

26-012

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVED

MAR 9 2026

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATIONHEALTH FACILITIES A
RECEIVED 26 MAR 2026**This Section must be completed for all projects.****Facility/Project Identification**

Facility Name:	Touchette Regional Hospital		
Street Address:	1928 Sandy Ridge Road		
City and Zip Code:	Cahokia Heights, IL 62206		
County:	St. Clair	Health Service Area:	XI Health Planning Area: F-01

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

Exact Legal Name:	Southern Illinois Health Care Foundation, Inc. (dba SIHF Healthcare)*		
Street Address:	2041 Goose Lake Road		
City and Zip Code:	Sauget, IL 62206		
Name of Registered Agent:	Illinois Corporation Service C		
Registered Agent Street Address:	801 Adlai Stevenson Drive		
Registered Agent City and Zip Code:	Springfield, IL 62703		
Name of Chief Executive Officer:	Larry McCulley		
CEO Street Address:	2041 Goose Lake Road		
CEO City and Zip Code:	Sauget, IL 62206		
CEO Telephone Number:	618/332-0694		

*hereafter also referred to as SIHF

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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	312/969-4759
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Touchette Regional Hospital		
Street Address:	1928 Sandy Ridge Road		
City and Zip Code:	Cahokia Heights, IL 62206		
County:	St. Clair	Health Service Area:	XI Health Planning Area: F-01

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

Exact Legal Name:	Touchette Regional Hospital, Inc. dba Touchette Regional Hospital		
Street Address:	5900 Bond Avenue		
City and Zip Code:	Cahokia Heights, IL 62207		
Name of Registered Agent:	Illinois Corporation Service C		
Registered Agent Street Address:	801 Adlai Stevenson Drive		
Registered Agent City and Zip Code:	Springfield, IL 62703		
Name of Chief Executive Officer:	Brad Goacher, President		
CEO Street Address:	5900 Bond Avenue		
CEO City and Zip Code:	Cahokia Heights, IL 62207		
CEO Telephone Number:	618/332-3060		

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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	312/969-4759
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
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:	Brad Coacher
Title:	President
Company Name:	Touchette Regional Hospital
Address:	5900 Bond Avenue Cahokia Heights, IL 62207
Telephone Number:	618/332-3060
E-mail Address:	bgoacher@touchette.org
Fax Number:	

Site Ownership **please see note at bottom of page**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Southern Illinois Healthcare Foundation, Inc.
Address of Site Owner:	2401 Goose Lake Road Sauget, IL 62206
Street Address or Legal Description of the Site:	1928 Sandy Ridge Road Cahokia Heights, IL 62206
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:	Touchette Regional Hospital Inc.		
Address:	5900 Bond Avenue Cahokia Heights, IL 62207		
☒ 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.

Note:

Applicant Southern Illinois Health Care Foundation, Inc. (SIHF) currently owns the Sandy Ridge Road site. It is intended that the ownership of the site be transferred to applicant Touchette Regional Hospital (TRH) at some point in the future, and to notify HFSRB of that transaction, once it occurs. Because both SIHF and TRH are applicants (and will be the Permit holders), it is believed by the applicants that a second CON/COE addressing a change of ownership will not be required. If this understanding is incorrect, please notify the President of TRH.

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 Certificate of Need ("CON") application addresses the establishment of a replacement hospital for Touchette Regional Hospital ("TRH"). The current TRH site is approximately a nine-minute drive from the proposed site. Concurrent to the filing of this CON application, the applicants are filing a second CON application for the discontinuation of the existing hospital, following the licensure of the existing hospital, which will be approximately sixty years old upon project completion. The discontinuation application will be contingent upon the approval of this CON application.

The applicants are Southern Illinois Health Care Foundation, Inc. (d/b/a SIHF Healthcare) and Touchette Regional Hospital, Inc. (d/b/a Touchette Regional Hospital). SIHF Healthcare is one of the largest Federally Qualified Healthcare Centers (FQHCs) in Illinois, significantly impacting the Metro East Region and Southern Illinois through the provision of essential healthcare and housing services, job creation, and large-scale capital investments, focusing on the region's disadvantaged and lower income populations. During 2024, SIHF provided 322,731 patient encounters in 32 locations in thirteen southern Illinois Counties. Touchette Regional Hospital (TRH) is owned and "controlled" by SIHF, and is the only hospital owned and controlled by the FQHC. The hospital operates a "basic" Emergency Department and provides Medical/Surgical and Acute Mental Illness inpatient categories of service.

The replacement of TRH is one of a number of major healthcare initiatives recently addressed or currently being addressed by SIHF addressing the goal of improving accessibility to health care services for a service population in need. Selected accomplishments of SIHF Healthcare are identified at the end of this application.

SIHF operates outpatient programs and facilities (in addition to TRH) in eleven communities throughout Central and Southern Illinois, and has secured grants in the amount of \$207,750,450 issued by the Illinois Department of Healthcare and Family Services and the State of Illinois Capital Development Board to serve as the primary funding source for the proposed replacement of TRH.

TRH has historically served disproportionately high non-white and financially disadvantaged populations, as displayed in the 2024 payor mix table below.

	Inpatient Admissions	Outpatient Interactions
Medicare	23%	23%
Medicaid	53%	53%
Private Insurance	14%	15%
Self-Pay	7%	5%
Charity Care (100%)	3%	4%

The hospital's 2025 *Community Health Needs Assessment* (attached at end of application) identifies many of the health care-related characteristics of the hospital's primary service area's population, which accounts for 92% of the hospital's patients, and includes Cahokia Heights, East Saint Louis, and the surrounding communities. Using St. Clair County as its study population, and identifying poverty and associated social issues as contributors to low health care status, the *Assessment*, among other things identifies St. Clair County as ranking 93rd among Illinois' 102 counties in terms of length of life. Included in the findings of the *Assessment* are:

- 60% of Greater Saint Louis' population lives below the Federal Poverty Level

- St. Clair County's ratio of primary care providers per 1,000 is 26% below that of the State, and the ratio of mental health providers is 43% below that of the State
- premature death is 47% higher in St. Clair County than that of the State
- cardiovascular disease is 18% higher in St. Claire County than that of the State
- the low birth rate in St. Clair County is 38% higher than that of the State

Critical to meeting the goal of SIHF and TRH of improving the health care of the area are provision of a contemporary hospital and the recruitment of additional physicians to increase accessibility to care. A formal provider recruitment process was initiated in 2024, with six professionals (physicians and advanced practice nurses) being added to the TRH medical staff in a variety of specialties; and with the reality of a new hospital on the horizon, recruitment is anticipated to increase.

The proposed hospital will provide two HFSRB-designated categories of service: Medical/Surgical beds and Acute Mental Illness ("AMI") beds, a total of 108 beds. The AMI beds will be located in four "pods", each having 24 beds, and allowing for the separation of geriatric, adult, and adolescent patients as well as providing age group-specific programming.

In addition, the proposed hospital will operate an Emergency Department, classified as "basic".

The primary inpatient focus of the proposed hospital will be on AMI care, and particularly the care of adolescent patients. **There are no providers of inpatient AMI care for adolescents located in the site's HFSRB-designated geographic service area, nor are there any hospitals providing the service in Health Planning Area F-01, which consist of 33 counties in southern Illinois.**

Applicant Southern Illinois Health Care Foundation, Inc. ("SIHF") is the parent and controlling entity of TRH per the definition provided in Illinois Administrative Code Title 77 Section 1130.140; and applicant Touchette Regional Hospital, Inc., dba Touchette Regional Hospital is the licensee of the existing hospital and of the proposed replacement hospital. The organizational structure between SIHF and TRH will not change.

The project is classified as "substantive" because it proposes the establishment of a new licensed health care facility.

PROJECT COST AND SOURCES OF FUNDS

	Reviewable	Non-Reviewable	Total
Project Cost:			
Preplanning Costs	\$ 270,000	\$ 1,080,000	\$ 1,350,000
Site Survey and Soil Investigation	\$ 28,000	\$ 7,000	\$ 35,000
Site Preparation	\$ 2,972,000	\$ 1,628,000	\$ 4,600,000
Off Site Work	\$ 1,443,410	\$ 360,852	\$ 1,804,262
New Construction Contracts	\$ 57,620,170	\$ 30,593,300	\$ 88,213,470
Modernization Contracts			
Contingencies	\$ 3,809,400	\$ 1,318,555	\$ 5,127,955
Architectural/Engineering Fees	\$ 4,360,000	\$ 2,170,000	\$ 6,530,000
Consulting and Other Fees	\$ 7,569,706	\$ 1,892,426	\$ 9,462,132
Movable and Other Equipment (not in construction contracts)	\$ 21,969,246	\$ 90,846,064	\$ 112,815,310
Net Interest Expense During Construction Period	\$ 162,374	\$ 649,497	\$ 811,871
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized	\$ 200,000	\$ 50,000	\$ 250,000
Acquisition of Building or Other Property			
TOTAL USES OF FUNDS	\$ 100,404,305	\$ 130,595,695	\$ 231,000,000
Sources of Funds:			
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	\$ 1,649,910	\$ 6,599,640	\$ 8,249,550
Leases (fair market value)			
Fair Mkt Value of Relocated Equipment			
Grants	\$ 41,550,090	\$ 166,200,360	\$ 207,750,450
Other Funds and Sources--expected tax credits	\$ 3,000,000	\$ 12,000,000	\$ 15,000,000
TOTAL SOURCES OF FUNDS	\$ 46,200,000	\$ 184,800,000	\$ 231,000,000

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 \$ approximately \$1,000,000

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): June 30, 2030

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: Touchette Regional Hospital			CITY: Cahokia Heights		
REPORTING PERIOD DATES: From: January 1, 2024 to: December 31, 2024					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	82	120	424	-70	12
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	50	1547	7625	+46	96
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	132	1667	8049	-24	108

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o 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).
- o 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).
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Southern Illinois Health Care Foundation, Inc. (d/b/a SIHF Healthcare) 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.

Ethel Manager
SIGNATURE

ETHEL MANAGER
PRINTED NAME

CHAMAN
PRINTED TITLE

Pete Themas
SIGNATURE

Pete Themas
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 5th day of March, 2026

Notarization:

Subscribed and sworn to before me
this 27 day of February, 2026

Michelle L. Brauner
Signature of Notary
MICHELLE L. BRAUNER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
April 20, 2027

Tarina R. Lewis
Signature of Notary
TARINA R. LEWIS
OFFICIAL SEAL
Notary Public, State of Illinois
Commission # 1001915
My Commission Expires 12/31/2028

*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:

- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o 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).
- o 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).
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

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

Richard S. August
SIGNATURE

Richard S. August
PRINTED NAME

Chairman
PRINTED TITLE

Brad Goacher
SIGNATURE

Brad Goacher
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5 day of March 2026

Notarization:
Subscribed and sworn to before me
this 5th day of March 2026

Tarina R. Lewis
Signature of Notary

Seal Notary Public, State of Illinois
Official Seal
Tarina R. Lewis
Commission # 1001915
My Commission Expires 12/31/2028

*Insert the Exact Legal Name of the Applicant

Michelle L. Brauner
Signature of Notary

Seal MICHELLE L. BRAUNER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
April 20, 2027

SECTION II. DISCONTINUATION

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

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

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Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

not applicable, no shell space included in project

Provide the following information:

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

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

ASSURANCES:

not applicable, no shell space included in project

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.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

- Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
- Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ Medical/Surgical	82	12
☐ Obstetric	0	0
☐ Pediatric	0	0
☐ Intensive Care	0	0

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110.200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	
APPEND DOCUMENTATION AS <u>ATTACHMENT 19</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

PLEASE SEE FOLLOWING PAGE

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) - Need Determination - Establishment
Service Modernization	(c)(1) - Deteriorated Facilities
	AND/OR
	(c)(2) - Necessary Expansion
	PLUS
	(c)(3)(A) - Utilization - Major Medical Equipment
	OR
	(c)(3)(B) - Utilization - Service or Facility
1 APPEND DOCUMENTATION AS <u>ATTACHMENT 31</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Service	# Existing Key Rooms	# Proposed Key Rooms
Emergency Department	14	10
Operating Rooms	3	3(1)
Stage 1 Recovery	4	5
Stage 2 Recovery & Prep	12	16
Endoscopy/GI Procedure Room	3	2
Gen'l Radiology/Fluoroscopy	5	2(2)
Ultrasound	3	2
CT	1	1
MRI	1	1
Mammography	1	1
Dexascan	1	1

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

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

	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.
\$8,249,550	
	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.
\$207,750,450	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

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

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

Safety Net Impact Statements shall also include all the following:

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

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2022	2023	2024
Inpatient	30	33	52
Outpatient	1112	714	2219
Total	1142	747	2271
Charity (cost in dollars)			
Inpatient	\$212,166	\$182,665	\$542,858
Outpatient	\$1,252,551	\$1,288,949	\$1,717,266
Total	\$1,464,717	\$1,471,614	\$2,260,124

MEDICAID			
Medicaid (# of patients)	2022	2023	2024
Inpatient	860	799	885
Outpatient	28536	27150	26322
Total	29396	27949	27207
Medicaid (revenue)			
Inpatient	\$6,283,888	\$6,364,021	\$8,110,971
Outpatient	\$24,903,008	24,987,186	\$26,059,355
Total	\$31,186,896	\$49,890,194	\$34,170,326

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

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

CHARITY CARE			
	2022	2023	2024
Net Patient Revenue	\$49,424,858	\$56,025,139	\$62,579,925
Amount of Charity Care (charges)	\$561,724	\$605,642	\$1,084,468
Cost of Charity Care	\$1,464,717	\$1471.614	\$2,260,124

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

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

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

1. Applicant: Touchette Regional Hospital 5900 Bond Ave. Cahokia Heights, IL 62207 618/332-3060

2. Project Location: 1928 Sandy Ridge Road Cahokia Heights, IL 62207
St. Clair

(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: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City)

(State)

(ZIP Code)

(Telephone Number)

Signature: _____ Date: _____

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

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

FEMA Flood Map Service Center: Search By Address

Navigation

Search

MSC Home ([/portal/](#))

MSC Search by Address
([/portal/search](#))

MSC Search All Products
([/portal/advanceSearch](#))

MSC Products and Tools
([/portal/resources/productsandtools](#))

Hazus
([/portal/resources/hazus](#))

LOMC Batch Files
([/portal/resources/lomc](#))

Product Availability
([/portal/productAvailability](#))

MSC Frequently Asked
Questions (FAQs)
([/portal/resources/faq](#))

MSC Email Subscriptions
([/portal/subscriptionHome](#))

Contact MSC Help
([/portal/resources/contact](#))

Enter an address, place, or coordinates: ?

1928 Sandy Ridge Road Cahokia Heights, IL 62207

Search

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

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

Search Results—Products for CAHOKIA, VILLAGE OF

Show ALL Products » (<https://msc.fema.gov/portal/availabilitySearch?addcommunity=170620&communityName=CAHOKIA>)

The flood map for the selected area is number **17163C0170D**, effective on **11/5/2003**

MAP IMAGE



(<https://msc.fema.gov/portal/viewProduct?productID=17163C0170D>)



DOWNLOAD
FIRM PANEL

([https://msc.fema.gov/portal/downloadProduct?](https://msc.fema.gov/portal/downloadProduct?productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=17163C0170D)

[productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=17163C0170D](https://msc.fema.gov/portal/downloadProduct?productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL&productID=17163C0170D))

Changes to this FIRM ?

- Revisions (0)
- Amendments (11)
- Revalidations (0)

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

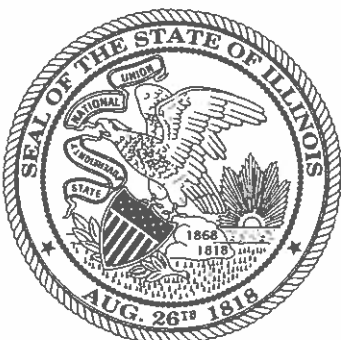




To all to whom these Presents Shall Come, Greeting:

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

SOUTHERN ILLINOIS HEALTH CARE FOUNDATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 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 26TH day of NOVEMBER A.D. 2025 .

Authentication #: 2533002088 verifiable until 11/26/2026

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

Alexi Giannoulas

SECRETARY OF STATE

ATTACHMENT 1



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

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, 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 26TH day of NOVEMBER A.D. 2025 .

Authentication #: 2533001910 verifiable until 11/26/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Need ("CON") application, the applicants attest that the site of the proposed project is owned by Southern Illinois Health Care Foundation, Inc.

ATTACHMENT 2



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

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, 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 26TH day of NOVEMBER A.D. 2025 .

Authentication #: 2533001910 verifiable until 11/26/2026

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

Alexi Giannoulis

SECRETARY OF STATE ATTACHMENT 3

SIHF HEALTHCARE Corporate Board Structure

SOUTHERN ILLINOIS HEALTHCARE FOUNDATION
(SIHF)
BOARD OF DIRECTORS

Controlled Affiliates

TOUCHETTE REGIONAL HOSPITAL

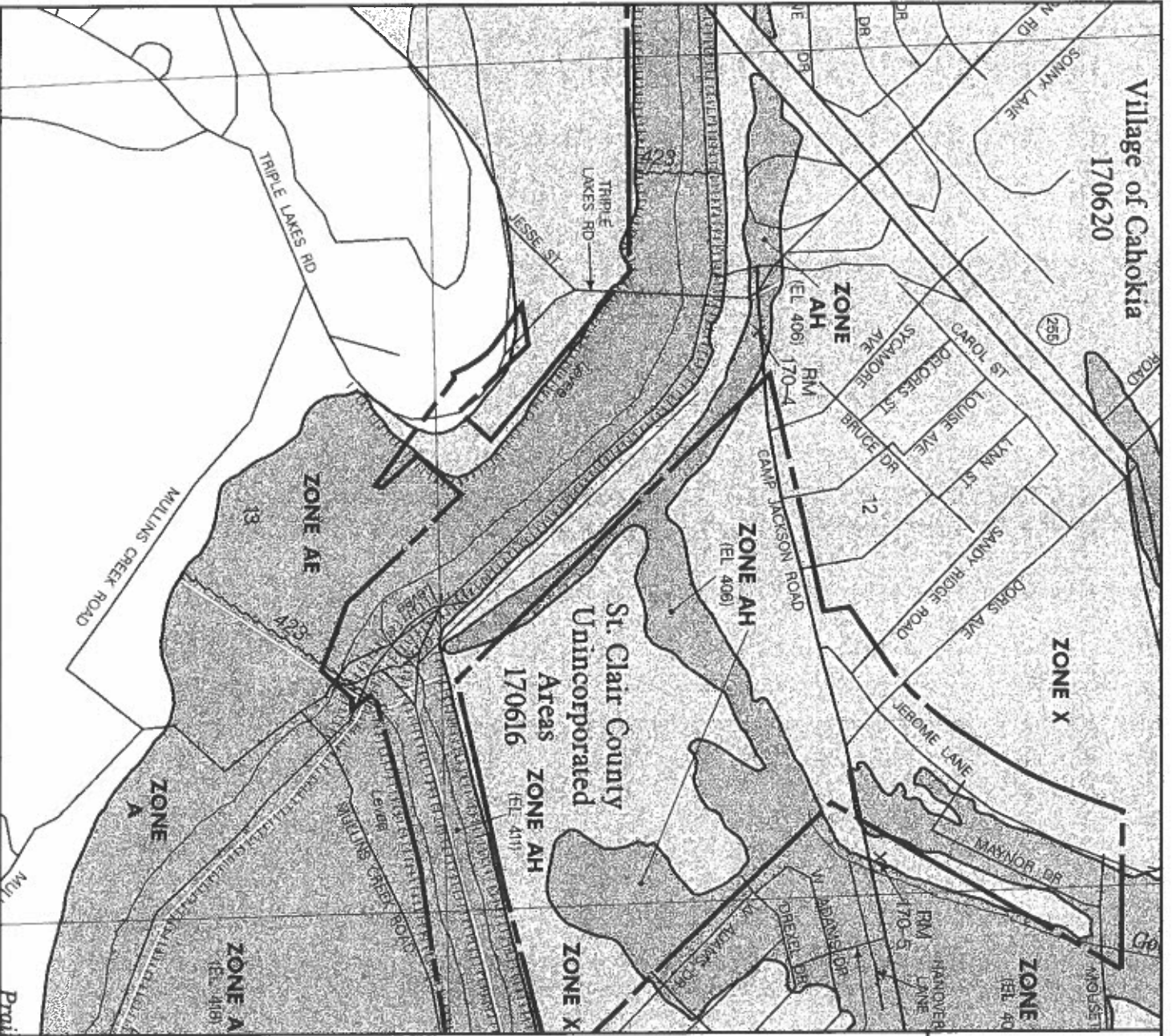
SIHF: Southern Illinois Healthcare Foundation (SIHF Healthcare (DBA)) is a private, not-for-profit, 501(c)(3) corporation.

TRH: Touchette Regional Hospital is a private, not-for-profit, 501(c)(3) corporation, a controlled affiliate of SIHF.

FLOOD PLAIN REQUIREMENTS

With the signatures provided on the Certification pages of this Certificate of Need application, the applicants confirm that the project addressed thorough this Certificate of Need application, that being the establishment of a hospital to be located at 1128 Sandy Ridge Road in Cahokia Heights, Illinois,, complies with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA is attached.

Village of Cahokia 170620



APPROXIMATE SCALE



NATIONAL FLOOD INSURANCE PROGRAM

FIRM FLOOD INSURANCE RATE MAP ST. CLAIR COUNTY, ILLINOIS AND INCORPORATED AREAS

PANEL 170 OF 555

(SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTINGENT
COMMUNITY
COUNCIL
ST. CLAIR COUNTY

MAP NUMBER
170620
EFFECTIVE DATE
NOVEMBER 5, 2003



Federal Emergency Management Agency

This is an official FEMA map showing a portion of the above referenced flood map created from the MFC reference Web tool. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For additional information about how to make sure the map is current, please see the Flood Hazard Mapping Updates Overview Fact Sheet available on the FEMA Flood Map Service Center home page at <https://msc.fema.gov>.

ATTACHMENT 5



Illinois
Department of
**Natural
Resources**

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

St. Clair County
Cahokia Heights
Paris Ave & Doris Ave
Sections: 1, 12-Township: 1N-Range: 10W
CDB, HR-181-0754, IDHFS, PAR
Southern Illinois Healthcare Foundation Hospital and Medical Offices

PLEASE REFER TO:

SHPO LOG #018042224

September 6, 2024

Evan Albers
Hurst-Rosche, Inc.
1400 E. Tremont St.
Hillsboro, IL 62049

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

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

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

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

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

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

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

ATTACHMENT 6

PROJECT COSTS AND SOURCES OF FUNDS

Project Costs			
Preplanning Costs			
	Evaluation of Alternatives	\$	225,000
	Pre-Architectural Functional Planning	\$	475,000
	Financial Ability Analysis	\$	225,000
	Grant-Related	\$	125,000
	Misc./Other	\$	300,000
			\$ 1,350,000
Site Survey & Soil Investigation			
	Survey	\$	15,000
	Soil Investigation	\$	20,000
			\$ 35,000
Site Preparation			
	Landscaping	\$	1,050,000
	Exterior Lightng and Signage	\$	250,000
	Walkways and Driveways	\$	200,000
	Earthwork	\$	1,900,000
	Drainage	\$	800,000
	Misc./Other	\$	400,000
			\$ 4,600,000
Offsite Work			
	Gas Line	\$	150,000
	Electrical	\$	1,504,262
	Misc./Other	\$	150,000
			\$ 1,804,262
New Construction Contracts			
	Please see ATTACHMENT 37		\$ 88,213,470
Contingencies			
	Please see ATTACHMENT 37		\$ 5,127,955
Architectural and Engineering Fees			
	Design	\$	6,230,000
	Document Preparation	\$	100,000
	Interface with Agencies	\$	50,000
	Project Monitoring	\$	150,000
			\$ 6,530,000
Consulting and Other Fees			
	Permitting	\$	350,000
	CON Related	\$	100,000
	Fire Protection System	\$	20,000
	Insurance	\$	4,528,969
	Project Management	\$	1,233,663
	Equipment Planning	\$	125,000

PROJECT COSTS AND SOURCES OF FUNDS

	Interiors Consulting	\$	75,000	
	Environmental Assessment	\$	3,500	
	Legal	\$	100,000	
	Accounting	\$	20,000	
	PR and Marketing	\$	85,000	
	Site Tours	\$	25,000	
	Owners Cleaning	\$	50,000	
	Mock-ups	\$	35,000	
	Artwork Selection	\$	987,000	
	Furniture Selection	\$	25,000	
	IT Consulting	\$	200,000	
	Peer Review	\$	100,000	
	Commissioning	\$	307,000	
	Materials Testing	\$	154,000	
	Site Security	\$	80,000	
	Reimbursables	\$	558,000	
	Misc./Other	\$	300,000	
				\$ 9,462,132
	Equipment			
	Acute Mental Illness	\$	2,190,478	
	Emergency Department	\$	3,345,361	
	Gen'l Radiology	\$	136,017	
	CT	\$	1,503,130	
	MRI	\$	-	
	Fluoroscopy	\$	926,255	
	Mamography	\$	478,486	
	Dexascan	\$	48,000	
	Ultrasound	\$	478,486	
	Respiratory Therapy	\$	2,001,216	
	Med/Surg Unit	\$	2,440,655	
	Surg. Prep and Recovery	\$	1,613,866	
	Surgery	\$	3,332,194	
	IT	\$	10,398,861	
	Administrative Areas	\$	6,556,379	
	Kitchen and Dining	\$	5,670,875	
	Lab	\$	3,475,604	
	Staff Areas	\$	216,000	
	Admitting & Registration	\$	549,600	
	Pharmacy	\$	2,944,832	
	Sterile Processing	\$	4,278,677	
	Lobby and Public Areas	\$	5,623,081	
	Mechanical & Electrical	\$	20,357,269	
	Chapel	\$	542,374	
	Education	\$	1,278,914	
	Low Voltage/IT	\$	12,881,414	
	FFE	\$	12,047,288	

PROJECT COSTS AND SOURCES OF FUNDS

	Misc./Others	\$	7,500,000	
				\$ 112,815,310
	Construction Period Interest			\$ 811,871
	Other Costs to Be Capitalized			
	Relocation-Related	\$	250,000	
				\$ 250,000
	TOTAL PROJECT COST			\$ 231,000,000
Sources of Funds				
	Grants			
	Il. Dept. of Healthcare and Family Serv.	\$	192,750,450	
	IL Capital Development Board	\$	15,000,000	
	Expected Tax Credits	\$	15,000,000	
	Bank Loan/Mortgage	\$	<u>8,249,550</u>	
	TOTAL PROJECT FUNDING			\$ 231,000,000

Cost Space Requirements

	Dept./Area	Amount of Proposed Total Square Feet That is:				
		Gross Square Feet			New Const.	Vacated Space
		Existing	Proposed	Modernized	As Is	
Reviewable		Cost				
Acute Mental Illness		\$ 26,742,007		63,000		63,000
Emergency Department		\$ 3,650,496		8,600		8,600
X-Ray		\$ 551,819		1,300		1,300
CT		\$ 687,652		1,620		1,620
Fluoroscopy		\$ 551,819		1,300		1,300
Mammography		\$ 373,539		880		880
Dexascan		\$ 303,501		715		715
Ultrasound		\$ 719,063		1,694		1,694
Respiratory Therapy		\$ 656,240		1,546		1,546
Lab		\$ 1,139,719		2,685		2,685
Medical/Surgical Unit		\$ 3,353,363		7,900		7,900
Surg. Prep & Recovery		\$ 3,098,677		7,300		7,300
Surgical Suite		\$ 4,372,106		10,300		10,300
		\$ 46,200,000		108,840		108,840
Non-Reviewable						
Chapel		\$ 1,128,652		419		419
Patient Education		\$ 2,661,357		988		988
Environmental Services		\$ 3,975,873		1,476		1,476
Human Resources		\$ 945,482		351		351
Kitchen/Dining		\$ 11,801,017		4,381		4,381
Materials Management		\$ 6,507,934		2,416		2,416
Staff Areas		\$ 4,350,295		1,615		1,615
Administrative Areas		\$ 11,825,261		4,390		4,390
Admitting & Registration		\$ 6,599,519		2,450		2,450
Pharmacy		\$ 6,128,125		2,275		2,275
Plant Operations		\$ 5,939,567		2,205		2,205
Quality Management		\$ 3,108,508		1,154		1,154
Security		\$ 1,214,850		451		451
Maintenance Shed		\$ 910,464		338		338
Sterile Processing		\$ 8,404,285		3,120		3,120
Lobby & Public Areas		\$ 11,701,351		4,344		4,344
Volunteers		\$ 2,782,573		1,033		1,033
Mechanical & Electrical		\$ 11,493,938		4,267		4,267
DGSF>>>BGSF		\$ 83,320,947		30,932		30,932
		\$ 184,800,000		68,605		68,605
PROJECT TOTAL		\$ 231,000,000		177,445		177,445

BACKGROUND OF THE APPLICANT

Neither Southern Illinois Health Care Foundation (SIHF) nor Touchette Regional Hospital (TRH) (the “applicants”) own, control or operate any other licensed healthcare facility in Illinois, with the exception of TRH.

In accordance with Review Criterion 1130.520.b.3, Background of the Applicant, and with the applicants’ signatures placed on the Certification pages of this Certificate of Need application, the applicants assure the Illinois Health Facilities and Services Review Board that:

Neither applicant nor any subsidiary entity has had any adverse actions against it during the three (3) year period prior to the filing of this application.

The applicants authorize the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1130.520.b.3 or to obtain any documentation or information which the State Board or Agency finds pertinent to this Certificate of Need application.



ILLINOIS DEPARTMENT OF
PUBLIC HEALTH

HF133335

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The period, firm or corporation under name appears on this certificate has complied with the provisions of the Illinois statute and/or rules and regulations and is hereby authorized to engage in the activity as designated below.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE

6/30/2026

EXPIRATION

0004523

General Hospital

Effective: 07/01/2025

Touchette Regional Hospital, Inc.
dba Touchette Regional Hospital
5900 Bond Avenue

Cahokia Heights, IL 62207

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #432461 2M 4/24

← DISPLAY THIS FARM IN A
CONSPICUOUS PLACE

Exp. Date 6/30/2026

Lic Number 0004523

Date Printed 3/27/2025

Touchette Regional Hospital, Inc.
dba Touchette Regional Hospital
5900 Bond Avenue
Cahokia Heights, IL 62207

FEE RECEIPT NO

ATTACHMENT 11

45



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Brad Goacher, President
Touchette Regional Hospital, Inc.
5900 Bond Avenue
Cahokia Heights, IL 622072326

License #0004523

To whom it concerns:

Enclosed is the renewal license for the hospital. We are continually updating our records to reflect the current administrative information regarding the hospitals. Please review the information below for accuracy and make the appropriate changes where necessary. If there is a blank, please fill in the appropriate information. When the information is completed and correct, please indicate by signing and return of the information to the address indicated.

General Hospital Phone :	6183323060
Administrator :	Brad Goacher, President
Admin Phone Number :	
Fax Number :	6183325256
E-mail Address :	bgoacher@touchette.org
Accrediting Organization :	
Accreditation Effective Date :	
Accreditation Expiration Date :	

If you have any questions regarding the renewal license, please contact the Illinois Department of Public Health, Division of Health Care Facilities & Programs, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761-0001, or feel free to call us at 217-782-7412. The Department's TTY number, for the hearing impaired only, is 1-800-547-0466.

Sincerely,

Karen Senger, RN
Division Chief
Division of Health Care Facilities and Programs
Illinois Department of Public Health

Enclosure

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

ATTACHMENT 11

46



June 16, 2025

Brad Goacher
President
Touchette Regional Hospital
5900 Bond Avenue
Cahokia Heights, IL 62207

Re: # 7332
CCN: # 140077
Deemed Program: Hospital
Accreditation Expiration Date: April 5, 2028

Dear Mr. Goacher:

This letter confirms that your March 31, 2025 - April 4, 2025 unannounced full resurvey event was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on June 11, 2025, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of April 5, 2025.

The Joint Commission is also recommending your organization for continued Medicare certification effective April 5, 2025. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Touchette Regional Hospital
5900 Bond Avenue, Cahokia Heights, IL, 62207

Archview Medical Center
2071 Goose Lake Road, Sauget, IL, 62206

Touchette Regional Hospital Outpatient Therapy Copper Bend
d/b/a Touchette Regional Hospital Outpatient Therapy Copper Bend
2810 Frank Scott Parkway West, Suite 824,, Belleville, IL, 62223

Touchette Regional Hospital Intensive Outpatient
#2 Memorial Drive Medical Office Building A Suite 120, Alton, IL, 62002

Touchette Regional Hospital Radiology/Laboratory
d/b/a Touchette Regional Hospital

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

ATTACHMENT 11

47



2001 State Street, East Saint Louis, IL, 62202

Touchette Belleville Cardiology, Laboratory, and Nuclear Medicine Department
d/b/a Touchette Belleville Cardiology and Nuclear Medicine Department
180 South 3rd Street, Belleville, IL, 62220

Touchette Regional Hospital Physical Therapy Granite City
d/b/a Touchette Regional Hospital Physical Therapy Granite City
2166 Madison Ave., Granite City, IL, 62040

Touchette Regional Hospital Laboratory
d/b/a Touchette Regional Hospital Laboratory
505 S. 8th Street, East Saint Louis, IL, 62201

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Quality, Safety & Oversight Group/Division of Continuing and Acute Care Providers
CMS/SOG Location 5 /Survey and Certification Staff



June 16, 2025

Brad Goacher
President
Touchette Regional Hospital
5900 Bond Avenue,
Cahokia Heights, IL 62207

Joint Commission ID #: 7332
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 6/11/2025

Dear Mr. Goacher:

I am pleased to share The Joint Commission's accreditation decision of Accredited for all services surveyed following your recent survey. For all services surveyed under the applicable manuals below, you have been **ACCREDITED**.

- **Comprehensive Accreditation Manual for Hospitals**

This accreditation award represents your commitment to upholding the highest standards of healthcare quality and safety for your patients, workforce and community. We share that commitment and value the collaboration between our organizations so that all people experience the safest, highest quality, best value healthcare across all settings.

This accreditation cycle is effective beginning April 5, 2025 and is customarily valid for up to 36 months, although, The Joint Commission may, in certain situations, shorten the duration of the cycle.

Knowing the power of the Gold Seal in inspiring confidence and trust in your community, we provide resources so that you can promote your accreditation decision. You can find information and tips in the "Publicity Kit" link located on your secure extranet site, The Joint Commission Connect.

To recognize your commitment and achievement to quality, The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our [website](#). Congratulations on your accomplishment.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

ATTACHMENT 11



June 16, 2025

Brad Goacher
President
Touchette Regional Hospital
5900 Bond Avenue,
Cahokia Heights, IL 62207

Joint Commission ID #: 7332
Program: Behavioral Health Care and Human Services
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 6/11/2025

Dear Mr. Goacher:

I am pleased to share The Joint Commission's accreditation decision of Accredited for all services surveyed following your recent survey. For all services surveyed under the applicable manuals below, you have been **ACCREDITED**.

• **Comprehensive Accreditation Manual for Behavioral Health Care and Human Services**

This accreditation award represents your commitment to upholding the highest standards of healthcare quality and safety for your patients, workforce and community. We share that commitment and value the collaboration between our organizations so that all people experience the safest, highest quality, best value healthcare across all settings.

This accreditation cycle is effective beginning April 1, 2025 and is customarily valid for up to 36 months, although, The Joint Commission may, in certain situations, shorten the duration of the cycle.

Knowing the power of the Gold Seal in inspiring confidence and trust in your community, we provide resources so that you can promote your accreditation decision. You can find information and tips in the "Publicity Kit" link located on your secure extranet site, The Joint Commission Connect.

To recognize your commitment and achievement to quality, The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our [website](#). Congratulations on your accomplishment.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

ATTACHMENT 11

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PURPOSE OF PROJECT

The purpose of the proposed project is to replace the existing Touchette Regional Hospital with a modern facility designed to provide the services currently and proposed to be offered. The proposed hospital was constructed approximately 65 years ago, with an addition being opened 10-15 years ago. All inpatient services will be relocated to the replacement hospital. As planned, the replacement hospital will improve the health and well-being of the service area population.

The service area of the proposed project will be the geographic service area ("GSA"), as defined by the HFSRB to be seventeen miles from the proposed site. Consistent with past HFSRB practices, the GSA will include only the area within the seventeen mile radius in Illinois. The table on the following page identifies all of the ZIP Codes/communities in the GSA having residences.

ZIP Codes Located in
HSRB Defined Geographic Service Area

ZIP Code	Community
62207	Cahokia Heights
62205	East Saint Louis
62206	East Saint Louis
62203	East Saint Louis
62201	East Saint Louis
62204	East Saint Louis
62239	Dupo
62223	Belleville
62240	East Carondelete
62060	Madison
62090	Venice
62208	Fairview Heights
62232	Caseyville
62260	Millstadt
62040	Granite City
62236	Columbia
62234	Collinsville
62220	Belleville
62269	O'Fallon
62062	Maryville
62221	Belleville
62285	Smithton
62034	Glen Carbon
62225	Scott Air Force Base
62294	Troy
62243	Freeburg
62254	Lebanon
62087	South Roxana
62048	Hartford

The population of the GSA, consisting of the 28 ZIP Codes identified above, per Searchbug, is 396,758.

The goal of the project is to have the hospital constructed and licensed within the timeframe identified in Section 1 of this Certificate of Need Application.

ALTERNATIVES

Touchette Regional Hospital ("TRH") is a recognized safety net hospital by the Illinois Department of Healthcare and Family Services, and has a long history of providing care to the largely financially-disadvantaged population residing in the Metro East Region. The primary driving factors behind the proposed project is the age of the existing hospital and the applicants' desire for TRH to continue in its safety net provider role.

Three alternatives to the proposed construction of a replacement hospital were considered, with each determined to be either inconsistent with the role of the hospital in the community or non-feasible or impractical from a financial perspective.

The first alternative taken into consideration was the discontinuation of the hospital as an inpatient provider. This alternative was dismissed with little evaluation, as a result of the applicants' commitment to the continued provision of accessible services to the community. The total costs associated with this alternative would be very minimal. This commitment overrode any cost-related evaluations.

The second alternative considered was to address the acute mental illness ("AMI") needs of the region, while eliminating the planned commitment to Medical/Surgical services. While this alternative would eliminate 8-10,000 square feet from the project (and approximately \$40,000,000 in construction and equipment-related costs), doing so would compromise the hospital's safety net provider role, and significantly reduce accessibility for the hospital's service population. The quality of care that would continue to be provided, the inpatient component of which would be limited to AMI, would remain constant. In addition, the hospital is committed to continuing to

operate comprehensive Emergency Department (“ED”), and accessibility for ED patients requiring inpatient care would be greatly compromised if all had to be transported to another hospital for that care. It is estimated that the cost of this alternative would be approximately \$7-8.

The third alternative considered was the renovation/modernization of the existing hospital as an alternative to the construction of a new facility. This alternative was dismissed primarily for two reasons. The first reason was that the majority of the hospital is nearly sixty years old, and major renovation was viewed as a “stop-gap” solution, having numerous facility-related “unknowns” that would need to eventually be addressed. Initial assessments were that renovation of the scope necessary would reduce construction costs by only 20-30%, equipment costs would be similar to the replacement scenario, and “soft costs” would be 10-20% less than the proposed project. And, upon completion, the hospital would continue to be in a building having a sixty year old “core”. Had this alternative been selected, accessibility to the services provided and staffing-related costs would be very similar to that of the proposed project, assuming the scope of services provided remained constant.

SIZE OF THE PROJECT

The proposed project consists of 177,445 building gross square feet of newly-constructed space, with the general allocation of that space being identified in ATTACHMENT 9. The hospital will include eleven functional areas for which the HFSRB has size standards. The functional areas, the planned sized of each, and the applicable standards are provided in the table below.

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Medical/Surgical Units	7,900	7,920	-20	YES
AMI Units	63,000	63,360	-360	YES
Emergency Dept.	8,600	9,000	-400	YES
X-Ray	1,300	1,300	---	YES
CT	1,620	1,800	-180	YES
fluoroscopy	1,300	1,300	----	YES
mammography	880	900	-20	YES
dexascan	715	900	-185	YES
ultrasound	1,694	1,800	-106	YES
surgery	10,300	10,450	-150	YES
surgery prep/recovery	7,300	7,300	---	YES

The applicants are confident that the space to be provided through the proposed project is necessary and not excessive, if it is to meet the needs of current and prospective patients desiring care from TRH. All eleven of the proposed space allocations identified above are either consistent with or less than the HFSRB-adopted standards.

In total, 104,609 square feet are being planned for the eleven areas, compared to 106,030 square footage, as the sum of the eleven standards, a variance of less than 1.4%.

ATTACHMENT 14

PROJECT SERVICES UTILIZATION

The proposed project involves seven services having HFSRB-adopted utilization standards. In addition to Medical/Surgical and Acute Mental Illness beds (addressed in ATTACHMENTS 19 and 21), the following services, having adopted utilization targets, will be provided:

- 11 Emergency Department stations,
- 3 operating rooms (2 general and 1 urology),
- 2 endoscopy/GI rooms,
- 21 prep and recovery stations
- 1 unit each for general radiology/fluoroscopy,
- 2 ultrasound units
- 1 CT unit,
- 1 dexascan unit
- 1 MRI unit (mobile and contracted), and
- 1 mammography unit.

Neither recovery stations (5 Stage 1 and 16 Stage 2/pre-op stations), nor the dexascan unit have HFSRB-adopted utilization targets.

As noted above, a single unit will be provided for six of the services (general radiology, fluoroscopy CT, MRI, dexascan, and mammography), and it is the HFSRB's practice to not apply the adopted utilization targets in such instances. One of the three operating rooms will be used nearly exclusively for urology cases, consistent with contemporary practices. Last, two endoscopy/GI rooms will be incorporated into the surgical suite. Because of the short procedure

times associated with endoscopy/GI procedures, contemporary standards for endoscopy/GI support multiple rooms (in this case, two) in order to allow the gastroenterologist to perform a case in one room while the other room is being “turned over”, therein improving the physician’s efficiency. This has become evident in discussions with applicants during the physician recruitment process.

The “target date” for reaching the utilization standard is the second full year following a project’s completion. In the case of this project, the applicants are projecting the project to be completed in mid-2030, with the second full year of operation being 2032.

For planning purposes, all of the services addressed in this ATTACHMENT are projected to grow at the same (conservative) rate, and are based on 2024 experienced utilization, physician recruitment goals, and recent recruitment successes. The annual growth rates utilized are summarized below.

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

Early in the planning process for this project, the applicants identified the recruitment of additional physicians to the hospital’s medical staff as critical to the hospital’s ability to continue to provide the proposed services. A formal recruitment process began in 2024; and nine physicians were added that year, with six additional physicians, all hospital-employed, being added during 2025. In addition, during that period, five advance degree nurses were recruited. Not surprisingly, the current hospital’s physical limitations have stunted the ability to attract physicians, and recruitment successes are projected to increase substantially in volume as the opening of the replacement hospital nears.

The table on the following page identifies projected utilization for each of the services addressed in this ATTACHMENT.

	Annual Increase	ED	ORs (hrs)	Prep & Recov. (2) (hrs)	GI	X-Ray & Fluoro.(1)	US (2)	CT	MRI (3)	Mammo	Dexascan (2)
2024		13,969	1,261	814	827	6,678	3,865	3,409	242	1,526	101
2025	1	13,969	1,261	814	827	6,678	3,865	3,409	242	1,526	121
2026	1.05	14,667	1,324	855	868	7,012	4,058	3,579	254	1,602	127
2027	1.03	15,107	1,364	880	894	7,222	4,180	3,687	262	1,650	131
2028	1.03	15,561	1,405	907	921	7,439	4,305	3,797	270	1,700	135
2029	1.03	16,028	1,447	934	949	7,662	4,435	3,911	278	1,751	139
2030	1.1	17,630	1,592	1,027	1,044	8,428	4,878	4,302	305	1,926	153
2031	1.1	19,393	1,751	1,130	1,148	9,271	5,366	4,733	336	2,119	168
2032	1.1	21,333	1,926	1,243	1,263	10,198	5,902	5,206	370	2,330	185
# justified		11	2	N/A	1	2*	2**	1	1	1	N/A
		(1)1 general radiology and 1 fluoroscopy unit									
		(2)HFSRB does not have target utilization target									
		(3) contracted service									

MEDICAL/SURGICAL OBSTETRICS, PEDIATRICS AND INTENSIVE CARE

Touchette Regional Hospital ("TRH") is authorized/licensed to operate 82 Medical/Surgical beds and currently staffs and operates twelve of those beds. The proposed project does not add any Medical/Surgical beds, but rather reduces the number of approved Medical Surgical beds from the current 82 to twelve. In addition, TRH is not licensed to, nor does it operate any obstetric, pediatric or intensive care beds; and the proposed project does not include any those three categories of service.

The primary purpose of the proposed project is to improve the provision of necessary health care services to residents of the HFSRB-designated geographic service area (GSA) through the replacement of the current hospital, the addition of new services, such as an inpatient adolescent acute mental illness unit, and the recruitment of physicians, including psychiatrists, internists, surgeons and family practice specialists to the hospital's Medical Staff.

During 2024, 95% (114 of 120) of the patients admitted to a Medical/Surgical bed were initially treated in the hospital's Emergency Department (ED). The minimal number of Medical/Surgical patients admitted to TRH is largely the result of a lack of specialists on the hospital's Medical Staff; an issue that is currently being addressed through a vigorous physician recruitment program that was initiated during 2024. However, the age and condition of the hospital facility have served as a barrier in the recruitment process...a "chicken or egg" scenario. That said, many residents of the HSFRB-designated geographic service area ("GSA") continue to rely on the hospital for their medical care, with approximately 14,000 Emergency Department patients being seen annually, and with virtually all of the hospital's ED patients being GSA residents.

The GSA consists of 34 ZIP Codes having a total population of approximately 146,300.
Below is a table of those ZIP Code areas.

ZIP Codes Located in Geographic Service Area

ZIP Code	City	County	Pop.	Dist. (miles)
62207	CAHOKIA HTS.	SAINT CLAIR	7,995	0.0
62205	EAST SAINT LOUIS	SAINT CLAIR	8,356	1.6
62206	EAST SAINT LOUIS	SAINT CLAIR	14,931	2.0
62203	EAST SAINT LOUIS	SAINT CLAIR	7,115	2.9
62202	EAST SAINT LOUIS	SAINT CLAIR	0	3.1
62201	EAST SAINT LOUIS	SAINT CLAIR	6,873	3.3
62204	EAST SAINT LOUIS	SAINT CLAIR	6,266	3.8
62071	NAT.L STOCK YD	SAINT CLAIR	0	4.4
62239	DUPO	SAINT CLAIR	4,955	5.3
62059	LOVEJOY	SAINT CLAIR	0	5.3
62223	BELLEVILLE	SAINT CLAIR	16,946	5.4
62240	E. CARONDELET	SAINT CLAIR	1,627	5.6
62060	MADISON	MADISON	4,079	6.3
62090	VENICE	MADISON	1,081	6.4
62208	FAIRVIEW HTS	SAINT CLAIR	16,898	6.7
62232	CASEYVILLE	SAINT CLAIR	7,744	7.0
62260	MILLSTADT	SAINT CLAIR	7,620	8.3
62226	BELLEVILLE	SAINT CLAIR	29,630	8.5
62222	BELLEVILLE	SAINT CLAIR	0	9.0
62040	GRANITE CITY	MADISON	43,074	10.3
62236	COLUMBIA	MONROE	14,030	10.5
62234	COLLINSVILLE	MADISON	34,014	11.3
62220	BELLEVILLE	SAINT CLAIR	18,913	11.8
62269	O FALLON	SAINT CLAIR	36,464	12.4
62062	MARYVILLE	MADISON	8,455	13.2
62221	BELLEVILLE	SAINT CLAIR	29,293	13.4
62285	SMITHTON	SAINT CLAIR	4,445	15.0
62034	GLEN CARBON	MADISON	14,555	15.1
62225	SCOTT AFB	SAINT CLAIR	5,101	15.2
62294	TROY	MADISON	15,886	15.8
62026	EDWARDSVILLE	MADISON	0	16.1
62243	FREEBURG	SAINT CLAIR	6,015	16.3
62254	LEBANON	SAINT CLAIR	5,488	16.3
62087	S. ROXANA	MADISON	1,900	16.7
62048	HARTFORD	MADISON	<u>1,286</u>	16.9
			381,035	

During the twelve-month period ending October 31, 2025, as depicted on the following table, 89.6% of the patients admitted to TRH's Medical/Surgical unit resided in the HFSRB-designated geographic service area (GSA).

**Medical/Surgical Patient Origin
12-Month Period Ending October 31, 2025**

ZIP		City	Admissions	
Code				
Geographic Service Area				
62206	East Saint Louis		91	
62207	Cahokia Heights		84	
62205	East Saint Louis		59	
62203	East Saint Louis		30	
62204	East Saint Louis		28	
62201	East Saint Louis		27	
62040	Granite City		12	
62221	Belleville		11	
62234	Collinsville		11	
62208	Fairview Heights		9	
62239	Dupo		7	
62220	Belleville		5	
62060	Millstadt		2	
62202	Millstadt		2	
62240	Granite City		2	
62269	O'Fallon		2	
62062	Maryville		1	
62223	Belleville		1	
62236	Columbia		1	
62243	Freeburg		1	
62285	Smithton		<u>1</u>	
			387	89.6%
Outside of Geographic Service Area			<u>45</u>	10.4%
Total			432	100.0%

The greater Saint Clair County has been designated as a Health Provider Shortage Area (“HPSA”) for primary care physicians, dentists and mental health providers; and in the greater East Saint Louis Area, 5.56% of the population is uninsured and 65% rely on “public” insurance as their only coverage.

The proposed project is being planned consistent with Section 1110.200(b)(5)iv., which addresses indicators of existing medical care problems, as summarized below.

In addition, the population of the GSA suffers from a variety of both social and health factors that impact the residents’ health to a greater degree than the Illinois’ population in general, including:

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

The premature death rate in St. Clair County is approximately 32% higher than the State as a whole, its low birth weight rate is approximately 37% higher, and its cancer prevalence rate is 7.5% higher than the national rate, while the rate of cardiovascular disease is approximately 17% higher.

Aside from TRH, there are three hospitals located in the GSA:

- Memorial Hospital Belleville 6 miles
- HSHS St. Elizabeth's Hospital O'Fallon 13 miles
- Gateway Regional Hospital Granite City 13 miles

The hospital currently staffs twelve Medical/Surgical beds, and even with the small size of the unit, and as discussed above, due primarily to the lack of physicians actively practicing at the hospital, and the associated large percentage of Emergency Department patients transferred to other hospitals when an inpatient admission is appropriate (discussed below), there is a significant variance in the number of patients on the unit (including observation patients) on any given day. The table below delineates that distribution.

**Daily Medical/Surgical Census
January 1-October 31, 2025**

Census	Number of Days
0	9
1	41
2	71
3	55
4	40
5	33
6	24
7	7
8	7
9	1
10	1

Approximately 63% of the patient days of care provided on the Medical/Surgical unit are classified as "observation".

The lack of actively practicing physicians on TRH's Medical Staff, the applicants' recruitment efforts (which have already begun) and the fact that virtually all patients admitted to the hospital are currently initially seen in the Emergency Department render the securing of letters from physicians addressing projected admissions meaningless. During 2024, as noted above, 114 patients initially seen in the hospital's ED were subsequently admitted to the hospital for either

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medical or surgical care; while during the same period, 549 patients were transferred to other hospitals (approximately 85% of which were transferred to Missouri hospitals) for inpatient care (one patient in need of either medical or surgical care transferred for each approximately 2.6 patients initially seen in the ED). As discussed, physician recruitment is critical to improving the healthcare of area residents, and particularly the financially challenged component of the population, and those without a private physician, initially relying on the ED for all of their care. And, TRH estimates that 40-50% of the patients currently being seen in the hospital's ED, only to be transferred to another hospital for inpatient care will be able to be admitted to TRH with successful physician recruitment.

As an alternative to the use of physician "pledge" letters, the combined historical Medical/Surgical utilization of the nine hospitals (including TRH) in HSA XI, the HSA's average length of stay (ALOS), and physician recruitment plans were used to project Medical/Surgical patient days.

Using grant funding included in the Transformation Grant, during the recruitment effort's first two years, internal medicine and surgery specialists were recruited in the following specialties: general surgery, plastic surgery, gastroenterology, orthopedics, and urology. The practices of these physicians can best be described as being in the "development" process. The recruitment process for a neurologist, a rheumatologist, and an endocrinologist is ongoing as of the filing of this application.

Per HFSRB data, the nine hospitals experienced an average length of stay (ALOS) of 4.43 days for Medical/Surgical patients during 2024. During that same period, the ALOS at TRH was 3.53 days. That disparity, approximately 20% shorter at TRH, is believed by the applicants to primarily be caused by TRH's limited (but expanding) clinical capabilities and the low percentage of acute care patients, as compared to "observation" patients treated on the unit. Accordingly, and in order to lend conservatism to the utilization projection the assumption was made that the average length of stay at TRH would be 20% shorter than that of the HSA as a whole.

The table below details the hospital's projection of Medical/Surgical utilization and bed need during the second year following the proposed project's completion.

	<u>W/O 20% Reduction</u>	<u>With 20% Reduction</u>
2024 ADC	3.2 patients	3.2 patients
impact of recruited physicians	3.8 patients	3.0 patients
impact of future recruits	1.2 patients	1.0 patients
impact of geropsychiatry*	<u>2.5 patients</u>	<u>2.0 patients</u>
TOTAL	10.7 patients	9.2 patients

*geropsychiatry patients with medical comorbidities currently
being transferred to other hospitals

Based on the projections shown in the table above, and consistent with the HFSRB's practice of "rounding up" when calculating bed need, the 9.2 projected ADC "justifies" the proposed twelve Medical/Surgical beds ($9.2 / 12 = 11+$ beds).

ACUTE MENTAL ILLNESS
and CHRONIC MENTAL ILLNESS

The proposed project will increase Touchette Regional Hospital's number of authorized acute mental illness (AMI) beds from 50 to 96. Included in the proposed project is, what will be, the only adolescent acute mental illness unit in HSA XI, which consists of four counties in southwestern Illinois.

The ability to provide age-specific AMI patient units...which would facilitate age-group specific treatment programs, while eliminating the potential of having to place members of different age groups together in either a semi-private patient room or group therapy sessions...is a primary tenet of the proposed project. 24 of the planned AMI beds will be designated as adolescent beds, occupying one of the four planned AMI units/pods, two 24-bed pods will be designated for the care of adults (typically 18-65 years of age), and one 24-bed pod will be designated for the care of patients over the age of 65.

The planning area for acute mental illness, per Section 1100.560, is the entirety of Health Service Area XI (HSA XI), which includes St. Clair, Clinton, Madison and Monroe Counties, and which has a population of approximately 588,000 residents. The applicable State-adopted "need" formula is .11 beds per thousand, or 65 beds. **Of note is the fact that it is not Illinois' practice to differentiate acute mental illness by age group, i.e. beds or units for adolescents, adults and geriatric patients when determining "need".** However, hospitals providing AMI services are required to report utilization of adolescent beds and adult beds, separately.

In HSA XI, there are only two providers of AMI services: Touchette Regional Hospital ("TRH") and Gateway Regional Medical Center in Granite City ("Gateway"). TRH is authorized

to operate 50 AMI beds and Gateway is authorized to operate 103 AMI beds. TRH currently operates separate units for adults and geriatric patients. For 2024, TRH reported an average daily census ("ADC") of 20.9 adult (including geriatric) patients, and Gateway reported an ADC of 36.7 adult patients. **Neither hospital reported treating any adolescent patients.**

Because of the distance between TRH and other AMI providers, accessibility to inpatient care is significantly compromised, and particularly for adolescent patients. The map on the following page identifies the location of all adolescent AMI inpatient programs in the State, confirming that there are no such facilities in the southern third of Illinois.

Adolescent Psychiatric Units in Illinois



Source: 2024 IDPH Annual Hospital Questionnaires

Of note is the fact that while Gateway Regional Hospital, the only other hospital in the GSA providing AMI services, experienced an average daily census (ADC) of 36.7 patients in 2024 per HFSRB data, its approved number of AMI beds was increased from 100 to 103 beds in 2025.

The tables below provide summary distributions of TRH's day-by-day acute mental illness census, by age group, documenting significant ranges, in terms of census from day-to-day. Additionally, the use of semi-private patient rooms and the need to separate patients by sex and age, exacerbates the variance and impacts bed availability.

**Daily Adult Acute Mental Illness Census
January 1-October 31, 2025**

Census	Number of Days
<10	12
10	5
11	18
12	15
13	33
14	36
15	19
16	33
17	28
18	39
19	30
20	18
>20	6

**Daily Geropsychiatry Census
January 1-October 31, 2025**

Census	Number of Days
1	6
2	11
3	19
4	19
5	45
6	65
7	55
8	35
9	27
10	17
11	5

During 2024, all patients admitted to TRH's AMI unit were initially seen in the hospital's ED, and the vast majority of AMI patients requiring an inpatient stay were admitted directly to TRH's unit. The differentiation between the State-wide ALOS (14.7 days for adolescents, 10.9 days for adults and 11.6 days when combined) and that of TRH (4.9 days) appears to be the result of three factors. First, TRH does not currently admit adolescents in need of an AMI stay, and adolescents have a longer ALOS than adult patients. Second, psychiatric hospitals, the vast majority of which are located in the northern third of Illinois, have substantially longer average lengths of stay than general hospitals having an AMI unit. Third, third party payors are putting increasing pressure on hospitals to transfer AMI patients to day hospital or outpatient programs as quickly as possible.

As noted above, the only provider of inpatient AMI care in the 17-mile HFSRB-designated geographic service area ("GSA"), aside from TRH, is Gateway, and **there are no providers of adolescent AMI services in the GSA** (neither TRH nor Gateway reported any adolescent AMI admissions to the HFSRB in 2024). The absence of an adolescent unit in the GSA eliminates reasonable accessibility, not only for adolescents in need of inpatient AMI care, but for their families, who often participate in the treatment programs. The closest adolescent AMI unit to TRH is Lincoln Prairie Behavioral Health Hospital in Springfield, approximately 92 miles away.

During the first ten months of 2025, the total AMI average daily census (“ADC”) at TRH (adult + geriatric patients) was 21.5 patients. While the overall population of the HSA is projected to diminish minimally during the period of the project’s development, the size of the 65+ population is projected to increase by approximately 30% during the current decade. Aside from increased utilization to be a result of the establishment of an adolescent unit, the projected increase in the GSA’s older population is anticipated to result in additional AMI admissions to TRH’s geriatric psychiatry unit.

During the 12-month period ending October 31, 2025 45.5% of the patients admitted to TRH’s acute mental illness unit resided in the geographic service area (GSA), with 32.9% of the patients admitted residing in either Cahokia Heights, East Saint Louis or Belleville. It is the applicants’ belief that this percentage is lower than one would expect for two reasons. First, the lack of AMI programs in southern Illinois, results in TRH being the closest AMI provider for many ZIP Code areas outside of the 17-mile; and second, the absence of an adolescent unit at TRH (as well as in the entire GSA) causes all adolescents in need of inpatient behavioral health care to leave the area for that care. As a result, and primarily due to the planned provision of an adolescent unit at TRH, the applicants are confident that with the opening of the proposed replacement hospital, in excess of 50% of the admissions will be residents of the GSA. The table on the following page identifies patient origin for the hospital’s adult and geriatric AMI units for the period identified above.

In addition to compromised accessibility (and particularly for adolescent patients) is a general provision of AMI beds in Illinois in an inadequate volume. This is due in part to hospitals’ discontinuation of AMI beds or entire services, beginning during the three-year period ending in 2003, during which 1 in 4 of the State’s AMI beds were discontinued, and to a great extent, that practice continues today. The HFSRB currently uses a “capacity target” of .11 AMI beds per 1,000 people, with that target to be adjusted every three years. In 2022, the David T. Jones, the State’s Chief Behavioral Health Officer cited a study by Dr. Thomas Insel, a psychiatrist, in which he cited the then-contemporary need for AMI beds to be .4 to .6 per 1,000 people.

**Acute Mental Illness Patient Origin
12-Month Period Ending October 31, 2025**

ZIP Code	City	Admissions
Geographic Service Area		
62207	CAHOKIA HEIGHTS	63
62205	EAST SAINT LOUIS	60
62206	EAST SAINT LOUIS	88
62203	EAST SAINT LOUIS	31
62202	EAST SAINT LOUIS	6
62201	EAST SAINT LOUIS	40
62204	EAST SAINT LOUIS	17
62071	NAT.L STOCK YD	0
62239	DUPO	5
62059	LOVEJOY	0
62223	BELLEVILLE	37
62240	E. CARONDELET	2
62060	MADISON	5
62090	VENICE	0
62208	FAIRVIEW HTS	31
62232	CASEYVILLE	10
62260	MILLSTADT	10
62226	BELLEVILLE	71
62222	BELLEVILLE	0
62040	GRANITE CITY	2
62236	COLUMBIA	5
62234	COLLINSVILLE	31
62220	BELLEVILLE	57
62269	O FALLON	39
62062	MARYVILLE	0
62221	BELLEVILLE	50
62285	SMITHTON	4
62034	GLEN CARBON	4
62225	SCOTT AFB	6
62294	TROY	4
62026	EDWARDSVILLE	1
62243	FREEBURG	9
62254	LEBANON	11
62087	S. ROXANA	3

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62048	HARTFORD	<u>1</u>	
		703	44.5%
Outside of Geographic Service Area		<u>876</u>	55.5%
Total Admissions		1,579	100%

The table on the following page identifies the proximity relationships between the ZIP Code areas in the GSA and the proposed replacement hospital site; and as noted above, nearly one-third of the patients admitted to TRH for acute mental illness care reside in Cahokia Heights, Est Saint Louis or Belleville.

**Acute Mental Illness Patient Origin
12-Month Period Ending October 31, 2025**

ZIP Code	City	Admissions
Geographic Service Area		
62207	CAHOKIA HEIGHTS	63
62205	EAST SAINT LOUIS	60
62206	EAST SAINT LOUIS	88
62203	EAST SAINT LOUIS	31
62202	EAST SAINT LOUIS	6
62201	EAST SAINT LOUIS	40
62204	EAST SAINT LOUIS	17
62071	NAT.L STOCK YD	0
62239	DUPO	5
62059	LOVEJOY	0
62223	BELLEVILLE	37
62240	E. CARONDELET	2
62060	MADISON	5
62090	VENICE	0
62208	FAIRVIEW HTS	31
62232	CASEYVILLE	10
62260	MILLSTADT	10
62226	BELLEVILLE	71
62222	BELLEVILLE	0
62040	GRANITE CITY	2
62236	COLUMBIA	5
62234	COLLINSVILLE	31
62220	BELLEVILLE	57
62269	O FALLON	39
62062	MARYVILLE	0
62221	BELLEVILLE	50
62285	SMITHTON	4
62034	GLEN CARBON	4
62225	SCOTT AFB	6
62294	TROY	4
62026	EDWARDSVILLE	1
62243	FREEBURG	9
62254	LEBANON	11
62087	S. ROXANA	3
62048	HARTFORD	1

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	703	44.5%
Outside of Geographic Service Area	<u>876</u>	55.5%
Total Admissions	1,579	100%

The table on the following page identifies the proximity relationships between the ZIP Code areas in the GSA and the proposed replacement hospital site; and as noted above, nearly one-third of the patients admitted to TRH for acute mental illness care reside in Cahokia Heights, Est Saint Louis or Belleville.

**Illinois ZIP Codes Located in
HFSRB-Designated Geographic Service Area**

ZIP Code	City	County	Population	Distance (miles)
62207	CAHOKIA HEIGHTS	SAINT CLAIR	7,995	0.0
62205	EAST SAINT LOUIS	SAINT CLAIR	8,356	1.6
62206	EAST SAINT LOUIS	SAINT CLAIR	14,931	2.0
62203	EAST SAINT LOUIS	SAINT CLAIR	7,115	2.9
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62239	DUPO	SAINT CLAIR	4,955	5.3
62059	LOVEJOY	SAINT CLAIR	0	5.3
62223	BELLEVILLE	SAINT CLAIR	16,946	5.4
62240	EAST CARONDELET	SAINT CLAIR	1,627	5.6
62060	MADISON	MADISON	4,079	6.3
62090	VENICE	MADISON	1,081	6.4
62208	FAIRVIEW HEIGHTS	SAINT CLAIR	16,898	6.7
62232	CASEYVILLE	SAINT CLAIR	7,744	7.0
62260	MILLSTADT	SAINT CLAIR	7,620	8.3
62226	BELLEVILLE	SAINT CLAIR	29,630	8.5
62222	BELLEVILLE	SAINT CLAIR	0	9.0
62040	GRANITE CITY	MADISON	43,074	10.3
62236	COLUMBIA	MONROE	14,030	10.5
62234	COLLINSVILLE	MADISON	34,014	11.3
62220	BELLEVILLE	SAINT CLAIR	18,913	11.8
62269	O FALLON	SAINT CLAIR	36,464	12.4
62062	MARYVILLE	MADISON	8,455	13.2
62221	BELLEVILLE	SAINT CLAIR	29,293	13.4
62285	SMITHTON	SAINT CLAIR	4,445	15.0
62034	GLEN CARBON	MADISON	14,555	15.1
62225	SCOTT AFB	SAINT CLAIR	5,101	15.2
62294	TROY	MADISON	15,886	15.8
62026	EDWARDSVILLE	MADISON	0	16.1
62243	FREEBURG	SAINT CLAIR	6,015	16.3
62254	LEBANON	SAINT CLAIR	5,488	16.3
62087	SOUTH ROXANA	MADISON	1,900	16.7
62048	HARTFORD	MADISON	<u>1,286</u>	16.9
			381,035	

The proposed project is being planned consistent with Section 1110.210(b)(5)iv, which addresses indicators of medical care problems, as summarized below.

The greater Saint Clair County has been designated as a Health Provider Shortage Area (“HPSA”) for primary care physicians, dentists and mental health providers; and in the greater East Saint Louis Area, 5.56% of the population is uninsured and 65% rely on “public” insurance as their only coverage.

The population of the GSA suffers from a variety of both social and health factors that impact the residents’ health to a greater degree than the Illinois’ population in general, including:

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

The proposed addition of 46 AMI beds will result in 199 AMI beds in the GSA (103 at Gateway Regional Hospital and 96 at TRH), or a bed:population ratio in the GSA of .52/1,000 residents. As a result, the proposed project will not cause a maldistribution of AMI services. In addition, the applicants anticipate that the proposed addition of AMI beds at TRH will not lower the utilization of AMI beds below the 85% occupancy standard, nor will it lower the utilization of any other provider currently operating below the 85% occupancy standard.

Also of note, and as reported in the 2025 *State of Illinois Behavioral Health System Report* (January 7, 2025), Thomas Insel, head of the National Institute of Mental Health identified the contemporary need for psychiatric beds to be .4 to .6 beds per 1,000 (compared to the current State's target of .11 per 1,000). A portion of the *Report* is attached.

Per HFSRB data, Gateway only staffs (October 2023) 40 of its 103 beds and TRH staffs only 36 of its 50 authorized beds, resulting in a total of 76 staffed (available) AMI beds in the HSA, or .20 beds/1,000. As a result, the ratio of staffed AMI beds in the HSA is significantly lower than the State as a whole (.2/1,000 vs .52/1,000); and the proposed project will not cause a maldistribution of AMI services whether bed numbers are based on either authorized or staffed beds. In addition, the applicants anticipate that the proposed addition of AMI beds at TRH will not lower the utilization of AMI beds below the 85% occupancy standard, nor will it lower the utilization of any other provider currently operating below the 85% occupancy standard.

There are currently 153 authorized AMI beds in HSA XI (as opposed to the GSA discussed in the paragraph above), resulting in a ratio of .26 beds per 1,000 residents. With the approval of the proposed project, the bed:population ratio in the HSA will be .33 per 1,000 residents. As noted above, Gateway is authorized to provide 103 AMI beds (adding three beds in September 2025), and operated with an average daily census of 36.7 patients during 2024, resulting in an occupancy rate of 35.6% (an average of 66 (103 X .644) unused beds, daily). The state-wide ratio of AMI beds to population is .30 per 1,000 residents; and as such, the proposed project will not result in a "maldistribution" of AMI beds.

In the planning for this project, all relevant clinical and professional staffing requirements were considered, including the requirements of IDPH licensure and the Joint Commission, and the applicants are confident that the requirements can be met.

With the signatures provided in the Certification section of this application, the applicants anticipate that by the second year of operation following the project's completion, the hospital will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of services addressed through the proposed project.

The applicants do not anticipate any unusual difficulties associated with the recruitment of qualified staff, and will staff in compliance with all applicable IDPH licensure and Joint Commission staffing requirements. The primary sources of recruitment, which will begin approximately ninety days prior to the hospital's opening, will be working with recruitment agencies and word of mouth.

The current lack of psychiatrists practicing at TRH make the securing of letters from physicians concerning their anticipated number of AMI admissions meaningless. As an alternative, the applicants have used area and State-wide utilization data to project AMI admissions.

TRH's success in attracting and admitting more AMI patients will be the result of two factors. First, recruiting psychiatrists (as well as advanced practice psychiatric nurses) is viewed as critical to its ability to attract incremental AMI patients. Second is the current necessity to transfer adolescents to other (distant) hospitals. Combined with the projected growth of the geriatric-age population in the GSA, the applicants are confident that the proposed AMI beds will operate at or above the target utilization standard. In addition, with expanded clinical capabilities, it is anticipated that the hospital's AMI ALOS will increase from its current 4.9 ($7,625 / 1,547$) days to a length of stay similar to the ALOS experienced State-wide of 11.7 days.

During 2024, 1,547 patients were admitted, accounting for 7,625 patient days of care. Assuming that with the proposed project (and particularly with the establishment of an adolescent program) TRH's AMI ALOS will be similar to that of the State-wide average of 11.7 days, an

incremental 998 admissions would need to be realized to operate the proposed number of beds at the HFSRB's target occupancy level of 85%.

The applicants are confident that the target occupancy level can be reached by the end of the second year following the proposed project's completion as a result of the recruitment of one or more psychiatrists to join the TRH Medical Staff, and importantly, the establishment of the only adolescent unit in the area, which would be projected to operate with an ALOS of 14.7 days, as experienced State-wide.

CLINICAL SERVICE AREAS OTHER THAN CATEGORIES OF SERVICE

The proposed project includes a number of clinical services that are not categorized by the HFSRB as categories of service, with those clinical services being identified below. Each of the clinical services is currently being provided at TRH, and by TRH, with the exception of MRI, which is currently and will continue to be provided on a “contractual” basis.

The table below identifies the current and proposed complement of rooms, stations, units, etc. for each of the clinical services addressed in this ATTACHMENT.

Service	# Existing Key Rooms	# Proposed Key Rooms
Emergency Department	14	10
Operating Rooms	3	3(1)
Stage 1 Recovery	4	5
Stage 2 Recovery & Prep	12	16
Endoscopy/GI Procedure Room	3	2
Gen'l Radiology/Fluoroscopy	5	2(2)
Ultrasound	3	2
CT	1	1
MRI	1	1
Mammography	1	1
Dexascan	1	1

(1) two general ORs and one cystoscopy room

(2) one general radiology and one fluoroscopy room

The following table identifies the 2023 and 2024 utilization of each of the clinical services.

Service	Historical		Projected	
	2023	2024	2031	2032
Emergency Department (patients)	13,446	13,969	19,393	21,333
Operating Rooms (hrs)	244	1,261	1,751	1,926
GI/Endoscopy	332	827	1,148	1,263
Prep & Recovery	814	814	1,130	1,243
gen'l radiol. and fluroscopy**	8,287	6,678	9,271	10,198
Ultrasound (procedures)	1,962	3,865	5,366	5,902
CT (procedures)	2,988	3,409	4,733	5,206
MRI (procedures)**	-	242	336	370
Mammography (procedures)	3,379	1,526	2,119	2,330
Dexascan	-	101	168	185
* one gen'l radiol and one fluoro unit				
** contracted service				

As with all services provided at the existing hospital and to be provided at the proposed hospital are provided primarily to residents of planning area, with in this case, that area being HSA XI.

The table on the following page identifies the hospital's historical patient origin.

PATIENT ORIGIN

ZIP Code	Community*	Patients	Percentage	Cumulative
62206	Cahokia Heights	179	8.70%	8.70%
62207	East Saint Louis	147	7.15%	15.85%
62205	East Saint Louis	119	5.79%	21.63%
62226	Belleville	95	4.62%	26.25%
62201	East Saint Louis	67	3.26%	29.51%
62203	East Saint Louis	63	3.06%	32.57%
62202	Alton	58	2.82%	35.39%
62204	East Saint Louis	45	2.19%	37.58%
62234	Collinsville	42	2.04%	39.62%
62040	Granite City	40	1.94%	41.57%
62208	East Saint Louis	40	1.94%	43.51%
62095	Wood River	21	1.02%	44.53%
62024	East Alton	16	0.78%	45.31%
62232	Caseyville	14	0.68%	45.99%
62010	Bethalto	12	0.58%	46.57%
62239	Dupo	12	0.58%	47.16%
62054	Lebanon	11	0.53%	47.69%
62043	Freeberg	<u>10</u>	<u>0.49%</u>	<u>48.18%</u>
		991	48.18%	48.18%
	outside of HSA or <0.5% of pts.	1,066	51.82%	100.00%
		2,057	100.00%	100.00%

*may include surrounding smaller communities

Outside data source: USPS

No substantial changes to the patient origin information provided in the table above is anticipated to be realized as a result of the proposed project.

The service area identified in the table above has a history of and suffers from a variety of health and social factors that influence the general healthcare of the service area negatively. Please refer to ATTACHMENT 19 for an identification of many of those factors.

Six of the services to be provided (ORs, X-Ray and Fluoroscopy, Surgical Prep and Recovery, Ultrasound, CT, and MRI), and which are addressed in this ATTACHMENT, are, to a great extent utilized with volumes parallel to that of the Medical/Surgical unit (please see discussion in ATTACHMENT 15). As also discussed in ATTACHMENT 15, an attempt to project future utilization with “pledge” letters from physicians is, in the case of TRH, meaningless.

As an alternative to letters from physicians, and because of the impact that the applicant’s physician recruitment and the providing of a more contemporary hospital facility will have on utilization (as they have on Medical/Surgical patient days), annual utilization estimates for each of the clinical services were projected using the following conservative growth factors, and using 2024 utilization as a baseline.

2024	as reported to HFSRB
2025	at 2024 level
2026	+5%, due primarily to physician recruitment
2027 (late)	+3%, with the initiating of construction and recruitment
2028	+3%, construction proceeding
2029 (late)	+3% completion of construction
2030 (mid)	+10% hospital opens
2031	+10% community acceptance/natural growth
2032	+10% community acceptance/natural growth

In the planning for this project, all relevant clinical and professional staffing requirements were considered, including the requirements of IDPH licensure and the Joint Commission, and the applicants are confident that the requirements can be met. The applicants do not anticipate any unusual difficulties associated with the recruitment of qualified staff, and will staff in compliance with all applicable IDOH licensure and Joint Commission staffing requirements. The primary sources of recruitment, which will begin approximately ninety days prior to the hospital’s opening, will be recruitment firms and word of mouth.

With the signatures provided in the Certification section of this application, the applicants anticipate that by the second year of operation following the project’s completion, the hospital will

achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of services addressed through the proposed project.

The applicants do not anticipate that the inclusion of the clinical services addressed in this ATTACHMENT will have a substantial impact on other area providers, lowering their utilization below the Standards identified in APPENDIX B, nor will the inclusion of the clinical services cause any other provider currently operating at levels less than the HFSRB standard to operate under the standard.

Target 2.0 or more

Current Ratio = Current Assets/Current Liabilities

Current Ratio	1.43	1.37	1.35	2.52
Current Assets	2022	2023	2024	2032
Cash and Cash Equivalents	7,540,840	1,263,005	648,320	14,235,052
Restricted Cash - Healthcare Transformation Grant	6,850,915	5,733,489	4,696,314	-
Restricted Cash - Grant Funds	1,365,568	837,658	3,062,790	-
Short-Term Investments (Operating & Reserve)	496,845	6,670,299	8,927,518	39,541,287
Patient Accounts Receivable	2,775,476	3,439,294	3,919,285	4,490,709
Grants Receivable	3,491,192	1,516,115	1,290,847	-
Third Party Rec.	-	-	-	-
Other Rec.	294,793	388,174	701,679	808,300
Intercompany Rec.	-	-	-	-
Inventories	505,483	394,063	361,838	367,395
Prepaid Expenses	987,083	1,080,880	941,472	879,499
Total Current Assets	24,308,195	21,322,977	24,550,063	60,322,242
Current Liabilities				
Current Portion of Finance Lease Obligations	173,220	49,225	15,860	-
Current Portion of Operating Lease Obligations	388,033	400,994	543,869	649,408
Line of Credit	6,040,000	5,050,000	3,800,000	-
Accounts Payable	3,014,692	2,973,321	3,505,046	4,352,601
Deferred Grant Revenue	1,365,568	837,658	3,062,790	8,725,237
Accrued Payroll and Related Expenses	1,681,562	1,980,480	2,524,763	10,185,363
Accrued Other Expenses	4,196,833	4,164,046	4,571,442	-
Estimated Third-Party Payor Settlements Payable	163,820	125,097	225,195	-
Total Current Liabilities	17,023,728	15,580,821	18,248,965	23,912,609

Net Margin Percentage = (Net Income/Net Operating Margin)

Target 3.0% or more	-4.2%	-2.5%	2.8%	3.3%
	2022	2023	2024	2032
Excess (Deficit) of Revenues over Expenses	(2,552,551)	(1,607,891)	2,202,280	3,847,919
Net Operating Revenues	60,286,910	64,828,570	77,378,474	116,124,639

**TOUCHETTE REGIONAL HOSPITAL, INC.
CONSOLIDATED STATEMENTS OF OPERATIONS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
REVENUES, GAINS, AND OTHER SUPPORT		
Patient Service Revenue	\$ 62,579,925	\$ 56,025,139
Released from Restriction for Healthcare Transformation Operations	5,300,207	3,908,808
Grant Revenue	7,660,307	3,941,548
Other Revenue	1,838,035	953,075
Total Unrestricted Revenues, Gains, and Other Support	<u>77,378,474</u>	<u>64,828,570</u>
EXPENSES		
Salaries and Wages	30,701,042	22,119,864
Employee Benefits	6,441,606	4,835,890
Professional Fees and Purchased Services	27,210,171	27,328,016
Supplies and Other	7,984,463	7,966,214
Hospital Provider Assessment	2,705,636	2,699,378
Depreciation and Amortization	2,067,145	2,111,356
Interest	312,094	373,782
Total Expenses	<u>77,422,157</u>	<u>67,434,500</u>
OPERATING LOSS	(43,683)	(2,605,930)
OTHER INCOME		
Investment Income	2,242,419	1,109,393
Other Income (Expense)	3,544	(111,354)
Total Other Income	<u>2,245,963</u>	<u>998,039</u>
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	2,202,280	(1,607,891)
Released from Restriction for Healthcare Transformation Capital Transfers from Related Party	510,400	1,530,840
	<u>18,000</u>	<u>18,000</u>
INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>\$ 2,730,680</u>	<u>\$ (59,051)</u>

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TOUCHETTE REGIONAL HOSPITAL, INC.
CONSOLIDATED STATEMENTS OF OPERATIONS
YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
REVENUES, GAINS, AND OTHER SUPPORT		
Patient Service Revenue	\$ 56,025,139	\$ 49,424,858
Provider Relief Funds	-	360,412
Released from Restriction for Healthcare Transformation Operations	3,908,808	4,561,957
Grant Revenue	3,941,548	5,230,678
Other Revenue	953,075	709,005
Total Unrestricted Revenues, Gains, and Other Support	<u>64,828,570</u>	<u>60,286,910</u>
EXPENSES		
Salaries and Wages	22,119,864	21,551,893
Employee Benefits	4,835,890	5,875,352
Professional Fees and Purchased Services	27,328,016	24,316,753
Supplies and Other	7,966,214	6,578,879
Hospital Provider Assessment	2,699,378	2,153,970
Depreciation and Amortization	2,111,356	2,051,235
Interest	373,782	324,508
Total Expenses	<u>67,434,500</u>	<u>62,852,590</u>
OPERATING LOSS	<u>(2,605,930)</u>	<u>(2,565,680)</u>
OTHER INCOME		
Investment Income	1,109,393	11,129
Other Income (Expense)	(111,354)	2,000
Total Other Income	<u>998,039</u>	<u>13,129</u>
DEFICIT OF REVENUES OVER EXPENSES	<u>(1,607,891)</u>	<u>(2,552,551)</u>
Capital Grants	-	4,155
Released from Restriction for Healthcare Transformation Capital Transfers (to) from Related Party	1,530,840	1,436,219
	18,000	(281,301)
DECREASE IN NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>\$ (59,051)</u>	<u>\$ (1,393,478)</u>

Long-Term Debt to Capitalization = (Long-Term Debt/Long-Term Debt plus Net Assets) x 100

Target 50% or less

Long-Term Debt

Long-Term Debt plus Net Assets

11.1%	7.4%	5.6%	9.9%
2022	2023	2024	2032
4,129,600	3,943,121	4,109,958	28,558,282
37,314,300	53,384,523	73,915,423	289,438,958

Projected Debt Service Coverage = Net Income plus (Depreciation plus Interest plus Amortization)/Principal Payments
plus Interest Expense for the Year of Maximum Debt Service after project completion

Target 2.5 or more

	2031	2032
Net Income	\$ 3,406,385	\$ 3,847,919
Depreciation/Amortization	\$ 9,259,120	\$ 9,259,120
Interest Exp.	\$ 1,471,154	\$ 1,405,749
Total	\$ 14,136,659	\$ 14,512,788
Principal Payments + Interest	\$ 2,531,570	\$ 2,531,570
Projected Debt Service Coverage	5.58	5.73

Days Cash on Hand = (Cash plus Investments plus Board Designated Funds)/(Operating Expense less Depreciation Expense)/365

Target 45 days or more

Days Cash on Hand	98	81	84	190	191
	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2031</u>	<u>2032</u>
Cash plus Investments plus Board Designated Funds	\$ 16,254,168	\$ 14,504,451	\$ 17,331,942	\$ 52,210,038	\$ 53,776,339
Operating Expense	\$ 62,852,590	\$ 67,434,500	\$ 77,422,157	\$ 109,806,279	\$ 112,276,720
less Depreciation	\$ 2,051,235	\$ 2,111,356	\$ 2,067,145	\$ 9,259,120	\$ 9,259,120

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Cushion Ratio = (Cash plus Investments plus Board Designated Funds)/(Principal plus Interest Expense) for the year of maximum debt service after project completion
Target 7.0 or more

	<u>2031</u>	<u>2032</u>
Cash plus Investments	\$ 52,210,038	\$ 53,776,339
Principal Payments plus Interest	\$2,531,570	\$2,531,570
Cushion Ratio	20.62	21.24



February 23, 2026

Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

To Whom It May Concern,

Consistent with Section 1120.140, please be advised, and as documented in the accompanying Certificate of Need application addressing the replacement Touchette Regional Hospital, it is intended that a minority portion of the project will be funded with debt in the form of a bank loan. We believe this, along with the grants and the anticipated tax credits, to be a reasonable approach to the project's financing, particularly with the grants accounting for approximately 90% of the anticipated project cost. It is currently our belief that the proposed funding represents the least costly form available to us, and a bank letter indicating a local bank's interest in providing the necessary financing is provided in ATTACHMENT 34 to the Certificate of Need application.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brad Goacher", is written over a faint, larger version of the same signature.

Brad Goacher, FACHE
President
Touchette Regional Hospital

Notarized:

(See next page)

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ILLINOIS NOTARY ACKNOWLEDGEMENT

State of Illinois

County of St. Clair

This instrument was acknowledged before me on 2/23/26 by

Brad Goacher

(Seal)



Michelle L. Brauner
Notary Public

My Commission Expires: 04/20/2027



Commercial Banking
5701 West Main Street
Belleville, Illinois 62226
(618) 234-5700
commercebank.com

January 28, 2026

Re: Touchette Regional Hospital

To Whom It May Concern:

Touchette Regional Hospital has been a customer of Commerce Bank for 5 years. The relationship consists of a loan account that has been paid satisfactorily, deposit accounts that have been maintained, and a robust Commerce Trust Company relationship.

I am aware of the project Touchette is currently working on and due to the reasons above and with a further understanding of the project, Commerce Bank would consider lending Touchette Regional Hospital up to \$29MM in 2029 for funding of the project.

This letter is not a commitment. A full underwriting of Touchette Regional Hospital and the project would need to be carried out. Today, the terms of a project like this would be a construction line of credit with a term of 18-24 months with a floating rate tied to the Prime Rate.

Please contact Ben Wanless at 618-222-6643 or ben.wanless@commercebank.com with any questions.

Ben Wanless
Vice President
Commerce Bank

ATTACHMENT 37

SAFETY NET IMPACT STATEMENT

Applicants Southern Illinois Health Care Foundation, Inc. (SIHF) and Touchette Regional Hospital (TRH) are the definition of safety net providers.

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

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

The proposed project is being planned consistent with the addressing of medical care and problems that are more prevalent in the region, than exist in the State as a whole, including:

- higher rates in multigenerational poverty, unemployment, and violent crime,
- a higher rate of the population with less than a high school degree,
- a disproportionately high older population,
- a higher rate of unemployment,
- higher rates of adult smoking and obesity

ATTACHMENT 37

- higher rates of excessive drinking and drinking-related traffic accidents
- higher rates of sexually transmitted diseases
- higher rates of air pollution and drinking water violations
- a lack of access to specialty services

In addition, the premature birth rate in St. Clair County is approximately 32% higher than the State as a whole, its low birth weight rate is approximately 37% higher, and its cancer prevalence rate is 7.5% higher than the national rate, while the rate of cardiovascular disease is approximately 17% higher.

Both SIHF and TRH actively participate in broad varieties of community education, screening, employment and housing-related, and other programs focusing on improving the healthcare of the region.

A listing of recent SIHF programming and accomplishments as well as TRH's 2025 *Community Health Needs Assessment* are provided at the end of this application.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	Cost/Sq. Ft.		DGSF		DGSF		New Const. \$		Modernization		Total	
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)				Costs	(G + H)
Reviewable												
Acute Mental Illness	\$ 510.00		63,000				\$ 32,130,000				\$	32,130,000
Emergency Dept.	\$ 530.00		8,600				\$ 4,558,000				\$	4,558,000
Gen'l Radiology	\$ 545.00		1,300				\$ 708,500				\$	708,500
CT	\$ 575.00		1,620				\$ 931,500				\$	931,500
Fluoroscopy	\$ 545.00		1,300				\$ 708,500				\$	708,500
Mamography	\$ 510.00		880				\$ 448,800				\$	448,800
Dexascan	\$ 550.00		715				\$ 393,250				\$	393,250
Ultrasound	\$ 470.00		1,694				\$ 796,180				\$	796,180
Respiratory Therapy	\$ 490.00		1,546				\$ 757,540				\$	757,540
Lab	\$ 540.00		2,685				\$ 1,449,900				\$	1,449,900
Med/Surg Unit	\$ 530.00		7,900				\$ 4,187,000				\$	4,187,000
Surg. Prep & Recovery	\$ 500.00		7,300				\$ 3,650,000				\$	3,650,000
Surgery	\$ 670.00		10,300				\$ 6,901,000				\$	6,901,000
	\$ 564.40		108,840				\$ 57,620,170				\$	57,620,170
Contingency	\$ 35.00						\$ 3,809,400				\$	3,809,400
	\$ 599.40						\$ 61,429,570				\$	61,429,570
Non-Reviewable												
Chapel	\$ 510.00		419				\$ 213,690				\$	213,690
Patient Education	\$ 510.00		988				\$ 503,880				\$	503,880
Environmental Services	\$ 415.00		1,476				\$ 612,540				\$	612,540
Human Resources	\$ 510.00		351				\$ 179,010				\$	179,010
Kitchen/Dining	\$ 530.00		4,381				\$ 2,321,930				\$	2,321,930
Materials Management	\$ 440.00		2,416				\$ 1,063,040				\$	1,063,040
Staff Areas	\$ 510.00		1,615				\$ 823,650				\$	823,650
Administration	\$ 510.00		4,390				\$ 2,238,900				\$	2,238,900
Admitting & Registration	\$ 510.00		2,200				\$ 1,122,000				\$	1,122,000
Pharmacy	\$ 530.00		2,275				\$ 1,205,750				\$	1,205,750
Plant Operations	\$ 390.00		2,405				\$ 937,950				\$	937,950
Quality Managemnt	\$ 490.00		1,154				\$ 565,460				\$	565,460
Security	\$ 510.00		451				\$ 230,010				\$	230,010

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Maintenance shed	\$ 315.00							\$ 122,220	\$ 122,220
Sterile Processing	\$ 530.00							\$ 1,653,600	\$ 1,653,600
Lobby & Public Areas	\$ 490.00							\$ 2,128,560	\$ 2,128,560
Volunteers	\$ 490.00							\$ 506,170	\$ 506,170
Mechanical & Electrical	\$ 420.00							\$ 1,792,140	\$ 1,792,140
	\$ 483.65							\$ 18,220,500	\$ 18,220,500
Contingency	\$ 35.00							\$ 1,318,555	\$ 1,318,555
DGSF>>BGSF	\$ 400.00							\$ 12,372,800	\$ 12,372,800
								\$ 31,911,855	\$ 31,911,855
TOTAL	\$ 526.03							\$ 93,341,425	\$ 93,341,425

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OPERATING COSTS and CAPITAL COSTS
per ADJUSTED PATIENT DAY

Touchette Regional Hospital-2032

Adjusted Patient Days		
Outpatient Revenue:	\$	87,472,680
Inpatient Revenue:	\$	47,672,602
Patient Days:		33,142
Adjusted Patient Days:	\$	2,639.33

Operating Expenses		
Personnel/Staffing:	\$	58,883,779
Medical Supplies:	\$	2,134,565
	\$	61,018,344
per Adj. Pt. Day	\$	23,118.88

Capital Expenses		
Interest	\$	1,405,749
Depreciation	\$	9,259,120
	\$	10,664,869
per Adj. Pt. Day	\$	4,040.75

TOUCHETTE REGIONAL HOSPITAL, INC.
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 648,320	\$ 1,263,005
Restricted Cash - Healthcare Transformation Grant	4,696,314	5,733,489
Restricted Cash - Grant Funds	3,062,790	837,658
Short-Term Investments	8,927,518	6,670,299
Patient Accounts Receivable	3,919,285	3,439,294
Grants Receivable	1,290,847	1,516,115
Other Receivables	701,679	388,174
Inventories	361,838	394,063
Prepaid Expenses	941,472	1,080,880
Total Current Assets	<u>24,550,063</u>	<u>21,322,977</u>
ASSETS LIMITED AS TO USE		
Restricted Investments for Healthcare Transformation Grant	45,838,506	26,583,662
Donor-Restricted Funds	<u>144,493</u>	<u>144,493</u>
Total Assets Limited as to Use	<u>45,982,999</u>	<u>26,728,155</u>
OTHER ASSETS		
Property and Equipment, Net	20,108,454	19,566,457
Held by Affiliate for Insurance	295,025	295,025
Operating Right-of-Use Assets	1,227,847	999,459
Financing Right-of-Use Assets	<u>-</u>	<u>53,271</u>
Total Other Assets	<u>21,631,326</u>	<u>20,914,212</u>
 Total Assets	 <u><u>\$ 92,164,388</u></u>	 <u><u>\$ 68,965,344</u></u>

See accompanying Notes to Consolidated Financial Statements.

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**TOUCHETTE REGIONAL HOSPITAL, INC.
CONSOLIDATED BALANCE SHEETS (CONTINUED)
DECEMBER 31, 2024 AND 2023**

LIABILITIES AND NET ASSETS	<u>2024</u>	<u>2023</u>
CURRENT LIABILITIES		
Current Portion of Finance Lease Obligations	\$ 15,860	\$ 49,225
Current Portion of Operating Lease Obligations	543,869	400,994
Line of Credit	3,800,000	5,050,000
Accounts Payable	3,505,046	2,973,321
Deferred Grant Revenue	3,062,790	837,658
Accrued Payroll and Related Expenses	2,524,763	1,980,480
Accrued Other Expenses	4,571,442	4,164,046
Estimated Third-Party Payor Settlements Payable	225,195	125,097
Total Current Liabilities	<u>18,248,965</u>	<u>15,580,821</u>
LONG-TERM LIABILITIES		
Finance Long-Term Lease Obligations, Less Current Portion	-	15,854
Operating Long-Term Lease Obligations, Less Current Portion	686,738	603,203
Asset Retirement Obligations	3,423,220	3,324,064
Total Long-Term Liabilities	<u>4,109,958</u>	<u>3,943,121</u>
Total Liabilities	22,358,923	19,523,942
NET ASSETS		
Net Assets Without Donor Restrictions	18,625,587	15,894,907
Net Assets With Donor Restrictions	51,179,878	33,546,495
Total Net Assets	<u>69,805,465</u>	<u>49,441,402</u>
Total Liabilities and Net Assets	<u><u>\$ 92,164,388</u></u>	<u><u>\$ 68,965,344</u></u>

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See accompanying Notes to Consolidated Financial Statements.

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**TOUCHETTE REGIONAL HOSPITAL, INC.
CONSOLIDATED STATEMENTS OF OPERATIONS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
REVENUES, GAINS, AND OTHER SUPPORT		
Patient Service Revenue	\$ 62,579,925	\$ 56,025,139
Released from Restriction for Healthcare Transformation Operations	5,300,207	3,908,808
Grant Revenue	7,660,307	3,941,548
Other Revenue	1,838,035	953,075
Total Unrestricted Revenues, Gains, and Other Support	<u>77,378,474</u>	<u>64,828,570</u>
EXPENSES		
Salaries and Wages	30,701,042	22,119,864
Employee Benefits	6,441,606	4,835,890
Professional Fees and Purchased Services	27,210,171	27,328,016
Supplies and Other	7,984,463	7,966,214
Hospital Provider Assessment	2,705,636	2,699,378
Depreciation and Amortization	2,067,145	2,111,356
Interest	312,094	373,782
Total Expenses	<u>77,422,157</u>	<u>67,434,500</u>
OPERATING LOSS	(43,683)	(2,605,930)
OTHER INCOME		
Investment Income	2,242,419	1,109,393
Other Income (Expense)	3,544	(111,354)
Total Other Income	<u>2,245,963</u>	<u>998,039</u>
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	2,202,280	(1,607,891)
Released from Restriction for Healthcare Transformation Capital	510,400	1,530,840
Transfers from Related Party	<u>18,000</u>	<u>18,000</u>
INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>\$ 2,730,680</u>	<u>\$ (59,051)</u>

See accompanying Notes to Consolidated Financial Statements.

ATTACHMENT 37

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As of 2025, **SIHF Healthcare** (formerly Southern Illinois Healthcare Foundation) exerts a significant economic impact on the Metro East and Southern Illinois regions through large-scale capital investments, job creation, and the provision of essential health and housing services.

1. Direct Financial Performance and Revenue

As one of the largest Federally Qualified Health Centers (FQHCs) in Illinois, SIHF maintains a substantial financial footprint:

- **Annual Revenue:** In 2024, SIHF reported approximately **\$90.9 million** in total revenue, primarily driven by program services (\$68.6 million) and contributions/grants (\$21.1 million).
- **Asset Value:** The organization holds total assets valued at approximately **\$87.5 million**.

2. Employment and Workforce Impact

SIHF is a major regional employer, supporting hundreds of families through high-quality healthcare jobs:

- **Direct Employment:** The organization employs a workforce of **over 640 individuals**.
- **Medical Staff:** The network includes more than **160 medical providers** across 30+ health centers in 13 Illinois counties.
- **Workforce Development:** SIHF partners with medical residency programs in **Alton** and **O'Fallon**, helping to train the next generation of physicians and healthcare professionals.

3. Strategic Capital Investments (2024-2025)

The organization is currently engaged in a multi-million-dollar expansion project that stimulates local economies:

- **Belleville Medical Destination:** SIHF invested **\$2.95 million** to purchase a 69,000-square-foot medical building in downtown Belleville, with a total planned renovation investment of roughly **\$8 million** to add outpatient and plastic surgery services.
- **New Clinic Construction:** In late 2024, SIHF completed a new **12,400-square-foot clinic** in Olney, IL, replacing older facilities and expanding local access to specialized services like internal medicine and behavioral health.

4. Affordable Housing & Community Development

SIHF acts as a primary developer for supportive housing, which directly addresses health-related social needs and lowers long-term community costs:

- **Vivian's Village (Cahokia Heights):** Phase 1 opened in May 2025 with 16 units, and Phase 2 (36 family units) broke ground in November 2025.
- **Economic Stabilization:** These projects, funded by the Illinois Housing Development Authority and private equity partners, provide financial stability for residents and reduce the burden of uncompensated emergency care.

5. Risks to Economic Stability

- **Medicaid Reliance:** Approximately **78% of revenue** at SIHF-operated facilities like Touchette Regional Hospital comes from Medicaid.
- **Budgetary Threats:** Proposals to cut Medicaid coverage by 15% could result in a **\$5 million to \$10 million** negative impact on SIHF's annual budget, potentially forcing the closure of clinics in rural areas like Red Bud, Olney, and Salem.

6. Supporting Information

In 2024, SIHF Served 103,257 patients.

- 60,196 Females
- 43,061 Males

By Insurance Type

- 46,881 Medicaid Patients
- 29,227 Private Insurance
- 17,735 Medicare Patients
- 8,379 Uninsured Patients

By Population Type

- 92,931 Low-Income
- 14,570 Public Housing
- 2,018 Veterans
- 947 Homeless
- 544 Farmworkers

In 2024, SIHF provided 322,731 total patient encounters.

- Medical Visits – 260,912
- Dental Visits – 16,462
- Behavioral Health Visits - 45,357
- Substance Use Disorder Visits – 25,225
- Enabling/Case Management Visits – 7,860

In 2024, SIHF partnered to serve the community.

Community Health Workers

In 2024, Community Health Workers (CHWs) referred 1,287 clients with 1,526 health related social needs for services and participated in 58 community events. Through the mammogram work group, 3,846 patients were identified as needing mammograms, 1,191 were scheduled, and 522 completed their screenings. CHWs enrolled 192 patients with hypertension into the remote patient monitoring program and 96 inactive patients who previously enrolled were reconnected. CHWs contacted 570 new patients for well-child visits. CHWs received 140 referrals from Memorial Hospital (BJC) for nutrition and diabetes education, 21 referrals from Catholic Urban Programs for wellness/physical health, primary care, and benefits/insurance navigation, and 14 referrals from St. Vincent DePaul for rental assistance, housing, benefits/insurance navigation, and primary care.

School-Based Health

SIHF has been in the East St. Louis and Cahokia Heights High Schools for many years providing services to students, their families, and faculty/staff. Additional school districts where SIHF provides school-based services now include Dupu High School, Collinsville Middle School, Danville High School, and Roxana High School.

Specialty Care

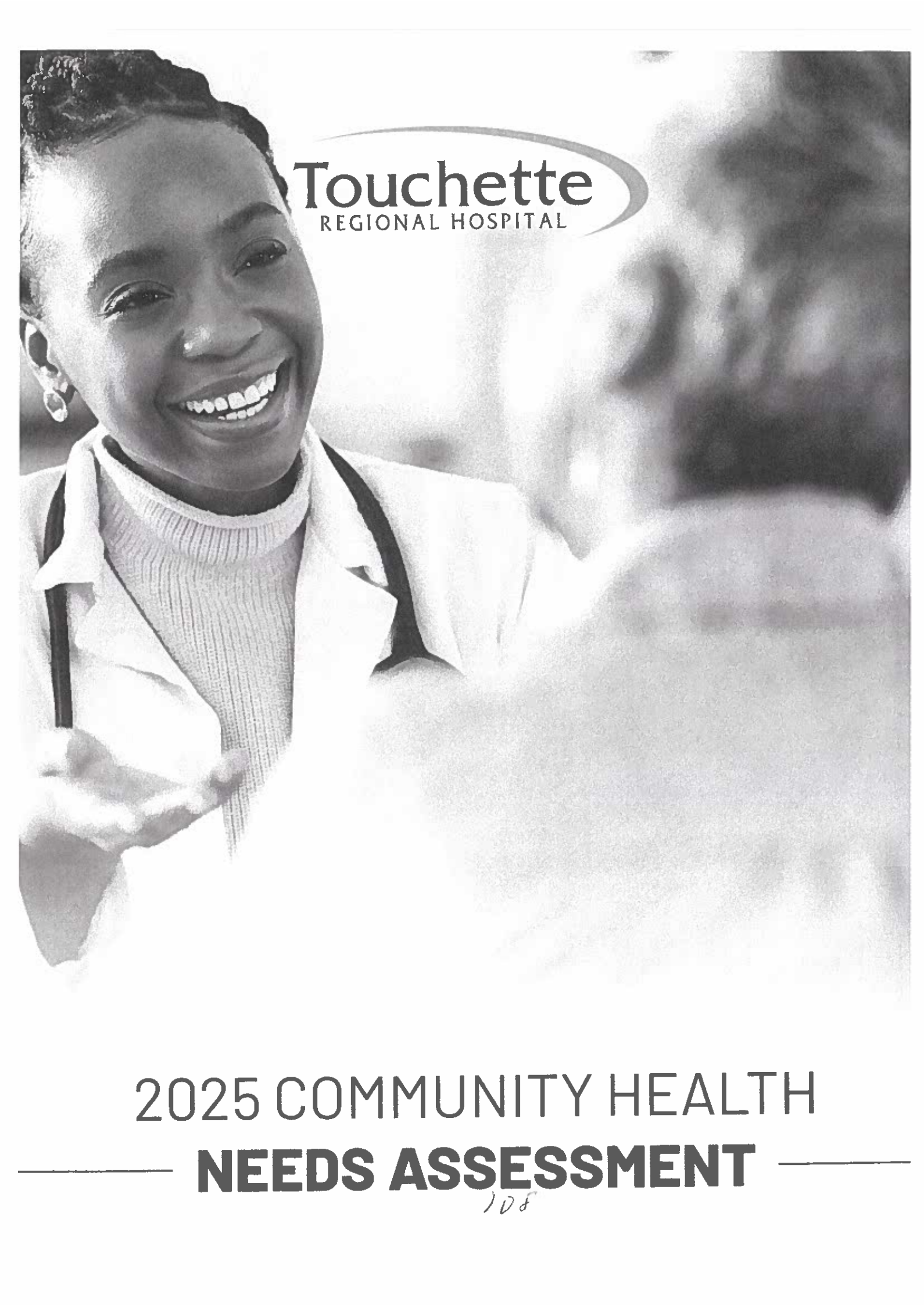
Specialist care has long been difficult for low-income individuals to access in many communities with shrinking numbers of specialists offering care in low-income communities or accepting Medicaid payments. At the end of 2024, residents of the greater East St. Louis Community have access to Cardiology, ENT/Otolaryngology, Pulmonology, and Nephrology offered directly by SIHF.

Housing

Vivian's Village Supportive Housing Project completed construction in May 2025 as the first new housing in Cahokia Heights in over 30 years. Phase 1 of Vivian's Village includes 16 supportive housing units along with a community building for residents to access health care, nutrition, and educational services. This project has partnered with the local community to ensure access to groceries and other personal needs are in a retail outlet immediately across the street, supporting the local economy while meeting resident needs. An extension adding even more new housing is currently in the planning stages.

In 2024, SIHF provided services at 32 locations.

- Alton - 4 Memorial Drive Building B, Suite 210 Alton, IL 62002
- Central Alton - 2615 Edwards Street Suite 171 Alton, IL 62002
- Arthur - 1710 State Route 133 Arthur, IL 61911
- Belleville Circle - 180 South Third Street Suite 100 & 300 Belleville, IL 62220
- Belleville Circle II - 311 West Lincoln Street, Suite 200 Belleville, IL 62220
- Belleville Family - 180 South Third Street Suite 104 Belleville, IL 62220
- Belleville Illini - 2900 Frank Scott Parkway West Suite 980 Belleville, IL 62223
- Belleville Pediatrics - 2900 Frank Scott Parkway West Suite 950 Belleville, IL 62223
- West Belleville - 7210 West Main Belleville, IL 62223
- Bethalto - 2 Terminal Drive Suite 8 Bethalto, IL 62024
- Bethalto Cardiology - 2 Terminal Drive Suite 4B Bethalto, IL 62024
- Bunker Hill - 144 North Washington Street Bunker Hill, IL 62014
- Cahokia Heights - 6000 Bond Avenue Cahokia Heights, IL 62207
- Charleston - 626 West Lincoln Avenue Charleston, IL 61920
- Collinsville - 1215 Vandalia Street Collinsville, IL 62234
- East St. Louis Windsor – 100 North 8th Street East St. Louis, IL 62201
- East St. Louis State Street - 2001 State Street East St. Louis, IL 62205
- East St. Louis Instacare - 2001 State Street East St. Louis, IL 62205
- Effingham - 900 West Temple Avenue Building A, Suite 208 Effingham, IL 62401
- Fairmont City - 2568 North 41st Street Fairmont City, IL 62201
- Glen Carbon - 4230 S. State Route 159 Glen Carbon, IL 62034
- Granite City - 2166 Madison Avenue Granite City, IL 62040
- Greenup - 302 North Mill Street Greenup, IL 62428
- Mattoon - 911 Remington Road Suite B Mattoon, IL 61938
- Millstadt - 60 Regency Place Millstadt, IL 62260
- O'Fallon - 3 St. Elizabeth's Boulevard Suite 4000 O'Fallon, IL 62269
- Olney - 1120 North East Street Olney, IL 62450
- Red Bud - 824 Locust Street Red Bud, IL 62278
- Salem - 1275 Hawthorn Road Salem, IL 62881
- Swansea - 4969 Benchmark Centre Drive Suite 100 Swansea, IL 62226
- Vandalia - 1510 Sunset Drive Vandalia, IL 62471
- Waterloo - 509 Hamacher, Suite 201 Waterloo, IL 62298



Touchette
REGIONAL HOSPITAL

2025 COMMUNITY HEALTH
NEEDS ASSESSMENT

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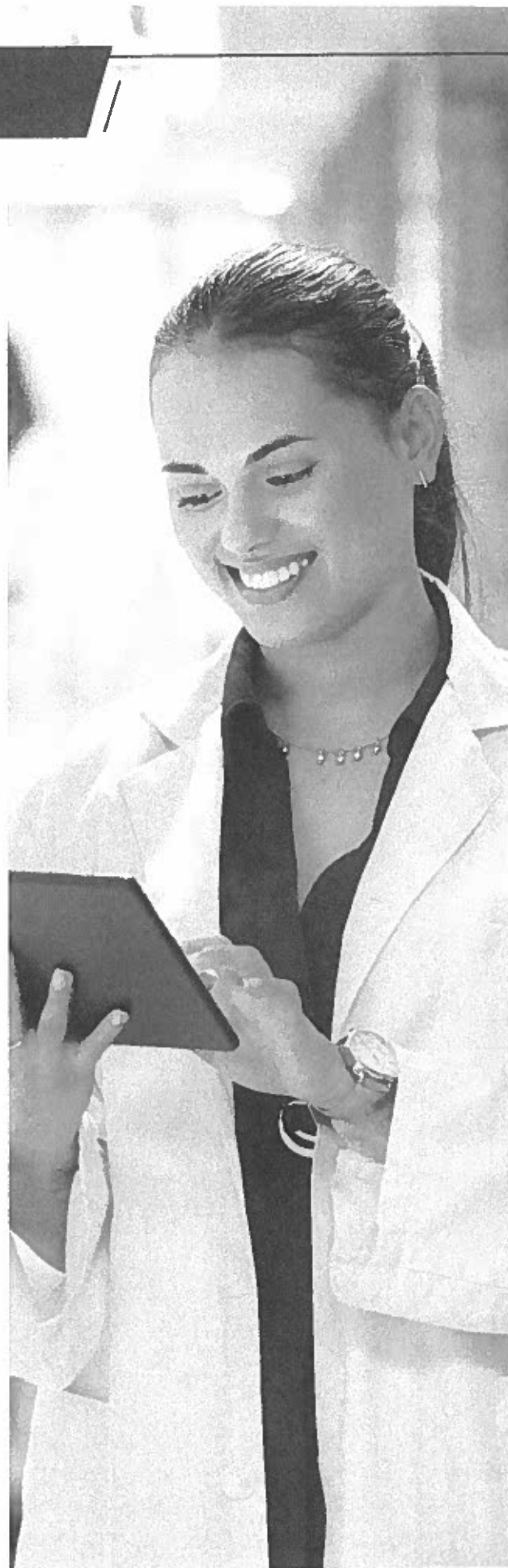
INTRODUCTION

Touchette Regional Hospital is located in Cahokia Heights, Illinois. Since its opening as Centreville Township Hospital in 1958, the hospital has provided healthcare services to metro-east communities including Cahokia Heights (which includes the areas formerly known as Centreville, Alorton, and Cahokia), East St. Louis, and Washington Park, as well as the surrounding area. For over 60 years, Touchette has delivered services in cardiopulmonary, laboratory, radiology, physical therapy, 24-hour emergency services, and medical and surgical. Progressively, new services have been added to meet the health needs of the community including enhanced behavioral health, sleep lab services, and substance use disorder services. In addition to medical services, transportation services are available to and from the hospital, local health centers, and physician offices.

Touchette addresses additional needs through community programs that aim to **educate the population** served on awareness and prevention health strategies. The Seniors I.Q. (Improving Quality) Program offers a coordinated and community-based approach to improve the quality of life for seniors 60 and older. The overall goal of the Seniors I.Q. Program is to provide free aftercare services to the elderly to promote the best quality of life. Through this program, seniors continue living independently in their own homes and participating in the daily activities they enjoy. These seniors experience greater life satisfaction, which helps reduce the stressors associated with aging. Another TRH program addresses violence prevention in the community by screening and identifying patients with trauma from violence and referring them for trauma-informed care and services.

Archview Medical Center in nearby Sauget is the primary home to the hospital's multi-specialty group with the Belleville Health Hub rapidly growing as well. TRH supported specialists are dedicated to the provision of quality specialty healthcare to Touchette's patient population. **Specialty services** offered include cardiology, gastroenterology, nephrology, ophthalmology, orthopedics, otolaryngology, podiatry, pulmonology, and urology. TRH also offers Behavioral Health services in Alton and Physical Therapy services in Granite City in order to ensure comprehensive services are accessible to our patients regardless of where they live. TRH continues to seek new ways to improve specialty care access and is directing resources from a State of Illinois Healthcare Transformation grant to increase the number of specialty services available and the number of patients to be served.

Another initiative from the State of Illinois Healthcare Transformation grant is a new **Community Health Worker program** in partnership with SIHF Healthcare. The Community Health Workers (CHWs) are located at the hospital and other medical sites throughout the community and work to address social determinants of health by providing direct referrals to supportive social services for patients.



COMMUNITY SERVED

Touchette's primary service area consists of Cahokia Heights, East St. Louis, and the surrounding Illinois communities of Washington Park and Sauget. The primary service area is identified by specific zip codes: 62201, 62203, 62204, 62205, 62206, and 62207. The secondary service area consists of Belleville, Collinsville, Granite City, Fairview Heights, O'Fallon, and other close communities. Ninety-two (92) percent of Touchette Regional Hospital's patients come from the primary service area, and eight (8) percent of the patients come from the secondary service area.

BACKGROUND

East St. Louis and the surrounding communities were once an industrious area. Many large manufacturing industries had a strong presence, including steel, railroading, and meatpacking. The area took a significant downturn during the second half of the 20th Century. Restructuring heavy industry and railroads led to significant job losses. Many factories closed or moved out of the area. These economic factors led to high rates of poverty in the area, spanning several generations. **Today**, the area continues to be plagued by poverty and associated social issues including increased crime, adverse social determinants, and decreased health status. The entire community is a designated Health Provider Shortage Area (HPSA) with shortages in primary care, dental, and mental health providers. The entire community is also a designated Medically Underserved Area (MUA) for having too few primary care providers and high rates of poverty. Generally, Touchette Regional Hospital's primary and secondary medical service areas consist of the following communities and zip codes:

62201 East Saint Louis
62203 East Saint Louis
62204 East Saint Louis
62205 East Saint Louis
62206 East Saint Louis
62207 East Saint Louis

62040 Granite City
62060 Madison
62208 Fairview Heights
62220 Belleville
62221 Belleville
62223 Belleville
62226 Belleville
62232 Caseyville
62234 Collinsville
62239 Dupu
62269 O'Fallon



DEMOGRAPHIC ANALYSIS

The demographics of Touchette's primary service area contrast significantly with those of the secondary service area. It is important to note, however, that residents in the secondary service area utilizing Touchette's services often share characteristics of the primary service area. Therefore, a Touchette patient who lives in the secondary service area is likely to have characteristics comparable to the primary service area population. The following chart presents an overview of the demographics of both the primary and secondary service areas:

	PRIMARY SERVICE AREA	SECONDARY SERVICE AREA
TOTAL POPULATION	41,096	235,442
RACE		
African American	77.9%	20.7%
Caucasian	12.8%	66.2%
Other	9.3%	13.1%
ETHNICITY		
Hispanic	4.4%	5.6%
Not Hispanic	95.6%	94.4%
INCOME		
Below Poverty (<100%)	32.1%	11.9%
100-200% of Poverty	28.4%	14.9%
>200% of Poverty	39.5%	73.2%
EDUCATION		
Below HS	17.4%	6.8%
HS Grad (includes equivalency)	69.3%	62.5%
College Grad	13.3%	30.7%
AGE		
0-19	27.6%	24.3%
20-59	49.4%	53.9%
60+	23.0%	21.8%
UNEMPLOYMENT		
Total rate of unemployment	12.3%	5.1%

COMMUNITY HEALTH STATUS

One effective tool used for comparative analysis is the annual County Health Rankings and Roadmaps report. The program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings are determined by assessing health factors and health outcomes in a community. Health outcomes are measured by length and quality of life. Health factors are measured using multiple indicators including healthy behaviors, access to clinic care, social and environmental factors, and physical environment. The goal of the rankings is to provide a snapshot of how the population's health status is influenced by societal conditions of the community.

The primary service area of Touchette Regional Hospital makes up nearly a quarter of St. Clair County and comprises the poorest parts of the county with the highest proportion of low-income residents. However, for the purpose of defining the community by health rankings, St. Clair County provides the most comprehensive and applicable information available to Touchette Regional Hospital's primary population. St. Clair County ranks near the bottom, 87th out of 102 Illinois counties for both health outcomes and 75th out of 102 counties for health factors. Below is an inclusive list of health measures, descriptions, and the associated health ranking for each.

MEASURE	DESCRIPTION	RANKING
HEALTH OUTCOMES		87
Length of Life	Premature death	93
Quality of Life	Poor or fair health, poor physical health days, poor mental health days, low birth weight	73
HEALTH FACTORS		75
Health Behaviors	Adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births	60
Access to Clinical Care	Uninsured rates, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetic monitoring, mammography screenings	81
Social and Economic Factors	High school graduation rates, some college attendance, unemployment, children in poverty, income equality, single-parent households, social associations, violent crime, injury deaths	76
Physical Environment	Air pollution (particulate matter), drinking water violations, severe housing problems, driving alone to work, long commute (driving alone)	75

Source: Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute 2023 County Health Rankings

COMMUNITY INPUT

Touchette Regional Hospital continues to employ a collaborative approach to ensure the Community Health Needs Assessment is completed thoroughly. Therefore, we requested input from key stakeholders in the community. Stakeholder input along with quantitative data was used to identify primary community health needs and to prioritize these issues. Data analysis was provided by planning and development staff at the local Federally Qualified Health Center (FQHC). The FQHC is recognized for their proficiency in conducting such assessments. For many years, the planning and development department has collaborated with several local organizations assisting in the performance of needs assessments within the community. The FQHC is also noted for its success in using these assessments to secure competitive grant funding for both ongoing and new projects.

Additionally, every three years Touchette Regional Hospital hosts a Community Partners Focus Group to obtain input for the Community Health Needs Assessment. Representatives from agencies that provide health and social services to the East St. Louis area are invited to participate. The work being done in the community by other groups and individuals often reveals significant needs not always observed by the hospital. The primary goal of the meeting is to gather insight and perspectives from these outside resources. The focus group provides a forum for key informants and hospital personnel to explore and identify community health needs. Agencies participating in the focus group include East Side Health District, St. Clair County Public Health Department, Our Brothers' Keepers, SIHF Community Health Worker Program, and SIHF Healthcare Healthy Start Initiative.

Participants in the 2025 Community Health Needs Assessment process included a variety of groups dedicated to serving the East St. Louis population. These agencies provide services in the areas of healthcare, social services, education, and more. For the East St. Louis community, these are important determinants which play a significant role in the overall quality of life for the population.

Among the stakeholders, there was a general consensus of agreement around the data regarding demographics, socioeconomic factors, and health trends. Additional concerns about problems likely contributing to the poor health status of the community were also raised. These topics included a general stigma around seeking both medical and mental health treatment, the difficulty obtaining specialty care, and other barriers to seeking care such as finances and transportation. During the focus group, the parties present brainstormed different methods to address issues.

