

## 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	Add 23 Psych Beds
2. Name of Applicant	St. Barnabas Hospital (SBH)
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Sachs Policy Group (SPG) – 212-827-0660</p> <ul style="list-style-type: none"><li>• Jaclyn Pierce, MPH <a href="mailto:jpierce@sachspolicy.com">jpierce@sachspolicy.com</a></li><li>• Anita Appel, LCSW - <a href="mailto:AnitaAppel@sachspolicy.com">AnitaAppel@sachspolicy.com</a></li><li>• Maxine Legall, MSW, MBA - <a href="mailto:mlegall@sachspolicy.com">mlegall@sachspolicy.com</a></li></ul> <p>Qualifications:</p> <ul style="list-style-type: none"><li>• Health equity – 6 years</li><li>• Anti-racism – 6 years</li><li>• Community engagement – 25+ years</li><li>• Health care access and delivery – 10+ years</li></ul>
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are</p>

	<p>dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	January 15, 2025
6. Date the HEIA concluded	March 10, 2025

7. Executive summary of project (250 words max)
<p>St. Barnabas Hospital (SBH) is a private, not-for-profit 501(c)(3) Article 28 general hospital located in the Bronx, NY. SBH serves as a safety net hospital for the community, predominantly serving the Medicaid and uninsured populations. The hospital includes 422 acute care beds, a Level II Trauma Center, a Stroke Center, an ambulatory care center, a health and wellness center, behavioral health services, hemodialysis, and a hospice.</p> <p>SBH was awarded funding from the Statewide Healthcare Facility Transformation Program for this project, providing the hospital with a capital grant to upgrade and restructure its inpatient behavioral health unit. The project includes:</p> <ul style="list-style-type: none"> <li>• Gut renovation of two existing inpatient psychiatric units (2<sup>nd</sup> and 3<sup>rd</sup> floors), adding de-escalation rooms and common areas and reconfiguring the nursing station for more direct patient observation</li> <li>• Addition of 23 new adult psychiatric beds, to be located where the current detoxification (“detox”) unit is located (4<sup>th</sup> floor), increasing the total number of inpatient psychiatric beds at the facility to 72 (with 3 beds designated for intensive treatment of patients with aggressive behavior)</li> <li>• Relocation of existing detox unit to 6<sup>th</sup> floor, reducing the bed capacity from 24 to 12</li> </ul> <p>The inpatient psychiatric unit infrastructure upgrades and expansions are the subject of this HEIA. A separate HEIA (“Create 12-Bed Detox Unit”) has been completed for the changes to the detox unit.</p>
8. Executive summary of HEIA findings (500 words max)

SBH, a safety net hospital in the Bronx, is seeking to renovate its existing inpatient psychiatric units and add 23 new adult psychiatric beds. This expansion will increase the total psychiatric bed capacity from 49 to 72 and designate three specialized beds for patients exhibiting aggressive behaviors. SBH's objective is to address the significant local demand for inpatient psychiatric services—particularly in a community burdened by high poverty rates, mental health provider shortages, and a history of rising psychiatric hospitalizations—while improving the overall quality and accessibility of behavioral health care.

As part of our stakeholder engagement, SPG conducted 12 interviews with leadership and staff from SBH, local community-based organizations, the Applicant's Health Home partner, and a local community health center. We also attended the SBH Wellness Alliance meeting, during which the SBH Chief Diversity, Equity, and Inclusion Officer presented the proposed project to attendees and requested their feedback. Meeting attendees included employees, interns, community-based organizations, current/former patients/families, and community residents. Attendees received a link to complete our independent survey for the project. SBH staff also sent our survey to family members of current/former patients of the inpatient psychiatric unit.

Data analysis and stakeholder engagement indicate that low-income populations, racial/ethnic minorities, immigrants, LGBTQ+ individuals, and people who are uninsured or underinsured will be the most affected by this project, given their distinct needs and frequent reliance on SBH for care. The most notable positive impact is the expanded capacity for inpatient psychiatric treatment in a medically underserved area, mitigating long emergency department wait times and reducing the need for patients in crisis to seek care elsewhere. Planned renovations, such as upgrading infrastructure and adding de-escalation rooms, are expected to enhance patient experience and staff safety. The expansion will also allow SBH to expand its psychiatric residency program. The primary negative impact associated with this project is the concurrent reduction in detox beds (which is the subject of a separate HEIA). However, employees and clinical experts reported that this change is consistent with the detox unit's current census and with treatment advancements that allow more withdrawal to be conducted in community-based settings (e.g., buprenorphine, methadone etc.).

Our assessment recommends that SBH implement a robust discharge planning and care coordination process to ensure continuity of care and prevent avoidable readmissions for patients being treated in the inpatient psychiatric unit. Additionally, SBH should leverage its ongoing Community Health Assessment process and its Quality Assessment and Improvement committee to track how well the expanded psychiatric services address local health disparities. By systematically monitoring patient demographics, outcomes, and service utilization trends, SBH can tailor improvements to better meet the needs of its diverse patient population.

## **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.**

Please see attached spreadsheet titled “heia\_data\_tables\_SBH Psych.xlsx”

SBH’s primary service area includes the following Bronx zip codes: 10457, 10458, 10460, 10456, 10453, 10468, 10459, 10467, and 10462. Thirty-four percent of SBH patients in 2021 came from 10457 and 10458, which are located in Bronx Community District #6 (Belmont/East Tremont).

- 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
- 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 care

For the purposes of this assessment, we define “people who do not have third-party health coverage or have inadequate third-party health coverage” and “other people who are unable to obtain care” as “individuals who are uninsured or under-insured.”

- 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?**

We analyzed utilization data from the Applicant, census data for the community/service area, information and data from SBH Community Health Needs Assessment/Community Service Plan, Statewide Planning and Research Cooperative System (SPARCS) data, city and state reports, academic literature, grey literature, and information obtained from

interviews and surveys with leadership, staff, clinical experts, community providers, community members, patients/families, and community-based organizations.

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

We expect the Applicant's proposal to renovate its current inpatient psychiatric units and develop a new psychiatric unit with additional bed capacity to benefit individuals with severe mental health needs. The populations below will be particularly impacted, given their representation within the local population and their unique circumstances that increase the risk of mental illness.

Additionally, evidence suggests that there is a need for additional inpatient psychiatric services in the community. A recent report from the State Comptroller's office indicates that over 20% of New York adults struggle with a mental illness and over 5% have a severe mental illness; however, there was a 10.5% decrease in capacity at inpatient psychiatric facilities between April 2014 and December 2023.<sup>1</sup> The rate of psychiatric hospitalizations in Belmont and East Tremont, the primary areas served by the Applicant, is significantly higher than both the Bronx and citywide rates.<sup>2</sup>

#### **Low-income people and people who are eligible for or receive public health benefits**

The Bronx is the nation's poorest urban county; approximately 28% of people in the Bronx live in poverty, compared to 18% across all of New York City.<sup>3</sup> In Belmont/East Tremont, the Applicant's primary service area, the poverty rate is 31%.<sup>4</sup> The household median income is \$46,838 in the Bronx, compared to \$69,535 in Brooklyn, \$81,929 in Queens, \$95,543 in Staten Island, and \$101,078 in Manhattan. In the Applicant's service area, over 32% of households receive food stamp or SNAP benefits.

There is robust evidence that environmental factors, including poverty and social barriers to care, have significant impacts on mental health.<sup>5</sup> In New York City, neighborhoods with higher concentrations of poverty have a greater prevalence of serious psychological distress compared to wealthier neighborhoods, and adults who have a hard time paying for basic needs are more likely to experience serious

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<sup>1</sup> Office of the New York State Comptroller. (2024, March). *Mental health inpatient service capacity in New York State*. <https://www.osc.ny.gov/files/reports/pdf/mental-health-inpatient-service-capacity.pdf>

<sup>2</sup> New York City Department of Health and Mental Hygiene. (n.d.). *Community health profiles*. <https://a816-health.nyc.gov/hdi/profiles/>

<sup>3</sup> U.S. Census Bureau. (2023). *Bronx County, New York*. U.S. Department of Commerce. Retrieved February 5, 2025, from [https://data.census.gov/profile/Bronx\\_County,\\_New\\_York](https://data.census.gov/profile/Bronx_County,_New_York)

<sup>4</sup> St. Barnabas Hospital. (2022). *Community service plan and community health needs assessment 2022–2024*. <https://www.sbhny.org/wp-content/uploads/2024/07/CSP-CHNA-2022-2024-Final-VF-Print.pdf>

<sup>5</sup> Hudson, C. G. (2005). *Socioeconomic status and mental illness: Tests of the social causation and selection hypotheses*. *American Journal of Orthopsychiatry*, 75(1), 3–18. <https://doi.org/10.1037/0002-9432.75.1.3>

psychological distress.<sup>6</sup> Additionally, the highest poverty neighborhoods have over twice as many psychiatric hospitalizations per capita compared to the lowest poverty neighborhoods in New York City.<sup>7</sup> Consequently, the Applicant's proposal to renovate and expand its inpatient psychiatric unit has the potential to improve access to mental health services for individuals who require an intensive level of care, many of whom live in poverty and who receive benefits. As a safety net hospital, the SBH patient population is primarily Medicaid beneficiaries and uninsured individuals, who are therefore the populations most likely to benefit from the renovation and expansion of the units.

### **Racial and ethnic minorities**

The Bronx is exceptionally diverse, with most residents identifying as people of color.<sup>3</sup> In the Applicant's service area, 63% of individuals are Hispanic or Latino. The racial breakdown is: 13% white, 32% Black, 1% American Indian and Alaska Native, 4% Asian, 38% some other race, and 12% two or more races.

Multiracial adults (35.2%) were more likely to report mental illness compared with White (24.6%), Hispanic (21.4%), Black (19.7%), American Indian or Alaska Native (19.6%), or Asian adults (16.8%).<sup>8</sup> However, a lack of culturally sensitive screening tools that detect mental illness and structural barriers to care may contribute to an underdiagnosis of mental illness among people of color.<sup>9</sup>

Gun violence is a pervasive problem in the Bronx and a consistent concern of community members.<sup>4</sup> Black and Latino individuals are disproportionately exposed to gun violence, which can lead to significantly higher levels of psychological distress, depression, suicidal ideation, and/or psychotic experiences compared to those not exposed.<sup>10</sup>

Given their representation in the community and predisposition for mental health challenges, racial and ethnic minorities may be impacted by the proposed project to expand and renovate the inpatient psychiatric units.

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<sup>6</sup> New York City Department of Health and Mental Hygiene. (n.d.). *State of mental health of New Yorkers*. <https://www.nyc.gov/assets/doh/downloads/pdf/mh/state-of-mental-health-new-yorkers.pdf>

<sup>7</sup> Mayor's Office of Community Mental Health. (n.d.). *Mental health in NYC: Data dashboard*. [City of New York]. <https://mentalhealth.cityofnewyork.us/dashboard/>

<sup>8</sup> Substance Abuse and Mental Health Services Administration. (2022). *Highlights for the 2021 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFRHighlightsRE123022.pdf>

<sup>9</sup> Panchal, N., Saunders, H., & Ndugga, N. (2022, September 22). *Five key findings on mental health and substance use disorders by race/ethnicity*. KFF. <https://www.kff.org/mental-health/issue-brief/five-key-findings-on-mental-health-and-substance-use-disorders-by-race-ethnicity/>

<sup>10</sup> Smith, M. E., Sharpe, T. L., Richardson, J., Pahwa, R., Smith, D., & DeVlyder, J. (2020). *The impact of exposure to gun violence fatality on mental health outcomes in four urban U.S. settings*. *Social Science & Medicine*, 246, 112587. <https://doi.org/10.1016/j.socscimed.2019.112587>

## **Immigrants**

Over 36% of the population in the Bronx is foreign-born, compared to 23% statewide.<sup>3</sup> Additionally, over 55% of births among Bronx residents were to foreign-born mothers in 2019.<sup>4</sup> Immigrant populations face unique challenges when accessing inpatient mental health services, including language obstacles, insurance barriers, and fear of deportation.<sup>11,12,13</sup> In some cultures, mental health illness carries significant stigma, deterring individuals from seeking health.<sup>14</sup> These barriers to care are particularly problematic given the heightened risk of mental illness among immigrant populations, often stemming from pre- and post-immigration trauma and the complex challenges of resettlement.<sup>15</sup>

Given its location in the Bronx, status as a safety net hospital, translation services, and diverse workforce reflective of the community, SBH effectively mitigates many of these barriers to care. This enables immigrant populations to access inpatient psychiatric care without concerns related to cost, language accessibility, or cultural competency, and the expansion and renovation may increase access to and availability of care.

## **Lesbian, gay, bisexual, transgender, or other-than-cisgender people**

Statewide, over one million adults identify as LGBTQ+, including almost 10% of the population in New York City.<sup>16</sup> A higher percentage of residents in New York City identify as lesbian, gay, bisexual, or other sexual orientation compared to the rest of the state. LGBTQ+ populations face unique challenges in accessing health care services, including a fear of discrimination and a lack of providers who are knowledgeable about their specific needs.<sup>17</sup>

These access barriers also exacerbate mental health challenges and result in worse outcomes for LGBTQ+ individuals. LGBTQ+ adults are more likely to report severe

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<sup>11</sup> Ohtani, A., Suzuki, T., Takeuchi, H., & Uchida, H. (2015). Language barriers and access to psychiatric care: A systematic review. *Psychiatric Services*, 66(8), 798–805. <https://doi.org/10.1176/appi.ps.201400351>

<sup>12</sup> Ku, L., & Matani, S. (2001). Left out: Immigrants' access to health care and insurance. *Health Affairs*, 20(1), 247–256. <https://doi.org/10.1377/hlthaff.20.1.247>

<sup>13</sup> Hacker, K., Anies, M., Folb, B. L., & Zallman, L. (2015). Barriers to health care for undocumented immigrants: A literature review. *Risk Management and Healthcare Policy*, 8, 175–183. <https://doi.org/10.2147/RMHP.S70173>

<sup>14</sup> Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023). Understanding and addressing mental health stigma across cultures for improving psychiatric care: A narrative review. *Cureus*, 15(5), e39549. <https://doi.org/10.7759/cureus.39549>

<sup>15</sup> Ellis, B. H., Winer, J. P., Murray, K., & Barrett, C. (2019). Understanding the mental health of refugees: Trauma, stress, and the cultural context. In M. L. González & M. L. González (Eds.), *The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health* (pp. 253–273). Springer. [https://doi.org/10.1007/978-3-030-20174-6\\_13](https://doi.org/10.1007/978-3-030-20174-6_13)

<sup>16</sup> New York State Department of Health. (2022). *Sexual orientation and gender identity: Demographics and health indicators, New York State adults, 2019–2020* (BRFSS Brief No. 2022-16). [https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16\\_brfss\\_sogi.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogi.pdf)

<sup>17</sup> Kaiser Family Foundation. (2024). *LGBT adults' experiences with discrimination and health care disparities: Findings*. <https://www.kff.org/report-section/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings/>

mental health crises that have resulted in serious consequences, including hospitalization, compared to non-LGBTQ+ adults.<sup>17</sup> In New York, LGBTQ+ adults report higher rates of frequent mental distress (LGBQ: 24.8%; Transgender: 30%) compared to the general NYS population (12.3%). As a result, LGBTQ+ community members who require intensive behavioral health services may benefit from the renovation and expanded capacity of the inpatient psychiatric services at SBH.

### **Individuals who are uninsured or under-insured**

Approximately 6.7% of individuals in the Bronx are uninsured, compared to 4.8% statewide and 5.8% in New York City.<sup>3</sup> The primary barrier to mental health care for uninsured and under-insured individuals is cost.<sup>18</sup> As a safety net, not-for-profit hospital, SBH is committed to serving all individuals regardless of ability to pay and supporting individuals with financial assistance.<sup>19</sup> As such, uninsured and under-insured individuals may have increased access to inpatient psychiatric services in the community as a result of this project, as SBH may be more willing to serve this patient population than other facilities.

## **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?**

The tables below outline the utilization of services at SBH among medically underserved groups. Tables 1 and 2 are data for the entire patient population served at SBH, and Table 3 is specific to the current psychiatric units. Utilization data for other medically underserved populations identified in this assessment (i.e., immigrants and LGBTQ+ populations) was not available. The total number of individuals accessing services at the psychiatric units is expected to increase with the 23 additional beds; however, the proportion of individuals accessing services by medically underserved group is not expected to change as the location and all other components of the service (e.g., accepted insurance) are expected to remain the same.

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<sup>18</sup> Rowan, K., McAlpine, D. D., & Blewett, L. A. (2013). Access and cost barriers to mental health care, by insurance status, 1999–2010. *Health Affairs*, 32(10), 1723–1730. <https://doi.org/10.1377/hlthaff.2013.0133>

<sup>19</sup> St. Barnabas Hospital. (2024). *Financial Assistance Policy and Charity Care Policy*. SBH Health System. <https://www.sbhny.org/wp-content/uploads/2025/02/Financial-Assistance-Policy-and-Charity-Care-Policy-2024-Rev.pdf>



*Table 1. Race (hospital-wide)*

<b>Race</b>	<b>% of Patients</b>
Black	45%
White	27%
Other	14%
Two or more races	7%
Asian	1%
American Indian/Alaska Native	0.2%
Native Hawaiian/Pacific Islander	0.01%
Unknown	6%

*Table 2. Ethnicity (hospital-wide)*

<b>Ethnicity</b>	<b>% of Patients</b>
Hispanic or Latino (any race)	49%
Not Hispanic or Latino	35%
Unknown	16%

*Table 3. Payor Mix (psychiatric unit)*

<b>Payor</b>	<b>% of Patients</b>
Medicaid	74.5%
Medicare	4%
Dual Eligible (Medicaid & Medicare)	15.3%
Commercial	5.7%
Uninsured	0.5%

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

*Table 4. Hospitals with Inpatient Psychiatric Beds*

<b>Provider</b>	<b>Location</b>	<b>Inpatient Psych Beds</b>	<b>Distance from SBH</b>	<b>Travel Time (driving)</b>
<b>SBH</b>	4422 Third Ave, Bronx	49	-	-
<b>BronxCare</b>	1276 Fulton Ave, Bronx	104	2 miles	12 minutes
<b>Bronx Psychiatric Center</b>	1500 Waters Place, Bronx	300	3.3 miles	21 minutes
<b>Jacobi Medical Center</b>	1400 Pelham Parkway, Bronx	107	2.9 miles	15 minutes
<b>Lincoln Medical Center</b>	234 East 149 <sup>th</sup> St., Bronx	60	3.3 miles	23 minutes
<b>Montefiore (Moses)</b>	111 East 210 <sup>th</sup> St., Bronx	22	2.4 miles	18 minutes
<b>Montefiore (Wakefield)</b>	600 East 233 <sup>rd</sup> St., Bronx	33	4.8 miles	17 minutes
<b>NewYork-Presbyterian (Allen Hospital)</b>	5141 Broadway, Manhattan	30	2.9 miles	21 minutes

<b>NewYork-Presbyterian (Columbia)</b>	622 West 168 <sup>th</sup> St., Manhattan	25	3.4 miles	26 minutes
<b>North Central Bronx Hospital</b>	3424 Kossuth Ave, Bronx	70	2.4 miles	17 minutes

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

*Table 5. Current and Projected Market Shares*

Provider	Inpatient Psych Beds	Current Market Share	Provider	Inpatient Psych Beds	Projected Market Share
<b>SBH</b>	49	6%	<b>SBH</b>	72	9%
<b>BronxCare</b>	104	13%	<b>BronxCare</b>	104	13%
<b>Bronx Psychiatric Center</b>	300	38%	<b>Bronx Psychiatric Center</b>	300	36%
<b>Jacobi Medical Center</b>	107	13%	<b>Jacobi Medical Center</b>	107	13%
<b>Lincoln Medical Center</b>	60	8%	<b>Lincoln Medical Center</b>	60	7%
<b>Montefiore (Moses)</b>	22	3%	<b>Montefiore (Moses)</b>	22	3%
<b>Montefiore (Wakefield)</b>	33	4%	<b>Montefiore (Wakefield)</b>	33	4%
<b>NewYork-Presbyterian (Allen Hospital)</b>	30	4%	<b>NewYork-Presbyterian (Allen Hospital)</b>	30	4%
<b>NewYork-Presbyterian (Columbia)</b>	25	3%	<b>NewYork-Presbyterian (Columbia)</b>	25	3%
<b>North Central Bronx Hospital</b>	70	9%	<b>North Central Bronx Hospital</b>	70	9%
<i>Total</i>	<i>800</i>	<i>100%</i>	<i>Total</i>	<i>823</i>	<i>100%</i>

**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.**

SBH's commitment to providing comprehensive care and support to individuals who are uninsured or underinsured, in accordance with current financial assistance policies and with federal/state regulations, does not appear to be impacted by the proposed project. In accordance with SBH's current policy, the health system does not discriminate based on race, color, religion, creed, sex, national origin, marital status, sexual orientation, transgender status, gender identity, veteran status, or any other characteristic as protected by applicable law.<sup>20</sup>

SBH is a tax-exempt hospital under Section 501(c)(3) and is therefore subject to federal IRS Charitable Hospital requirements. As such, SBH:

- Operates an emergency room open to all, regardless of ability to pay;
- Maintains a board of directors drawn from the community;
- Maintains an open medical staff policy;
- Provides hospital care for all patients able to pay, including those who pay their bills through public programs such as Medicaid and Medicare;
- Uses surplus funds to improve facilities, equipment, and patient care; and
- Uses surplus funds to advance medical training, education, and research.

None of these activities are expected to be impacted by the project. SBH also implements community service activities and conducts a Community Health Assessment (CHA) every three years.<sup>21</sup> The Board of Trustees is ethnically diverse and representative of the community, and all members either live, work, or have family ties to the Bronx.<sup>22</sup>

SBH appears to be compliant with New York State's Public Health Law 2807-k, which requires hospitals to establish financial aid policies and procedures for reducing charges to low-income individuals without health insurance, or who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges. SBH has a financial assistance policy that provides medically necessary care at no charge or

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<sup>20</sup> SBH Health System. (n.d.). *Anti-discrimination statement*. Retrieved [February 24, 2025], from <https://www.sbhny.org/anti-discrimination-statement/>

<sup>21</sup> SBH Health System. (n.d.). *Community engagement*. Retrieved [February 24, 2025], from <https://www.sbhny.org/community-engagement/>

<sup>22</sup> Data provided by the Applicant

reduced charge for patients who meet eligibility requirements.<sup>23</sup> Patients are provided with a financial counselor who can provide assistance, in the patient's language or via qualified telephonic interpreters, through each phase of the charity care application process.

**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 expanded psychiatric unit will require additional staff. The Applicant is committed to hiring staff that are representative of the community and its patient population. Currently, 86% of staff are people of color, 65% are female, 79% are unionized, and the majority live in the Bronx and reflect the community's social and ethnic diversity.<sup>24</sup>

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

In 2021, a plaintiff commenced a civil action against SBH, accusing the hospital of discrimination on the basis of disability under the Americans with Disabilities Act (ADA). Specifically, the plaintiff is deaf and asserted that they were deprived of an American Sign Language (ASL) interpreter and/or reasonable auxiliary communication aids which would have ensured effective communication. SBH denied any wrongdoing, and the civil action was settled.

Following the settlement, SBH hired Propio translation, interpretation, and technology services to ensure appropriate access for individuals with relevant needs. The organization's Diversity, Equity, and Inclusion (DEI) team also implemented a relevant systemwide training for staff and a process for identifying language needs using data analytics.

**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.**

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<sup>23</sup> SBH Health System. (2024). *Financial assistance policy and charity care policy (2024 Rev.)*. Retrieved from <https://www.sbhny.org/wp-content/uploads/2025/02/Financial-Assistance-Policy-and-Charity-Care-Policy-2024-Rev.pdf>

<sup>24</sup> Data provided by the Applicant

No, but the project is related to the organization's broader efforts to improve access to services with mental illness, including recent awards from NYS to 1) develop a Comprehensive Psychiatric Emergency Program (CPEP) and 2) complete a safety net transformation project that upgrades the emergency department and enhances access to behavioral health and care management services.<sup>25,26</sup>

## 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

The renovation of the inpatient psychiatric units and addition of 23 beds to the unit will improve access to services, advance health equity, and reduce health disparities as follows:

### 1. Improving Access to Mental Health Services in an Underserved Community

The facility is located in both a HRSA-designated Medically Underserved Area (MUA) and mental health Health Professional Shortage Area (HPSA).<sup>27</sup> Additionally, as noted previously there is currently a shortage of inpatient psychiatric beds to meet the current demand in New York City, with the demand being even higher in the Bronx.<sup>1,2</sup> The need for inpatient psychiatric beds has been further exacerbated by the Covid-19 pandemic, as many hospitals made operational decisions to take inpatient psychiatric beds offline in order to more effectively respond to the pandemic.<sup>28</sup> However, despite State efforts directing hospitals to re-open licensed inpatient psychiatric beds or risk fines, many beds remain offline, including 53 in the Bronx as of April 2023.<sup>1</sup> Given the growing demand for mental health services and the limited availability of beds, the additional inpatient psychiatric beds at SBH will improve access to mental health services in a community that is medically underserved. SBH intends for the expansion to allow it to

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<sup>25</sup> Office of the Governor of New York. (2024, February 22). *Governor Hochul announces more than \$39 million awarded to develop comprehensive psychiatric emergency programs across New York State*. Retrieved February 24, 2025, from <https://www.governor.ny.gov/news/governor-hochul-announces-more-39-million-awarded-develop-comprehensive-psychiatric-emergency>

<sup>26</sup> Office of the Governor of New York. (2024, February 21). *Making investments in the Bronx: Governor Hochul announces support for new safety net hospital partnership*. Retrieved February 24, 2025, from <https://www.governor.ny.gov/news/making-investments-bronx-governor-hochul-announces-support-new-safety-net-hospital-partnership>

<sup>27</sup> Health Resources & Services Administration. (n.d.). *Find shortage areas by address*. Retrieved February 25, 2025, from <https://data.hrsa.gov/tools/shortage-area/by-address>

<sup>28</sup> New York State Department of Health. (2023, January 10). *Reopening of inpatient psychiatric beds* [Letter to hospital administrators]. Retrieved February 25, 2025, from [https://www.health.ny.gov/professionals/hospital\\_administrator/letters/2023/docs/2023-01-10\\_reopening\\_of\\_inpatient\\_psychiatric\\_beds.pdf](https://www.health.ny.gov/professionals/hospital_administrator/letters/2023/docs/2023-01-10_reopening_of_inpatient_psychiatric_beds.pdf)

establish itself as a regional hub for this service in the Bronx, enabling it to accept transfers from other area hospitals for patients in need of inpatient psychiatric care.

This will be particularly impactful for the medically underserved populations identified above – low-income populations, individuals who receive public benefits, immigrants, racial and ethnic minorities, LGBTQ+ individuals, and people who are uninsured or under-insured – given their prevalence in the community, their likelihood of being treated at a safety net hospital such as SBH, their enhanced needs for mental health services, and their historical access barriers. Employees interviewed as part of this assessment also indicated that the implementation of the CPEP unit and a new mobile crisis team would also support streamlined access to inpatient psychiatric care for patients in the community and those presenting at the emergency room. Individuals accessing those programs will also have more access to inpatient care as a result of this project.

## **2. Enhancing Quality of Care and Patient Experience with Physical Plant Upgrades**

The proposed project includes a gut renovation to the two existing psychiatric floors and the new psychiatric floor, adding de-escalation rooms and common areas and reconfiguring the nursing station for more direct patient observation. The Applicant also intends to improve the underlying infrastructure of the units (e.g., electrical, ventilation, HVAC). The project would also designate three beds for intensive psychiatric care for patients with aggressive behaviors, which will include more 1:1 staff, frequent observations, and comprehensive evaluations.

The renovations to the units are reportedly overdue; one employee said that the units are in the oldest part of the hospital and have structural and engineering issues that have impacted patient care (e.g., floods that have temporarily closed beds/rooms). Another employee indicated that one of the units has not been upgraded in 40 years, and the other unit had been upgraded about 27-28 years ago. This employee indicated that the units were “badly in need of a renovation and coming into alignment with the changes in philosophies for caring for those with mental illness and treating them with dignity and respect,” and further elaborated that the renovated units would be more open and welcoming to patients rather than institutional. These upgrades can create an environment more conducive to effective treatment, reducing stress and increasing satisfaction for both patients and staff.<sup>29,30</sup>

## **3. Reducing Boarding Times and Improving Emergency Department Throughput**

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<sup>29</sup> Rodríguez-Labajos, L., Kinloch, J., Nicol, L., Grant, S., & O'Brien, G. (2024). *Impact of the design of adult mental health inpatient facilities on healthcare staff: A mixed methods systematic review*. *BMJ Open*, 14(3), e074368. <https://doi.org/10.1136/bmjopen-2023-074368>

<sup>30</sup> Jovanović, N., Campbell, J., & Priebe, S. (2019). *How to design psychiatric facilities to foster positive social interaction: A systematic review*. *European Psychiatry*, 60, 49–62. <https://doi.org/10.1016/j.eurpsy.2019.04.005>

In general, 15% of patients seeking care in the SBH emergency department present with acute behavioral health issues, such as active psychosis or delirium.<sup>31</sup> The Applicant also reports that the number of behavioral health incidents<sup>32</sup> in the emergency department have almost double over the past few years, with the emergency department currently managing more than 9 incidents per day. A shortage of inpatient psychiatric beds can result in patients experiencing a psychotic episode being discharged after only a few days of emergency room treatment, without the opportunity to receive the extended care and stabilization that inpatient hospitalization provides.<sup>33</sup>

The proposed project will allow patients who require inpatient psychiatric care to be more quickly transitioned out of the emergency department, reducing congestion and allowing clinical resources to be reallocated to address other urgent medical cases more effectively. Quick transitions from the emergency department to inpatient care may also result in patients receiving specialized psychiatric interventions sooner, which can improve clinical outcomes and the patient experience. This will be an important outcome for individuals on Medicaid and those who are uninsured, who make up 56% and 19% of emergency department visits at SBH respectively.<sup>34</sup> Since the majority of patients in the community and those treated by the facility are Black and/or Hispanic, along with a significant number of immigrants, these populations will directly benefit from these improvements.

**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.**

An unintended negative health equity impact of the proposed project is that, due to space constraints, expanding the inpatient psychiatric unit by 23 beds will require the Applicant to relocate and reduce its inpatient detox capacity from 24 beds to 12 beds. This reduction may limit access to essential detox services for patients in need (notably, this change is analyzed in detail in a separate and comprehensive HEIA conducted by SPG for the associated Certificate of Need application). However, employees reported that this change is consistent with the detox unit's current census and with treatment advancements that allow more withdrawal to be conducted in community-based settings (e.g., methadone clinics, etc.).

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<sup>31</sup> Data provided by the Applicant

<sup>32</sup> Defined as when a patient is disruptive, combative, or threatening in association with an apparent alteration in mental status or psychosis.

<sup>33</sup> Goodman, J. D. (2023, October 12). *Hochul moves to expand mental health care in New York hospitals*. *The New York Times*. Retrieved February 25, 2025, from <https://www.nytimes.com/2023/10/12/nyregion/hospitals-hochul-mental-health.html>

<sup>34</sup> Data from the Applicant

An unintended positive health equity impact associated with the project is that the organization will be able to expand its psychiatric residency program with additional slots. This is beneficial to medically underserved populations as the community is a mental health HPSA and expanding the residency program increases capacity for treatment. Expansion of the residency program may also increase the likelihood that psychiatrists remain and continue to practice in the community.<sup>35</sup> Additionally, according to employees the SBH program specifically educates residents on issues related to diversity and equity.

**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.**

In 2023, the Applicant contributed \$25,479,581 in indigent care across 28,846 unique patients. Only a small proportion (0.5%) of patients on the psychiatric unit are uninsured; however, the amount of indigent care may increase slightly with the additional beds on the unit.

**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.**

The facility is accessible via several public transportation options:

**Subway:**

- 4 Train: The 183rd Street station on the 4 line is approximately a 10-minute walk.
- B and D Trains: The 182nd–183rd Streets station serves both lines and is about a 12-minute walk away.

**Bus:**

- Bx15: Runs along Third Avenue, with stops near 183rd Street, close to the facility.
- Bx41: Operates on Webster Avenue, with stops at 183rd Street, a short walk from the facility.
- Bx36: Travels along East 180th Street, with stops near Third Avenue.

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<sup>35</sup> Goodfellow, A., Ulloa, J. G., Dowling, P. T., Talamantes, E., Chheda, S., Bone, C., & Moreno, G. (2016). *Predictors of primary care physician practice location in underserved urban or rural areas in the United States: A systematic literature review*. *Academic Medicine*, 91(9), 1313–1321. <https://doi.org/10.1097/ACM.0000000000001203>



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

The renovated units will be on the 2<sup>nd</sup> and 3<sup>rd</sup> floors of the facility, and the new unit will be located on the 4<sup>th</sup> floor. All floors are accessible via elevator and will be compliant with ADA.

**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?**

N/A

**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 (DOHMH)

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

No

**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 attached spreadsheet titled "heia\_data\_tables\_SBH Psych.xlsx"

**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?**

The stakeholders most affected by this proposed project are individuals in the Bronx with severe mental illness who require inpatient hospitalization for treatment and their families. As noted previously, most of these individuals who are currently accessing or who are expected to access inpatient psychiatric services at SBH are medically underserved groups.

Almost all stakeholders interviewed or surveyed as part of this assessment were supportive of the project (92% of interviewees and 100% of survey respondents), with one interviewee not specifically indicating whether they were supportive of the project as they had not seen the data. However, this respondent, a leader of a local community-based organization, said they felt very supportive by the staff they work with at SBH and trust them. No interviewees, survey respondents, or attendees of the SBH Wellness Alliance meeting had any concerns about the project.

#### **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?**

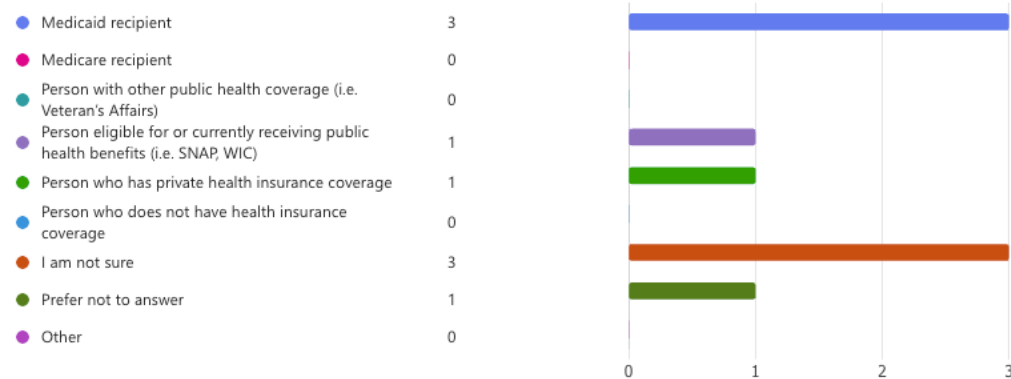
As part of our stakeholder engagement, we conducted 12 interviews with leadership and staff from SBH, local community-based organizations, the Applicant's Health Home partner, and a local federally qualified health center (FQHC). These interviews helped us identify the typical demographics and characteristics of patients who are currently using and who are expected to use the inpatient psychiatric services at SBH. We also attended the SBH Wellness Alliance meeting, during which the SBH Chief DEI Officer presented the proposed project to attendees and requested their feedback. There were 35 attendees of the meeting, including employees, interns, community-based organizations, current/former patients/families, and community residents. Attendees received a link to complete our independent survey for the project. SBH staff also sent our survey to family members of current/former patients of the inpatient psychiatric unit.

We received 8 responses to our survey from employees and patients or residents and/or their caregivers. All but one of the survey respondents were residents of the project's service area. As detailed in the tables below, survey respondents were representative of one or more of the medically underserved groups outlined in this assessment. All survey respondents were either strongly supportive of the project (7) or supportive of the project (1).

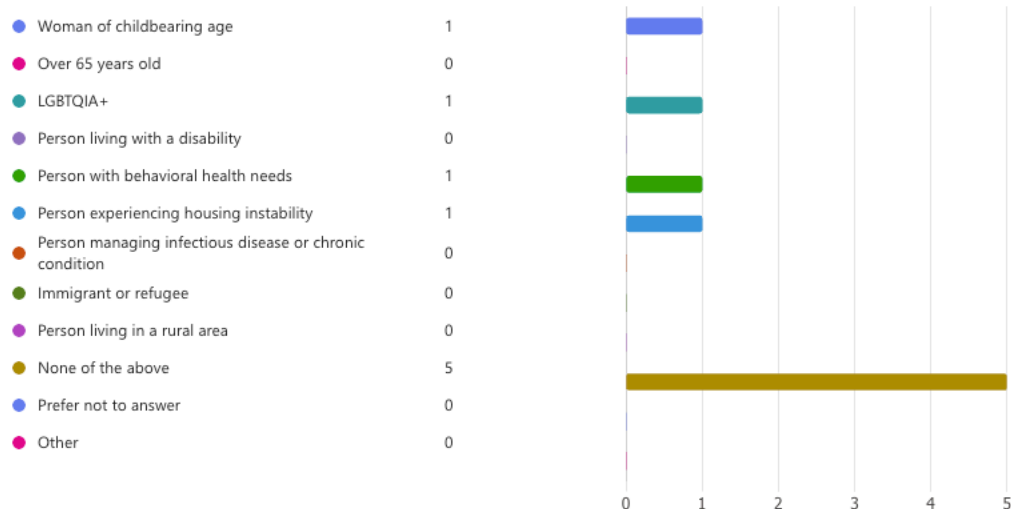
*Table 6. Race/Ethnicity of Survey Respondents*



*Table 7. Insurance Coverage of Survey Respondents*



*Table 7. Demographics of Survey Respondents*



**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.**

SPG’s stakeholder engagement process involved developing a comprehensive outreach strategy to community-based organizations, staff, providers, patients/families, and community members from which we sought feedback for the assessment. We reached out to but were not able to connect with the following organizations:

- A community-based organization that supports individuals experiencing homelessness; and
- A Bronx-based grassroots agency that supports LGBTQ+ individuals.

**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**
  - b. People with speech, hearing or visual impairments**
  - c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?**

SBH staff reported that the majority of community members served by the organization are Spanish-speaking, but given the diversity of the community they also serve many individuals who speak Arabic, Italian, and African dialects, among other languages. In addition to bi-lingual staff, the Applicant provides both video/audio interpreter and in-person medical interpreter services as needed. The Applicant also partners with a

company that provides in-person American Sign Language (ASL). SBH's Chief Diversity Officer monitors implementation of the institution's language access plan, including trends in frequency of languages and need for ASL to ensure availability of interpreters.

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

To ensure seamless continuity of care post-discharge, we recommend that the Applicant (if it has not already done so) fully integrate and adhere to the latest regulations and guidance issued by the New York State Department of Health (DOH) and the Office of Mental Health (OMH) regarding evaluation, discharge planning, and care transitions for patients with behavioral health needs.<sup>36</sup> This may include standardizing comprehensive discharge planning, strengthening care coordination, confirming aftercare appointments, expanding access to social support services, and monitoring outcomes. By proactively implementing these strategies, the Applicant can enhance patient outcomes, reduce preventable hospital readmissions, and strengthen the overall behavioral health system within the community.

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

The Applicant operates a Referral Services Office that actively builds and maintains relationships with community providers, including FQHCs and behavioral health agencies, serving as a key channel for communicating the expansion of services. One community-based organization we spoke with was excited about the opportunity to partner with the Applicant on this, particularly on how to address the challenges of mental health stigma within certain cultural groups.

To further enhance outreach and awareness, the Applicant can continue to engage community partners and stakeholders through SBH Wellness Alliance meetings and community health fairs, providing regular updates on the expanded availability of inpatient psychiatric services and project milestones. The Applicant can also leverage its partnerships with local public schools to address the needs of migrant children and families and participation in the Human Rights Campaign's annual health Equality Index, which recognizes compassionate and inclusive treatment of LGBTQ+ patients, visitors, and employees.

Beyond community partners, the Applicant can leverage its newly established mobile crisis team and its recent designation as a Health Home Plus care management agency for individuals with serious mental illness. These resources can help ensure that both

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<sup>36</sup> New York State Office of Mental Health & New York State Department of Health. (2023, October 20). *Guidance on evaluation and discharge practices*. Retrieved February 25, 2025, from <https://omh.ny.gov/omhweb/guidance/omh-doh-evaluation-discharge-guidance.pdf>

individuals in need and organizations providing care are well-informed about the newly renovated and expanded inpatient psychiatric units.

Additionally, the Applicant should maintain an ongoing dialogue with clinical and administrative staff throughout the renovation process to ensure that the updated facilities meet the needs of both providers and patients. Addressing staff concerns proactively will support a smooth transition to the expanded services and enhance overall care delivery.

#### **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 addresses the following systemic barriers to care:

- **Socioeconomic barriers:** as a safety net hospital providing services predominantly to low-income individuals/Medicaid beneficiaries, SBH will have capacity accommodate more of these individuals and deliver a higher quality of care.
- **Geographic barriers:** by increasing capacity and improving quality of care in a medically underserved area with a shortage of mental health professionals, SBH will reduce the need for patients to travel to other locations for inpatient psychiatric care.
- **Cultural and linguistic barriers:** expanding inpatient mental health services at SBH will ensure the facility can continue serving its predominantly Spanish-speaking and immigrant community with its diverse staff and interpreter services, reducing the need for patients to travel elsewhere for linguistically appropriate mental health support.

### **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?**

Every three years, SBH staff conduct a comprehensive Community Health Assessment (CHA) to actively engage community members and assess local health and social needs. This process involves rigorous research, stakeholder engagement, and data collection, ensuring a thorough understanding of the community's evolving health care challenges. The Applicant can leverage the findings from this assessment to evaluate whether the expanded and improved inpatient mental health services are effectively meeting community needs. By analyzing trends in service utilization, access barriers, and patient outcomes, SBH can make data-driven adjustments to enhance service delivery, address gaps, and ensure that the expansion continues to align with community priorities.

SBH's Quality Assessment and Improvement (QAI) committee regularly reviews and evaluates the appropriateness and quality of clinical care, including identifying and addressing health disparities in access, treatment quality, and patient outcomes. This committee can be leveraged to monitor the impact of the psychiatric expansion, assess whether the project is effectively reducing disparities, and implement targeted quality improvement initiatives to enhance equitable access and care delivery.

**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?**

The Applicant can consider:

1. Developing a dedicated health equity dashboard to track patient demographics, referral patterns, service utilization, and outcomes to ensure the expanded inpatient psychiatric unit is equitably serving medically underserved populations.
2. Conducting ongoing analysis of readmission rates, length of stay, and discharge success to identify any disparities in patient care.
3. Implementing regular patient and staff surveys to assess whether the expansion is improving access, quality of care, and patient experiences, particularly among the medically underserved populations identified above.

**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, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

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Name

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Title

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Signature

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Date

**II. Mitigation Plan**

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.*

SBH is committed to expanding its inpatient psychiatric services in a way that improves access for underserved populations, upholds cultural and linguistic sensitivity, and aligns with state regulations. Below is a mitigation plan detailing how SBH will address potential challenges and ensure that the expansion benefits all members of the surrounding community.



### **1. Strengthening Cultural and Linguistic Accessibility**

Given the diverse population in the Bronx, SBH will continue to offer interpreter services (video, audio, and in-person) for Spanish-speaking patients as well as those who speak Arabic, Italian, African dialects, and other languages. We will maintain our partnership with an American Sign Language (ASL) provider to serve Deaf and hard-of-hearing individuals. Under the leadership of the Chief Diversity Officer, SBH will track ongoing language needs, adjusting staffing levels and interpreter availability as demand fluctuates. This will help mitigate communication barriers, enhance patient comfort, and foster a more inclusive clinical environment.

### **2. Enhancing Discharge Planning and Care Transitions**

SBH will fully integrate guidance from the New York State Department of Health (DOH) and the Office of Mental Health (OMH) to strengthen continuity of care. We plan to standardize discharge processes by ensuring all patients leave with a comprehensive aftercare plan, including confirmed follow-up appointments, referrals for social services, and contact information for relevant community-based providers. Our status as a Health Home Plus care management agency positions us to link individuals with mental health needs to additional wraparound services. By addressing these factors early and thoroughly, SBH can help reduce preventable readmissions and improve overall patient outcomes.

### **3. Deepening Stakeholder Engagement**

SBH will use its Referral Services Office as a primary channel for outreach to Federally Qualified Health Centers (FQHCs), behavioral health agencies, local public schools, and other community partners. We will continue to engage community stakeholders through SBH Wellness Alliance meetings, health fairs, and targeted listening sessions, offering frequent updates on new developments in our inpatient services. This collaborative approach will help address cultural stigmas around mental health, especially within immigrant communities, and promote inclusive, patient-centered care models that meet local needs.

### **4. Addressing Systemic Barriers to Care**

As a safety net hospital, SBH is dedicated to providing high-quality services to Medicaid beneficiaries, uninsured patients, and underinsured populations. Increasing inpatient psychiatric capacity within an area with a notable shortage of mental health resources will enable more residents to receive critical care locally, alleviating travel burdens. Through its culturally and linguistically diverse staff, SBH can support patients who may otherwise delay or forego mental health treatment due to language barriers or fear of discrimination.

### **5. Leveraging Existing Monitoring Mechanisms**

SBH's Community Health Assessment (CHA) and Quality Assessment and Improvement (QAI) committee processes will be used to evaluate the effectiveness of the expansion. The CHA, conducted every three years, gathers insights into community health needs; its findings will guide ongoing refinements to our inpatient psychiatric services. Meanwhile, the QAI committee will monitor outcomes like readmission rates, length of stay, and patient satisfaction while paying close attention to equity indicators—ensuring that no specific demographic group is disproportionately underserved.

## **6. Implementing New Measures for Continuous Improvement**

To build on our existing efforts, SBH will create a dedicated health equity dashboard for real-time tracking of patient demographics, referral patterns, and care utilization. We will also administer periodic surveys to both staff and patients to identify areas for improvement, particularly related to cultural sensitivity, language services, and transitions of care. If any disparities are detected, the QAI committee will initiate targeted quality improvement initiatives, reinforcing SBH's commitment to equitable and accessible psychiatric services.

By focusing on culturally competent care, robust discharge planning, community engagement, and rigorous monitoring, SBH aims to ensure the expanded inpatient psychiatric units serve as a trusted resource for all individuals—especially those who have historically faced barriers to treatment. Through these measures, we can continually refine our approach, ultimately enhancing mental health outcomes throughout the Bronx.