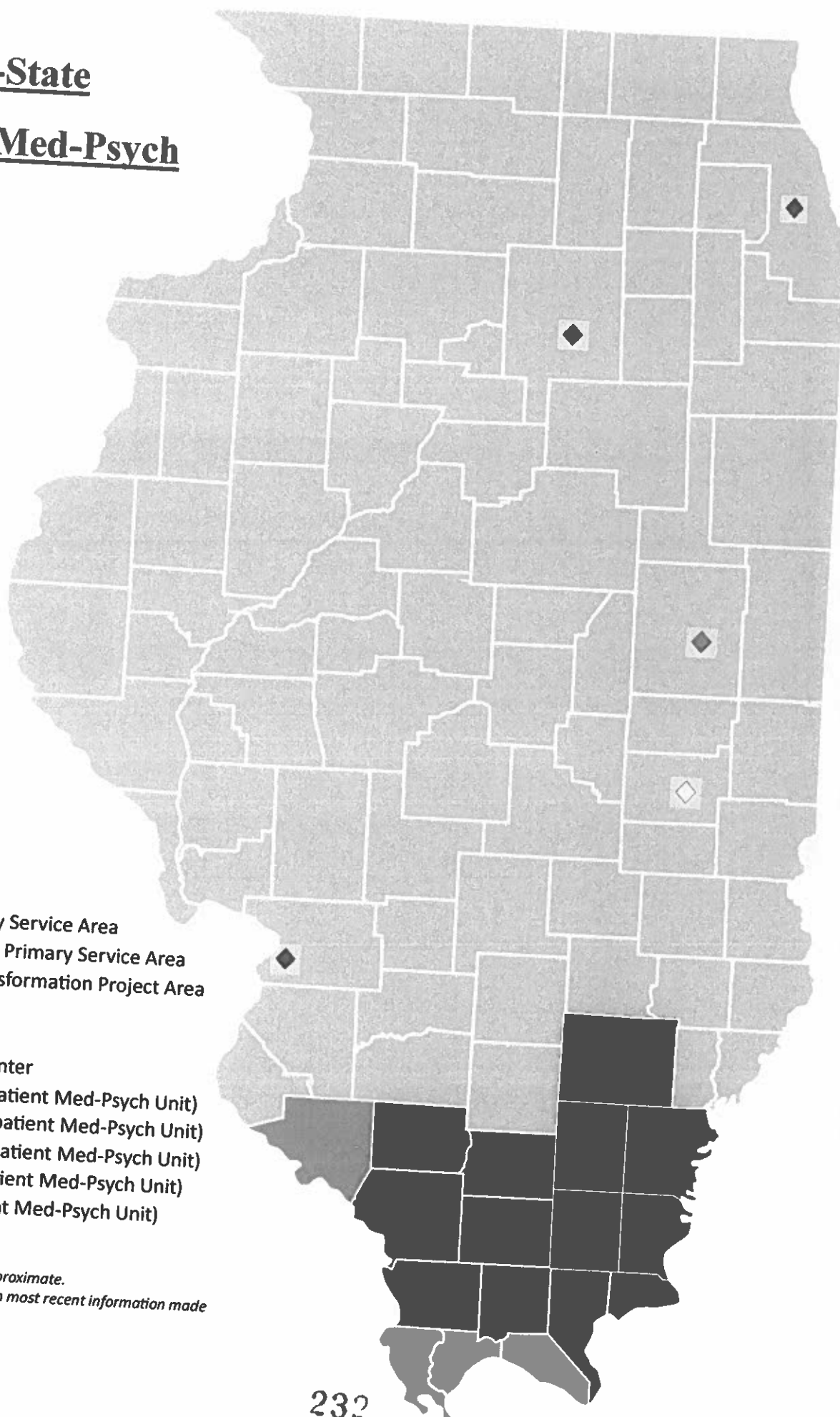
Contingency for unanticipated construction costs.

Illinois In-State Hospital Med-Psych Locations

 SIH 16 County Tertiary Service Area
 SIH 11 County System Primary Service Area
 Egyptian HD HTC Transformation Project Area

-  Harrisburg Medical Center
-  Gateway Regional (Inpatient Med-Psych Unit)
-  Sarah Bush Lincoln (Inpatient Med-Psych Unit)
-  OSF Heart of Mary (Inpatient Med-Psych Unit)
-  OSF St. Elizabeth (Inpatient Med-Psych Unit)
-  Northwest BH (Inpatient Med-Psych Unit)

Please note that locations are approximate.
 Facility information obtained from most recent information made
 available to SIH Crisis Workers



Site Analysis Harrisburg Medical Center

Harrisburg Medical Center (HMC) is an acute care hospital located in Saline County. HMC's licensed bed complement consists of 46 Medical/Surgical beds and 31 Acute Mental Illness (AMI) beds, for a total of 77 licensed beds. In 2019 HMC had 2,547 admissions, of which 45.2% were AMI patients. HMC is one of only two facilities in the entire lower third of the state that provide Acute Mental Illness services.

In order to accommodate existing capacity issues as well as to prepare for future growth, HMC is proposing a facility plan to construct a twelve-room addition to expand inpatient behavioral health services. The proposed project will add eleven AMI beds to the inventory. Total licensed and operating AMI beds will be 42, consisting of 12 beds in private rooms and 30 beds in semi-private rooms. The proposed unit will operate as a Medical-Psychiatric unit, treating patients in need of both physical and mental health care. Med-Psych units are appropriate for patients who are admitted with a primary medical diagnosis, but in a regular Medical unit would be considered at-risk and require a sitter or one-on-one care. Staff are trained to care for patients with both medical and psychiatric care needs and the units are designed with enhanced safety detail to minimize the need for sitters or physical restraints.

In selecting HMC as the site for this project, a significant site analysis was done of the current facility, the proposed expansion, as well as the surrounding area. The physical expansion requires .228 acres of land. Several locations were reviewed to the south and the east of the current HMC facility. The location to the south limited the available size of the expansion. The east location was ultimately selected due to its ability to tie into the current hospital infrastructure and corridor system.

An environmental report was completed in consultation with the US Department of Agriculture to ensure there were no climate, historical preservation, or endangered animal concerns with the construction. The environmental report shows that there are no concerns for disturbing any wildlife, wetlands, or historically significant grounds.

Boring samples were taken from the proposed building site. The results of the subsurface exploration provide the design and construction team with laboratory results quantifying:

- natural moisture content
- anticipated compressive strength
- subsurface conditions
- engineering recommendations

Professional Land Survey was completed to capture:

- Boundary Survey – Includes existing property lines, easements, setbacks, and located infrastructure.

- Topographic Survey – Includes elevation of existing building, site, and infrastructure.

After a through analysis of the proposed site, it was determined that this location was the best available for the expansion and construction of this facility.