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	Convert 25 Chemical Dependency Beds (official closed March 2020) to 25 Medical/Surgical Beds with Psych Consults
2. Name of Applicant	NYC Health + Hospitals Kings County Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	The Chartis Group, LLC (Chartis Center for Health Equity and Belonging) • Shaifali Ray (shray@chartis.com) • Alexis Mayo-Tapp (amayo-tapp@chartis.com)
4. Description of the Independent Entity's qualifications	**We are experts in health and racial equity consulting.** Chartis is one of the first national consulting firms with a mission that includes the advancement of social and racial justice, health equity, and belonging. Through Chartis' March 2022 acquisition of Just Health Collective (founded in 2020), The Chartis Center for Health Equity and Belonging (CCHEB), is focused on creating a liberated healthcare system free of bias, discrimination, and disparities – resulting in equitable health for all. Our market research and insights indicate that healthcare is evolving to address a more comprehensive picture of health and wellness, which includes a focus on racial and health equity, population health, social drivers of health, diverse consumer market segmentation, cultural care program development and community alignment. Our health equity practice has dedicated resources to help clients create equitable and inclusive organizations for their workforce; equitable access, experience and quality for their patients; and equitable health status for their communities. Our engagements integrate quantitative insights from data and qualitative insights from internal and community stakeholder engagement. Engagement approaches include interviews, focus groups and surveys. This, coupled with our team's depth and breadth of experience in healthcare operations, racial equity, and patient and

	community engagement, gives us a deep understanding of the implications of health equity. When considering engagements with health equity and/or community health focus, Chartis has led more than 45 engagements in the past five years. These engagements have resulted in transformative impact for underserved communities and patient segments across the country. The leader on this engagement has more than 20 years' total healthcare experience with areas of strength in equitable access to care, hospital and medical group operations, performance improvement, disparities mitigation, patient experience, compliance, and diversity, equity, and inclusion education. CCHEB's President and Chartis' Chief Health Equity Officer, Duane Reynolds, is an advisor on this project and has 25 years' total healthcare experience. He has been recognized twice by Modern Healthcare as an 'up and comer' to one of the nation's top diversity leaders in healthcare. **Disclaimer.** In no event does Chartis take any position or offer any guarantee on whether: (i) an entity is required to perform a Health Equity Impact Assessment; or (ii) the Services will lead to any particular result.
5. Date the Health Equity Impact Assessment (HEIA) started	June 17, 2024
6. Date the HEIA concluded	August 7, 2024

7. Executive summary of project (250 words max)
Kings County Hospital is requesting to convert 25 chemical dependency beds, which were closed with approval from the Office of Addiction Services and Supports (OASAS) in 2020, to 25 medical/surgical beds with psychiatric consultations (i.e. inpatient beds). There are several mitigating circumstances that support adding these beds to the medicine bed complement: • Kings County is certified for 246 medical/surgical beds. The hospital runs a consistent census of 100% for this service • On average, the emergency department (ED) admits approximately 18 medicine patients (ranging from 17 to 30 medicine admissions) per day, with an average of 36 patients dwelling in the ED for extended times due to lack of adequate space to move admitted patients easily to an available inpatient bed

- The recent closure of a community hospital – Kingsbrook Jewish Medical Center – has resulted in an increase of patients seeking care at Kings County's emergency department
- Kings County has a large complement of patients with an Alternate Level of Care (ALOC) status. These patients are no longer acutely ill but cannot be discharged safely to home or appropriate care (i.e., nursing homes) because of social concerns or insurance status

These circumstances have contributed to the need to increase the number of medical/surgical beds at the hospital. In addition, many of the patients Kings County Hospital sees have a secondary psychiatric diagnosis. The patients that will be admitted to this new 25 bed unit will be provided with psychiatric consults as well as creative arts therapy as required.

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

The Independent Entity used data and information from public and proprietary sources, information provided by the Applicant, as well as insights from meaningful engagement of stakeholders in the community to conduct an independent, evidence-based market and community assessment to understand the health equity impact of the proposed conversion of 25 chemical dependency beds, which were closed with approval from the Office of Addiction Services and Supports (OASAS) in 2020, to 25 medical/surgical beds with psychiatric consultations (i.e. inpatient beds).

Market Assessment

This assessment focuses on the primary and secondary service areas of Kings County Hospital, which includes the following 11 zip codes: 11203, 11207, 11208, 11210,11212, 11213, 11225, 11226, 11233, 11234, 11236. Based on an assessment of the Applicant's data and data from the Statewide Planning and Research Cooperative System (SPARCS) claims data from 2018-2023, patients from these counties comprise 80% of Kings County Hospital's discharges. 8 of the 11 zip codes are considered medically underserved areas or populations (MUA/Ps). Together, the 8 zip codes make up 68% of the Applicant's discharges, which reflects the community members who will be impacted most. Patient ancestry data provided by the Applicant shows that ~43% of patients discharged have ancestral backgrounds outside of the United States.

Community Assessment

46 participants engaged in individual interviews or responded to a survey to share their insight and perspectives on the impact of the addition of 25 inpatient beds. Nearly 90% of participants indicated their support of the proposed project and 64% indicated they reside in the primary or secondary service areas. Individuals are represented from nearly every medically underserved group.

Health Equity Impact

Themes from the Independent Entity's (IE) meaningful engagement activities reveal that all medically underserved groups will collectively benefit from the proposed project by having increased access to care and reducing wait times for an inpatient bed for patients in the emergency department (ED). In addition, patients who need behavioral health support will benefit from the availability of psychiatric consultation services during their inpatient stay. Additionally, less overcrowding in the ED will lead to a better patient experience and more patient privacy.

Potential unintended barriers that could impact all medically underserved groups include:

- Staffing levels, as it may take time for the Applicant to reach and sustain optimal staffing levels to support patients for these needs
- Comprehensive training for staff to support caring for patients with both medical and behavioral health needs
- Possible reduction of the availability of resources for individuals who have a substance use disorder

Based on market and evidence-based data as well as information from meaningful engagement of the community, these impacts are described in more detail in this Health Equity Impact Assessment.

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.

The HEIA data tables have been populated for zip codes in Kings County.

Source(s): American Community Survey

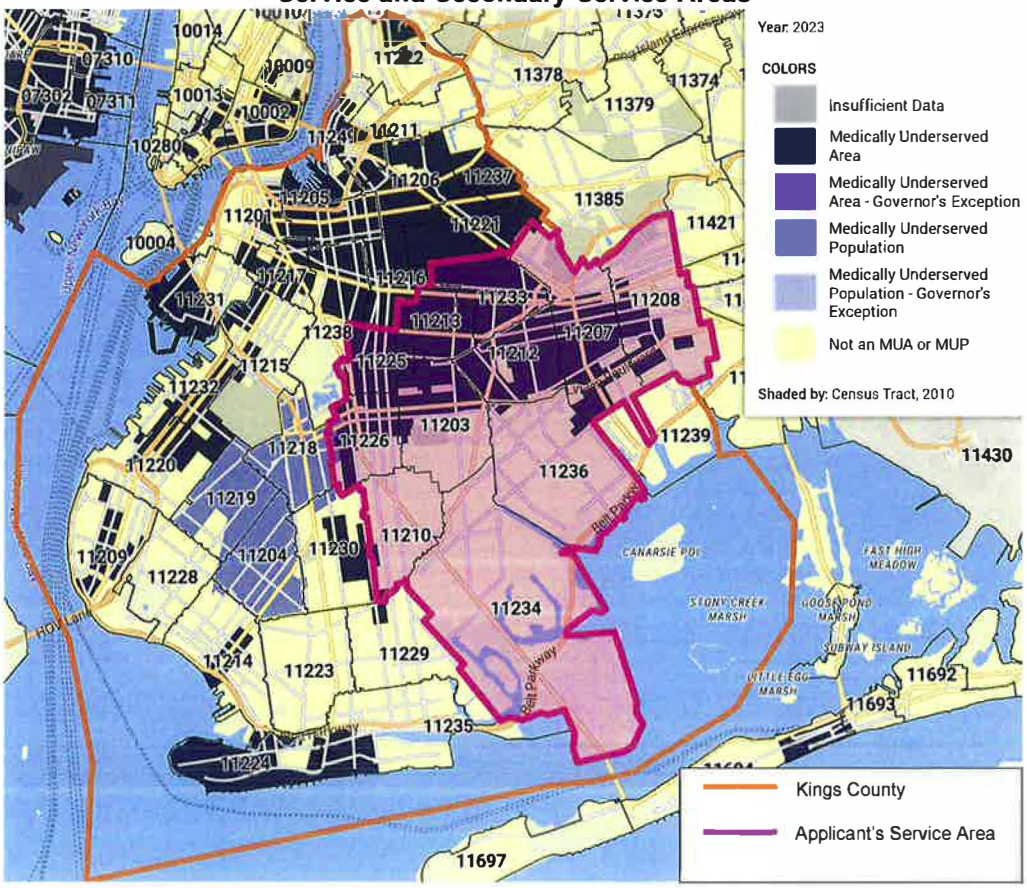
2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

- ✓ 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
- ✓ 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
- ✓ Not listed (specify):
    - HRSA-designated medically underserved areas and medically underserved populations
    - Individuals accessing behavioral healthcare services

80% of Kings County Hospital's inpatient discharges are from the following zip codes, which is the focus area for this assessment: 11203, 11207, 11208, 11210, 11212, 11213, 11225, 11226, 11233, 11234, and 11236. Medically underserved areas and populations (MUA/Ps) in Kings County were assessed by a review of the HRSA-designated MUA/Ps for Kings County. As Figure 1 below illustrates, 8 of the 11 zip codes noted above are designated as MUA/Ps.

Figure 1. Medically Underserved Areas and Populations (MUA/Ps) for Kings County in Primary Service and Secondary Service Areas



Source(s): American Community Survey, Data/information provided by the Applicant, PolicyMap, 2022-2024

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?

- Low-income people: PolicyMap, American Community Survey (2021) Community Health Needs Assessment, meaningful engagement responses by demographic breakdown
- Racial and ethnic minorities: PolicyMap, American Community Survey (2021), Community Health Needs Assessment, meaningful engagement responses by demographic breakdown
- Immigrants: American Community Survey (2021), meaningful engagement responses by demographic breakdown
- Women: PolicyMap, American Community Survey (2021), Community Health Needs Assessment, meaningful engagement responses by demographic breakdown
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people: Behavioral Risk Factor Surveillance System (2021), meaningful engagement responses by demographic breakdown
- People with disabilities: American Community Survey (2021), meaningful engagement responses by demographic breakdown
- Older adults: American Community Survey (2021), Community Health Needs Assessment, meaningful engagement responses by demographic breakdown
- Persons living with a prevalent infectious disease or condition: New York State HIV/AIDS Annual Surveillance Report
- People who are eligible for or receive public health benefits: American Community Survey (2021)
- People who do not have third-party health coverage or have inadequate third-party health coverage: American Community Survey (2021)

✓ Not listed (specify):

  - HRSA-designated medically underserved areas and medically underserved populations: Health Resources and Services Administration, PolicyMap (2022-2024)

- Individuals accessing behavioral healthcare services: information provided by the Applicant

The following medically underserved groups were assessed and determined to not be impacted for this assessment.

- Persons living in rural areas: US Department of Agriculture's definition of Rural-Urban Commuting Areas (RUCA). 100% of population resides within the core metropolitan area.

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

Any individual that is a member of a medically underserved group listed above accessing inpatient services at Kings County Hospital will benefit from the additional beds. In addition, patients who need behavioral health support will benefit from the availability of psychiatric consultation services during their inpatient stay.

Furthermore, the Applicant serves a diverse group of patients and community members. The Center for Migration Studies of New York, which focuses on safeguarding the rights and policies for migrants and refugees, notes that Brooklyn is home to nearly 1 million immigrants, which is ~37% of the population. Each of the 8 MUA/P zip codes in the Applicant's service area has a higher representation of racial and ethnic minorities, immigrants, and people receiving public health benefits. Together, the 8 zip codes make up 68% of the Applicant's discharges, which reflects the community members who will be impacted most. Patient ancestry data provided by the Applicant shows that ~43% of patients discharged have ancestral backgrounds outside of the United States. Meaningful engagement activities also revealed high numbers of patients are from the Afro Caribbean community.

Additional beds and the availability of psychiatric consultations for patients occupying these beds will increase access to care and support the improvement of the quality of life and health outcomes for medically underserved groups. Currently, patients are awaiting in the ED for a bed. With increased capacity, patients dwelling in the ED will not wait as long for a bed and patients who need both medical and psychiatric care during the inpatient stay will have access to specialized behavioral healthcare support alongside treatment of their medical condition. Additionally, less overcrowding in the ED will lead to a better patient experience and more patient privacy.

As outlined in New York State's Prevention Agenda and in NYC Health + Hospitals Community Health Needs Assessment, mental health and substance use are priority needs in the community. Among NYC Health + Hospitals, Kings County ranked 2nd in substance use encounters (17.7%) and third in mental health encounters (11.4%). The proposed beds will support the strategies listed

in the NYC Health + Hospitals Behavioral Health Blueprint to assist individuals with behavioral healthcare needs.

Source(s): RE_2022.01.20_Black-Immigrants_FINAL.pdf (pewresearch.org), Mapping-Key-Health-Determinants-for-Immigrants-Report-Center-for-Migration-Studies.pdf (cmsny.org), Community Health Needs Assessment, BehavioralHealthBlueprint.pdf (hhinternet.blob.core.windows.net)

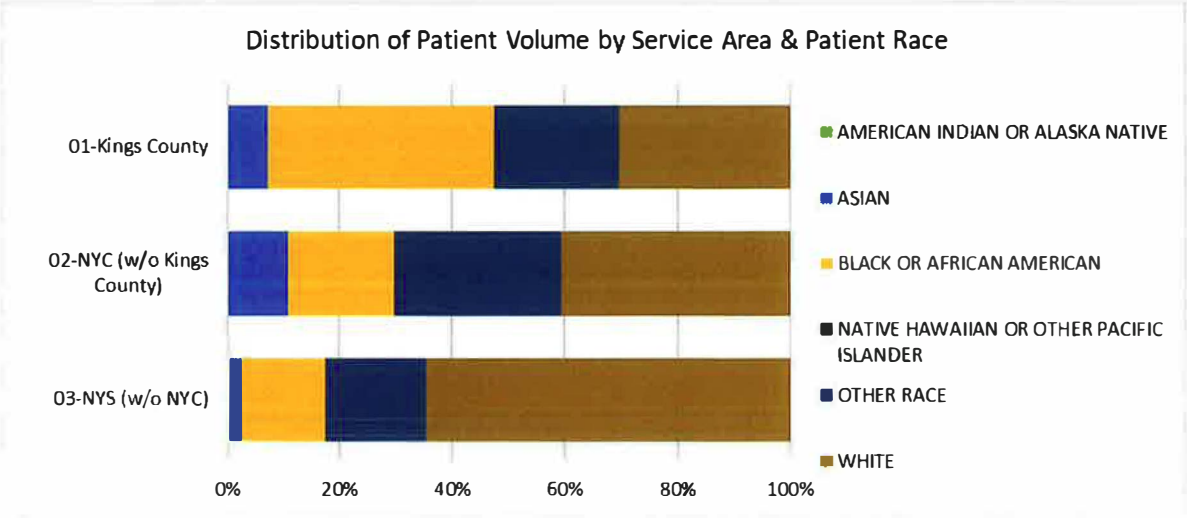
5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

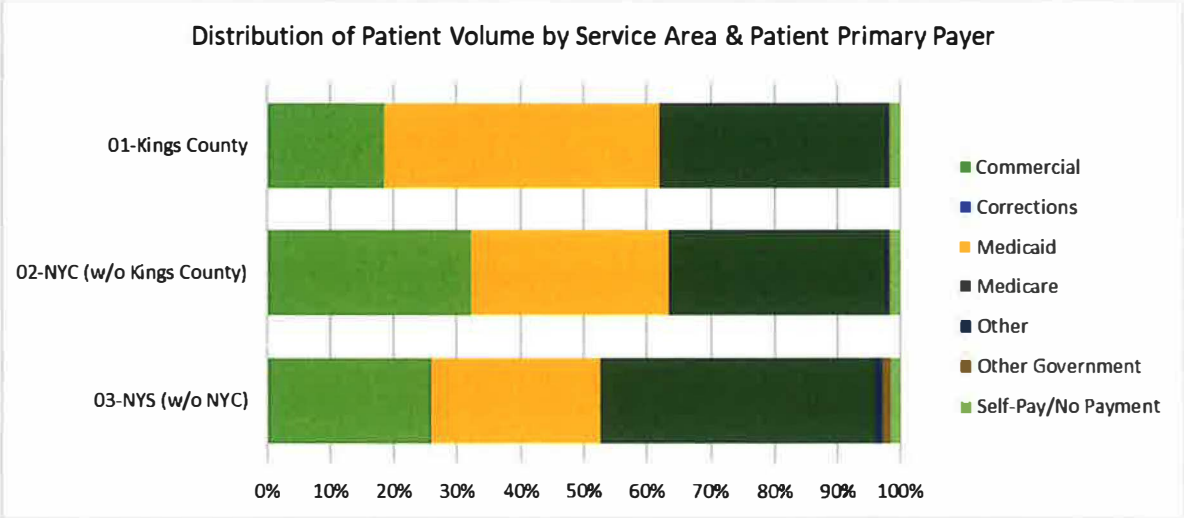
Current Use of Services

Based on the Applicant's discharge data for FY22 and FY23, inpatient discharges increased by 16% (from 9,355 in FY22 to 10,828 in FY23). In our independent review of Statewide Planning and Research Cooperative System (SPARCS) data for inpatient claims by facility in King's County, we also observed an increase in the Applicant's claims volumes from 2018-2023.

Analysis of SPARCS data from 2018-2023 shows that facilities in Kings County have a higher percent inpatient volume from patients who identify as Black/African American (40%) and a higher proportion of patients with Medicare or Medicaid insurance (79%) as compared to other hospital facilities in New York.

Figure 2: Distribution of Patient Volume by Service Area by Patient Race and Patient Primary Payer





Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data

Analysis of the Applicant's discharge data from FY22 and FY23 confirmed that 87% of inpatient discharges from the 11 primary and secondary service area zip codes are from patients who identified as Black/African American and 81% have Medicare or Medicaid as the primary payer.

The Applicant also collects patient ancestry data. Analysis of the Applicant's discharge data from FY22 and FY23, identified patients with the following ancestral backgrounds in Figure 3:

Figure 3: Ancestral Background and % of Discharges from Primary and Secondary Service Areas Zip Codes

Jamaican	10%
Haitian	8%
Guyanese	6%
Trinidadian	6%
Grenadian	3%
Barbadian	2%
African	2%
Panamanian	2%
Puerto Rican	2%
West Indian	2%

Source(s): Data provided by the Applicant

Additional analysis of the Applicant's inpatient discharge data confirmed that in addition to English, the predominant languages spoken by patients are Spanish and Haitian Creole.

Based on the CHNA and information provided by the Applicant, most substance use and mental health encounters at Kings County Hospital are provided in an outpatient setting, however, approximately 30% of admitted patients have a psychiatric component to their diagnosis.

Expected Use of Services

Based on current utilization rates, the Applicant would expect similar and potentially increased utilization due to the growth in the aging population and inpatient utilization trends by age and payer[1]. The New York City Population Projections by Age and Borough forecasted overall population growth in Brooklyn with the highest projected growth in 2030 from adults aged 65+. In addition, the Applicant has absorbed more patients due to recent hospital closures and will likely absorb more patients with future anticipated closures.

The additional availability of and access to inpatient beds is expected to support the increased utilization of inpatient services. The Applicant shared that on average, 36 people/day are dwelling in the ED, waiting to be admitted to a hospital bed. Further, the additional beds, which would be located in the Applicant's behavioral health building, would increase capacity for inpatient services and psychiatric care for patients who present with both medical and behavioral health needs.

Furthermore, NYC Health + Hospitals 2024-2026 Behavioral Health Blueprint outlines the health system's strategies and investment for the next three years for maximizing inpatient and outpatient capacity for behavioral health and substance use services and targeting support for high-risk individuals enrolled in Medicaid Managed Care. This includes expanding programs and services at Kings County Hospital.

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data, data/information provided by the Applicant, 2022 Community Health Needs Assessment, NYC H+H Behavioral Health Blueprint, independent research conducted by IE

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

Disclaimer: The data used to produce this publication comes from New York State Department of Health. However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the work, conclusions, or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

[1] Table P-10. Number of overnight hospital stays during the past 12 months, by selected characteristics: United States, 2018 (cdc.gov)

Data Notes: The results shown below use the Statewide Planning and Research Cooperative System (SPARCS) as a data source. The calculated results are derived from inpatient claims for services rendered during calendar years 2018-2023 from hospital facilities located in Kings County. Small cell sizes have been compiled into 'Other' in order to maintain required confidentiality.

Due to limitations in the data analysis, utilization rates are for all inpatient claims, including those with and without psychiatric consultations. Through the analysis of SPARCS data for inpatient claims for services rendered in Kings County from 2018-2023, inpatient services are offered at the following facilities:

001286: BROOKDALE HOSPITAL MEDICAL CENTER
001288: BROOKLYN HOSPITAL CENTER - DOWNTOWN CAMPUS
001293: NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC
001294: NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH
001301: KINGS COUNTY HOSPITAL CENTER
001304: NYU LANGONE HOSPITAL-BROOKLYN
001305: MAIMONIDES MEDICAL CENTER
001306: NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL
001309: INTERFAITH MEDICAL CENTER
001315: KINGSBROOK JEWISH MEDICAL CENTER*
001318: WYCKOFF HEIGHTS MEDICAL CENTER
001320: UNIVERSITY HOSPITAL OF BROOKLYN
001324: MOUNT SINAI BROOKLYN
001692: WOODHULL MEDICAL & MENTAL HEALTH CENTER

**Services reduced in 2021*
Due to its focus on hospice and palliative care, Calvary Hospital is excluded

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data

The Applicant's market share grew from 2018 to 2023. In addition, the hospital has absorbed more patients due to recent closures or expected closures. Communications related to the 2024 announcement regarding the proposed closure of University Hospital of Brooklyn suggest that more patients would shift to the Applicant. Concerns were shared about the capacity for the Applicant to absorb these patients, given their current overcrowding situation.

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data; information provided by the Applicant

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

Figure 4 provides a summary of the facilities in Kings County and total inpatient claim count and percent of claims for services rendered in each facility, regardless of patient origin from 2018-2023.

Figure 4. 2018-2023 Claim Volume for All Inpatient Care Rendered in Kings County Hospitals, Regardless of Patient Origin

2018-2023 Inpatient Claims in Kings County		
Facility County || Facility Name	Total Claim Count	Total County Claim Percent
001286: BROOKDALE HOSPITAL MEDICAL CENTER	79,839	6.5%
001288: BROOKLYN HOSPITAL CENTER - DOWNTOWN CAMPUS	77,276	6.3%
001293: NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC	30,352	2.5%
001294: NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH	78,127	6.3%
001301: KINGS COUNTY HOSPITAL CENTER	107,016	8.7%
001304: NYU LANGONE HOSPITAL-BROOKLYN	157,757	12.8%
001305: MAIMONIDES MEDICAL CENTER	221,211	17.9%
001306: NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL	191,511	15.5%
001309: INTERFAITH MEDICAL CENTER	40,062	3.2%
001315: KINGSBROOK JEWISH MEDICAL CENTER	26,855	2.2%
001318: WYCKOFF HEIGHTS MEDICAL CENTER	69,438	5.6%
001320: UNIVERSITY HOSPITAL OF BROOKLYN	48,246	3.9%
001324: MOUNT SINAI BROOKLYN	49,479	4.0%
001692: WOODHULL MEDICAL & MENTAL HEALTH CENTER	56,751	4.6%
Grand Total	**1,233,920**	**100%**

Notes: Kingsbrook Jewish Hospital Services reduced in 2021; due to its focus on hospice and palliative care, Calvary Hospital is excluded from this analysis

Source(s): Statewide Planning and Research Cooperative System (SPARCS) claims data

Based on the average growth rate observed from 2018-2023 SPARCS data, the Applicant's market share is expected to increase to 9.5% next 5 years. This does not include an additional increase of 1-3% if other anticipated hospital closures are approved.

Source(s): Statewide Planning and Research Cooperative System (SPARCS); information provided by the Applicant, NYC Health + Hospitals 2024-2026 Behavioral Health Blueprint

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.

Applicant's obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool)

A review was conducted of the following information provided by the Applicant:

- 2020 DSH Report Pro forma and Analysis by NYC Health + Hospitals, dated as of 12/12/2023
- NYC Health + Hospitals Financial Assistance Policy
- External NYC Health + Hospitals Financial Assistance website
- Review of Kings County Hospital's total charity care from 2021-2023

Based upon the review of this information, the Applicant appears to be meeting its obligations stated under Public Health Law § 2807-k. Based on the 2020 DSH analysis, the hospital had $126 million in total annual uncompensated care costs and $89 million in total uninsured inpatient/outpatient uncompensated care costs.

Community Services

Below is a summary of the community engagement activities shared by the Applicant:

- Collaborate with NYC Health + Hospitals to conduct the triennial community health needs assessment
- NYC Health + Hospital's Board hosts annual public meetings for community members to share concerns with hospital leadership. The meetings are held in each NYC borough – Brooklyn meetings are hosted at Kings County Hospital
- Monthly Community Advisory Board (CAB) meetings with hospital leadership to discuss programmatic updates, issues, and to obtain input from CAB members. The Applicant also collaborates with the CAB to host an Annual Legislative Breakfast, which includes participation of elected officials representing the service area, community leaders and community-based organizations
- Hosted a health equity conference on June 15, 2023, with community stakeholders, providers and leaders from other community hospitals to discuss disparate health outcomes, their impact on the community, and potential mitigation strategies
- Conduct monthly Patient-Family Advisory Council meetings to discuss opportunities to create more person-centered care
- Published content that is shared on social media platforms to discuss/showcase health-related programs and education. Many topics are showcased such as behavioral health, men's health, cultural awareness, nutrition and healthy lifestyles, substance use, breast cancer, and more

- The Applicant's medical experts provide health education at forums hosted by local schools, faith-based organizations, community planning boards, and community-based organizations
- The Applicant has documented community partnerships with many organizations that provide resources for various health and social needs including education, food, housing, transportation, financial assistance, medical supplies, legal aid, care transitions, and much more.

Medicaid Population

Figure 5 below reflects an estimate of the Medicaid population as a percentage of the population in Kings County. In FY23, 43% of the Applicant's discharged inpatients were insured through Medicaid and Medicaid Managed plans.

Figure 5. Medicaid Enrollees as a % of Kings County Population

County	Medicaid Enrollment, March 2024	Population, 2020	Medicaid Enrollees as a % of Population
Kings	1,354,196	2,736,074	49.5%

Information on the total number of licensed medical-surgical beds were not available to us during to comment on how the comparison of licensed beds to people served/residents of the region.

Source(s): NYS Medicaid Enrollment Databook; Census Bureau Data; information provided by the Applicant

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.

   We reviewed the Applicant's FTE needs and staffing plan for the 25-bed unit, which includes hiring all new staff. Feedback from the meaningful engagement activities suggests that specialized training and support will be critical for patients who are being treated for both medical conditions and behavioral health. We recommend that training includes education on the impact of mental health stigma, unconscious bias, cultural humility, trauma-informed care, de-escalation techniques, and psychological safety. Employing dedicated staff for the unit who have received comprehensive training and who have experience in supporting patients with behavioral health needs will be important for the well-being of both staff and patients.

Source(s): information provided by the Applicant and meaningful engagement activities

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

    The Applicant confirmed there are no civil rights access complaints reported against the Applicant.

    Source(s): information provided by the Applicant

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.

    During the COVID pandemic, in March 2020, the Applicant opened the unit in this application (R2E; previously chemical dependency) for one month to accommodate medical/surgical patients (5/9/2020 to 6/17/2020), in addition to opening other units throughout the hospital to increase inpatient capacity necessary to meet the high demand during the pandemic. Among the units that opened during this time, a 36-bed unit (A5) has remained open since 9/9/2020 and continues to be operational today to support inpatient demand needs. Even with this unit open, as described in the above sections, the demand for inpatient beds continues to remain high.

    Source(s): information provided by the Applicant

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

    As noted in section B, Question 4, all individuals accessing inpatient services at Kings County Hospital during the inpatient stay will benefit from the additional medical/surgical beds. The beds will provide more capacity and help to reduce the time patients are dwelling in the ED. In addition, 30% of patients who are admitted also require behavioral health support. The location, operational and staffing plans support providing psychiatric consultation services to all patients who are admitted to this unit.

Responses from meaningful engagement highlighted additional improvements related to both patient and staff experience. For example, currently staff who provided psychiatric consultations to inpatients on the medical/surgical units practice in another building on campus. The location of the additional beds in the behavioral health building will reduce staff transit time, allowing for more timely care. In addition, staff will be able to provide more coordinated and efficient care to patients in the unit who need behavioral health support, optimizing workflows that incorporate behavioral health associates, social workers, and case workers. The Applicant also plans to employ creative arts therapists, who would provide specialized therapies for inpatients who qualify for this service. According to the Applicant, Creative Arts Therapies are used at the bedside or in group settings for patients with select psychological diagnoses such as schizoaffective disorder, dementia, bipolar disorder, and adjustment disorder. The therapies help to create connections between staff and patients and regulate patients' mood, which can impact physical well-being and compliance with prescribed treatment.

Feedback from the meaningful engagement activities also suggests that wait times for inpatients admitted through the ED are lengthy and inpatient stays are longer due to the limited number of beds that are available. The proposed project will decrease wait times, which can improve time to admission and prevent worsening of conditions or other potential long-term complications.

The Applicant shared programmatic information provided to patients to help address social drivers of health. In addition to screening for a variety of social needs, the Applicant has partnerships with many community resources that help to support the improvement of health equity and reduce healthcare disparities for medically underserved groups. Examples of such programs include:

- Referrals for care management programs such as HealthLink, to support patients with mental health illness and complex chronic conditions
- Food distribution programs to provide access to or deliver food to seniors, single mothers, disabled or homebound residents residing in the service area
- Lifestyle Medicine Program that provides patients the tools to make healthy lifestyle changes, including access to plant-based diet resources and one-on-one counseling. Adults living with prediabetes, type 2 diabetes, high blood pressure, heart disease, or health concerns related to excess weight are eligible to enroll
- Free or discounted transportation for individuals including those who are below the designated federal poverty guidelines, formerly incarcerated persons, elderly, Veterans, LGBTQIA+, immigrants or individuals requiring transitional living arrangements

- Domestic Violence Clinics to assist those who are adversely impacted by domestic and gender-based violence, offering trauma-informed mental health services, screenings, individual and group therapy, and medication management to nearly 3,000 patients each year
- NYC Cares, a health insurance program that is offered across NYC Health + Hospitals to provide health insurance to those without coverage

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.

   Feedback from the meaningful engagement activities suggest that the additional medical/surgical beds will be a positive impact on all groups. As described in the sections above, the beds will help to reduce the bottleneck for ED patients waiting for an inpatient bed. The beds will help to improve the Applicant's ability to deliver psychiatric care to individuals who need both medical and behavioral healthcare during the inpatient stay, and the additional services will help to increase the visibility and importance of addressing mental health issues in multiple care delivery settings.

   Potential unintended impacts that were identified include:

   - Ensuring full staffing levels for dedicated staff to the unit who have specialized training and support to care for patients who are being treated for both medical and behavioral health conditions. Healthcare providers are experiencing a shortage of providers, including mental health providers. It may take time for the Applicant to reach and sustain optimal staffing levels to support patients for these needs. As one stakeholder shared, "having the beds available and no providers won't solve the issue at hand"
   - Potentially reducing the availability of resources for individuals who have a substance use disorder

   Source(s): Data/information provided by the Applicant

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.

   As described in Step 1, Question 8, based on the 2020 DSH analysis, the hospital had $126 million in total annual uncompensated care costs and $89 million in total uninsured inpatient/outpatient uncompensated care costs.

The Applicant's financial assistance policy is set by NYC Health + Hospitals and states that assistance is provided beyond the requirements of Public Health Law 2807-k(9a) or "HFAL" to support the role of NYC Health + Hospitals as the public safety net healthcare system of New York City. NYC Health + Hospitals offers two financial assistance programs for qualifying patients and publishes a financial assistance sliding fee schedule.

Between 2021 and 2023, there was a 4% increase in the total number of patients that received Financial Assistance. Financial Assistance Program information is also translated into multiple languages including Spanish, Albanian, Arabic, Bengali, French, Haitian Creole, Hindi, Korean, Polish, Russian, simplified Chinese, and Urdu.

Source(s): Data/information provided by the Applicant

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.

Kings County Hospital can be accessed by public and private transportation. The Applicant provides information about driving directions and parking options listed on their website, including https://www.kingscountyparking.com/rates/ which range from $5-$30. The cost may be prohibitive for certain populations.

The Applicant's website also provides details on the New York City public transit options. Public transit options include bus and subway. As illustrated in Figure 6, the closest bus station is B-12/ Clarkson Ave/Kings County Hospital. According to Google Maps, this station is a 2-minute walk from the ED entrance. The closest subway station to Kings County Hospital is Winthrop Street Station (Flatbush Avenue line). According to Google Maps, this station is a 9-minute walk from the ED entrance.

Free metro cards to access the public transit system are provided to patients that meet income eligibility requirements. There are also circumstances when transportation is covered by insurance. However, if a patient's insurance does not provide transportation coverage, and it is deemed medically necessary, the Applicant will absorb the cost of their transportation.

Figure 6: Kings County Hospital Bus Stop and Parking

The Applicant also shared that transportation is one of the top needs identified by patients during the social needs screening process. The hospital offers taxi services for patient who have coverage through insurance and for patients who meet the income eligibility for coverage. The Applicant confirmed that rideshare was used prior to the pandemic but is no longer operationally used at Kings County Hospital. Further understanding the need for transportation and identifying other mitigation strategies to reduce transportation barriers for patients who are discharged from the hospital is recommended for the Applicant to consider.

Source(s): Google Maps, Rates | Kings County Parking Garage, Directions - NYC Health + Hospitals (nychealthandhospitals.org)

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

   The Applicant confirmed that they are ADA compliant and all areas providing patient care are accessible for patients and staff, inclusive of this project. All work, including construction and renovation projects, consider NYS DOH codes and ADA codes to ensure reduction of any potential architectural barriers for people with mobility impairments.

   Source(s): Data/information provided by the Applicant

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?

This project will not have an impact on or provide reproductive and maternal health services.

Source(s): Data/information provided by the Applicant

Meaningful Engagement

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

NYC Department of Health and Mental Hygiene
125 Worth Street
New York, NY 10013
(212) 639-9675

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

We contacted the Commissioner of the NYC Department of Mental Health and Hygiene on July 15, 2024, to request participation in a survey, via the department's online form. A survey response was not received.

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

The file has been completed in accordance with the DOH's instructions.

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?

As noted in section B, Question 4, any individual that is a member of a medically underserved group accessing inpatient services at Kings County Hospital and needing psychiatric consultation services during the inpatient stay will benefit from the additional inpatient beds. Furthermore, those who identity as a racial or ethnic minority or those who live in a designated MUA/P will also be most

affected given the high percent of racial and ethnic minorities that receive care by the Applicant and live in the 8 zip codes identified above.

Stakeholders representing these groups did not express additional concern regarding 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?

We believe input received through community engagement is an important component of the Health Equity Impact Assessment. 46 participants engaged in individual interviews or responded to a survey to share their insight and perspectives on the project. Nearly 90% (41 out of 46 participants) indicated their support of the proposed project. Among the remaining 10%, 6% opposed the project (3 out of 46). The remaining 4% (2 out of 46) indicated they were neutral to the project. 65% of the participants reside in the service area.

Participants include individuals that self-identified from the following medically underserved groups:

- 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
- 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

Surveys were distributed to the following stakeholder groups:

- Members of the Applicant's Community Advisory Board
- Members of the Applicant's Patient-Family Advisory Council
- Community Partners
- Providers and staff in the behavioral health units
- Providers and staff in the medical/surgical units

We believe the terms benefit and burden are subjective and individuals will be impacted differently based on individual circumstances. Not all participants chose to provide a 250-word statement, but themes from the collective feedback shared via the survey and through conversations reflected the following.

- The additional beds will reduce delays for accessing inpatient care
- The additional beds will reduce the time and number of patients that are dwelling in the ED
- Patients with dual needs, both medical and psychiatric, will benefit from more specialized and efficient care
- The additional beds will combat the overall mental health challenges the community is facing with more capacity to support individuals in need of behavioral healthcare
- The additional beds will allow more patients, especially medically underserved populations, including immigrants and racial and ethnic minorities to access care close to home and not have to travel outside of the community due to longer wait times for admission
- The additional beds will require dedicated staff including mental health providers, behavioral health associates, social workers, and case workers with specialized training for patients with medical and psychiatric needs
- There is a growing need to expand access to substance use treatment in the community

While it was not shared explicitly in feedback through the meaningful engagement activities, the IE does recommend the Applicant consider the additional burden on patients who screen positive for a social need. The applicant shared that they have a large complement of patients that cannot be discharged safely to home or appropriate care because of social concerns. In a separate review of the Applicant's social needs screening data from January – May 2024, transportation and food were identified as the 2 most frequently occurring and pressing patient needs. In addition, patients with no insurance had the highest number of positive screens (for any social need).

The Applicant stratifies screening data by age, payer, gender and zip code. Our review confirmed that patients residing in zip codes 11203, 11226, 11212 had the highest volume of positive screens for social needs over the 5-month period. These zip codes are also designated MUA/Ps and may require additional hospital and community resources to support safe and timely discharge.

Source(s): Data/information provided by the Applicant, meaningful engagement, Rates | Kings County Parking Garage

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.

    We do not believe any individuals who are considered medically underserved were excluded from the meaningful engagement portion of the HEIA.

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?

    The Applicant's external communications plan for the proposed project includes the following:

    - The Office of Communications & Public Affairs intends to collaborate closely with the Language Access Services team to ensure comprehensive translation of information into multiple languages and provision of accessible formats
    - Strategic partnerships with local community boards, schools, and religious institutions will facilitate widespread dissemination. Additionally, the Applicant's monthly digital magazine, accessible globally, will regularly feature updates and success stories, ensuring broad understanding and support for the project
    - The Applicant plans to use social media platforms including X (formerly known as Twitter) and Facebook to conduct live Q&A sessions and YouTube to share informative videos
    - The Applicant plans to engage with their Community Advisory Board and Patient & Family Advisory Council to amplify outreach efforts, complimented by media relations strategies like press releases and potential interviews to highlight project milestones and benefits

    The proposed project has also been discussed at internal meetings with the hospital's clinical and administrative directors and staff. Additionally, the Applicant has discussed the proposed project with its Community Advisory Board and Patient-Family Advisory Council during its formal meeting forums.

    In addition to what is listed above, we recommend:

    - Utilizing existing community partnerships as an additional communication channel to inform medically underserved members of the community about increased capacity for medical/surgical beds with psychiatric consultations.
    - Consider translating educational content on social media platforms (such as offering YouTube videos) in Spanish and Haitian Creole
    - Offering town hall meetings to inform and collect input from staff on the availability of the new services and the impact on the community

Source(s): Data/information provided by Applicant

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

   We recommend the Applicant continue with the plans they have set to engage the community, Community Advisory Board and Patient-Family Advisory Council.

   In addition, while not directly connected to the impact of this project, we recommend that the Applicant evaluate if there are any additional unintended impacts to individuals seeking chemical dependency treatment. We outlined these recommendations in Step 4: Monitoring, Question #2. We also learned through feedback from stakeholder interviews that evaluating signage across the campus could help to direct patients to the appropriate care setting.

   Source(s): Behavioral Health - NYC Health + Hospitals (nychealthandhospitals.org)

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

   The IE recommends the Applicant:

   - Leverage current partnerships with community organizations and continue to engage the Community Advisory Board and Patient-Family Advisory Council to ensure information regarding the project is distributed to individuals in medically underserved groups in appropriate languages within the community
   - Leverage trusted sources of communications, which may include community organizations, community and public leaders, faith-based leaders, current provider relationships
   - Explain why the beds were opened and what changes patients can expect
   - Share information regarding increased capacity and opportunity to support patients who present with both medical and psychiatric needs using plain language in appropriate languages and suitable for individuals with vision and hearing impairments
   - Collect input from behavioral health and medical/surgical unit teams on the availability of the new services and the impact they will have on the community

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?

Systemic barriers are obstacles that place unequal value on individuals and communities[2]. Addressing these barriers requires the participation and engagement of multiple stakeholders internal and external to the organization.

As outlined in the NYC Health + Hospitals Behavioral Health Blueprint, the proposed project is part of a larger plan to support the mental health crisis within the community and address barriers and access to healthcare.

Below are additional recommendations for actions the Applicant can continue take or expand upon to address systemic barriers to equitable access:

- Integrated Care: Continue to collaborate with the Community Advisory Board, the Patient-Family Advisory Council and community-based organizations, especially those in the most impacted zip codes in the Applicant's service area to address the root causes of healthcare disparities, including transportation, housing and income

- Quality Improvement: The Applicant shared that they function as a data-driven health system and has confirmed that health equity advancement is core to the clinical and operational strategy for the organization. They currently have a uniform framework for capturing data for race, ethnicity, age, language, and gender, and expressed that every reported quality improvement initiative includes a health equity lens that captures this data. Sharing these data with leaders across the system will be important for building visibility to health equity efforts as well as identifying and sustaining progress on reducing disparities in healthcare outcomes

- Social Needs Screenings and Referrals: The Applicant screens for social needs across all care settings and screens for the following risk factors: food, transportation, housing, utilities, and other support, as well as interpersonal violence. The Applicant maintains lists of CBO partners to support these needs. Tracking closed loop referrals to CBOs for positively screened patients, tracking the number of referrals to each CBO and measuring the impact of the partnership will help to inform gaps and opportunities for supporting needs and systemic barriers

- Advocacy related to mental health stigma and care: Continue to integrate and expand support for mental health services and advocate for the impact these services can have on leading to better overall mental health outcomes

STEP 4 – MONITORING

[2] Source: What We Mean/ FAQ — SpiritHouse Inc (spirithouse-nc.org)

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?

   The Applicant has the following existing mechanisms and measures in place to monitor health equity related impacts:

   - Participation in the NYS Health + Hospital's Implementation Strategy Plan
   - Participation in the NYS Health + Hospital's Behavioral Health Report
   - Participation in the New York State Department of Health Brooklyn Borough, Health Equity Report
   - Evidence of partnerships with organizations that represent and support medically underserved populations
   - Involvement of a Chief Quality Officer to monitor the quality and safety of patient care and services
   - Collection of patient demographic data including race, ethnicity, ancestry, and language
   - Collection of social needs screening data and stratification of social needs data by age, gender, payer and zip code
   - Integration of health equity in clinical and operational performance monitoring and improvement
   - Partnerships and programs with community organizations to address patient needs
   - Involvement of the Community Advisory Board and Patient/Family Advisory Council

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?

   - While not directly connected to the inpatient impact of this project, we recommend that the Applicant evaluate if there are any additional unintended impacts to individuals seeking chemical dependency treatment given that these beds were originally in use for that purpose. Through our independent review and as confirmed by the Applicant, we understand that these health needs are being addressed in the ambulatory setting and through referrals. However, in our review, we identified substance use is still a pressing health need for the community and the Applicant's outpatient services for chemical dependency treatment are available Monday through Friday from 8:00 a.m. – 3:00 p.m., which may limit access for certain population segments. Offering alternative hours or evaluating other partners who could help increase access for individuals who need chemical dependency treatment

   - Continue to monitor volume and access metrics for patients who present with substance use diagnoses

- Consider sharing clinical and operational data with the Community Advisory Board, the Patient-Family Advisory Council and strategic community partners to drive continuous quality improvement efforts, with a focus on addressing gaps in care and disparities to promote a positive and equitable care experience for individuals receiving inpatient services

- Consider specific barriers and referral options for patients who screen positive for transportation and food needs. For example, host focus groups with patients and community members from the zip codes that are designated as MUA/Ps and have the highest volume of patients who screen positively for a social need to understand gaps and opportunities

- Evaluate the educational needs and opportunities to enhance training for behavioral healthcare staff. Our recommendations include education on mental health stigma, unconscious bias, cultural humility, trauma-informed care, de-escalation techniques, and psychological safety

- Continue efforts to reduce stigma around mental health and improve education to encourage earlier intervention and support for mental health needs. Consider partnering with other community leaders in support of these efforts

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).

SHELDON P. McLEOD

Name

CEO

Title

Signature

8/9/2024

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.

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

The purpose of Section C is to provide attestation that the Applicant received and reviewed the Health Equity Impact Assessment from the Independent Entity. Additionally, the Applicant must provide a narrative for how it has, or will, mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment.

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 by either the Commissioner of Health or the Public Health and Health Planning Council, as applicable.

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, (Kings County Hospital's CEO, Sheldon P. McLeod), attest that I have reviewed the Health Equity Impact Assessment for the Conversion of Chemical Dependency Beds to Medicine Beds with Psych Consults that has been prepared by the Independent Entity, The Chartis Group, LLC.

Name

Sheldon P. McLeod

Title

Chief Executive Officer

Signature

Date: 12/3/24

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.

Potential Negative Impact #1:
"Potentially reducing the availability of resources for individuals who have a substance use disorder."

Response:
As noted in the HEIA, Kings County Hospital closed 30 chemical detox beds back in late 2020 with the approval of OASAS, and is now seeking to convert these closed beds to 25 medical surgical beds with psych consults to address the growing community need for inpatient medical care with the co-morbidity of mental health.

This is consistent with NYC Health and Hospitals' decision to close all inpatient detox units throughout the system, which took effect in 2020. This decision was based on a paradigm shift in the treatment of substance use disorder. Currently, Medicated Assisted Treatment (MAT) is the preferred treatment option. According to SAMHSA, MAT is "clinically effective" and significantly reduces the need for inpatient detoxification. MAT is a holistic approach that combines FDA-approved medication (Buprenorphine, Methadone, Naltrexone) and therapy to treat substance use disorders. MAT does not require detoxification.

MAT is immediately available for any patient seeking care for substance use disorder at Kings County Hospital. Patients can access our Centralized Intake office on the 1st floor of the R-Building. A credentialed alcoholism and substance abuse counselor (CASAC) will screen the patient and determine the best program for the presenting problem. The options include CDTOPS, Methadone program, Ambulatory Detox, and MAT with Buprenorphine. Patients can be seen by our CATCH (Consult for Addition Treatment and Care in Hospital) program team in the CPEP and ED.

Consistent with NYC H+H's strategic priority to increase services for special populations, the system implemented a Substance Use Workforce Training Program (SUD WTP) for providers and clinicians to support its goal to provide comprehensive, evidence-based addiction care at the time and location that best meets patients' needs.

NYC Health + Hospitals has 10 Outpatient Substance Use Disorder clinics systemwide, one of which is located right at Kings County Hospital. The SUD program treatment services at Kings County are linked together through an integrated team of Addiction Medicine providers, Addiction Counselors, Social Workers, Peer Counselors,

Psychiatrists, Psychologists, Nurses, Vocational Specialists, Nutritionists, Licensed Creative Art Therapists and non-clinical administrative support. The SUD program offers a cadre of services including MAT, group, individual and vocational counseling, among other services.

Kings County has not reduced resources; and has expanded treatment options to align with the paradigm shift to MAT. At the current time, there is no wait-list for substance use disorders treatment at Kings County Hospital.

Potential Negative Impact #2:
"Ensuring full staffing levels for dedicated staff to the unit who have specialized training and support to care for patients who are being treated for both medical and behavioral health conditions. Healthcare providers are experiencing a shortage of providers, including mental health providers. It may take time for the Applicant to reach and sustain optimal staffing levels to support patients for these needs. As one stakeholder shared, "having the beds available and no providers won't solve the issue at hand."

Response:
The Staffing levels for this 25-bed unit (medical/surgical with psych consults) was determined through collaboration with our multidisciplinary team of department leadership and staff, inclusive of the Chiefs of Service for both the Behavioral Health and Medicine Services, Chief Nurse Officer, Operations, Human Resources, Social Work, and other stakeholders.

Recognizing the issue of healthcare workforce shortages, especially in behavioral health, and consistent with our health system strategies to develop our workforce to meet the needs of our patients, Kings County has implemented a multi-faceted strategy that invests in recruitment, training, and retention to ensure that we continue to adequately staff all inpatient beds to maximize capacity.

A multidisciplinary team with the requisite skills sets and training to manage the complex needs of this population is slated to be hired and in place prior to the opening of this unit. Consistent with current practice, only staffed beds will be accessible for admission to the unit. We do not foresee any obstacles related to recruitment.