

New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	Addition of 20 Psychiatric Beds
2. Name of Applicant	BronxCare
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Health Management Associates Kristina Ramos-Callan, Senior Consultant Trish Marsik, Principal Anthony Federico, Senior Consultant Alex Waddell, Consultant
4. Description of the Independent Entity's qualifications	<p>HMA is a national research and consulting firm in the healthcare industry, founded in 1985. We have more than 500 colleagues in 20 offices around the United States. Our extensive roster of colleagues has expertise in service delivery, facility operations, health equity, health disparities, social drivers of health and health related social needs, diversity, equity, and inclusion, and anti-racist practice expertise. Many of our colleagues with service delivery and operations expertise are specifically familiar with New York State health care facility leadership and CON development. HMA's health equity experts include population health researchers and epidemiologists, former State and municipal public health policy leaders, and former health and human services administrators, government officials, and community-based organization leaders.</p> <p>Our firm has extensive data gathering and analysis experience with both quantitative and qualitative methods, accessing public and proprietary data sources. We are frequent practitioners of stakeholder engagement and group facilitation, and routinely conduct stakeholder feedback analyses, often in the form of focus groups, surveys, and key informant interviews as part of Community Health Needs Assessments.</p>

5. Date the Health Equity Impact Assessment (HEIA) started	July 11, 2024
6. Date the HEIA concluded	August 14, 2024

7. Executive summary of project (250 words max)

BronxCare Health System proposes to add 20 inpatient psychiatric beds to its Fulton Campus at 1276 Fulton Avenue, Bronx, NY 10457. The project’s intent is to add inpatient bed capacity to facilitate increased capacity for Specialty Short Stay (7-9 days) for patients requiring more than 72 hours of stabilization. BronxCare has expressed the intent of this project is to

- Address and continue to fulfill the Psychiatry Priority Area (Promote Well-Being and Prevent Mental and Substance Use Disorders) identified in BronxCare’s Community Service Plan.
- Integrate the additional beds into BronxCare’s existing psychiatric inpatient bed complement, further reinforcing its ability to resolve capacity situations.
- Reduce ER and Comprehensive Psychiatric Emergency Program (CPEP) wait times for patients requiring psychiatric admission.
- Effectively manage the admission and discharge planning process.
- Respond to the many disparities associated with the high incidence of mental health and substance use in the Bronx Community.

8. Executive summary of HEIA findings (500 words max)

BronxCare services a large area of Bronx County that is low-income and where many residents are from racial and ethnic minority groups. The Bronx had the highest rate of psychiatric hospitalizations in New York City in 2023 and some of the lowest rates of connectivity to care. BronxCare’s catchment area includes 20 individual HRSA designated medically underserved areas and health professional shortage areas. This project aims to increase the number of inpatient psychiatric beds with the intent of providing more access to short term stabilization services that include intensive case management. The applicant maintains that its plan is consistent with New York State priorities around increasing capacity for inpatient psychiatric treatment outline as announced in the Governor Hochul’s Budget Address for FY24.

The independent entity found that this project has positive potential impact for the community, including increasing capacity for inpatient psychiatric services, and improving opportunity for connection to long-term supports that promote successful recovery and avoid unnecessary rehospitalization. With regard to this project, the independent entity recommends that the applicant proactively monitor measures of continuing care coordination and effectiveness of referrals to health-related social

needs supports initiated during the stay via intensive case management. The independent entity also suggests that the applicant reflect on opportunities to improve the overall provision of equitable, inclusive, and culturally and linguistically accessible care at the facility, in response to themes that emerged from stakeholder engagement. BronxCare community members support this expansion of services but have ideas on how to make service delivery even more equitable.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

- 1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.**

- 2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**
 - ✓ Low-income people
 - ✓ Racial and ethnic minorities
 - ✓ Immigrants
 - ✓ Women
 - ✓ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
 - ✓ People with disabilities
 - ✓ Older adults
 - ✓ Persons living with a prevalent infectious disease or condition
 - Persons living in rural areas
 - ✓ People who are eligible for or receive public health benefits
 - ✓ People who do not have third-party health coverage or have inadequate third-party health coverage
 - ✓ Other people who are unable to obtain health care
 - ✓ Not listed (specify):

- 3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?**

Data for each medically underserved group identified above was benchmarked per Zip Code Tabulation Area against data from U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Exception: Rural Population Source: U.S. Census Bureau, 2020 Census Demographic and Housing Characteristics File.

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

The applicant has expressed the intent of the addition of inpatient psychiatric beds to the Fulton Campus, 1276 Fulton Avenue, Bronx, NY 10456, which is meant to increase capacity for short term stabilization of patients requiring psychiatric stabilization services for longer than 72 hours and up to seven to nine (7 to 9) days.

Apart from people living in rural areas, all the State's identified medically underserved groups are present in Bronx County generally, and in the facility's catchment area, defined as:

- Highbridge-Morrisania (Zip Codes 10451, 10452, and 10456)
- Hunts Point-Mott Haven (Zip Codes 10454, 10455, 10459, and 10474)
- Crotona-Tremont (Zip Codes 10453, 10457, and 10460)
- Parts of Fordham-Bronx Park (Zip Codes 10458 and 10468).

In addition, the BronxCare catchment area includes 20 individual mental health professional shortage areas, or medically underserved areas, as defined by the Health Resources and Service Administration of the U.S. Department of Health and Human Services. They are:

- Morrisania Primary Care HPSA
- Soundview -Medicaid-Eligible Primary Care HPSA
- Crotona-Medicaid-Eligible Primary Care HPSA
- Fordham/Norwood Medicaid-Eligible Primary Care HPSA
- Highbridge Primary Care HPSA
- Hunt's Point Medicaid-Eligible Primary Care HPSA
- Tremont Primary Care HPSA
- Hunts Point/Mott Haven Primary Care HPSA
- Crotona Mental Health HPSA
- Highbridge Mental Health HPSA
- West Central Bronx Mental Health HPSA
- Hunts Point/Mott Haven Mental Health HPSA
- Soundview Mental Health HPSA
- Fordham /Norwood Mental Health HPSA
- Highbridge Service Area MUA
- Morrisania Service Area MUA

- Hunt’s Point Service Area-MUA
- Mott Haven Service Area MUA
- Bathgate Service Area MUA

Anticipated project impact on the medically underserved groups is expansion of access to care, due to the following considerations:

Table 1 Medically Underserved Group Impacts

Medically Underserved Group	Impact
<p>Low-income people</p>	<p>The bed increases access to inpatient stabilization services for low-income people, who are overrepresented in the service area.</p> <p>According to 2023 data from NYC Health, 14% of NYC adults overall had serious psychological distress, but when stratified by income, the prevalence of Serious Psychological Distress (SPD)* is 3x higher among adults from low-income households (less than 200% Federal Poverty Level) than the prevalence in households with incomes 600% or more than FPL.</p> <p>SPD among people who could not pay rent was 2x that of people who could pay rent. SPD among people who were food insecure was 3x that of people who had consistent food access.</p> <p>The impact of the COVID-19 pandemic on people’s finances also affected their mental health. SPD prevalence among people who reported COVID-19 was “a major threat to their personal finances” was 3x higher than for people who did not report COVID-19 as a threat to their finances.¹</p>
<p>Racial and ethnic minorities</p>	<p>Additional beds are quite likely to improve access to services for racial and ethnic minorities who are overrepresented in the BronxCare service area and Bronx County. People with a mental health condition who are from racial and ethnic minority groups are less likely to receive care than White people.²</p>

¹ Suss R, Stratton N, Caton J, Norman C. Social determinants of mental health among New York City adults. New York City Department of Health and Mental Hygiene: Epi Data Brief (139); November 2023. Accessed August 5, 2024 at <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief139.pdf>

² US Department of Health and Human Services. (2019). *Mental and behavioral health—African Americans*. <https://minorityhealth.hhs.gov/mental-and-behavioral-health-african-americans>

* Acronyms for conditions are used in relation to the specific statistic reference cited.

Medically Underserved Group	Impact
Immigrants	Additional beds may increase access to inpatient care for immigrants, who are more likely to forego needed mental health care due to fears of stigma, cultural preferences, language barriers, and cost of care. ³
Women	Additional beds may increase access to services for women, who are hospitalized less often, despite having a higher prevalence of serious mental illness than men. ⁴ Increases access to services for women, who are hospitalized less often, despite having a higher prevalence of serious mental illness (SMI)*.
Lesbian, gay, bisexual, transgender, or other-than-cisgender people	Additional beds may increase access to care for LGBTQ+ identifying people. According to the National Alliance on Mental Illness ⁵ , people who identify as LGBTQ+ are more than 2x as likely to than heterosexual identifying adults to experience poor mental health.
People with disabilities	Additional beds may increase access to care for people with disabilities who may need mental health care, inclusive of people with psychiatric disability. People with disabilities of any type are more at risk for developing a mental health condition. ⁶
Older adults	Additional beds may increase access to care for older adults, who may present with more acute needs. Older adults have less access to ongoing mental health care due to shortages of mental health professionals with expertise in the geriatric population. ⁷
Persons living with a prevalent infectious disease or condition	Additional beds may increase access to inpatient psychiatric services for people with prevalent infectious disease. Infectious disease has been associated with increased risk of development of mental illness. ⁸

³ Pavilon, J., & Virgin, V. (2022). Social Determinants of Immigrants’ Health in New York City: A Study of Six Neighborhoods in Brooklyn and Queens. Center for Migration Studies of New York. <https://cmsny.org/publications/nyc-health-061522/>

⁴ National Institute of Mental Illness. (2024). Mental Health Information. Retrieved August 9, 2024, <https://www.nimh.nih.gov/health/statistics/mental-illness>

⁵ National Alliance on Mental Illness. (n.d.). LGBTQ+. Accessed at <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQ>

⁶ Centers for Disease Control and Prevention. (2023). The Mental Health of People with Disabilities. <https://www.cdc.gov/ncbddd/disabilityandhealth/features/mental-health-for-all.html>

⁷ National Alliance on Mental Illness (2022) Ageism, Mental Health and Suicide Risk in Older Men. <https://www.nami.org/anxiety-disorders/ageism-mental-health-and-suicide-risk-in-older-men/>

⁸ Köhler-Forsberg O, Petersen L, Gasse C, et al. A Nationwide Study in Denmark of the Association Between Treated Infections and the Subsequent Risk of Treated Mental Disorders in Children and Adolescents. JAMA Psychiatry. 2019;76(3):271–279. doi:10.1001/jamapsychiatry.2018.3428. <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2716981>

* Acronyms for conditions are used in relation to the specific statistic reference cited.

Medically Underserved Group	Impact
People who are eligible for or receive public health benefits	Additional beds may increase access to care for people who receive public benefits, such as Medicaid, many of whom live in the Bronx. For example, during the COVID-19 pandemic in 2020, 63% of Bronx County’s population was Medicaid enrolled, compared to 36% of New York State’s population.
People who do not have third-party health coverage or have inadequate third-party health coverage	This project may expand access to inpatient psychiatric services for people in who have no third-party coverage or inadequate third-party coverage. BronxCare, as a non-profit hospital, is required to maintain a financial assistance policy to address the needs of individuals who have difficulty with the cost of care.
Other people who are unable to obtain health care	Additional beds may make inpatient psychiatric care more accessible for people in the Bronx who are uninsured or underinsured, given BronxCare’s history as a not-for-profit, safety net hospital that maintains a financial assistance policy.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

BronxCare serves 200,000 people in outpatient settings annually, and its comprehensive psychiatric emergency program responds to 7000 emergencies per year. Nearly 58% of Bronx County is publicly insured. In the service area specifically the publicly insured rate is much higher, with the percentage of public benefit recipients’ range between 58.9% in 10474 (Hunts Point) to 68.9% in 10454 (Mott Haven). Medicare and Medicaid patients make up 88% of all people admitted to BronxCare Health System.

The primary population of the County and service area are Racial and Ethnic Minorities; 2022 U.S. Census data indicates the population of the Bronx is 82% non-white. Many Bronx residents are low income or receiving public assistance. The poverty overall poverty rate is 27.7%, but the average for the BronxCare service area is 29.31% and ranges between 24% in zip code 10468 to 36.4% in zip code 10454. In addition, there are many people who are disabled. Citywide, almost 11% of the population is disabled. In the Bronx, that number increases to 17.7%. Within BronxCare’ service area, the percentage of people with disability in the population ranges from 11.7% in zip code 10458 to 21.3% in 10454. On average, older adults 65+ make up less of the Bronx population (12.72%) than they do Citywide (14.17%), but when the age range is expanded to 60+, the Bronx (18.09%) outnumbers the Citywide figure (14.48%) by just over 4%.

Population and utilization volume is anticipated to increase with added capacity due to the expected reduced wait times for care. BronxCare should carefully monitor the age distribution of patients seeking services, and in the community overall, to ensure that the needs of various age-bands, especially older adults, are effectively addressed.

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

Table 2 Comparable Service Availability

General, Private, and State Hospital Name	Psych beds current
BronxCare Hospital Center	104
Jacobi Medical Center	107
Lincoln Medical & Mental Health Center	60
Montefiore Medical Center - Henry & Lucy Moses Division	22
Montefiore Medical Center-Wakefield Hospital	33
North Central Bronx Hospital	70
SBH Health System	49

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

The following data are indicative of current capacity of psychiatric beds as of 4/1/2024, as per OMH Monthly Report.⁹

Table 3 Current and Projected Market Share

Hospital Name	Psych beds current	Historical Market Share	Proposed Psych bed additions	Projected Market Share
BronxCare Hospital Center	104	23%	20	27%
Jacobi Medical Center	107	24%		23%
Lincoln Medical & Mental Health Center	60	13%		13%
Montefiore Medical Center - Henry & Lucy Moses Div	22	5%		5%
Montefiore Medical Center-Wakefield Hospital	33	7%		7%
North Central Bronx Hospital	70	16%		15%
SBH Health System	49	11%		11%
Total	445		465	100%

Bronx County is also home to the Bronx Psychiatric Center, a State Psychiatric Facility. The services at the State facility are not an alternative to inpatient psychiatric care at a hospital and are therefore excluded from this market analysis.

⁹ New York State Office of Mental Health (2024) MH Facility Performance Metrics and Community Service Investments, OMH Monthly Report: March 2024. <https://omh.ny.gov/omhweb/transformation/docs/2024/omh-monthly-report-mar-2024.pdf>

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

BronxCare currently meets obligations outlined. No obligations will be affected by project implementation.

BronxCare’s financial assistance and charity care program is posted on its website and is accessible at Charity Care Policy | BronxCare Health System. The policy was last revised on February 11, 2024.

BronxCare’s Community Service Plan 2022-2024 reported five percent of BronxCare’s discharged patients were uninsured, and 55% were Medicaid beneficiaries. In 2022, BronxCare reported \$18,737,675 in “bad debt” in Tax year 2022. Per IRS Form 990 Schedule H, section iii, bad debt includes debt terminology for unpaid patient care that is deemed unrecoverable by the hospital or healthcare system. This includes debt that is attributable to patients eligible under the organization's financial assistance policy¹⁰.

9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.

The applicant has not indicated any anticipated issues apart from ongoing workforce recruitment challenges facing the healthcare industry, especially in the acute care workforce. BronxCare recognizes its location and service area are HRSA designated health professional shortage areas. Despite this, BronxCare will proceed with its plan to hire for the following additional staff, each of which will have a maximum caseload of 20 patients.

Table 4 Projected Staffing

Staff role	FTE
Physicians	2
Nurses	15.6
PCT's	14.4
Social Workers	2
Activity Therapist	2
Peer Specialist	2
PCM	1
Housekeeper	2

¹⁰ Internal Revenue Service (2022). BronxCare Health System. Form 990, Schedule H. Retrieved February 22, 2024, from <https://projects.propublica.org/nonprofits/organizations/131974191/202313189349311971/full>

BronxCare's stated goal of providing intensive case management for patients to facilitate successful discharge, as indicated in schedule 16 of the CON application:

The overall treatment focus will be on stabilizing patients, as well as addressing unmet Social Determinants of Health. A discharge plan that includes referral for outpatient care within five days from date of discharge will continue to be an essential part of the caring process. Psychiatrists, Social Workers, and Nurses will staff the unit. Additionally, Intensive Care Management (ICM) Care Coordinators will be available to engage patients along with peer specialists, in providing a seamless discharge process.

With this focus in mind, the independent entity notes that community respondents expressed concern over current levels of staffing, especially around social worker availability, and the impact that adding beds may have on availability of social work services. The applicant has acknowledged that workforce recruitment in all aspects of behavioral health continue to be a challenge, inclusive of social work, and has active recruitment process in place that utilizes digital recruitment platforms such as Indeed and LinkedIn, a professional recruitment agency, posting to its own website and social media platforms, as well as promotes internal referrals and recruitment.

BronxCare should continue to actively monitor referral to outpatient care outcomes, as well as pursue and track closed-loop referrals to address health-related social needs that may impact the ongoing stabilization and successful recovery of patients. Stringent monitoring and evaluation of these metrics may help BronxCare determine if the proposed staffing levels and/or discharge planning workflows sufficiently support the level of coordination required to successfully discharge patients to the community and sustain their stability. We recommend developing a process measure of peer specialists impact on patient engagement in follow-up care.

Considering the high proportion of BronxCare patients who are Medicaid beneficiaries, BronxCare is encouraged to leverage forthcoming opportunities to connect patients to Medicaid reimbursed health-related social needs services available through Social Care Networks and their partners. These services are available through New York's Section 1115 Demonstration funding. More information on Social Care Networks is available on the State Department of Health website, https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/index.htm.

10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

No

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

No similar project has been undertaken within the last five years.

STEP 2 – POTENTIAL IMPACTS

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
 - a. Improve access to services and health care
 - b. Improve health equity
 - c. Reduce health disparities

All medically underserved groups identified by the department, except for people living in rural areas, reside within the service area. The following table describes how each currently experiences access to services, health equity, and health disparities. The discussion following the table addresses how the project will improve each category above: a) access to services and health care, b) health equity, c) reduce health disparities.

Medically Underserved Group	Access, Equity, and Disparity concerns
<p>Low-income people</p>	<p>The beds increase access to inpatient stabilization services for low-income people, who are overrepresented in the service area.</p> <p>According to 2023 data from NYC Health, 14% of NYC adults overall had serious psychological distress, but when stratified by income, the prevalence of Serious Psychological Distress (SPD)* is 3x higher among adults from low-income households (less than 200% Federal Poverty Level) than the prevalence in households with incomes 600% or more than FPL.</p> <p>SPD among people who could not pay rent was 2x that of people who could pay rent. SPD among people who were food insecure was 3x that of people who had consistent food access.</p> <p>The impact of the COVID-19 pandemic on people’s finances also affected their mental health. SPD prevalence among people who reported COVID-19 was “a major threat to their personal finances” was 3x higher than for people who did not report COVID-19 as a threat to their finances.¹¹</p>

¹¹ Suss R, Stratton N, Caton J, Norman C. Social determinants of mental health among New York City adults. New York City Department of Health and Mental Hygiene: Epi Data Brief (139); November 2023. Accessed August 5, 2024 at <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief139.pdf>

* Acronyms for conditions are used in relation to the specific statistic reference cited.

Medically Underserved Group	Access, Equity, and Disparity concerns
Racial and ethnic minorities	<p>These beds are quite likely to improve access to services for racial and ethnic minorities who are overrepresented in the BronxCare service area and Bronx County, and racial and ethnic minorities are at higher risk for poor mental health.</p> <p>Historically, members of racial and ethnic minority groups have experienced significant disparities in access to care for mental health conditions than white people.¹²</p> <p>Depression is the most reported mental health condition across minority groups. Black adults are 20% more likely to report serious psychological distress than whites.</p> <p>Furthermore, mental health and behavioral health conditions are common among justice-involved and incarcerated people, and racial minorities are overrepresented in the US population in jails/prisons.¹³</p>
Immigrants	<p>Additional beds may increase access to inpatient care for immigrants, who are more likely to forego needed mental health care due to fears of stigma, cultural preferences, language barriers, and cost of care.¹⁴</p> <p>Bronx neighborhoods within the service area are home to several growing immigrant enclaves, such as African communities from Ghana, Gambia, and Democratic Republic of Congo (DRC). Bronx County is also home to 23 NYC Department of Homeless Services sanctuary sites, which provide shelter to migrants and asylees from various Latin American, Caribbean, African, and Asian nations.^{15, 16}</p>

¹² McGuire TG, Miranda J. New evidence regarding racial and ethnic disparities in mental health: policy implications. Health Aff (Millwood). 2008 Mar-Apr;27(2):393-403. doi: 10.1377/hlthaff.27.2.393. PMID: 18332495; PMCID: PMC3928067. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/>

¹³ Mental Health America (n.d.). Racism and Mental Health. <https://www.mhanational.org/racism-and-mental-health>

¹⁴ Paviion, J., & Virgin, V. (2022). Social Determinants of Immigrants’ Health in New York City: A Study of Six Neighborhoods in Brooklyn and Queens. Center for Migration Studies of New York. <https://cmsny.org/publications/nyc-health-061522/>

¹⁵ City and State New York. (June 11, 2024). Following the asylum-seeker odyssey: a timeline - City & State New York. <https://www.cityandstateny.com/policy/2024/06/following-asylum-seeker-odyssey/382850/>

¹⁶ City and State New York. (March 25, 2024). Where are asylum-seekers living in New York City? <https://www.cityandstateny.com/policy/2024/03/where-are-asylum-seekers-living-new-york-city/395176/>

Medically Underserved Group	Access, Equity, and Disparity concerns
Women	Increases access to services for women, who are hospitalized less often, despite having a higher prevalence of serious mental illness. Prevalence of Serious Mental Illness (SMI)* among women is almost 2x higher than in men ¹⁷ , but men are hospitalized more often for SMI, primarily driven by patients presenting with schizophrenia.
Lesbian, gay, bisexual, transgender, or other-than-cisgender people	These beds increase access to care for LGBTQ+ identifying people. According to the National Alliance on Mental Illness ¹⁸ , there is strong evidence that people who identify as LGBTQ+ are more than 2x as likely to than heterosexual identifying adults for experiencing mental health conditions like depression and anxiety. In addition, transgender individuals are nearly 4x as likely as cisgender individuals to experience mental health conditions.
People with disabilities	<p>The project increases access to care for people with disabilities who may need mental health care. People with disabilities are more at risk for developing a mental health condition; in addition, people with disabilities may also face barriers like stigma, ableism, loneliness, lack of access to care, and other factors that contribute to mental illness risk. According to 2022 Census data, the disability prevalence rate in Bronx County was 17.3%, significantly higher than the statewide prevalence of 12.9% and the national prevalence of 13.4%.</p> <p>Within the BronxCare service area, disability prevalence ranges from 11.74% in 10468 in Fordham to 21.28% in 10454 in Mott Haven. The service area's average prevalence is 17.1%.</p>

¹⁷ National Institute of Mental Illness, Mental Health Information. Retrieved August 9, 2024, <https://www.nimh.nih.gov/health/statistics/mental-illness>

¹⁸ National Alliance on Mental Illness. (n.d.). *LGBTQ+*. Accessed at <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQ/>

* Acronyms for conditions are used in relation to the specific statistical reference cited.

Medically Underserved Group	Access, Equity, and Disparity concerns
Older adults	<p>These beds increase access to care for older adults.</p> <p>Given the severe shortage of geriatric psychiatrists/mental health care providers who work specifically with older adult populations, older adults have less access to ongoing mental health care. Acute care/inpatient psychiatric services may be important for this population, who present with high risk of suicide. NAMI reports that in 2020 more than 1 in 9 older adults experienced a mental illness. Among older men especially, suicide rates were significantly higher than among women, and increased with age; the rate for men aged 65-74 was 24.7/100K, and for 75 and older 40.5/100K, as compared to the national rate (13.5/100K). Suicide rates among older women decreased with age, from 5.6/100K for women aged 65-74 to 3.9/100K among women 75-84.¹⁹ With younger families leaving New York at increasingly higher rates²⁰, the concentration of older adults will continue to increase, making access to psychiatric care that much more critical.</p>
Persons living with a prevalent infectious disease or condition	<p>This project increases access to inpatient psychiatric services for people with prevalent infectious disease. Infectious disease has been associated with increased risk of development of mental illness.²¹</p>
People who are eligible for or receive public health benefits	<p>These beds increase access to care for people who receive public benefits, such as Medicaid.</p> <p>Bronx County has significantly higher rates of publicly insured individuals than the citywide rate across the five boroughs of New York. For example, at the height of the pandemic in 2020, 63% of Bronx County was Medicaid enrolled, compared to 36% in New York State.</p>

¹⁹ National Alliance on Mental Illness (2022) Ageism, Mental Health and Suicide Risk in Older Men. <https://www.nami.org/anxiety-disorders/ageism-mental-health-and-suicide-risk-in-older-men/>

²⁰ Economic Innovation Group. (2024). Young families have continued leaving big cities post-pandemic-Analysis <https://eig.org/families-exodus/>

²¹ Köhler-Forsberg O, Petersen L, Gasse C, et al. A Nationwide Study in Denmark of the Association Between Treated Infections and the Subsequent Risk of Treated Mental Disorders in Children and Adolescents. *JAMA Psychiatry*. 2019;76(3):271–279. doi:10.1001/jamapsychiatry.2018.3428

Medically Underserved Group	Access, Equity, and Disparity concerns
People who do not have third-party health coverage or have inadequate third-party health coverage	This project expands access to inpatient psychiatric services for people in who have no third-party coverage or inadequate third-party coverage. BronxCare, as a non-profit hospital, is required to maintain a financial assistance policy to address the needs of individuals who have difficulty with the cost of care.
Other people who are unable to obtain health care	As a safety net hospital, BronxCare is positioned to make psychiatric care more accessible for people in the Bronx who are uninsured or underinsured.

a) *Improve access to services and health care*

The addition of 20 inpatient psychiatric beds to the Fulton Division campus is likely to improve access to services in health care for each of those groups in two critical ways. First, it increases access to inpatient services at the Fulton Division, which, according to the applicant, is operating at capacity. This change will increase throughput at Fulton Division from the CPEP and potentially alleviate the current need for BronxCare to utilize Concourse Hospital’s Emergency Department and inpatient floors to accommodate individuals needing inpatient psychiatric services. Second, intensive case management and the wraparound stabilization services could be an effective intervention for preventing future hospitalization and increasing retention in follow-up care²² if supported with sufficient staffing and resources to achieve the outcomes intended. These potential outcomes are consistent with NY State Prevention Agenda 2024 Priority area: Promote Wellbeing and Prevent Mental and Substance Use Disorders, on measures such as “frequent mental distress during the past month, among adults, age adjusted percentage” (14.2%) which is higher than the statewide average (13.4%) and significantly higher than the objective (10.7%). Third, these services may increase not only access to services and connections to care directly to the patient, but because it increases the volume of services locally available, may potentially increase opportunity for family involvement in patient supports and discharge planning.

Linkages to post-discharge clinical services and social supports will help inpatient service recipients transition more smoothly to outpatient care, with the hope of avoiding readmission or other adverse events or outcomes, such as self-harm and suicide. Bronx County had the highest number of self-harm hospitalizations in New York State in 2019, and suicide drove approximately 4% of all premature deaths in New York State from 2018-2021.

²² Dieterich M, Irving CB, Park B, Marshall M. Intensive case management for severe mental illness. Cochrane Database Syst Rev. 2010 Oct 6;(10):CD007906. doi: 10.1002/14651858.CD007906.pub2. Update in: Cochrane Database Syst Rev. 2017 Jan 06;1:CD007906. doi: 10.1002/14651858.CD007906.pub3. PMID: 20927766; PMCID: PMC4233116.

b. Improve health equity

Intensive Case Management and the linkages to social care and health related social needs it supports are building blocks of an individual's health and wellness. With more extensive discharge planning and linkages to social supports, this addition of beds may promote access to services that address patients' health-related social needs and social determinants health like housing insecurity, food insecurity, and transportation access. SDOH often present significant barriers to individual's ability to successfully access and engage in health care, which in turn drive health inequity and disparity. The model of care associated with BronxCare's plan to add 20 inpatient beds to increase capacity for short term stabilization includes intensive case management for patients requiring that service. to maintain patient stability, the addition of these beds may contribute to improvements in health equity for each patient engaged. In the long-term, these linkages should contribute to both individual patients' access to care and ability to maintain their access to care and services, as well as inform a community-wide collaborative care model between BronxCare, community-based organizations, and other community providers to collectively improve health equity and reduce disparities.

c. Reduce health disparities

As discussed, the addition of beds is proposed to also include increased access to intensive case management interventions and more extensive discharge planning, that are meant to identify and address health related social needs and social drivers of health that present barriers to long-term stabilization and maintaining an individual's health and wellness. Improving access to stabilization services, intensive case management, and related linkages to social care as part of that case management may potentially improve patients' long-term access to ongoing care and ability to maintain health and wellness over time, improving/reducing their social needs that may contribute to reduction of disparities in outcomes.

- 2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.**

Direct engagement with focus group participants and key informants and indirect engagement with survey respondents suggested that increasing the number of inpatient beds will have an overwhelming positive impact on care for all underserved groups with no specific negative impact to a particular medically underserved group.

Stakeholders, especially patients, perceived a potential for decreased availability of outpatient services as a possible negative impact. Patients expressed concern for more transparency on the level of staffing for inpatient and outpatient care, as well as whether there would be sufficient levels of language accessible services. Patients also asked for transparency around the training of staff that is specific to the needs of patients with psychiatric conditions and other behavioral health conditions, including implicit bias and communication training. A specific example of communication training offered by a respondent was awareness and communication training for staff working with patients with autism spectrum disorders. These impacts can potentially be mitigated with initiatives that specifically expand culturally responsive services such as community-health workers, peer specialist, and other outreach workers with lived experience.

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

The project as proposed is meant to increase capacity for short-term stabilization services on the inpatient psychiatry unit, meeting existing needs for throughput from CPEP and ED, and with intensive case management, linkages to community-based care. With anticipated impact on market share being an increase of 3%, the rate of indigent care is not anticipated to change significantly. BronxCare’s 2022 audited financial statements indicate estimated direct and indirect costs for charity care services was approximately \$20,161,000.

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

BronxCare’s Fulton Division is accessible by Metropolitan Transit Authority Busses Bx15, Bx35, Bx21, and Bx17 (from closest to furthest). Lines and stops are listed on the following table.

Table 5 Public Transit Options to Fulton Division

Bus #	Stop Location
Bx15	3 rd Avenue and E169 th Street
Bx35	Franklin Avenue and E169 th Street
Bx21	Boston Road and E169 th Street
Bx17	Prospect Ave and E 169 th Street

The Fulton Division is a significant walking distance from the nearest MTA Subway lines: #2 and #5 at Freeman Street (15-minute walk) or letters B and D at 167th Street (29-minute walk).

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

There are no anticipated architectural barriers. The project is anticipated to meet all compliance requirements for accessibility for people with disabilities and hospital construction norms consistent the 2010 ADA Standards for Accessible Design.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

The project is not anticipated to have any impact on the availability of such services.

Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

New York City Department of Health and Mental Hygiene

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

NYCDOHMH did not partner with the Independent Entity for this project, but a representative was interviewed as a key informant, and was in support.

Prior to the start of the HEIA, both NYS OMH and NYCDOHMH were engaged by the applicant, BronxCare, in a joint meeting to discuss their project. A record of the NYS OMH and NYCDOHMH meeting outcome was provided to the independent entity which noted verbal support for the endeavor. This verbal support is noted in the meaningful engagement tab of the data workbook.

9. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.

Please refer to the table in the data workbook.

10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

Based on our findings and expertise, members of the immediate geographic community, which include the medically underserved groups identified above, people with psychiatric disabilities BronxCare employees, and local service providers will be most affected by the project. We anticipate those impacts will be positive.

There was agreement across all interviewees that additional inpatient psychiatric beds would be an asset to the geographic community, noting that within this service area, people of low economic status and racial and ethnic minorities are over-represented. Key informant interviewees from local community-based organizations referenced several groups who would see potential benefits from the expanded capacity for services in the local community. These groups include immigrants and migrants, both recent and established who live in the Bronx, persons experiencing homelessness in the Bronx (many of whom lived in the Bronx prior to losing their housing), and people with criminal legal system involvement. One of our interviewees also pointed out that it is easier for those hospitalized when their social supports, e.g., family, are nearby, arguing that hospital services within the community are valuable, and people have better outcomes when they can maintain their connection with family and/or friends during an inpatient stay. This perspective was echoed by another local behavioral health provider, who indicated that providing more of this type of service locally is beneficial for more sustainable discharge plans that actively involve the patient's family and other supports, as well as their community-based providers.

Stakeholders were explicit in their concern that efforts be made to specifically engage underserved groups such as people who identify as LGBTQ+, or older adults, and felt that these groups needed specific and direct communication to ensure they are aware of BronxCare's sensitivity to their needs and intentionality of their initiatives.

Community service providers stressed the need for BronxCare to maintain strong partnerships with other mental health care providers to ensure easy access for those individuals who need psychiatric inpatient care, and fosters strong, high-quality discharge planning that maintains connection to outpatient services after discharge. Multiple community-based providers external to BronxCare noted struggles to maintain ongoing communication once a person was admitted and noted that staffing the project to ensure this communication was critical to its success and to keeping people out of the hospital in future. Such community-based providers expressed an interest in having information about admissions and impending discharges earlier on the patient stay, and asked for increased coordination so that they, as local providers, could engage with the patient prior to discharge and ensure smooth transition to follow up services and

supports with providers the patient already knows.

In addition, the local health department reinforced the need for outpatient service access concomitant with inpatient service delivery stating that the need for outpatient services was even greater than the inpatient need.

As a stakeholder group, people with lived experience of psychiatric disabilities are likely to be positively impacted. Focus group respondents agreed that more beds would benefit the community, providing more access to people who need it in an area that does not have enough services. Some focus group participants noted concern about the availability of outpatient service to meet the needs of additional people receiving services and needing follow-up. This is consistent with community service providers' concern about maintaining strong partnerships and easy access to care.

11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

The independent entity convened a focus group with people with lived experience of mental health services at BronxCare, conducted multiple key informant interviews with leaders from community-based organizations in the community that sometimes share service recipients with BronxCare, and posted a public survey for response by community members, patients, and employees. These engagements enhanced the independent entity's understanding of community members' needs and perceptions of current levels of services available; the community service providers concern for maintaining ongoing connections to services.

Community members who engaged in the focus group unanimously supported the addition of beds and expansion of services. A 16% of 50 survey respondents were not in favor of the addition of beds. Of those, three provided distinct feedback, citing concerns for adequate staffing and coverage with the addition of beds. These concerns are consistent with overall concerns from respondents, even those that are supportive of the project, about the level of mental health services available throughout the community. Most people agree that there are not enough services available, which is expected given the region's status as a Mental Health Professional Shortage Area.

And while unanimously supported, community provider interviewees mostly considered an addition of 20 beds as "a start" noting that issues of wait time would continue to be a barrier given the level of need they perceived and the difficulties they faced when advocating for the admission of people in their programs. Some raised the frequently voiced concern that those who are more challenging to serve and/or disruptive on the ward as a result of their illness: people who are homeless (and frequently without active insurance reimbursement) or involved in the criminal legal system will be less likely to

be admitted and discharged earlier and hoped these beds would help to give more access to those individuals.

Given historical concerns of medically underserved populations with lower quality care, the independent entity has concerns about the potential for perceived burden to the community which could be attributed to lack of awareness. We suggest proactive community education about the installation of the beds and the attendant expansion of staff, to allay any community fears related to unbalanced provider to patient ratios and quality or timeliness of services.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

All medically underserved groups were represented, either personally in focus groups and responses to surveys, or by proxy through engagement with representatives of community-based organizations attendant to and advocating for the needs of such populations.

Recruitment for the focus group and survey responses was done via flyers announcing the feedback opportunities and posted around the Fulton Division campus. The focus group was offered as a bilingual group and flyers were posted in English and Spanish, the primary languages of the service area. Multiple focus group members were bilingual English/Spanish speakers and fluent in both languages, but primarily English speaking. As a result, the focus group was held in English, with only occasional translation of a specific word or concept from English to Spanish and vice-versa needed for one member of the group who was bilingual English/Spanish but comfortable participating primarily in English.

STEP 3 – MITIGATION

1. **If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**

- a. People of limited English-speaking ability***

BronxCare is encouraged to make announcements about the services and care availability in the predominant languages other than English in the community, including but not limited to Spanish and the following languages associated with emergent and growing communities in the Bronx: Haitian-Creole, French, Akan, and Bengali. Venues for such announcements include community organizations, and local news media targeting speakers of these languages.

- b. People with speech, hearing or visual impairments***

BronxCare should continue to offer language accommodation per its language access plan and other accommodations as dictated by New York Codes, Rules, and Regulations, Title 10, Chapter V, Subchapter A, Article 2, Part 405, Section 405.7.

- c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?***

Historically, the applicant has communicated with the public about its patient care improvement project and is expected to do so again with this project.

As with any community education campaign, BronxCare should ensure that any announcements about these services are accessible to all parties. Effective communication and accessibility measures may include:

- Making information available throughout the campus and greater community at an appropriate literacy level to engage most people
- Provide information in multiple languages to promote culturally and linguistically accessible services, this may include
 - culturally tailored education about stigma and mental health services to the public
 - cultural competency and responsiveness training for staff culturally based stigma and perception of mental health to inform patient engagement
- Offer large print for those who are blind or visually impaired,

Ensure all BronxCare websites and digital properties that house this information are programmed in a way that it is compatible with adaptive communication devices (e.g., screen readers, specialized monitors), per section 508 of the Rehabilitation Act, as well as Web Content Accessibility Guidelines (WCAG) to make digital information more accessible. WCAG is the global standard for digital accessibility. More information about WCAG can be found at <https://wcag.com>.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

Several themes arose in stakeholder engagement that addressed better meeting the needs of patients, inclusive of the medically underserved groups identified. These include:

- Improvement of access to outpatient and continuing care to reduce the likelihood of a community member needing inpatient care. We acknowledge that connection to outpatient follow-up care after hospitalization or ED utilization can be challenging for many providers²³. Nevertheless, we encourage the applicant to continue its existing efforts to engage patients in follow-up care post-discharge to mitigate readmission and other adverse outcomes.
- Address the continuing challenge of stigma in mental health care. This may be achieved with additional cross-training of direct care staff on
 - Implicit bias regarding stigma in mental health care (for example, extending any training offered to psychiatry department workforce across all disciplines)
 - Trauma informed care on
 - Race and bias in delivery of psychiatric care
 - Mental health nursing
 - Gender affirming and inclusive care
 - Effective communication with people with autism spectrum disorders
 - Trauma informed unit design (architectural features, use of colors)

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The applicant may routinely engage its psychiatric community advisory board and people with lived experience of the continuum of services, and community providers to get feedback on the delivery and experience of care that can inform the project. These check-ins can inform a continuous quality improvement plan to ensure the services are accessible as intended and contributing to longer term stabilization of patients upon discharge.

²³ Druss, B., Lally, C. A., Li, J., Tapscott, S., & Walker, E. R. (2021). Comparing Two Ways to Help Patients Get Follow-up Care after a Mental Health Visit to the Emergency Room—The EPIC Study.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The project's intent, to add 20 beds to increase capacity for short-term stabilization services, will connect patients receiving such services to intensive case management that addresses health related social needs and social drivers of health. When an individual's HRSN and social drivers of health are addressed, they are more likely to be able to overcome barriers to care and routinely access care and services. With routine care and service access, a person can more effectively engage in and sustain their recovery and good outcomes.

STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

Given BronxCare’s intent to use the 20 additional beds to increase capacity for short-term stabilization services, BronxCare is encouraged to actively and continually monitor relevant prevention agenda process and outcome measures, which include

- Patients served through the Zero Suicide Program
- Patients served through the Consultation Liaison Service
- Collaborative Care Services expansion
- Patients screened for Opioid Use Disorders
- Provision of on-site integrated mental health services at BronxCare’s outpatient network
- Utilization of Medication Assisted Treatment options in the Opioid Treatment Program
- Outpatient Visits in the Chemical Dependence Treatment Program

BronxCare is also encouraged to actively monitor its incident reporting system alongside giving extra attention to an array of quality-of-care measures of timeliness and effectiveness of care, psychiatric unit services follow-up, and psychiatric unit - unplanned readmission.

For example, BronxCare’s current performance on ED throughput to inpatient (207 minutes, as compared to State average of 149 minutes, as reported by NYS Health Profiles quality report.²⁴ Expanding capacity should help to reduce wait times from decision to admit and ED departure.

To evaluate its progress on equitable access to and delivery of services and monitor for disparities, BronxCare should, at a minimum, review these measures in comparison, stratified by RELD and SOGI status. Recommended quality outcome measures to monitor for this service include those on the following table.

²⁴ New York State Department of Health. (2024). NYS Health Profile: BronxCare Hospital Center. <https://profiles.health.ny.gov/hospital/view/102908#quality>

Table 6 Recommended Quality Measures

Category	Measure ID	Measure Name	Description
Timeliness & Effective Care (ED Throughput)	ED-2-Strata-2	Median Admit Decision Time to ED Departure Time for Admitted Patients– Psychiatric/mental health Patients	Average (median) admit decision time to time of departure from the emergency department for emergency department psychiatric or other mental health patients admitted to inpatient status
Psychiatric Unit Services – Follow-up Care	TR-1	Transition record with specified elements received by discharged patients	Patients discharged from an inpatient psychiatric facility who received (or whose caregiver received) a complete record of inpatient psychiatric care and plans for follow-up
	FAPH-7	Follow-up after psychiatric hospitalization (7 days)	Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 7 days of discharge
	FAPH-30	Follow-up after psychiatric hospitalization (30 days)	Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 30 days of discharge
Psychiatric unit services- Unplanned readmissions	READM-30-IPF	30-day all-cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF)	Patients readmitted to any hospital within 30 days of discharge from an IPF.

Currently, BronxCare Fulton Division’s performance on timeliness measures is poorer than average, with wait times of up to 207 minutes, according to New York State quality measures.

2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

In addition to the prevention agenda priorities and quality measures suggested above, and that BronxCare may already be tracking, BronxCare is encouraged to track

- Patient satisfaction re:
 - Autism awareness; autism attitude of care providers
 - Gender affirming and inclusive care
 - Cultural sensitivity/responsiveness
- Disparities in utilization, quality, and experience of care among
 - Patients with disabilities (e.g. physical or behavioral, such as autism spectrum disorder)
 - Trans, non-binary, gender-diverse patients
 - Women
 - Older adults
- Quality of discharge planning, coordination and follow up
 - Continuity of care and connection to outpatient, housing, and/or case management services
 - Completed referrals to health-related social needs interventions

Regarding completed referrals to health-related social needs interventions, BronxCare is again encouraged to connect with the Social Care Network in Bronx County that will manage health related social needs services screening, service fulfillment, and close loop referral outcomes tracking as part of New York's Health Equity Reform 1115 Demonstration activities. As of an announcement on August 7, 2024, from New York State Governor Kathy Hochul, the Social Care Network lead for the Bronx region is Somos Healthcare Providers, Inc.²⁵

²⁵ New York State Office of Governor Kathy Hochul. (August 7, 2024). *Governor Hochul Announces 500 million for New Social Care Networks Program to Deliver Social Services and Improve Health Outcomes for Millions of Low-Income New Yorkers.* <https://www.governor.ny.gov/news/governor-hochul-announces-500-million-new-social-care-networks-program-deliver-social-services>

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

----- SECTION BELOW TO BE COMPLETED BY THE APPLICANT -----

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

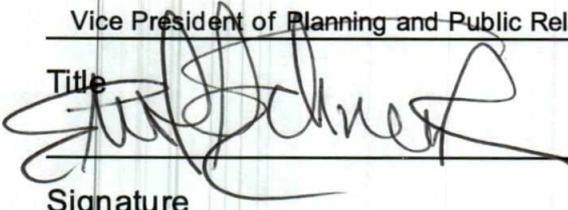
I, Errol Schmeer, attest that I have reviewed the Health Equity Impact Assessment for the Addition of 20 Psychiatric Beds that has been prepared by the Independent Entity, Health Management Associates.

Errol Schmeer

Name

Vice President of Planning and Public Relations

Title



Signature

8.15.24

Date

II. Mitigation Plan See Attachment I BronxCare Health System

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

Attachment I

BronxCare Health System

Mitigation Plan

BronxCare is consistently moving forward as an essential provider of comprehensive, accessible, and equitable health services, including its widely acknowledged and key leadership role in the mental health area. The continuing emphasis is on reinforcing the quality of care provided, with successful outcomes, safety, accessibility, and patient satisfaction of utmost importance.

For BronxCare, the addition of 20 inpatient psychiatric beds will have a positive impact on the Bronx Community. It will expand services and access in response to the increasing needs of this vulnerable community, among the poorest in the nation. Additionally, the surging immigrant population in the Bronx is further impacting the demand for inpatient psychiatric beds. BronxCare's Adult Psychiatric Units are now operating at capacity levels, reinforcing the importance of moving forward with this proposed addition of a 20 Adult Bed Inpatient Psychiatric Unit.

At the outpatient psychiatry level, BronxCare is providing 200,000 visits annually and, most importantly, continues to have the capacity for absorbing the post-discharge referrals anticipated from the proposed additional unit, as well as its existing psychiatric units and the community. The outpatient referral challenges experienced by BronxCare and other mental health providers are directly related to difficulties associated with patients not keeping scheduled appointments. BronxCare's Department of Psychiatry continues to address this challenge by recruiting additional staff to maximize compliance with the post-discharge and outpatient referral process. BronxCare's strong partnerships and network of health providers, as well as its continuing strategy of establishing productive relationships with additional community-based organizations, including the recently designated Social Care Network in Bronx County (SOMOS) will provide new

referral opportunities at the inpatient and outpatient levels and ensure a smooth transition to follow up services and supports. BronxCare currently has in place numerous partnerships and productive relationships with Community-Based Health Care and Managed Care Organizations, as well as State and Local Governmental Authorities, which will contribute to continuity of Mental Health Care. The proposed 20 Bed Adult Psychiatric Unit is also consistent with the Governor's and Department of Health's priority of adding additional Acute Inpatient Psychiatric Beds throughout New York State.

It should be further noted that BronxCare consistently monitors quality and effectiveness of care, with a focus on refinements and service delivery, when necessary. BronxCare's recent Joint Commission full accreditation is a tribute to the ongoing efforts and accomplishments of its staff in "Caring for the Bronx." Among the quality measures currently in place in the mental health area include, but are not limited to: Timeliness of Care, Psychiatric Follow-up Care, and Readmissions. BronxCare also tracks patients served through its Zero Suicide Program, Consultation Liaison Services, and Collaborative Care Services, among numerous other performance indicators. Equally important, all patients receives a formal assessment for Health-Related Social Needs (HRSN), utilizing an evidence-based tool.

In the Health Equity Impact Assessment for this project, references are made to the importance of staff recruitment, training, and sensitivity to the needs of mental health patients. These specific areas have always and will continue to be a BronxCare priority. The stigma associated with mental health conditions is one that is historically prevalent throughout the nation and not isolated to the Bronx Community. As a result, BronxCare has targeted staff training and educational efforts through its Human Resources and Psychiatry Departments, fulfilling the goal of increasing awareness, including a compassionate understanding of

patients presenting with emotional disorders. Training modules are also continually updated and remedial action, when necessary, is implemented on a one-to-one or collective basis.

An additional barrier faced by BronxCare and other Health Systems is related to workforce recruitment. BronxCare has moved aggressively in this direction. The engagement of external recruitment agencies and capitalizing on social media platforms, as well as internal staff referrals are mechanisms that BronxCare has effectively utilized. Additionally, as a result of grant awards and a competitive salary structure, BronxCare is achieving success in recruiting Psychiatrists, Psychologists, Nurses, Social Workers, Peer Specialists, Community Health Workers, and Case Managers, among other key positions for its mental health programs, including the proposed 20 bed inpatient psychiatric unit.

During the pre and post approval process for this project BronxCare will keep its community partners and service area population updated through ongoing announcements on the bronxcare.org website and educational presentations. Special brochures and flyers on mental health issues will also be developed and widely distributed. BronxCare Department of Development and External Affairs will also continue to meet regularly with church, civic, consumer, and business groups (including local Community Boards 3 and 4) to update them on the progress of this project.

In summary, we concur with the findings of the Health Equity Impact Assessment focus group and survey respondents that *“increasing the number of inpatient beds will have an overwhelming positive impact on care for all undeserved groups with no specific negative impact to a particular medically underserved group.”*