Dan A. Myers, M.D.
Chairman, North Carolina State Health Coordinating Council
c/o Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

Re: Petition to the State Health Coordinating Council
Adjusted Bed Need Petition for Additional Adult Psychiatric Bed Need in the *2010 State Medical Facilities Plan*

I. Name, address, and telephone number of Petitioner

Petitioner:
Community General Health Partners, Inc. d/b/a Thomasville Medical Center
207 Old Lexington Rd.
Thomasville, NC 27360 and
Novant Health, Inc.
2085 Frontis Plaza Blvd.
Winston Salem, NC 27103

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Planning Section

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II. Requested Adjustment

Thomasville Medical Center is submitting this Petition to the State Health Coordinating Council requesting an adjustment to the need determination for adult psychiatric beds included in Chapter 15 of the *Proposed 2010 State Medical Facilities Plan.* Currently no need exists for additional adult psychiatric beds in the Piedmont LME[1] in the *Proposed 2010 State Medical Facilities Plan.*

However, a need does exist for additional adult psychiatric beds for Davidson County. Thomasville Medical Center is requesting that Table 15C (1): 2012 Need Determination For Adult Psychiatric Inpatient Beds in the *2010 State Medical Facilities Plan* be adjusted to reflect a need for **seven** adult psychiatric beds in Davidson County (one of five counties in the Piedmont LME). Furthermore, these seven adult psychiatric beds shall be developed by converting existing acute care bed inventory, which are seven existing TMC acute licensed beds.

This need is based upon the historical and projected utilization of the geriatric behavioral health inpatient unit at Thomasville Medical Center. Thomasville Medical Center is requesting that a need for Davidson County be separated from the regional planning total (for the *2010 SMFP* year only) resulting in an identified need in the *2010 State Medical Facilities Plan* of seven additional adult psychiatric beds for Davidson County to be converted from existing Davidson County/TMC acute care bed inventory. Thomasville Medical Center operates a successful and highly utilized geriatric-psychiatric inpatient program, with 26 licensed adult psychiatric beds, and there is more demand for these beds than can be accommodated at the present time.

III. Reasons for the Proposed Adjustment

1. Thomasville Medical Center Geri-Psychiatric Program

Five years ago, Thomasville Medical Center petitioned the SHCC to include an 11 adult psychiatric bed adjusted need determination for Davidson County in the *2005 State Medical Facilities Plan.* That Petition was approved and Thomasville Medical Center subsequently applied and received CON approval for the 11 additional adult psychiatric beds resulting in a 26 bed geriatric psychiatry program at Thomasville Medical Center. The 11 additional beds opened on January 1, 2006 and were fully operational in June 2007. Utilization of the 26 bed geriatric psychiatry program at TMC has exceeded 80% for the last three months and has exceeded the 75% target occupancy for inpatient adult psychiatric beds for the last six months. As a result TMC is once again approaching the SHCC for an adjustment to the need for adult psychiatric beds in Davidson County.

2. Supporting Data and Information

Davidson County is on the northern end of the 5-county Piedmont LME Planning Region as shown in the map included as Exhibit I, attached to this Petition. The Piedmont LME Planning Region in the *Proposed 2010 SMFP* includes these counties: Davidson, Rowan, Stanly, Union, and Cabarrus. As illustrated on the Thomasville Medical Center patient origin map included in Exhibit II only

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[1] The Piedmont LME is defined in the *Proposed 2010 SMFP* to include these counties: Davidson, Stanly, Cabarrus, Union, & Rowan.

Rowan County of the counties included in the Piedmont LME is in the Thomasville Medical Center geriatric-psychiatric service area.

As a result of continuing demand for geriatric psychiatric services in Davidson and surrounding counties utilization of Thomasville Medical Center's existing 26 bed psychiatric unit (with a specialized geriatric focus) has increased over the last few years. Utilization increased over 70% in less than three years filling up the 11 bed expansion which opened in 2006 as shown in Exhibit III.

Thomasville Medical Center operates a specialized inpatient geriatric psychiatric program and provides care to elderly residents of Davidson, Guilford, and surrounding counties. Exhibit IV provides patient origin statistics and market share data for the Thomasville Medical Center psychiatric inpatient service and reflects increasing market share of inpatient psychiatric services in most of the counties served by Thomasville Medical Center. Exhibit II includes a map of the Thomasville Medical Center geriatric-psychiatric program's primary and secondary service area. Thomasville Medical Center's Geriatric Behavioral Health Unit, located within Thomasville Medical Center, offers individualized behavioral health care in a warm, supportive atmosphere. Treatment includes individual meetings with psychiatrists and/or group therapy to assist with specialty training for emotional, psychological, physical, and medication needs. Special services include, but are not limited to: confidential initial consultation to help determine the appropriate level of care, assistance locating the least restrictive environment that can assist meeting individual's needs, and management of a patient's secondary medical needs.

The geri-psychiatric inpatient program at Thomasville Medical Center is well-utilized and there is more demand for these beds than can be accommodated at the present time. In addition, some of the beds are in a semi-private setting, which can cause placement and admission issues due to gender differences or due to medical issues.[2] Moreover, the 65+ population in Davidson and surrounding counties is projected to grow steadily over the next several years.[3] Between 2009 and 2020, it is predicted that the Davidson County 65+ population will grow by over 47%, from about 21,000 in CY 2009 to almost 31,000 in CY 2020. In contrast, during that same time period the total population of Davidson County (all ages) grows by 18%. Thus, there will be an increasing 65+ geriatric population and the associated geri-psych needs are likely to increase accordingly.

In a recently-approved CON Application, the applicant showed persuasively that there is ample need for adult psychiatric inpatient beds in each of the counties that comprise Thomasville Medical Center's primary and secondary service area.[4] The methodology utilized an inpatient psychiatric use rate of 30 beds per 100,000 population. Use of this rate in the Thomasville Medical Center's primary and secondary service area results is significant additional need for inpatient psychiatric beds.

Finally, the geriatric-psychiatric program at Thomasville Medical Center has routinely had to deny admission to the TMC Geriatric Behavioral Health Unit because space was not available. With the

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[2] I.e., male and female patients can not be assigned to share a semi-private room.

[3] NC state demographics web site.

[4] Project ID # G-8282-09 Keystone WSNC, LLC, d/b/a Old Vineyard Behavioral Health Services / Relocate 50 existing adult inpatient psychiatric beds from Broughton Hospital to Old Vineyard Behavioral Health Services pursuant to Policy PSY-1 / Forsyth County.

occupancy rate on the unit routinely running greater than 75% over the past several months it is challenging to address separation required due to diagnosis and patient gender. Data documenting this increasing problem is included in Exhibit V.

3. Support for the Petition

Thomasville Medical Center has ongoing referral relationships with the TMC medical staff and members of the area mental health community that are the source of referrals to TMC's specialized geriatric behavioral health inpatient unit. TMC has also met with representatives of the local mental health centers and explained their expansion plans for the specialized geri-psych inpatient unit and these constituencies are enthusiastically supportive, as is RRMC in Salisbury (in the county adjacent to Davidson County). Letters of support are found in EXHIBIT VI and include letters from leadership at TMC, the medical director and medical staff for the TMC Geriatric Behavioral Health Unit, and area providers in surrounding counties.

4. Statement of Adverse Effects

The American Association for Geriatric Psychiatry has expressed serious concerns, shared by researchers, clinicians, and consumers that there exists a critical disparity between appropriations for research, training, and health services and the projected mental health needs of older Americans. This disparity is evident in the convergence of several key factors:

- demographic projections indicate that with the aging of the U.S. population, there will be an unprecedented increase in the burden of mental illness among aging persons, especially among the baby boom generation;
- this growth in the proportion of older adults and the prevalence of mental illness is expected to have a major direct and indirect impact on general health service use and costs;
- despite the fact that effective treatment exists, the current mental health needs of many older adults remain unmet;
- the number of physicians being trained in geriatric mental health research and clinical care is insufficient to meet current needs, and this workforce shortfall is projected to become a crisis as the U.S. population ages over the next decade; and
- a major gap exists between research, mental health care policy, and service delivery.

Despite recent significant increases in funds supporting research in mental health, the allocation of National Institute of Mental Health (NIMH) and Center for Mental Health Services (CMHS) funds for research that focuses on aging and mental health is disproportionately low, and woefully inadequate to deal with the impending crisis of mental health in older Americans.[5]

With the baby boom generation nearing retirement, the number of older Americans with mental disorders is certain to increase in the future. By the year 2010, there will be approximately 40 million people in the United States over the age of 65. Over 20 percent of those people will experience mental health problems.[6] A national crisis in geriatric mental health care is emerging

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[5] American Association for Geriatric Psychiatry http://www.aagpgpa.org/

[6] American Association for Geriatric Psychiatry http://www.aagpgpa.org/

and has received recent attention in the medical literature. While many different types of mental and behavioral disorders can occur late in life, they are not an inevitable part of the aging process, and continued research holds the promise of improving the mental health and quality of life for older Americans.

It is estimated that 5.3 million Americans currently suffer from Alzheimer's Disease (AD) or a related form of dementia. Every 70 seconds, someone develops AD. Nearly 10 percent of all people over age 65 and up to half of those over age 85 are thought to have AD or another form of dementia. Approximately 19 million Americans have a family member with Alzheimer's. Approximately 360,000 new cases occur each year. However, these numbers are increasing as the population of elderly increases. It is estimated that as many as 16 million Americans will have AD by the middle of this century. A person with AD lives an average of eight years after initial diagnosis and may live as many as 20 years after the onset of symptoms. The length of time people live with AD has profound emotional and financial impact on their families and caregivers.[7]

Alzheimer Disease costs the U.S. at least $148 billion per year. Medicare and private health insurance cover a portion of the health care related expenses, but not the costs associated with care giving or the type of long term care needed by most patients at the most severe part of the disease. In addition, it is also estimated that AD costs U.S. businesses at least $36.5 billion per year - either through lost productivity by caregivers or related health and long term care costs. The average lifetime cost per AD patient is $174,000.[8]

Psychiatric symptoms (including depression, agitation, and psychotic symptoms) affect 30 to 40 percent of people with Alzheimer's and are associated with increased hospitalization, nursing home placement, and family burden. These psychiatric symptoms, associated with Alzheimer's disease, can increase the cost of treating these patients by more than 20 percent.[9]

All people feel sad or unhappy at times during their lives, but persistent sadness may be depression, a serious illness affecting 15 out of every 100 adults over age 65 in the United States. Depression is not a normal part of growing old but rather a treatable medical illness that impacts more than 6 million of the more than 40 million Americans over age 65. When depression occurs in late life, it may be a relapse of an earlier depression. If it is a first time occurrence, it may be triggered by another illness, hospitalization, or placement in a nursing home. Unlike the onset of depression in non-elderly populations, depression in the elderly is thought to be a psychological disorder triggered by specific stressors, such as medical illness. Another causal factor is grief following the death of a loved one.[10]

An estimated 6 percent of people ages 65 and older in a given year, or approximately 2 million individuals in this age group, have a diagnosable depressive illness. Depression affects approximately 25 percent of those with chronic illness and is particularly common in patients with ischemic heart disease, stroke, cancer, chronic lung disease, arthritis, Alzheimer's disease, and

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[7] http://www.gmhfonline.org/gmhf/consumer/factsheets/dementia_factsheet.html

[8] http://www.gmhfonline.org/gmhf/consumer/factsheets/dementia_factsheet.html

[9] American Association for Geriatric Psychiatry http://www.aagpgpa.org/

[10] http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_factsheet.html

Parkinson's disease. Most disturbing among depression statistics is the fact that depression affects upwards of 50 percent of nursing home residents.[11]

The direct and indirect costs of depression have been estimated at $43 billion each year, not including pain and suffering and diminished quality of life. Late life depression is particularly costly because of the disability that it causes and the impact on the physical health of the older person.

Depression is one of the most successfully treated illnesses. When properly diagnosed and treated, more than 80 percent of those suffering from depression recover and return to their normal lives. Most depressed elderly people can improve dramatically from treatment. The reasons for treating depression in the elderly are compelling. Untreated, the condition is likely to persist causing distress, disability, wasted health care dollars, substance abuse, and medical complications or death. Common treatments for depression include psychotherapy, antidepressant medications, and electro convulsive therapy (ECT).[12]

Treatment is crucial because late-life depression doubles a person's risk of developing cardiac diseases and increases their risk of death from illness, while reducing the ability to rehabilitate. And older Americans are disproportionately likely to die by suicide. Suicide is more common in older people than in any other age group. The population over age 65 accounts for more than 25 percent of the nation's suicides. In fact, white men over age 80 are six times more likely to commit suicide than the general population, constituting the largest risk group.[13]

About 10% of patients admitted to a psychiatric inpatient unit are referred for a psychiatric consultation. Many have attempted suicide, and many have other conspicuous psychological disturbances that require appraisal and treatment. Suicide rates increase with age and are highest among Americans aged 65 years and older. The ten year period, 1980-1990, was the first decade since the 1940s that the suicide rate for older residents rose instead of declined. From 1980-1998, the largest relative increases in suicide rates occurred among those 80-84 years of age. The rate for men in this age group increased 17% (from 43.5 per 100,000 to 52.0 per 100,000).[14]

Several studies have found that many older adults who commit suicide have visited a primary care physician very close to the time of the suicide – 20 percent on the same day and 40 percent within 1 week of the suicide[15] - a truly stunning statistic.

Risk factors for suicide among older persons differ from those among the young. Older persons have a higher prevalence of depression, a greater use of highly lethal methods and social isolation. They also make fewer attempts per completed suicide, have a higher-male-to-female ratio than other groups, have often visited a health-care provider before their suicide, and have more physical illnesses.[16]

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[11] http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_factsheet.html
[12] http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_factsheet.html
[13] http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_latelife.html
[14] SAVE. Suicide Awareness Voices of Education; http://www.save.org
[15] http://www.gmhfonline.org/gmhf/consumer/factsheets/depression_factsheet.html
[16] SAVE. Suicide Awareness Voices of Education; http://www.save.org

Many patients with medical conditions, dementia, and functional psychiatric syndromes due to organic or metabolic brain disorders have complex, difficult, or refractory problems that require referral to a psychiatrist.

The enormous and widely underestimated costs of late-life mental disorders justify major new investments. The personal and societal costs of mental illness and addictive disorders are high, but advances in research and treatment will help save lives, strengthen families, and save taxpayer dollars.

5. Alternatives

One alternative is to continue to operate the TMC Geriatric Behavioral Health Unit at its current 26-bed size. With the occupancy rate on the unit routinely running greater than 75% over the past several months it is challenging to address separation required due to diagnosis and gender. During the recent months, TMC has routinely had to deny admission to the TMC Geriatric Behavioral Health Unit because space was not available. Documentation of denied admissions based on: (1) no space available; (2) patient/family chose another facility (often due to lack of space); and (3) not appropriate for milieu (often also impacted by lack of space) is included in Exhibit V. Thus, the management team determined that given the level of demand, the success of the program, and the robust growth of the senior population in the region that it was imperative to petition to adjust the bed need for adult psychiatric beds to allow the potential for future expansion of inpatient bed capacity of the TMC Geriatric Behavioral Health Center.

As shown by the attached maps, Davidson County is adjacent to several counties with existing psychiatric services. As a result, Thomasville Medical Center also analyzed utilization at facilities in counties adjacent to Davidson County in addition to those located in the Piedmont LME. This data is included in the table in Exhibit II and reflects high utilization of existing inpatient psychiatric services in surrounding counties. The closest beds which might be available to residents of Davidson County are in Rowan County. However, Rowan Regional Medical Center provides general adult inpatient psychiatric services and does not provide a specialized geriatric psychiatric service. While there are a limited number of staffed beds available at Forsyth Medical Center and Moses Cone, both facilities are operating in excess of 70% of available beds, approaching the 75% planning capacity for psychiatric services. In addition, the psychiatric services at these facilities are not specialized to meet the needs of the geriatric population served at Thomasville Medical Center. (TMC defines the geriatric behavioral health population serve as patients age 55 and older). In addition, psychiatric inpatient services at High Point Regional Medical Center and Moses Cone both exceed the 75% target utilization. A recent CON approval for a facility in Forsyth County will result in additional geriatric-psychiatric beds in Forsyth County[17]. However, these psychiatric beds are being relocated from Broughton Hospital. Projected patient origin for the Old Vineyard inpatient psychiatric is anticipated to be the same as the current patient origin at that facility. CMC-NorthEast in Cabarrus County operates a 10 bed dedicated geriatric-psychiatric inpatient unit, however, as previously discussed Cabarrus County is not a significant part of the Thomasville

[17] Keystone WSNC, LLC, d/b/a Old Vineyard Behavioral Health Services in Forsyth County recently received CON approval to relocate 50 existing inpatient psychiatric beds from Broughton Hospital, a State owned psychiatric hospital located in Morganton, to Old Vineyard Behavioral Health Services, an existing psychiatric hospital located in Winston-Salem. The approved project includes development of a 12-bed geri-psych unit.

Medical Center patient origin. Therefore, existing facilities are not in a position to meet the special needs of the elderly population served at Thomasville Medical Center.

IV. Duplication of Health Care Resources

A duplication of health care resources suggests that there is/will be an excess of services within a market. The data and the narrative provided in this Petition demonstrate that there a need in Davidson and surrounding counties for additional adult inpatient psychiatric beds. As a result, there is not and will not be a duplication of health care resources in Davidson and surrounding counties, or in the Piedmont LME.

Furthermore, as previously discussed, existing inpatient psychiatric facilities are either operating at or near the 75% target occupancy or do not provide specialized geriatric behavioral health inpatient programs.

V. Consistency with Three Principles of the *Governing the Development of the SMFP: Safety and Quality, Access and Value*

Evidence that the requested adjusted need determination for **seven adult psychiatric** beds in Davidson County is consistent with the Basic Principles Governing the Development of the *SMFP*: Safety and Quality, Access and Value.

1. Safety and Quality Basic Principle

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Providing inpatient psychiatric care in a timely and locally accessible manner is a key component of assuring safety and quality care to the citizens of Davidson County and the surrounding counties. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. Providing readily available care in the appropriate local setting works to assure quality care, as well as patient safety. The proposed adjusted need determination for Davidson County is consistent with this basic principle as it will result in the availability of care inpatient psychiatric care in an appropriate setting in a timelier manner. This care is not available locally at any of the other Piedmont LME providers, and in fact, the TMC Geriatric-Psychiatric inpatient unit, may be the only such private unit in the state of North Carolina.

Access Basic Principle

Equitable access to timely, clinically appropriate, and high quality health care for all the people of North Carolina is a foundation principle for the formulation and application of the *North Carolina State Medical Facilities Plan*. The formulation and implementation of the *North Carolina State Medical Facilities Plan* seeks to reduce all of these types of barriers to timely and appropriate access to healthcare services. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers. The *SMFP* is developed annually as a mechanism

to assure the distribution of necessary health care services to various populations throughout North Carolina, i.e., geographic accessibility.

The proposed adjustment will improve access to inpatient psychiatric services for residents of Davidson and surrounding counties, especially for the elderly population, which are identified in the CON Statutory Review Criteria as part of the state's "medically underserved population." Assuring the availability of inpatient psychiatric beds, focused on the inpatient behavioral health needs of the elderly if offered at TMC, promotes access to needed mental health services.

2. Value Basic Principle

The SHCC defines health care value as maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The proposed addition of seven psychiatric beds in Davidson County will allow the Petitioner to apply to expand a well-utilized regional resource to address the inpatient behavioral health needs elderly residents of Davidson and surrounding counties.

VI. Summary

Thank you for your consideration of the proposed adjustment to the need determination for adult psychiatric beds in Davidson County in the Piedmont LME service area as defined in the *Proposed 2010 SMFP*.

Thomasville Medical Center has a vibrant and growing geriatric-psych inpatient service that is in a position to expand to meet the needs of the community it serves. The program at Thomasville Medical Center is well-utilized, supported by the community and medical staff, and is economically self-supporting. While utilization of other surrounding psychiatric inpatient facilities are at or near planning capacity, these facilities do not have specialized geri-psych inpatient units, and local mental health providers and hospitals support this Petition. In addition, existing local mental health providers and hospitals support the proposed petition. Therefore, Thomasville Medical Center is requesting that a seven bed need for inpatient adult psychiatric beds in Davidson County be identified in the *Proposed 2010 State Medical Facilities Plan*, and be separated from the Piedmont LME planning total resulting in an identified need in the *2010 State Medical Facilities Plan* of seven additional adult psychiatric beds for Davidson County for purposes of the *2010 SMFP* year only due to the special circumstances described above. Thomasville Medical Center urges the planning staff and the members of the SHCC to give serious and careful consideration to this Petition.

Please do not hesitate to contact us if you require information beyond what is included in the Petition, exhibits, and support letters.

Exhibits: TMC Psychiatric Adjusted Bed Need Determination Petition

Exhibit I: Map of Piedmont LME Planning Region & TMC Geriatric Behavioral Health Primary & Secondary Service Area

Exhibit II: TMC Patient Origin Map

Exhibit III: TMC Geriatric Behavioral Health Inpatient Unit Utilization

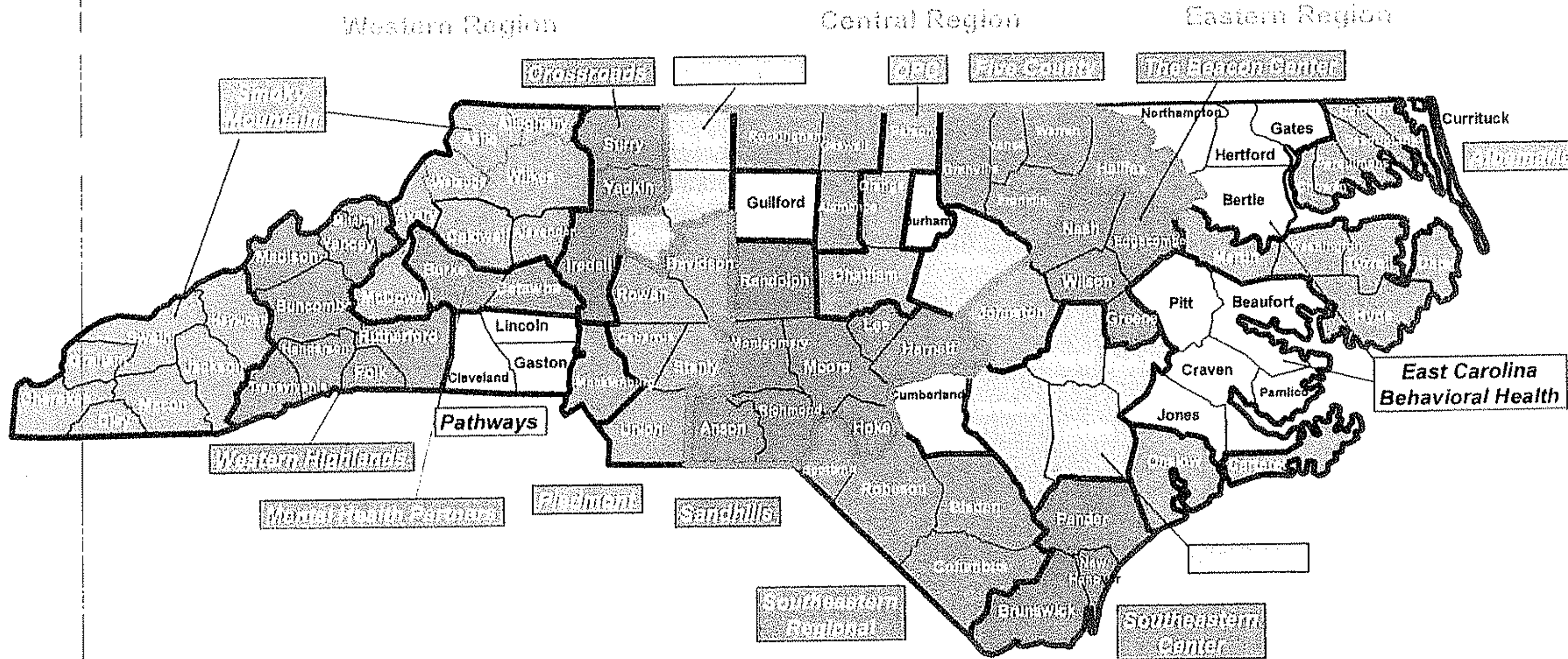
Exhibit IV: TMC Geriatric Behavioral Health Inpatient Unit Patient Origin and Market Share Data

Exhibit V: Data Regarding TMC Geriatric Behavioral Health Unit: Inability To Accommodate Admissions Due to Capacity Constraints

Exhibit VI: Letters of Support: TMC Management, TMC Geriatric Behavioral Health Medical Director/Medical Staff, and Community

EXHIBIT I

Local Management Entities (LMEs) and their Member Counties
As of July 1, 2008



Unless otherwise indicated, the LME name is the county name(s).

Reflects LMEs and Regions as of July 2008

EXHIBIT II

Exhibit II - FY2009 - Utilization and Beds Existing Providers

Counties	Provider	Adult Psychiatric Days	Licensed Adult Beds	Utilization	Total Staffed Beds	Utilization
Piedmont LME						
Stanly	Stanly Regional Medical Center	3,830	12	87.4%	12	87.4%
Cabarrus	CMC-NorthEast	2,587	10	70.9%	10	70.9%
Rowan	Rowan Regional Medical Center	3,461	20	47.4%	20	47.4%
Davidson	Thomasville Medical Center	6,908	26	72.8%	26	72.8%
Surrounding Counties						
Counties	**Provider**	**Adult Psychiatric Days**	**Licensed Adult Beds**	**Utilization**	**Total Staffed Beds**	**Utilization**
Forsyth	NCBaptist Hospital	6,730	24	76.8%	24	76.8%
Forsyth	Forsyth Medical Center	12,238	80	41.9%	43	78.0%
Guilford	Moses Cone Memorial Hospital	13,017	50	71.3%	50	71.3%
Guilford	High Point Regional	7,256	24	82.8%	24	82.8%

Exhibit III - Thomasville Medical Center Historical Utilization

	2005													2006												
Key Stats	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Admissions	34	30	28	28	29	26	30	27	29	22	25	24	541	28	29	31	51	46	50	45	40	40	46	38	35	479
Discharges	29	30	31	29	26	25	32	30	26	26	21	28	536	23	28	31	44	50	47	50	42	41	46	35	39	476
Patient Days	385	306	329	290	275	375	320	322	276	299	251	259	6381	332	306	307	457	464	512	485	433	363	488	352	441	4940
ADC	12.42	10.9	10.6	9.67	8.87	12.5	10.32	10.39	9.2	9.65	8.37	8.35	17.5	10.7	10.9	9.9	15.2	15.0	17.1	15.6	14.0	12.1	15.7	11.7	14.2	13.5
Occupancy	82.8%	72.7%	70.7%	64.5%	59.1%	83.3%	68.8%	69.3%	61.3%	64.3%	55.8%	55.7%	67.2%	41.2%	42.0%	38.1%	58.6%	57.6%	65.6%	60.2%	53.7%	46.5%	60.5%	45.1%	54.7%	52.1%
ALOS	11.32	10.20	11.75	10.36	9.48	14.42	10.67	11.93	9.52	13.59	10.04	10.79	11.9	11.9	11.4	10.4	9.4	9.4	10.5	10.3	11.3	8.9	10.3	10.1	10.5	10.4

	2007													2008												
Key Stats	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total
Admissions	42	44	50	45	45	43	47	50	42	49	39	45	541	53	46	47	55	47	44	53	44	47	47	42	46	571
Discharges	39	44	43	45	47	44	45	50	40	52	44	43	536	45	54	48	48	49	45	51	42	50	48	45	45	570
Patient Days	469	463	529	543	514	550	556	540	590	591	539	497	6381	630	572	569	590	559	538	594	577	611	604	554	569	6967
ADC	15.1	16.5	17.1	18.1	16.6	18.3	17.9	17.4	19.7	19.1	18.0	16.0	17.5	20.3	20.4	18.4	19.7	18.0	17.9	19.2	18.6	20.4	19.5	18.5	18.4	19.1
Occupancy	58.2%	63.6%	65.6%	69.6%	63.8%	70.5%	69.0%	67.0%	[illegible]	73.3%	69.1%	61.7%	67.2%	[illegible]	[illegible]	70.6%	[illegible]	69.4%	69.0%	73.7%	71.6%	[illegible]	74.9%	71.0%	70.6%	73.4%
ALOS	11.9	10.2	12.4	10.3	12.2	11.4	13.0	10.9	13.1	11.9	13.5	10.3	11.9	13.6	12.4	10.9	11.7	11.4	13.3	10.3	13.7	12.4	14.0	11.9	12.4	12.2

	2009						
Key Stats	JAN	FEB	MAR	APR	MAY	JUN	JUL
Admissions	53	44	46	51	49	45	47
Discharges	51	49	48	44	52	47	40
Patient Days	587	564	548	596	652	640	503
ADC	18.9	20.1	17.7	19.9	21.0	21.3	21.9
Occupancy	72.8%	[illegible]	68.0%	[illegible]	[illegible]	[illegible]	[illegible]
ALOS	12.9	11.2	12.5	10.9	13.0	14.5	

Key Stats	2005	2006	2007	2008	CAGR
Admissions	332	479	541	571	
Discharges	333	476	536	570	
Patient Days	3687	4940	6381	6967	
Annual Growth		34.0%	29.2%	9.2%	24.1%

Jul - Jun	2005	2005	2005	2005	2005	2005	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2007	2007	2007	2007	2007	2007	2007
Key Stats	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total Jul - Jun	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total Jul - Jun
Admissions	30	27	29	22	25	24	28	29	31	51	46	50	392	45	40	40	46	38	35	42	44	50	45	45	43	513
Discharges	32	30	26	26	21	28	23	28	31	44	50	47	386	50	42	41	46	35	39	39	44	43	45	47	44	515
Patient Days	320	322	276	299	251	259	332	306	307	457	464	512	4105	485	433	363	488	352	441	469	463	529	543	514	550	5630
ADC	10.3	10.4	9.2	9.6	8.4	8.4	10.7	10.9	9.9	15.2	15.0	17.1	11.2	15.6	14.0	12.1	15.7	11.7	14.2	15.1	16.5	17.1	18.1	16.6	18.3	15.4
Occupancy	68.8%	69.2%	61.3%	64.3%	55.8%	55.7%	41.2%	42.0%	38.1%	58.6%	57.6%	65.6%	43.3%	60.2%	53.7%	46.5%	60.5%	45.1%	54.7%	58.2%	63.6%	65.6%	69.6%	63.8%	70.5%	59.3%
ALOS	10.67	11.93	9.52	13.59	10.04	10.79	11.9	11.4	10.4	9.4	9.4	10.5	10.6	10.3	11.3	8.9	10.3	10.1	10.5	11.9	10.2	12.4	10.3	12.2	11.4	10.9

Jul - Jun	2007	2007	2007	2007	2007	2007	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2009	2009	2009	2009	2009	2009	2009	2009
Key Stats	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total Jul - Jun	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total Jul - Jun	Total Jan - Jun
Admissions	47	50	42	49	39	45	53	46	47	55	47	44	564	53	44	47	47	42	46	53	44	46	51	49	45	567	
Discharges	45	50	40	52	44	43	45	54	48	48	49	45	563	51	42	50	48	45	45	51	49	48	44	52	47	572	
Patient Days	556	540	590	591	539	497	630	572	569	590	559	538	6771	594	577	611	604	554	569	587	564	548	596	652	640	7096	3587
ADC	17.9	17.4	19.7	19.1	18.0	16.0	20.3	20.4	18.4	19.7	18.0	17.9	18.6	19.2	18.6	20.4	19.5	18.5	18.4	18.9	20.1	17.7	19.9	21.0	21.3	19.4	19.818
Occupancy	69.0%	67.0%	[illegible]	73.3%	69.1%	61.7%	[illegible]	[illegible]	70.6%	[illegible]	69.4%	69.0%	71.3%	73.7%	71.6%	[illegible]	74.9%	71.0%	70.6%	72.8%	[illegible]	68.0%	[illegible]	[illegible]	[illegible]	74.8%	[illegible]
ALOS	13.0	10.9	13.1	11.9	13.5	10.3	13.6	12.4	10.9	11.7	11.4	13.3	12.0	10.3	13.7	12.4	14.0	11.9	12.4	12.9	11.2	12.5	10.9	13.0	14.5	12.4	

Exhibit III (Page 2)

Thomasville Medical Center Projected Utilization

	Jul05-Jun06	Jul06-Jun07	Jul07-Jun08	Jul08-Jun09	Jul09-Jun10	Jul10-Dec10	2011	2012	2013
Admissions	392	513	564	567					
Discharges	386	515	563	572					
Patient Days	4105	5630	6771	7096	7096	3548	7437	7794	8168
ADC	11.2	15.4	18.6	19.4					
Occupancy	43.3%	59.3%	71.3%	74.8%					
ALOS	10.6	10.9	12.0	12.4					
Annual Growth		37.1%	20.3%	4.8%					
Beds Needed at 75%					26	26	27	28	30
Additional Beds					0	0	1	2	4

Assumptions: Utilization of existing 26 beds through 2010 is 85% ; Additional beds open 1/1/11 grow at 4.8% annually

	Jul05-Jun06	Jul06-Jun07	Jul07-Jun08	Jul08-Jun09	CAGR	Jul09-Jun10	Jul10-Dec10	2011	2012	2013
Admissions	392	513	564	567						
Discharges	386	515	563	572						
Patient Days	4105	5630	6771	7096		7096	3548	7806	8586	9445
ADC	11.2	15.4	18.6	19.4						
Occupancy	43.3%	59.3%	71.3%	74.8%						
ALOS	10.6	10.9	12.0	12.4						
Annual Growth		37.1%	20.3%	4.8%	20.7%					
Beds Needed at 75%					10.4%	26	26	29	31	35
Additional Beds						0	0	3	5	9

Assumptions: Utilization of existing 26 beds through 2010 is 85% ; Additional beds open 1/1/11 grow at 10% annually

EXHIBIT IV
Page 1
Population

Population	10/05-9/06	10/06-9/07	10/07-9/08	10/08-9/09	10/09-9/10	10/10-9/11	10/11 - 9/12	10/12 - 9/13	10/13 - 9/14	10/14 - 9/15	2009-2015 CAGR
Alamance	139,178	143,154	146,025	149,401	152,772	156,140	159,504	162,865	166,224	169,577	1.0213
% Growth		2.9%	2.0%	2.3%	2.3%	2.2%	2.2%	2.1%	2.1%	2.0%	
Davidson	154,365	156,400	158,897	160,963	163,571	166,175	168,777	171,376	173,972	176,566	1.0155
% Growth		1.3%	1.6%	1.3%	1.6%	1.6%	1.6%	1.5%	1.5%	1.5%	
Forsyth	331,054	338,679	343,786	349,569	355,352	361,134	366,917	372,699	378,481	384,264	1.0159
% Growth		2.3%	1.5%	1.7%	1.7%	1.6%	1.6%	1.6%	1.6%	1.5%	
Guilford	449,725	460,780	468,439	476,831	485,222	493,613	502,003	510,395	518,786	527,177	1.0169
% Growth		2.5%	1.7%	1.8%	1.8%	1.7%	1.7%	1.7%	1.6%	1.6%	
Randolph	137,582	139,422	141,002	142,871	144,822	146,740	148,626	150,477	152,299	154,090	1.0127
% Growth		1.3%	1.1%	1.3%	1.4%	1.3%	1.3%	1.2%	1.2%	1.2%	
Rockingham	91,210	91,646	91,700	91,926	92,115	92,263	92,378	92,468	92,538	92,592	1.0012
% Growth		0.5%	0.1%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	
Rowan	133,930	136,486	138,545	140,891	143,236	145,581	147,927	150,273	152,618	154,964	1.0160
% Growth		1.9%	1.5%	1.7%	1.7%	1.6%	1.6%	1.6%	1.6%	1.5%	
Stokes	46,060	46,257	46,649	47,012	47,355	47,681	47,989	48,281	48,558	48,819	1.0063
% Growth		0.4%	0.8%	0.8%	0.7%	0.7%	0.6%	0.6%	0.6%	0.5%	
Surry	72,563	73,150	73,392	73,807	74,225	74,642	75,059	75,475	75,892	76,308	1.0056
% Growth		0.8%	0.3%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	
Wilkes	66,455	67,182	67,310	67,622	67,936	68,247	68,560	68,872	69,496	69,496	1.0046
% Growth		1.1%	0.2%	0.5%	0.5%	0.5%	0.5%	0.5%	0.9%	0.0%	

Source: NCOSBM website accessed on 7.22.09
County and State Population Projections 2009-2013
Provisional 2008 Population
Certified 2007 Population
Revised 2006 Population

Population 65+	10/05-9/06	10/06-9/07	10/07-9/08	10/08-9/09	10/09-9/10	10/10-9/11	10/11 - 9/12	10/12 - 9/13	10/13 - 9/14	10/14 - 9/15	2009-2015 CAGR
Alamance	19,093	19,489	19,936	20,328	20,766	21,211	21,927	22,665	23,335	24,041	1.0284
% Growth		2.1%	2.3%	2.0%	2.2%	2.1%	3.4%	3.4%	3.0%	3.0%	
Davidson	20,865	21,358	22,060	22,613	23,195	23,846	24,828	25,777	26,607	27,398	1.0325
% Growth		2.4%	3.3%	2.5%	2.6%	2.8%	4.1%	3.8%	3.2%	3.0%	
Forsyth	41,829	42,809	33,015	45,057	46,102	47,283	49,208	51,170	52,975	54,745	1.0330
% Growth		2.3%	-22.9%	36.5%	2.3%	2.6%	4.1%	4.0%	3.5%	3.3%	
Guilford	53,987	55,604	57,563	59,131	60,773	62,733	65,479	68,151	70,819	73,619	1.0372
% Growth		3.0%	3.5%	2.7%	2.8%	3.2%	4.4%	4.1%	3.9%	4.0%	
Randolph	17,464	17,902	18,469	19,024	19,598	20,180	21,014	21,784	22,439	23,083	1.0328
% Growth		2.5%	3.2%	3.0%	3.0%	3.0%	4.1%	3.7%	3.0%	2.9%	
Rockingham	13,878	13,946	14,148	14,276	14,394	14,595	14,946	15,268	15,557	15,872	1.0178
% Growth		0.5%	1.4%	0.9%	0.8%	1.4%	2.4%	2.2%	1.9%	2.0%	
Rowan	18,487	18,761	19,156	19,519	19,833	20,195	20,891	21,542	22,164	22,797	1.0262
% Growth		1.5%	2.1%	1.9%	1.6%	1.8%	3.4%	3.1%	2.9%	2.9%	
Stokes	5,958	6,077	6,302	6,513	6,696	6,874	7,156	7,427	7,633	7,840	1.0314
% Growth		2.0%	3.7%	3.3%	2.8%	2.7%	4.1%	3.8%	2.8%	2.7%	
Surry	11,349	11,432	11,620	11,747	11,876	11,980	12,240	12,560	12,760	12,970	1.0166
% Growth		0.7%	1.6%	1.1%	1.1%	0.9%	2.2%	2.5%	1.7%	1.6%	
Wilkes	10,130	10,353	10,599	10,820	11,033	11,229	11,550	11,836	12,106	12,351	1.0223
% Growth		2.2%	2.4%	2.1%	2.0%	1.8%	2.9%	2.5%	2.3%	2.0%	

Source: NCOSBM website accessed on 7.22.09
County and State Population Projections 2009-2013
Provisional 2008 Population
Revised 2007 Population

EXHIBIT IV
Page 2
Population

Exhibit IV
Page 2

65+ as % of Total Population	10/05-9/06	10/06-9/07	10/07-9/08	10/08-9/09	10/09-9/10	10/10-9/11	10/11 - 10/12	10/12 - 10/13	10/13 - 10/14	10/14 - 10/15
Alamance	13.7%	13.6%	13.7%	13.6%	13.6%	13.6%	13.7%	13.9%	14.0%	14.2%
Davidson	13.5%	13.7%	13.9%	14.0%	14.2%	14.3%	14.7%	15.0%	15.3%	15.5%
Forsyth	12.6%	12.6%	9.6%	12.9%	13.0%	13.1%	13.4%	13.7%	14.0%	14.2%
Guilford	12.0%	12.1%	12.3%	12.4%	12.5%	12.7%	13.0%	13.4%	13.7%	14.0%
Randolph	12.7%	12.8%	13.1%	13.3%	13.5%	13.8%	14.1%	14.5%	14.7%	15.0%
Rockingham	15.2%	15.2%	15.4%	15.5%	15.6%	15.8%	16.2%	16.5%	16.8%	17.1%
Rowan	13.8%	13.7%	13.8%	13.9%	13.8%	13.9%	14.1%	14.3%	14.5%	14.7%
Stokes	12.9%	13.1%	13.5%	13.9%	14.1%	14.4%	14.9%	15.4%	15.7%	16.1%
Surry	15.6%	15.6%	15.8%	15.9%	16.0%	16.0%	16.3%	16.6%	16.8%	17.0%
Wilkes	15.2%	15.4%	15.7%	16.0%	16.2%	16.5%	16.8%	17.2%	17.4%	17.8%

EXHIBIT IV
Pg 3
Patient
Origin

Thomasville Medical Center Psychiatric Beds					
Age 18+ Days					
County	10/04-9/05	10/05-9/06	10/06-9/07	10/07-9/08	% of Total
Davidson	1,130	852	1,148	1,576	22.8%
Guilford	1,258	1,110	1,523	1,553	22.5%
Forsyth	299	552	605	707	10.2%
Randolph	342	312	383	404	5.8%
Rockingham	199	166	381	337	4.9%
Surry	35	50	224	257	3.7%
Rowan	45	89	214	202	2.9%
Wilkes	32	39	54	198	2.9%
Alamance	24	72	91	182	2.6%
Stokes	46	51	27	145	2.1%
All other	515	1,182	1,235	1,347	19.5%
Total	3,925	4,475	5,885	6,908	100.0%

Source: 2006-2009 LRAs

Mental Health Planning Region = Piedmont LME: Stanly, Rowan, Cabarrus, Davidson, and Union Counties

Facilities with Adult Psychiatric Beds

10/07-9/08	Alamance	Davidson	Forsyth	Guilford	Randolph	Rockingham	Rowan	Stokes	Surry	Wilkes
Alamance	3,245	4	3	343	53	152	0	7	0	0
Beaufort	0	0	0	0	0	0	0	0	0	0
Brynn Marr										
Cannon	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data
Cape Fear Valley	0	0	0	2	0	0	0	0	0	0
Catawba	0	0	0	0	0	0	6	0	49	330
Central Carolina	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data
CMC	0	0	26	23	0	0	143	0	7	9
CMC-NE	0	11	7	23	0	0	329	0	15	0
Davis	0	54	4	0	6	0	188	0	55	199
Duham Regional	57	0	2	18	0	5	0	0	6	0
Duke	68	0	2	26	29	0	1	10	0	0
Duplin	0	0	0	0	0	0	0	0	0	0
East Carolina - Craven	0	8	8	0	0	0	0	0	0	0
Forsyth	7	595	7,850	357	54	36	59	992	512	130
Frye	15	165	126	172	73	31	276	0	152	398
Gaston	0	3	0	0	0	0	0	0	1	0
Good Hope	closed	closed	closed	closed	closed	closed	closed	closed	closed	closed
Grace	1	0	0	0	0	0	0	0	1	0
Halifax	0	0	0	0	0	0	0	0	0	0
Haywood	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data
High Point	12	1,148	247	4,348	467	25	67	28	6	0
Holly Hill	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open
Johnston	0	0	0	0	0	0	0	0	0	0
Kings Mountain	0	0	3	0	6	0	31	0	23	10
Mission	0	0	0	0	0	0	0	0	0	0
Moses Cone	203	298	342	6,963	1,963	1,656	51	39	136	19
Nash	0	14	5	8	17	5	0	0	0	0
NC Baptist	10	503	2,908	588	112	29	69	246	395	387
NHRMC	3	2	5	11	10	0	0	0	0	0
Pardee	3	0	0	0	0	0	3	0	5	5
Park Ridge	0	1	2	1	0	0	0	0	0	2
Pitt	10	0	5	37	24	0	0	0	47	0
Roanoke-Chowan	7	0	0	8	0	0	0	5	0	0
Rowan	0	212	9	0	7	0	2,047	0	9	0
Rutherford	0	0	0	1	0	0	0	0	1	1
Sandhills	0	0	0	0	0	0	0	0	0	0
Southeastern	4	9	0	0	0	0	0	0	0	0
St. Luke	0	0	5	0	0	0	14	0	0	21
Stanly	0	25	0	0	1	0	48	1	0	0
TMC	182	1,576	707	1,553	404	337	202	145	257	198
TPH	0	26	58	55	0	0	195	0	0	5
UNC Hospitals	931	52	374	259	185	29	20	0	29	14
Wayne	0	0	1	0	0	5	0	0	0	0
Wilson	0	0	0	0	0	0	0	0	0	0
Total	4,758	4,706	12,699	14,796	3,411	2,310	3,749	1,473	1,706	1,728

Source: 2009 LRA

Brynn Marr is on Onslow County

Facilities with Adult Psychiatr

10/06-9/07	Alamance	Davidson	Forsyth	Guilford	Randolph
Alamance	2,858	11	16	221	90
Beaufort	0	0	0	0	0
Brynn Marr					
Cannon	no data	no data	no data	no data	no data
Cape Fear Valley	0	0	0	7	0
Catawba	9	0	0	0	0
Central Carolina	no data	no data	no data	no data	no data
CMC	2	0	8	31	0
CMC-NE	0	15	0	9	0
Davis	0	13	8	11	0
Duham Regional	47	0	14	23	9
Duke	80	21	24	34	23
Duplin	0	0	0	0	0
East Carolina - Craven	0	0	0	0	0
Forsyth	3	398	8,108	333	48
Frye	128	71	107	241	178
Gaston	0	7	0	0	0
Good Hope	closed	closed	closed	closed	closed
Grace	0	0	0	12	0
Halifax	0	0	0	29	0
Haywood	no data	no data	no data	no data	no data
High Point	36	886	317	4,290	514
Holly Hill	not yet open	not yet open	not yet open	not yet open	not yet open
Johnston	0	1	0	0	0
Kings Mountain	0	0	3	0	0
Mission	0	17	3	7	0
Moses Cone	305	391	505	6,644	1,585
Nash	0	0	0	0	16
NC Baptist	4	364	3,033	452	159
NHRMC	2	0	6	15	0
Pardee	0	0	0	0	0
Park Ridge	0	0	0	0	0
Pitt	4	18	6	101	0
Roanoke-Chowan	0	0	0	2	0
Rowan	0	169	15	3	0
Rutherford	0	0	0	0	0
Sandhills	0	0	0	0	0
Southeastern	0	0	0	0	0
St. Luke	0	0	0	0	0
Stanly	0	29	0	0	1
TMC	91	1,148	605	1,523	363
TPH	0	17	69	38	0
UNC Hospitals	852	3	120	264	144
Wayne	0	0	0	0	0
Wilson	0	0	0	0	0
Total	4,421	3,579	12,967	14,290	3,150

Source: 2008 LRA

Brynn Marr is on Onslow County

Exhibit IV Mkt Shr Pg 5

Beds				
Rockingham	Rowan	Stokes	Surry	Wilkes
249	0	0	0	0
0	0	0	0	0
no data	no data	no data	no data	no data
0	0	0	0	0
0	6	0	90	373
no data	no data	no data	no data	no data
0	62	0	0	7
0	391	0	0	0
0	260	0	112	272
0	0	0	0	0
12	0	0	0	0
0	0	0	0	0
0	0	0	0	0
93	58	903	583	197
19	230	25	281	712
0	24	0	0	0
closed	closed	closed	closed	closed
0	12	0	0	0
0	0	0	0	0
no data	no data	no data	no data	no data
61	84	15	79	8
not yet open	not yet open	not yet open	not yet open	not yet open
0	0	0	1	0
0	18	4	6	0
0	24	0	0	5
1,454	90	58	87	112
0	10	0	13	0
20	90	188	287	365
0	7	0	0	6
0	0	0	10	0
0	0	0	1	1
0	0	0	0	6
0	0	0	0	0
0	1,870	0	5	3
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	16	0	0	0
0	71	0	0	0
381	214	81	224	54
0	135	0	0	22
4	0	0	0	0
0	0	0	0	0
0	0	0	0	0
2,293	3,672	1,274	1,779	2,143

	Facilities with Adult Psychiatric Beds									
10/05-9/06	Alamance	Davidson	Forsyth	Guilford	Randolph	Rockingham	Rowan	Stokes	Surry	Wilkes
Alamance	2,566	0	14	226	51	171	0	0	0	0
Beaufort	0	0	0	0	0	0	0	0	0	0
Brynn Marr										
Cannon	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data
Cape Fear Valley	0	0	0	3	0	0	0	0	0	0
Catawba	0	4	11	2	0	0	16	0	20	325
Central Carolina	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data
CMC	5	34	18	34	6	7	101	11	13	53
CMC-NE	8	9	0	16	0	0	412	0	6	0
Davis	9	19	11	0	0	0	265	0	66	264
Duham Regional	56	0	0	5	51	0	0	0	0	14
Duke	81	0	4	9	0	1	0	0	17	0
Duplin	0	0	0	0	0	0	0	0	0	0
East Carolina - Craven	0	22	7	13	0	0	0	0	0	0
Forsyth	3	588	7,816	419	28	91	53	847	733	255
Frye	130	161	88	268	63	15	120	13	230	448
Gaston	0	2	0	4	0	0	47	0	0	0
Good Hope	closed	closed	closed	closed	closed	closed	closed	closed	closed	closed
Grace	0	0	10	0	0	0	0	0	0	45
Halifax	0	0	0	0	0	0	0	0	0	0
Haywood	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data
High Point	101	860	447	4,438	426	105	48	26	44	0
Holly Hill	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open	not yet open
Johnston	0	0	1	0	1	0	0	0	0	0
Kings Mountain	0	0	0	0	0	0	24	0	4	0
Mission	0	0	0	0	0	0	0	0	0	0
Moses Cone	231	497	633	6,849	1,261	1,694	47	74	30	87
Nash	0	20	0	7	0	0	0	0	0	0
NC Baptist	18	389	3,172	774	156	141	42	395	357	376
NHRMC	0	13	16	18	37	0	3	0	8	0
Pardee	0	0	0	0	0	0	0	0	0	0
Park Ridge	0	0	0	2	0	0	0	0	1	0
Pitt	0	7	55	169	166	11	16	0	0	0
Roanoke-Chowan	1	0	4	0	0	0	0	0	0	0
Rowan	0	169	15	3	0	0	1,890	0	5	3
Rutherford	0	0	0	0	0	0	0	0	0	0
Sandhills	0	0	0	0	0	0	0	0	0	0
Southeastern	0	0	4	0	0	0	8	0	0	0
St. Luke	0	0	0	0	0	0	0	0	0	0
Stanly	0	6	0	0	1	0	32	0	0	0
TMC	72	852	552	1,110	312	166	89	51	50	39
TPH	1	6	21	2	0	0	112	0	3	5
UNC Hospitals	733	10	156	245	138	12	11	0	0	0
Wayne	0	0	0	0	0	0	0	0	0	0
Wilson	0	0	0	0	0	0	0	0	0	0
Total	4,015	3,668	13,055	14,616	2,697	2,414	3,336	1,417	1,587	1,914

Source: 2007 LRA

EXHIBIT IV Mkt Shr Pg 6

Market Share	10/05-9/06	10/06-9/07	10/07-9/08
Alamance	1.8%	2.1%	3.8%
% Change		14.8%	85.8%
Davidson	23.2%	32.1%	33.5%
% Change		38.1%	4.4%
Forsyth	4.2%	4.7%	5.6%
% Change		10.3%	19.3%
Guilford	7.6%	10.7%	10.5%
% Change		40.3%	-1.5%
Randolph	11.6%	12.2%	11.8%
% Change		5.1%	-2.6%
Rockingham	6.9%	16.6%	14.6%
% Change		141.6%	-12.2%
Rowan	2.7%	5.8%	5.4%
% Change		118.4%	-7.5%
Stokes	3.6%	6.4%	9.8%
% Change		76.7%	54.8%
Surry	3.2%	12.6%	15.1%
% Change		299.6%	19.6%
Wilkes	2.0%	2.5%	11.5%
% Change		23.7%	354.7%

TMC Inpt Adult Psychiatric Mkt Share 2006-2008

	2006	2007	2008
Alamance	1.8%	2.1%	3.8%
Davidson	23.2%	32.1%	33.5%
Forsyth	4.2%	4.7%	5.6%
Guilford	7.6%	10.7%	10.5%
Randolph	11.6%	12.2%	11.8%
Rockingham	6.9%	16.6%	14.6%
Rowan	2.7%	5.8%	5.4%
Stokes	3.6%	6.4%	9.8%
Surry	3.2%	12.6%	15.1%
Wilkes	2.0%	2.5%	11.5%

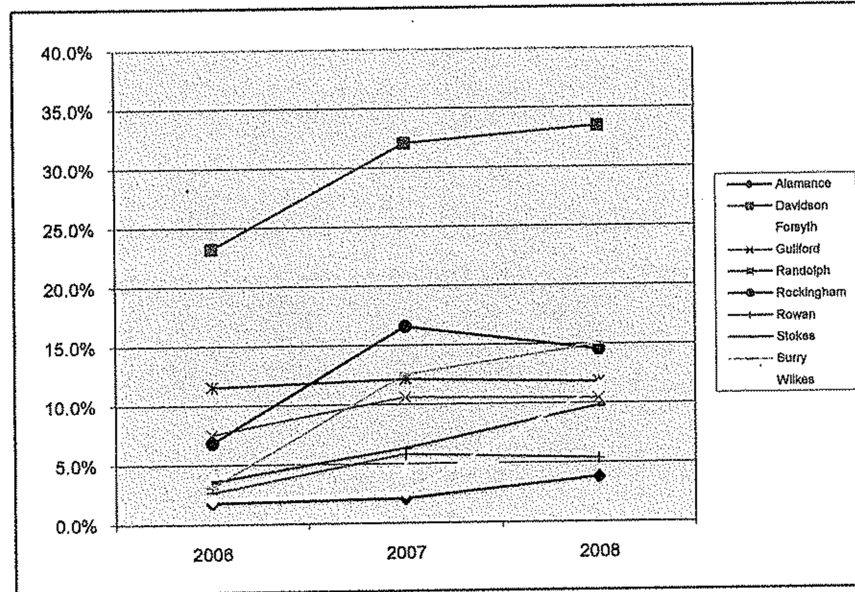


EXHIBIT IV Use Rat Pg 7

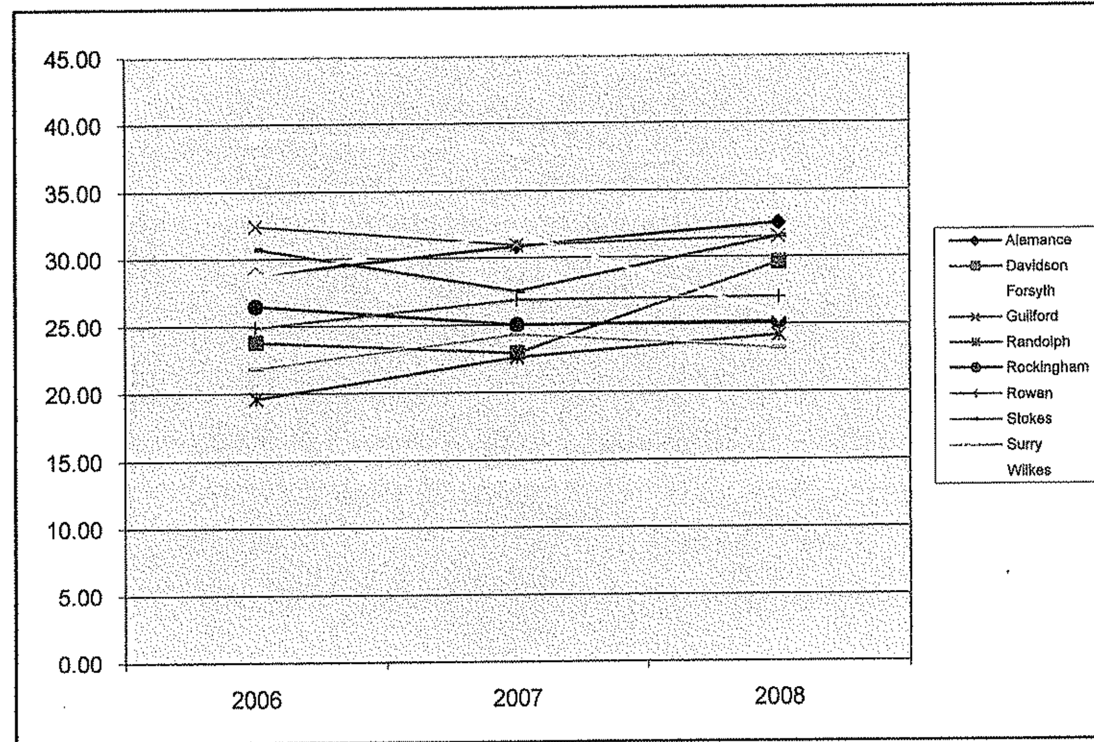
Use Rate	10/05-9/06			10/06-9/07			10/07-9/08		
Days	Volume	Population	Use Rate	Volume	Population	Use Rate	Volume	Population	Use Rate
Alamance	4,015	139,178	28.85	4,421	143,154	30.88	4,758	146,025	32.58
Davidson	3,668	154,365	23.76	3,579	156,400	22.88	4,706	158,897	29.62
Forsyth	13,055	331,054	39.43	12,967	338,679	38.29	12,699	343,786	36.94
Guilford	14,616	449,725	32.50	14,290	460,780	31.01	14,796	468,439	31.59
Randolph	2,697	137,582	19.60	3,150	139,422	22.59	3,411	141,002	24.19
Rockingham	2,414	91,210	26.47	2,293	91,646	25.02	2,310	91,700	25.19
Rowan	3,336	133,930	24.91	3,672	136,486	26.90	3,749	138,545	27.06
Stokes	1,417	46,060	30.76	1,274	46,257	27.54	1,473	46,649	31.58
Surry	1,587	72,563	21.87	1,779	73,150	24.32	1,706	73,392	23.25
Wilkes	1,914	66,455	28.80	2,143	67,182	31.90	1,728	67,310	25.67

Source: NCOSBM website accessed on 7.23.09
County and State Population Projections 2009-2013
Provisional 2008 Population
Certified 2007 Population
Revised 2006 Population

County Inpt Adult Psychiatric Use Rates 2006-2008

	2006	2007	2008
Alamance	28.85	30.88	32.58
Davidson	23.76	22.88	29.62
Forsyth	39.43	38.29	36.94
Guilford	32.50	31.01	31.59
Randolph	19.60	22.59	24.19
Rockingham	26.47	25.02	25.19
Rowan	24.91	26.90	27.06
Stokes	30.76	27.54	31.58
Surry	21.87	24.32	23.25
Wilkes	28.80	31.90	25.67

Source: NCOSBM website accessed on 7.23.09
County and State Population Projections 2009-2013
Provisional 2008 Population
Certified 2007 Population
Revised 2006 Population



TMC GBHC
Capacity Related Denials 2005-2009

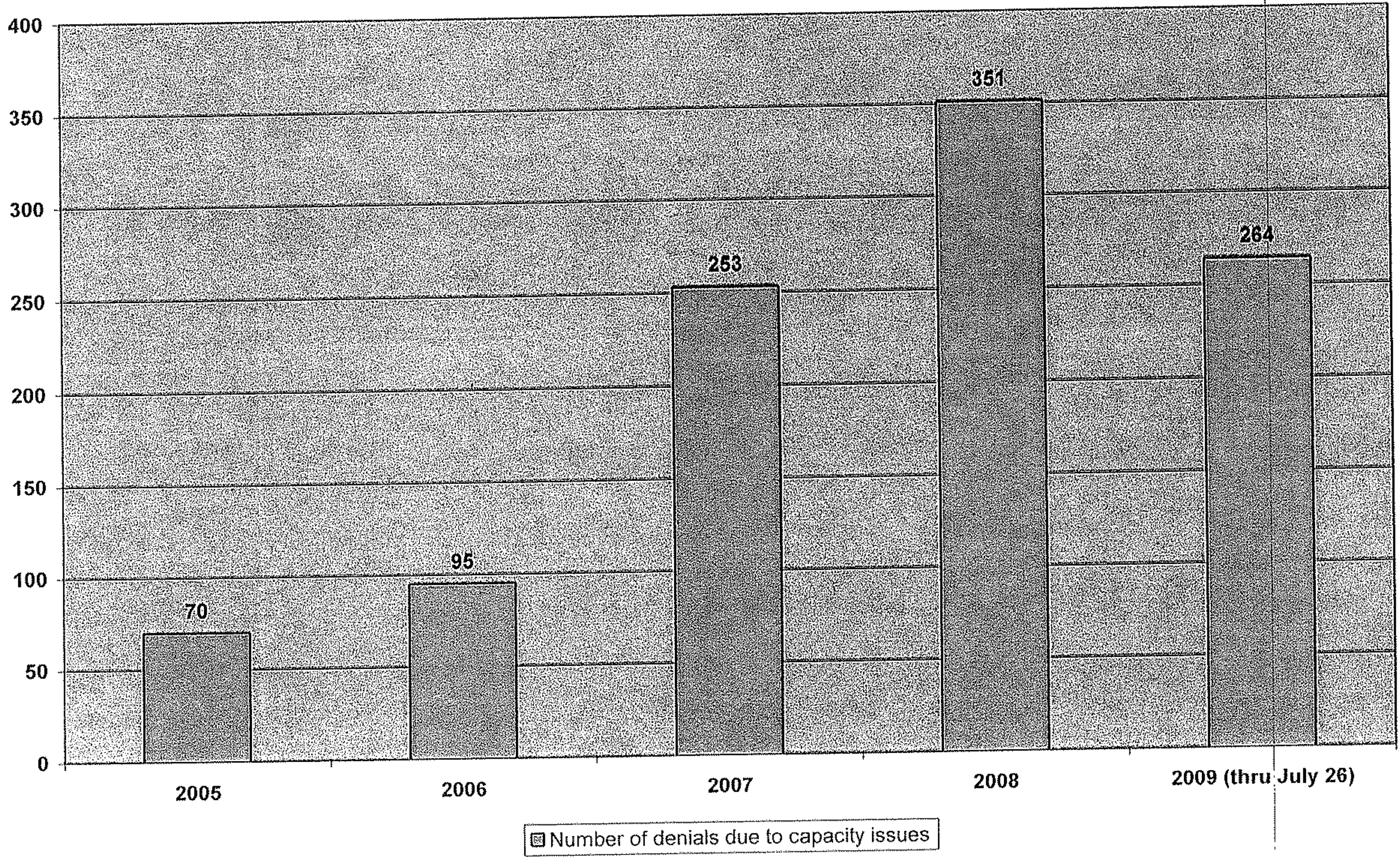
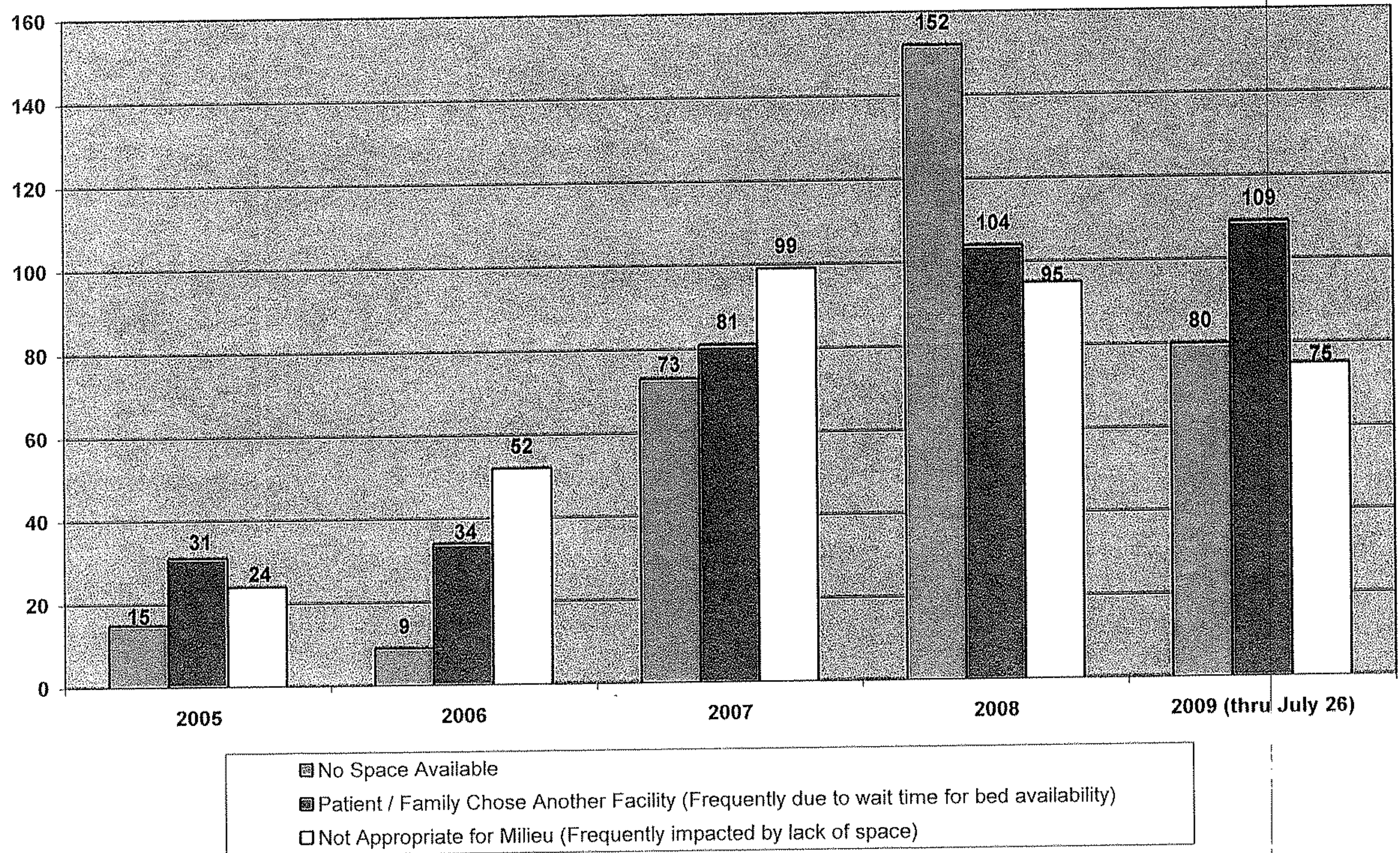
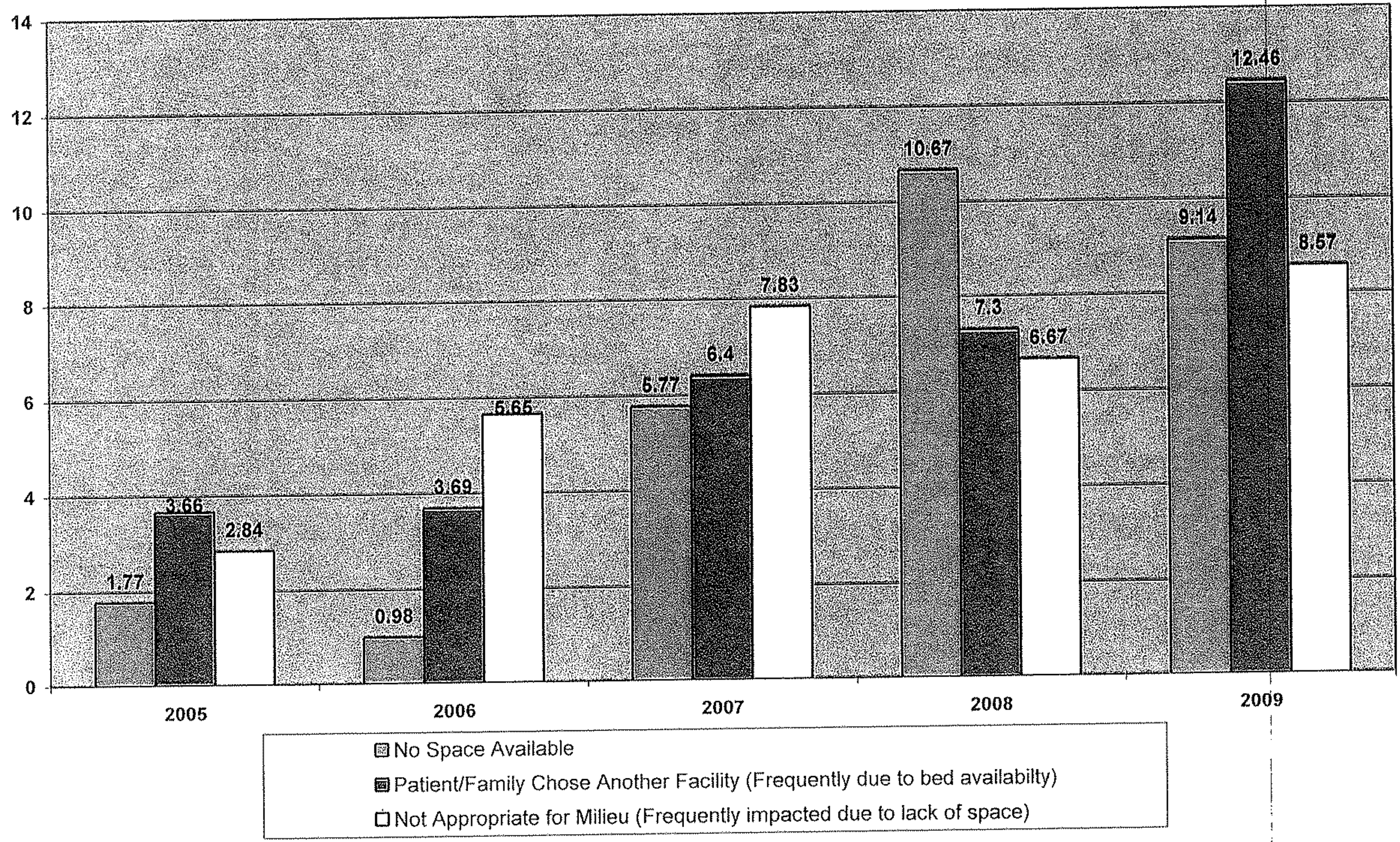


EXHIBIT V

	2005	2006	2007	2008	2009 thru 7.26.09
Number of denials due to capacity issues	70	95	253	351	264


TMC GBHC Denied Admissions
2005-2009
160
140
120
100
80
60
40
20
0
15
31
24
9
34
52
73
81
99
152
104
95
80
109
75
2005
2006
2007
2008
2009 (thru July 26)
No Space Available
Patient / Family Chose Another Facility (Frequently due to wait time for bed availability)
Not Appropriate for Milieu (Frequently impacted by lack of space)

	2005	2006	2007	2008	2009 (thru July 26)
No Space Available	15	9	73	152	80
Patient / Family Chose Another Facility *(Frequently due to wait time for bed availability)*	31	34	81	104	109
Not Appropriate for Milieu *(Frequently impacted by lack of space)*	24	52	99	95	75


TMC GBHC Denied Referrals for Admission by Disposition
As a Percentage of Total Referrals
2005-2009
14
12
10
8
6
4
2
0
1.77
3.66
2.84
0.98
3.69
5.65
5.77
6.4
7.83
10.67
7.3
6.67
9.14
12.46
8.57
2005
2006
2007
2008
2009
No Space Available
Patient/Family Chose Another Facility (Frequently due to bed availabilty)
Not Appropriate for Milieu (Frequently impacted due to lack of space)

	2005	2006	2007	2008	2009
Not Appropriate for Milieu (Frequently impacted due to lack of space)	2.84	5.65	7.83	6.67	8.57
No Space Available	1.77	0.98	5.77	10.67	9.14
Patient/Family Chose Another Facility (Frequently due to bed availabilty)	3.66	3.69	6.4	7.3	12.46

Exhibit #6

July 31, 2009

Victoria McClanahan
Medical Facilities Planning Section
North Carolina Division of Health Service Regulation
701 Barbour Dr.
Raleigh, NC 27603

Re: Support of Thomasville Medical Center Petition for New Psychiatric Inpatient Beds in Davidson County in the Piedmont Local Management Entity (LME)

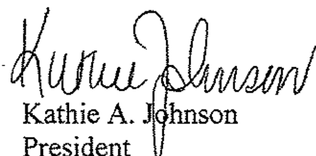
Dear Ms. McClanahan:

I am the President of Thomasville Medical Center (TMC). I am writing in support of the petition of Thomasville Medical Center to convert seven of its existing acute care beds to psychiatric beds. If this petition is approved, TMC will file a CON application in 2010 to seek approval for these new beds, to expand our very successful inpatient geriatric behavioral health program. Currently, our program operates with 26 licensed geriatric behavioral health beds. This very specialized and successful program serves patients from a wide area including Davidson, Rowan, Stanly, Union, and Cabarrus Counties as well as patients from Alamance, Forsyth, Guilford, Iredell, Mecklenburg, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, and Yadkin counties. The program is very much in demand and maintains a 78% occupancy rate, and unfortunately turns away admissions more often than we would prefer to do.

In the petition, TMC is seeking the addition of seven psychiatric beds to the 2010 State Medical Facilities Plan, so that TMC can have the opportunity to seek the state's approval in 2010 to expand the TMC geriatric behavioral health inpatient program from 26 to 33 licensed psychiatric beds. TMC filed a similar petition and CON application to expand the TMC geriatric behavioral health program by 11 beds in 2004-2005 and has successfully implemented and utilized those beds.

Please give your full and fair consideration to TMC's request to have the opportunity to seek the state's approval for a second expansion of this much needed geriatric behavioral health inpatient program.

Sincerely,



Kathie A. Johnson
President
Thomasville Medical Center

File: 2010SMFPGeriPsychBedPetitionTMC.07.2009.doc

Thomasville MEDICAL CENTER

Remarkable People. Remarkable Medicine.

July 31, 2009

Victoria McClanahan
Medical Facilities Planning Section
North Carolina Division of Health Service Regulation
701 Barbour Dr.
Raleigh, NC 27603

Re: Support of Thomasville Medical Center Petition for New Psychiatric Inpatient Beds in Davidson County in the Piedmont Local Management Entity (LME)

Dear Ms. McClanahan:

I am the Medical Director for the Geriatric Behavioral Health Unit at Thomasville Medical Center (TMC). I am writing to express my support for the petition of Thomasville Medical Center to convert seven of its existing acute care beds to psychiatric beds. I understand that if the petition is approved, that TMC will file a CON application in 2010 to seek approval for these new beds, to expand our very successful inpatient geriatric behavioral health program. Currently, our program operates with 26 licensed geriatric behavioral health beds. This very specialized and successful program serves patients from a wide area including Davidson, Rowan, Stanly, Union, and Cabarrus Counties as well as patients from Alamance, Forsyth, Guilford, Iredell, Mecklenburg, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, and Yadkin counties. The program is very much in demand and maintains a 78% occupancy rate, and unfortunately turns away admissions more often than we would prefer to do.

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Please give your full and fair consideration to TMC's request to have the opportunity to seek the state's approval for a second expansion of this much needed geriatric behavioral health inpatient program.

Sincerely,

Beverly N. Jones III, MD
Medical Director
Geriatric Behavioral Health Center
Thomasville Medical Center

File: 2010SMFPGeriPsychBedPetitionTMC.07.2009.doc

July 31, 2009

Victoria McClanahan
Medical Facilities Planning Section
North Carolina Division of Health Service Regulation
701 Barbour Dr.
Raleigh, NC 27603

Re: Support of Thomasville Medical Center Petition for New Psychiatric Inpatient Beds in Davidson County in the Piedmont Local Management Entity (LME)

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Sincerely,

Scott Southard
Director
Geriatric Behavioral Health Center
Thomasville Medical Center

File: 2010SMFPGeriPsychBedPetitionTMC.07.2009.doc

Thomasville MEDICAL CENTER

Remarkable People. Remarkable Medicine.

July 31, 2009

Victoria McClanahan
Medical Facilities Planning Section
North Carolina Division of Health Service Regulation
701 Barbour Dr.
Raleigh, NC 27603

Re: Support of Thomasville Medical Center Petition for New Psychiatric Inpatient Beds in Davidson County in the Piedmont Local Management Entity (LME)

Dear Ms. McClanahan:

I am the Associate Medical Director for the Geriatric Behavioral Health Unit at Thomasville Medical Center (TMC). I am writing to express my support for the petition of Thomasville Medical Center to convert seven of its existing acute care beds to psychiatric beds. I understand that if the petition is approved, that TMC will file a CON application in 2010 to seek approval for these new beds, to expand our very successful inpatient geriatric behavioral health program. Currently, our program operates with 26 licensed geriatric behavioral health beds. This very specialized and successful program serves patients from a wide area including Davidson, Rowan, Stanly, Union, and Cabarrus Counties as well as patients from Alamance, Forsyth, Guilford, Iredell, Mecklenburg, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, and Yadkin counties. The program is very much in demand and maintains a 78% occupancy rate, and unfortunately turns away admissions more often than we would prefer to do.

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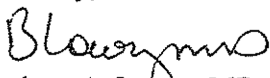

Barbara A. Lowry, MD
Associate Medical Director
Geriatric Behavioral Health Center
Thomasville Medical Center

File: 2010SMFPGeriPsychBedPetitionTMC.07.2009.doc

July 31, 2009

Victoria McClanahan
Medical Facilities Planning Section
North Carolina Division of Health Service Regulation
701 Barbour Dr.
Raleigh, NC 27603

Re: Support of Thomasville Medical Center Petition for New Psychiatric Inpatient Beds in Davidson County in the Piedmont Local Management Entity (LME)

Dear Ms. McClanahan:

I am the Chief Nursing Officer of Thomasville Medical Center (TMC). I am writing in support of the petition of Thomasville Medical Center to convert seven of its existing acute care beds to psychiatric beds. If this petition is approved, TMC will file a CON application in 2010 to seek approval for these new beds, to expand our very successful inpatient geriatric behavioral health program. Currently, our program operates with 26 licensed geriatric behavioral health beds. This very specialized and successful program serves patients from a wide area including Davidson, Rowan, Stanly, Union, and Cabarrus Counties as well as patients from Alamance, Forsyth, Guilford, Iredell, Mecklenburg, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, and Yadkin counties. The program is very much in demand and maintains a 78% occupancy rate, and unfortunately turns away admissions more often than we would prefer to do.

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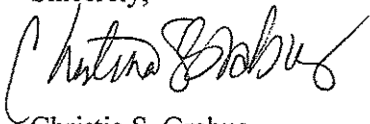

Christie S. Grabus
Chief Nursing Officer
Thomasville Medical Center

File: 2010SMFPGeriPsychBedPetitionTMC.07.2009.doc

July 31, 2009

Victoria McClanahan
Medical Facilities Planning Section
North Carolina Division of Health Service Regulation
701 Barbour Dr.
Raleigh, NC 27603

Re: Support of Thomasville Medical Center Petition for New Psychiatric Inpatient Beds in Davidson County in the Piedmont Local Management Entity (LME)

Dear Ms. McClanahan:

I am the Executive Director of Daymark Recovery Services, a community mental health service provider with operations in fifteen counties including those counties of the Piedmont LME. I am writing in support of the petition of Thomasville Medical Center to convert seven of its existing acute care beds to psychiatric beds. If this petition is approved, I understand TMC will file a CON application in 2010 to seek approval for these new beds, to expand their very successful inpatient geriatric behavioral health program. Currently, the program operates with 26 licensed geriatric behavioral health beds. This very specialized and successful program serves patients from a wide area including Davidson, Rowan, Stanly, Union, and Cabarrus Counties as well as patients from Alamance, Forsyth, Guilford, Iredell, Mecklenburg, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, and Yadkin counties. The program is very much in demand and maintains a high occupancy rate, and unfortunately cannot always accommodate all the age-appropriate referrals from my agency.

I understand that in the petition, TMC is seeking the addition of seven psychiatric beds to the 2010 State Medical Facilities Plan, so that TMC can have the opportunity to seek the state's approval in 2010 to expand the TMC geriatric behavioral health inpatient program from 26 to 33 licensed psychiatric beds. TMC filed a similar petition and CON application to expand the TMC geriatric behavioral health program by 11 beds in 2004-2005 and has successfully implemented and utilized those beds.

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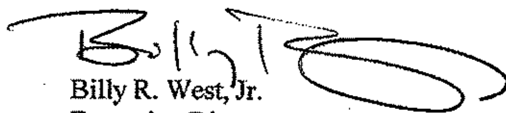

Billy R. West, Jr.
Executive Director
Daymark Recovery Services