

## 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                                                                                       | The RISE Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2. Name of Applicant                                                                                      | NYC Health + Hospitals/ Lincoln                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA | <p>MP CareSolutions, dba Elm and Oak Health</p> <p><b>Howard Brill</b>, SVP Population Health Management and Quality<br/><a href="mailto:hbrill@elmandoakhealth.com">hbrill@elmandoakhealth.com</a></p> <p><b>Colleen Boyle</b>, Product Manager<br/><a href="mailto:cboyle@elmandoakhealth.com">cboyle@elmandoakhealth.com</a></p> <p><b>Andrea Indiano</b>, Project Manager<br/><a href="mailto:aindiano@elmandoakhealth.com">aindiano@elmandoakhealth.com</a></p> <p><b>Jeanette Fafone</b>, Administrative Coordinator, <a href="mailto:@jfafone@elman">@jfafone@elman</a><br/><a href="mailto:doakhealth.com">doakhealth.com</a></p> <p><b>Sylvia Yang</b>, Application Manager<br/><a href="mailto:syang@elmandoakhealth.com">syang@elmandoakhealth.com</a></p> <p><b>Stephen Kay</b>, Health Systems Analyst<br/><a href="mailto:skay@elmandoakhealth.com">skay@elmandoakhealth.com</a></p> |
| 4. Description of the Independent Entity's qualifications                                                 | <p>Elm and Oak Health, formerly the Monroe Plan, was founded in 1970 to provide innovative healthcare for the underserved in New York State. We have over fifty years of experience partnering with providers, managed care organizations, and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experienced in delivering actionable data and designing data-informed and financially sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons. We have conducted Health Equity Impact Assessments across New York State, including Manhattan and Brooklyn.</p>                                                                          |
| 5. Date the Health Equity Impact Assessment (HEIA) started                                                | 1/9/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                            |           |
|----------------------------|-----------|
| 6. Date the HEIA concluded | 8/26/2026 |
|----------------------------|-----------|

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| 7. Executive summary of project (250 words max)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>This project will establish the Recovery, Integrated, Support, Empowerment (RISE) Center at NYC Health + Hospitals/ Lincoln, located at 234 E. 149th St., Bronx, NY 10451. The RISE Center will provide an integrated, family-centered model of care for pregnant and parenting individuals affected by substance use disorder (SUD) and their children. The multidisciplinary program will co-locate Adult and Child Family Medicine/OBGYN, Adult and Child Behavioral Health, and Addiction Medicine services to address the needs of families impacted by SUD.</p> <p>Located in the South Bronx, the RISE Center will serve patients receiving care across participating NYC Health + Hospitals facilities and individuals referred from outside the NYC Health + Hospitals system. The program is designed to serve approximately 200 families annually and builds upon NYC Health + Hospitals' expertise in caring for individuals with substance use during pregnancy and implementing family-based behavioral health models. The RISE Center will implement Integrated Outpatient Services (IOS) at NYC Health + Hospital/ Lincoln for mental health, behavioral health, and obstetrics.</p> <p>The RISE Center will utilize a multidisciplinary team of medical and behavioral health providers, social workers, community health workers, and certified peer counselors with lived experience to provide support throughout pregnancy and parenting. Services will address addiction treatment, primary care, mental health, children's health needs, and connections to community-based resources.</p> <p>The RISE Center model is designed to engage individuals who have historically faced barriers to perinatal care and addiction treatment, including concerns related to stigma and family separation. Through coordinated, co-located care, the RISE Center aims to improve birth outcomes, strengthen family stability, and support the wellbeing of parents and children.</p> |
| 8. Executive summary of HEIA findings (500 words max)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>This project will establish the RISE Center at NYC Health + Hospitals/ Lincoln in the South Bronx. The RISE Center will implement Integrated Outpatient Services (IOS) for mental health, SUD, and obstetrics. The service area has a total population of 786,871. Across the zip codes in the service area, Hispanic or Latino/a residents represent the largest group (64.9%), followed by Black/African American residents (33.7%), and individuals identifying as Some Other Race (37.3%). Additionally, in Zip Code 10451, Hispanic or Latino/a residents also comprise the largest group (50.8%), followed by Black/African American residents (47.7%) and Some Other Race (24.9%). The overall poverty rate for the service area is 28.2%.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

The RISE Center is intended to address the needs of pregnant persons and their families with substance use disorders. Women experience disparities in access to mental health treatment and chemical dependency treatment, and differences in the kinds of treatment offered to them. Women of color face increased disparities for receiving SUD treatment. In addition, the South Bronx is the epicenter of New York City's opioid epidemic. Overdose deaths are a priority area and central focus for public health in New York City. The highest rates of fatal overdose in NYC remain concentrated in Bronx neighborhoods, specifically within the RISE Center service area, such as Hunts Point-Mott Haven (107.8 per 100,000). While New York City experienced a reduction in the fatal overdose rate, the decrease was the least among Bronx residents.

The meaningful engagement process included interviews with the following community stakeholders: The New York City Department of Health and Mental Hygiene, Bronx Health Link, St. Ann's Corner of Harm Reduction, the chair of the NYC Health + Hospitals/ Lincoln Community Advisory Board, Bronx Movil, and the medical director of NYC Health + Hospitals/ Gotham primary care clinics. An onsite survey was also conducted of consumers at Women's Health services and behavioral health services at NYC Health + Hospitals/ Lincoln.

The community-based organizations engaged through the meaningful engagement process represent key community stakeholders and provide services related to maternal and child health care and harm reduction services for persons with substance use disorder. Their perspectives were particularly relevant given that the Bronx has the highest rates of infant and maternal mortality in New York City and has historically been the epicenter of the overdose epidemic.

These organizations support the RISE Center, at least in principle. They view the combination of maternal health services and behavioral health as much needed. They identified several areas that could benefit from further enhancement and adaptation to the community. In particular, there was concern that the historical reputation of NYC Health + Hospitals/ Lincoln could be an obstacle and depress utilization. They emphasized the importance of outreach to the community with strategies and communication materials specific to the communities in the South Bronx. Related to these concerns is the need to communicate a sustainable commitment to help rebuild trust. They also advised how a history of racism and stigmatization may deter persons from seeking care. It is important to consider how space, administrative processes, physical space configuration, staff interactions, and mandatory reporting policies affect vulnerable people. They also advised carefully preparing for the impact of trauma and interpersonal violence on patients. They also recommended extended follow-up of at least six months after graduation to ensure continuity of care.

There were 23 questionnaires returned from direct consumers in current programs. The average project support was 4.3 out of 5.0 across 22 responses, indicating strong agreement. There were 13 strongly agree responses, five agree, three neutral, and

one strongly disagree. The open-ended comments were generally very supportive, either regarding their own care or the impact on the community. There were specific mentions of acupuncture, counseling, and recovery being beneficial, and general positive comments about improvements to women's health, parenting, comprehensive services, and locating services in one place.

The RISE Center will have the greatest impact on highly vulnerable pregnant persons requiring care for substance use with complex behavioral health conditions and social needs. Particularly vulnerable are those who are unhoused and who have difficulty navigating the health care system. Providing comprehensive, integrated services in a single location, with social supports, is a major need for persons in these situations.

Community stakeholders who participated in the meaningful engagement process focused on this group and provided numerous recommendations. They noted the importance of culturally competent outreach, having a low threshold for entry to care (street level, and reducing administrative hurdles), navigation support, destigmatization at all levels of engagement, and continuity of care.

The project's integrated approach is much needed and also has roots in historical initiatives developed from the community that took creative, holistic approaches. From this perspective, the greatest benefits will come from a broad approach that includes social support and community integration for the program's clients.

Community stakeholders, as well as the Applicant, note the risks involved with mandatory reporting, criminalization, and family separation related to substance use. A proactive approach that clearly communicates with clients and the community and works with other agencies to maintain families was advocated.

The RISE Center will address systemic barriers to equitable access in care by implementing a comprehensive and integrated approach for women and their families who are affected by SUD or behavioral health issues in the South Bronx that has experienced long-standing inequities and racism. It provides maternal and behavioral health services for pregnant persons with substance use problems, including their families, and with child care, mental health, and social supports.

## **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.**

See “Scoping Sheet 1.xls” and “Scoping Sheet 2.xls”

This project will establish the RISE Center at NYC Health + Hospitals/ Lincoln in the Bronx, which is located in ZIP Code 10451. The RISE Center will implement Integrated Outpatient Services (IOS) for mental health, SUD, and obstetrics.

The service area is the South Bronx. For the purposes of this assessment, the service area was mapped to ZIP Codes by analyzing SPARCS maternal discharges from NYC Health + Hospitals/ Lincoln Hospital and applying the CMS 75% primary service area rule. The service area defined by this method is shown in **Figure 2** in the appendix, which includes the discharges by ZIP Code. Community Districts associated with the ZIP Codes were identified using the boundaries.beta.nyc GIS website. NYC Department of Health and Mental Hygiene community health profile data is linked to Community Districts. The ZIP Codes and NYC Community Districts, along with their corresponding neighborhoods are listed below in **Table 1**.

**Table 1. NYC Health + Hospitals/ Lincoln RISE Center Service Area Zip Codes and Community Districts**

| <b>Service Area Zip Codes</b> | <b>Neighborhoods</b> | <b>Community Districts</b> | <b>Neighborhoods</b> |
|-------------------------------|----------------------|----------------------------|----------------------|
| 10451                         | Mott Haven           | 201                        | Mott Haven           |
|                               | Melrose              |                            | Melrose              |
|                               | Concourse            | 202                        | Hunts Point          |
|                               | Port Morris          |                            | Longwood             |
| 10454                         | Mott Haven           | 203                        | Morrisania           |
|                               | Port Morris          |                            | Crotona              |
| 10455                         | Longwood             | 204                        | Highbridge           |
|                               | Mott Haven           |                            | Concourse            |
| 10456                         | Morrisania           | 205                        | Fordham              |
|                               | Melrose              |                            | University Heights   |
| 10459                         | Longwood             | 206                        | Belmont              |
|                               | Foxhurst             |                            | East Tremont         |
|                               | Morrisania           |                            |                      |

|       |                     |     |                     |
|-------|---------------------|-----|---------------------|
| 10460 | Soundview           | 207 | Kingsbridge Heights |
|       | Unionport           |     | Bedford             |
|       | East Tremont        | 208 | Riverdale           |
|       | Van Nest            |     | Fieldston           |
| 10468 | Kingsbridge Heights | 209 | Parkchester         |
|       | University Heights  |     | Soundview           |
|       | Fordham             | 211 | Morris Park         |
| 10472 | Soundview           |     | Bronxdale           |
|       | Unionport           | 227 | Fordham             |
|       |                     |     | Crotona             |

Sources: SPARCS 2024,  
<https://boundaries.beta.nyc.gov>,  
 NYC Department of Health and Mental Hygiene 2026. "New York City Community Health Profiles,"  
<https://www.nyc.gov/site/doh/data/data-publications/profiles.page>

Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau's 2023 5-year estimates for Zip Code Tabulation Areas (ZCTAs). The overall poverty rate for the service area is 28.2%. The rates range from 23.5% to 31.4%. The 10451 ZIP Code has a poverty rate of 28.3%. Food Stamp and SNAP Benefit usage averages 47.3%, with rates as high as 52.3%.

The service area includes Health Resources and Services Administration (HRSA)-designated medically underserved areas (MUA) and Health Professional Shortage Areas (HPSA).

Racial and ethnic distributions for ZCTAs and ZIP Code 10451, where the RISE Center will be located, are displayed in **Table 2**. The service area has a total population of 786,871. Across the ZCTAs, Hispanic or Latino/a residents represent the largest group (64.9%), followed by Black/African American residents (33.7%), and individuals identifying as Some Other Race (37.3%). Additionally, in Zip Code 10451, Hispanic or Latino/a residents also comprise the largest group (50.8%), followed by Black/African American residents (47.7%) and Some Other Race (24.9%).

**Table 2. Racial and Ethnic Distribution of Service Area and ZIP Code 10451**

| Race/Ethnicity                         | Service Area (%) | Zip Code 10451 (%) |
|----------------------------------------|------------------|--------------------|
| Hispanic/Latino/a                      | 64.9%            | 50.8%              |
| Some Other Race                        | 37.7%            | 24.9%              |
| Black/African American                 | 33.7%            | 47.7%              |
| Multi-race                             | 14.7%            | 12.0%              |
| White                                  | 10.3%            | 13.1%              |
| Asian                                  | 2.0%             | 1.1%               |
| Native American                        | 1.3%             | 0.6%               |
| Native Hawaiian/Other Pacific Islander | 0.2%             | 0.6%               |

According to the 2024 State of New York City’s Housing and Neighborhoods report, the median household income in 2023 was \$48,610, approximately 39% lower than the citywide median household income of \$79,480 (NYU Furman Center 2026). During the same period, the Bronx had a poverty rate of 27.9%, compared to 18.2% citywide, while the neighborhood where the RISE Center will be located (Mott Haven/Melrose) had an even higher rate of 35.6%. Additionally, 65.9% of the service area population has public insurance coverage, and 8.4% have no health insurance coverage (see Scoping Sheet 1, American Community Survey 2023).

The statistics for prenatal care, preterm births, and infant mortality in the service area Community Districts are shown in **Table 3**. The rates for all three statistics exceed the New York City rates for most of the Community Districts in the service area, with the exception of Community District 208.

**Table 3. Community Health Profiles for Community Districts in the Service Area: Prenatal Care, Preterm Births, and Infant Mortality**

| Community District | Late or No Prenatal Care | Preterm Births | Infant mortality (per 1,000 live births) |
|--------------------|--------------------------|----------------|------------------------------------------|
| 201                | 12.5%                    | 11.3%          | 7.2%                                     |
| 202                | 16.3%                    | 11.1%          | 3.9%                                     |
| 203                | 15.4%                    | 10.6%          | 6.5%                                     |
| 204                | 13.8%                    | 9.9%           | 5.8%                                     |
| 205                | 14.3%                    | 10.8%          | 5.5%                                     |
| 206                | 13.2%                    | 13.5%          | 5.4%                                     |
| 207                | 11.7%                    | 11.1%          | 3.9%                                     |
| 208                | 8.1%                     | 7.8%           | 3.3%                                     |
| 209                | 12.0%                    | 11.8%          | 4.1%                                     |
| 211                | 11.0%                    | 11.4%          | 6.0%                                     |

|       |       |       |      |
|-------|-------|-------|------|
| 227   | NA    | NA    | NA   |
| Bronx | 12.7% | 11.1% | 5.4% |
| NYC   | 8.1%  | 9.4%  | 3.7% |

Source: NYC DOHMH 2026.

The New York State Department of Health (NYSDOH) Prevention Agenda shows that Bronx County has an unadjusted rate of 63.8 overdose deaths involving drugs per 100,000 in 2023, compared to the Prevention Agenda’s goal of 22.6 per 100,000. The infant mortality rate per 1,000 live births was 4.7 compared to the Prevention Agenda goal of 3.5, and the maternal mortality rate (2021-2023) was 34.3 per 100,000 live births compared to the goal of 16.1.

NYC Health + Hospitals/ Lincoln’s Community Health Needs Assessment (CHNA) identified mental health, substance use, access to resources, environmental health, and chronic illness as the community’s biggest challenges (NYC Health + Hospitals 2025).

Sources:

1. American Community Survey 2023. “Five-year Estimates.”
2. New York State Department of Health. 2026. “Prevention Agenda Tracking Dashboard.”  
[https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/pa/reports/#county](https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county).
3. NYC Department of Health and Mental Hygiene. Community Health Profiles - Several. 5/26/2026.
4. NYC Health + Hospitals 2025. Community Needs Assessment 2025. NYC Health + Hospitals: New York.  
<https://hhinternet.blob.core.windows.net/uploads/2025/06/community-health-needs-assessment-2025.pdf>
5. NYS Office of the Comptroller. 2025. “New Yorkers in Need: A Look at Poverty Trends in New York State for the Last Decade | Office of the New York State Comptroller.” <https://www.osc.ny.gov/reports/new-yorkers-need-look-poverty-trends-new-york-state-last-decade>.
6. NYU Furman Center. 2026. “The Bronx.”  
<https://www.furmancenter.org/neighborhoods/the-bronx/>

**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:**

- ☒ X Low-income people
- ☒ X Racial and ethnic minorities
- ☒ X Immigrants

- ☒ X Women
- ☐ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- ☐ People with disabilities
- ☐ Older adults
- ☐ Persons living with a prevalent infectious disease or condition
- ☐ Persons living in rural areas
- ☒ X People who are eligible for or receive public health benefits
- ☒ X People who do not have third-party health coverage or have inadequate third-party health coverage
- ☐ Other people who are unable to obtain health care
- ☒ X Not listed (specify):

Persons with Chemical Dependency or Substance Use Disorders  
Unhoused persons

**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?**

Medically underserved groups were identified based on a literature review of medical, behavioral health, and public health published sources; the “grey” literature of unpublished reports and studies from universities, public agencies, and advocacy organizations; meaningful engagement with community stakeholders; demographic data from the American Community Survey, and information provided by the Applicant.

Low-income people

As discussed in Item 1, the service area has a poverty rate of 27.9% (NYU Furman Center 2026). Bronx County has the highest poverty rate among New York State counties.

Poverty creates and deepens disparities in access to mental and behavioral health services.

Sources:

1. ACS 2023.
2. Addiction Group. 2024. “Impact of Socioeconomic Status on Addiction Rates: Statistics.” <https://www.addictiongroup.org/resources/socioeconomic-impact-statistics/>.

3. Baptiste-Roberts, Kesha, and Mian Hossain. 2018. "Socioeconomic Disparities and Self-Reported Substance Abuse-Related Problems." *Addiction & Health* 10(2):112–22. doi:10.22122/ahj.v10i2.561.
4. Mongelli, Francesca, Penelope Georgakopoulos, and Michele T. Pato. 2020. "Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States." *Focus: Journal of Life Long Learning in Psychiatry* 18(1):16–24. doi:10.1176/appi.focus.20190028.
5. NYU Furman Center. 2026. "The Bronx." <https://www.furmancenter.org/neighborhoods/the-bronx/>
6. Omiyefa, Seye. 2025. "Mental Healthcare Disparities in Low-Income U.S. Populations: Barriers, Policy Challenges, and Intervention Strategies." *International Journal of Research Publication and Reviews* 6(3):2277–90. doi:10.55248/gengpi.6.0325.1186.

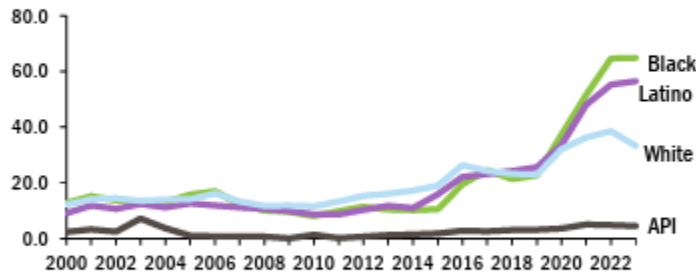
### Racial and ethnic minorities

The service area is a majority-minority area, with 64.9% of the population having Hispanic or Latino/a ethnicity. 33.7% of the population is Black or African-American. Only 10.3% of the service area population reports White racial identity. While citywide data shows overall improvements, racial and geographic disparities in chemical dependency and overdose deaths remain high, particularly in the Bronx.

There are significant disparities in overdose deaths for black persons and Hispanic or Latino/a persons in New York City. Although citywide overdose deaths decreased in 2024 for the first time since 2018 among Black and Latino/a New Yorkers, these communities still experience fatal overdoses at roughly twice the rate of White New Yorkers. Black New Yorkers maintained the highest fatal overdose rate citywide (46.5 per 100,000), followed by Latino/a New Yorkers (41.8 per 100,000) (NYC Health 2025). Disparities in overdose deaths have increased over the past twenty years in New York City. There is extensive literature on racial and ethnic disparities in mental health and chemical dependency treatment (Wells, Klapp, Koike and Sherbourne 2001; McGuire and Miranda 2008; Moreno and Chhatwal 2020).

**In New York City, disparities in overdose death continue to widen among race-ethnicity groups<sup>^</sup>**

Age-adjusted rate per 100,000 residents of unintentional drug poisoning (overdose) deaths, New York City, 2000-2023



<sup>^</sup>Asian/Pacific Islander (API), Black, and white race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.

Sources: NYC Office of Chief Medical Examiner and NYC Department of Health and Mental Hygiene Bureau of Vital Statistics, 2000-2023. 2022 and 2023 data are provisional and subject to change.

*Figure 1 Growing Disparities in NYC Overdose Deaths*

Source: NYC Department of Health and Mental Hygiene 2025. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2024, Epi Data Brief No. 150 (Oct. 2025).

Sources:

1. ACS 2023.
2. American Psychiatric Association. 2025a. "Mental Health Facts for African-Americans." <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf>.
3. American Psychiatric Association. 2025b. "Mental Health Facts for Hispanic-Latino." <https://www.psychiatry.org/getmedia/5d5b46c3-9b28-4e50-9b73-7c738e0901d8/Mental-Health-Facts-for-Hispanic-Latino.pdf>.
4. McGuire, Thomas G., and Jeanne Miranda. 2008. "Racial and Ethnic Disparities in Mental Health Care: Evidence and Policy Implications." *Health Affairs (Project Hope)* 27(2):393–403. doi:10.1377/hlthaff.27.2.393.
5. Moreno, Francisco A., and Jasleen Chhatwal. 2020. "Diversity and Inclusion in Psychiatry: The Pursuit of Health Equity." *Focus: Journal of Life Long Learning in Psychiatry* 18(1):2–7. doi:10.1176/appi.focus.20190029.
6. NYC Health. 2024. "Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2023." Epi Data Brief (142). <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief142.pdf>.
7. NYC Health. 2025. "Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2024." Epi Data Brief (150).

<https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief150-unintentional-drug-death-2025.pdf>.

8. Wells, Kenneth, Ruth Klap, Alan Koike, and Cathy Sherbourne. 2001. "Ethnic Disparities in Unmet Need for Alcoholism, Drug Abuse, and Mental Health Care." *American Journal of Psychiatry* 158(12):2027–32. doi:10.1176/appi.ajp.158.12.2027.

### Immigrants

As of 2021, 32.0% of the residents in the South Bronx, where the RISE Center will be located, were foreign-born (Office of the New York State Comptroller 2023). Among foreign-born residents, 80.0% originated from Latin America and the Caribbean, while 16.0% were from Africa.

Immigrants vary in substance use prevalence, with overall rates below those of persons born in the U.S., but are recognized to have complex needs that are not well understood by providers.

### Sources:

1. ACS 2024. "DP02: 1-Year Estimates"
2. Ballard, Co-edited with equal contribution by Jaime, Elizabeth Wieling, Catherine Solheim, and Lekie Dwanyen. 2019. "7.6 Substance Abuse Prevention and Intervention." University of Minnesota Libraries Publishing.
3. D'Arrigo, Terri. 2024. "Disparities Remain Obstacles for SUD Treatment in Hispanic/Latinx Communities." *Psychiatric News*.  
<https://psychiatryonline.org/doi/10.1176/appi.pn.2024.04.4.3>.
4. Moncrieffe, Michelle V. 2023. "Specialized Care for Immigrants Experiencing Trauma Is Vital. Psychologists Are Breaking down the Mental Health Barriers." *Monitor on Psychology* 54(8).
5. Office of the New York State Comptroller. 2023. *The South Bronx: An Economic Snapshot*. Report 13-2024. <https://www.osc.ny.gov/files/reports/osdc/pdf/report-13-2024.pdf>.
6. Rodriguez, Darlene Xiomara, Jessica Hill, and Paul N. McDaniel. 2021. "A Scoping Review of Literature About Mental Health and Well-Being Among Immigrant Communities in the United States." *Health Promotion Practice* 22(2):181–92. doi:10.1177/1524839920942511.
7. University of South Florida. 2024. "Mental Health: The Silent Crisis Among Immigrants in the United States." <https://www.usf.edu/arts-sciences/centers/iwrc/news/2024/mental-health-the-silent-crisis-among-immigrants-in-the-united-states-internal.aspx>.

## Women

The RISE Center is intended to address the needs of pregnant persons and their families with SUD. 52.9% of the patient population at NYC Health and Hospitals/ Lincoln are women. Women experience disparities in access to mental health treatment and chemical dependency treatment, and differences in the kinds of treatment offered to them. According to the New York State Office of Addiction Services and Supports (OASAS), women account for only 27.9% of all admissions to state-regulated SUD treatment services, demonstrating that women remain underrepresented in care.

This underrepresentation in treatment is particularly critical given the rise in maternal overdose fatalities. By 2022, overdose rose to the fourth leading cause of maternal death in New York, with overall overdose fatalities more than doubling between 2019 and 2022, a trend that heavily impacted Black and Latino/a New Yorkers. Among women and individuals who can become pregnant and who died of an overdose during this period, Latina and White non-Latino individuals each accounted for 35.0% of deaths, while Black non-Latino individuals accounted for 29.0%.

The risk spans the entire perinatal period: nearly a quarter (23.5%) of these pregnancy-associated overdose deaths occurred during pregnancy, 18% occurred within 42 days postpartum, and the vast majority (60.0%) occurred between 43 days and one year postpartum. This upward trend is reflected in recent data; in 2021 overdoses accounted for 34.5% of all pregnancy-associated deaths (with 80.0% involving opioids), a substantial increase from the 14.1% recorded between 2016 and 2020.

The medical literature describes increased disparities for women of color receiving SUD treatment (Scheidell, Joy D., Maya Pitre, and Barbara Andraka-Christou 2024). For White women, there was treatment gap of 68.0% compared to 87.0% for Black women and 81.0% for Latina women. A qualitative study of substance-using pregnant persons found that they will avoid treatment due to stigma, fear of criminalization, risks of family separation, and lack of access to services and information about treatment options (Stone 2015).

Sources:

1. The Applicant.
2. American Psychiatric Association. 2025. "Mental Health Facts for Women." <https://www.psychiatry.org/getmedia/aa325a61-5b60-4c71-80f1-dc80cf83c383/Mental-Health-Facts-for-Women.pdf>.
3. Feinberg, Rose. 2020. "Integrating OB/GYN and Substance Use Disorder Care." <https://www.rti.org/impact/integrating-obgyn-substance-use-disorder-care>.

4. MACPAC. 2020. "Chapter 6: Substance Use Disorder and Maternal and Infant Health." in Report to Congress on Medicaid and CHIP Policy. Washington, D.C.: MACPAC.
5. NYC Health. 2024. Overdose Is the Leading Cause of Pregnancy-Associated Death in NYC. Health Advisory. 2024 Health Advisory #31.  
<https://www.nyc.gov/assets/doh/downloads/pdf/han/advisory/2024/han-advisory-31.pdf>.
6. NYS Office of Addiction Services and Support. 2023. New York State Substance Use Disorder Treatment Service System. Addiction Data Bulletin. No. 2023-01.  
[https://oasas.ny.gov/system/files/documents/2023/09/addiction\\_data\\_bulletin.pdf](https://oasas.ny.gov/system/files/documents/2023/09/addiction_data_bulletin.pdf).
7. Policy Center for Maternal Mental Health. 2025. Substance Use Disorders and Maternal Mental Health. Policy Center for Maternal Mental Health.  
doi:10.69764/SUDF2025.
8. Scheidell, Joy D., Maya Pitre, and Barbara Andraka-Christou. 2024. "Racial and Ethnic Inequities in Substance Use Treatment among Women with Opioid Use Disorder." *The American Journal of Drug and Alcohol Abuse* 50(1):106–16.  
doi:10.1080/00952990.2023.2291748.
9. Stone, Rebecca. 2015. "Pregnant Women and Substance Use: Fear, Stigma, and Barriers to Care." *Health & Justice* 3(1):2. doi:10.1186/s40352-015-0015-5.

#### People who are eligible for or receive public health benefits

This group is included because 65.9% of the service area population had public insurance coverage. In 2024, 62.8% of all discharges at NYC Health + Hospitals/ Lincoln had Medicaid as the primary payer, and 25.8% had Medicare.

Sources:

1. ACS 2023.
2. SPARCS 2024.
3. The Applicant.

### People who do not have third-party health coverage or have inadequate third-party health coverage

For the service area, 8.4% of the population has no health insurance coverage. More specifically, NYC Health + Hospitals/ Lincoln serves a patient population with significant insurance-related barriers, with 21.3% of patients uninsured as of June 2026. In addition to this high rate of people without insurance coverage, community stakeholders who participated in the meaningful engagement process identified affordability and access to insurance as important barriers to obtaining timely healthcare services.

Sources:

1. ACS 2023
2. The Applicant.
3. Community stakeholders.

### Persons with Chemical Dependency or Substance Use Disorders

The RISE Center's purpose is to provide integrated services for pregnant persons and their families with SUD.

Overdose deaths are a priority area and central focus for public health in New York City. The highest rates of fatal overdose in NYC remain concentrated in Bronx neighborhoods, specifically within the RISE Center service area, such as Hunts Point-Mott Haven (107.8 per 100,000). While New York City experienced a reduction in the fatal overdose rate, the decrease was the least among Bronx residents, dropping by 24.0% (from 79.3 to 60.1 per 100,000) compared to a 29.0% decline citywide from 2023 to 2024.

Source:

1. NYC Health Department. 2024. "Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2023." Epi Data Brief (142).  
<https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief142.pdf>.

### Unhoused Persons

Community stakeholders who participated in the meaningful engagement process identified unhoused persons as a highly vulnerable group. The population is represented among patients served by NYC Health + Hospitals/ Lincoln, with 10.3% of Lincoln's patient population identified as experiencing homelessness. According to the *Annual Report on Deaths Among Persons Experiencing Homelessness*, drug-related deaths remained the leading cause of death among persons experiencing homelessness citywide, accounting for 251

deaths (40.0%) in FY25. In the Bronx, 130 deaths among persons experiencing homelessness were reported, with Mott Haven, the planned location of The RISE Center, having the highest number of deaths (32), supporting the inclusion of unhoused persons as a group that would be impacted by the RISE Center (NYC Department of Health and Mental Hygiene 2026). Among women experiencing homelessness, drug-related deaths were also the leading cause of death, representing 34 deaths (34.0%). The report also documented 8 infant deaths among persons experiencing homelessness in FY25, highlighting the need for comprehensive supports for pregnant and parenting individuals experiencing homelessness.

Sources:

1. Community stakeholders.
2. NYC Department of Health and Mental Hygiene, and New York City Department of Social Services/Department of Homeless Services. 2026. The Twentieth Annual Report on Deaths Among Persons Experiencing Homelessness. July 1, 2024 – June 30, 2025  
<https://www.nyc.gov/assets/doh/downloads/pdf/episrv/deaths-among-persons-experiencing-homelessness-2026.pdf>

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

The RISE Center's design includes the following components to address the complex substance use disorder (SUD) and behavioral health needs of underserved and vulnerable persons in the South Bronx through an integrated and family-centered model. Key components include:

- An integrated care model for maternity care, mental health services, and SUD treatment to support recovery and improve outcomes in a community with high rates of SUD and overdose deaths.
- Early intervention and prevention services that support pregnant individuals and promote healthier outcomes for infants by addressing substance use and disrupting intergenerational patterns of substance use and dependency.
- Co-located medical and supportive services, including an outpatient SUD clinic, behavioral health services, and primary care to improve access and reduce barriers to care.
- An approach that enhances equity by reducing barriers to accessing SUD treatment and harm reduction services while addressing challenges such as stigma, fear of criminalization, family separation, child welfare involvement, and intimate partner violence.

- A family-centered model of care that supports pregnant and parenting individuals alongside their children and families.
- Wraparound support services for health-related social needs, including housing, food, employment, and other supports.

### Low-income people

The RISE Center will improve health outcomes and quality of life for low-income populations by implementing a co-located service model that reduces socioeconomic barriers to accessing care and strengthens continuity of services. By integrating obstetrics, outpatient SUD treatment, mental health services, and primary care on a single floor, the RISE Center is expected to eliminate many transportation challenges, reduce travel time and associated costs, and simplify care coordination for patients who often require multiple services.

The RISE Center will also support patients in navigating healthcare access and affordability through linkage to financial counseling services and assistance with insurance enrollment. Assistance is also provided for enrollment in NYC Care for individuals who are not eligible for insurance coverage, and in Options, a sliding-fee-scale program provided by NYC Health + Hospitals.

In addition, the RISE Center is expected to reduce barriers by addressing key health-related social needs. Patients will be connected to onsite wraparound supports and community resources that address needs such as housing instability, food insecurity, employment, and childcare. These integrated services are expected to enhance access to comprehensive, patient-centered care while reducing barriers that disproportionately affect low-income pregnant persons and their families.

Sources:

1. NYC Health + Hospitals 2026a. Financial Assistance – NYC Health + Hospitals, <https://www.nychealthandhospitals.org/financial-assistance/>, Accessed 10/6/2026
2. NYC Health + Hospitals 2026b. NYC CARE, <https://www.nyccare.nyc/>, Accessed 10/6/2026
3. The Applicant.

### Racial and ethnic minorities

The South Bronx is a community that has been historically impacted by systemic health inequities and is home to a large Black and Latino/a population. Black and Latino/a New Yorkers experience disproportionately high rates of SUD and overdose mortality, highlighting the need for a comprehensive and integrated approach to services designed to improve access and reduce barriers. By improving access, reducing barriers, and implementing a culturally responsive,

integrated care model, the RISE Center is expected to improve health outcomes and quality of life for racial and ethnic minorities.

The RISE Center is expected to provide specialized early intervention during pregnancy to support healthy fetal development and help interrupt intergenerational patterns of SUD within the community. In addition, the integrated care model is expected to reduce barriers to care by addressing stigma associated with SUD, concerns about criminalization of substance use during pregnancy, the risk of family separation through child welfare involvement, and intimate partner violence.

By reducing these barriers and providing culturally responsive, patient-centered care, the RISE Center is expected to improve engagement in treatment, strengthen continuity of care, and support better health outcomes for pregnant persons and their families from racial and ethnic minority communities.

Sources:

1. NYC Department of Health and Mental Hygiene 2025. "Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2024." Epi Data Brief, October 2025, No. 150.
2. The Institute for Family Health. 2026. Bronx Health Reach: About Health Disparity, <https://institute.org/bronx-health-reach/about/about-health-disparity/>, Accessed 10/6/2026
3. The Applicant.

### Immigrants

The RISE Center is expected to impact immigrants by expanding access to culturally responsive, integrated care in the South Bronx, where approximately one-third of residents are foreign-born. Although available data suggests that immigrant populations generally experience lower rates of SUD than U.S.-born populations, those who require care often face significant cultural, linguistic, and financial barriers to accessing services.

Through the established infrastructure of NYC Health + Hospitals/ Lincoln, the RISE Center will provide comprehensive 24/7 language access services through Video Remote Interpretation (VRI) in more than 350 languages and on-site qualified language interpreters. Educational materials and essential patient documents will be available in multiple languages. These language interpretation resources and educational materials are designed to ensure effective communication throughout the care continuum.

In this supportive environment, the integrated care model will strengthen care navigation across medical, behavioral health, and social support services. By reducing the need to transfer to other services within the hospital or to external

providers, this integrated care model can potentially minimize disruptions related to language barriers, complex administrative processes, and challenges navigating the healthcare system.

The RISE Center will also connect patients with on-site financial counselors to help enroll eligible individuals in health insurance, NYC Care for patients who are ineligible for insurance due to immigration or other barriers, and Options, NYC Health + Hospitals' sliding fee scale program, ensuring that cost and insurance status do not prevent access to care. Together, these services are expected to reduce barriers, build trust in the healthcare system, and improve engagement in care for pregnant persons and their families within immigrant communities.

Sources:

1. Moncrieffe, Michelle V. 2023. "Specialized Care for Immigrants Experiencing Trauma is Vital. Psychologists are Breaking Down the Mental Health Barriers." *Monitor on Psychology* 54(8).
2. Ryus, C., E. Coupet, G. D'Onofrio, and others. 2026. "Language-Based Disparities in Emergency Department Referral to Substance Use Treatment: Lost in Translation." *J. Immigrant Minority Health*.
3. NYC Health + Hospitals 2026. "Language Assistance – NYC Health + Hospitals," <https://www.nychealthandhospitals.org/services/language-assistance/> Accessed 10/6/2026
4. Office of the New York State Comptroller. 2023. *The South Bronx: An Economic Snapshot*. Report 13-2024. <https://www.osc.ny.gov/files/reports/osdc/pdf/report-13-2024.pdf>.
5. The Applicant.

## Women

The RISE Center is expected to address the unique health needs and quality of life for pregnant persons and their families experiencing SUD and co-occurring mental health conditions by providing a coordinated, specialized model of care throughout pregnancy and the postpartum period. Rising rates of maternal overdose underscore the importance of integrated services that address the complex medical, behavioral health, and social needs of pregnant persons. The RISE Center will provide a comprehensive care model that integrates maternity services, SUD treatment, mental health care, harm reduction services, and primary care in one location, improving care coordination, access, and engagement in treatment.

By engaging patients early in pregnancy, the RISE Center is expected to support maternal and fetal health, help interrupt intergenerational patterns of substance use, and reduce barriers to care, including stigma associated with substance

use, concerns about criminalization during pregnancy, potential family separation, and intimate partner violence. In addition, the RISE Center will provide wraparound services and connections to resources addressing social needs, including housing instability, food insecurity, employment, childcare, and other social needs. These integrated services are expected to promote recovery, strengthen family stability, and improve health outcomes for pregnant persons and their families.

Sources:

1. NYC Department of Health and Mental Hygiene 2024. "Overdose is the Leading Cause of Pregnancy-Associated Death in NYC." Health Advisory #31
2. The Applicant.

#### People who are eligible for or receive public health benefits

Located in an area with high utilization of public benefits, the RISE Center will address common barriers faced by individuals who rely on programs such as Medicaid, including challenges in finding providers who accept patients with Medicaid, maintaining coverage, and accessing needed services throughout pregnancy and the postpartum period. By providing maternity care, SUD treatment, mental health services, and primary care in a single location, The RISE Center will improve continuity of care and support sustained engagement in treatment.

NYC Health + Hospitals' on-site financial counselors will screen patients for Medicaid eligibility, assist with enrollment, and help ensure that enrollment is maintained through recertification. Outreach from social workers and Community Health Workers (CHWs) will further support patients by assisting with benefits navigation and recertification, helping ensure coverage is established before or early in treatment, maintained throughout treatment, and sustained after graduation from the RISE Center.

By improving public benefit enrollment and maintenance, the RISE Center is expected to improve access for individuals who are eligible for or receive public health benefits, enabling them to engage with coordinated medical, behavioral health, and social support services.

Sources:

1. American Community Survey 2024 (see Scoping Sheet 1)
2. NYC Health + Hospitals 2026a. Financial Assistance – NYC Health + Hospitals, <https://www.nychealthandhospitals.org/financial-assistance/>, Accessed 10/6/2026
3. NYC Health + Hospitals 2026b. NYC CARE, <https://www.nyccare.nyc/>, Accessed 10/6/2026

#### 4. The Applicant.

##### People who do not have third-party health coverage or have inadequate third-party health coverage

The RISE Center is expected to reduce financial and administrative barriers to care for uninsured and underinsured individuals in the service area. Without insurance coverage or affordable payment options, individuals in this group may delay or forgo primary care, maternity care, behavioral health, and SUD treatment.

Patients who lack insurance or have inadequate insurance may be eligible for NYC Care, NYC Health + Hospitals' direct access program, and additional support is available through Options, the NYC Health + Hospitals sliding-scale program. NYC Health + Hospitals/ Lincoln provides navigation support and financial assistance through a large team of benefit navigators, reducing financial barriers to care. This barrier is expected to be further addressed through NYC Health + Hospitals/ Lincoln's existing financial counseling infrastructure by providing financial assistance and enrollment support. This support is also available by phone or at other NYC Health + Hospitals locations.

##### Sources:

1. NYC Health + Hospitals 2026a. Financial Assistance – NYC Health + Hospitals, <https://www.nychealthandhospitals.org/financial-assistance/>, Accessed 10/6/2026
2. NYC Health + Hospitals 2026b. NYC CARE, <https://www.nyccare.nyc/>, Accessed 10/6/2026
3. The Applicant.

## Persons with Chemical Dependency or Substance Use Disorders

The South Bronx is an area of high prevalence of SUD and overdose deaths, underscoring the significant need for targeted public health interventions in this area. This population often faces fragmented care across separate medical, behavioral health, and social service providers at a time when consistent, coordinated care is critical. The RISE Center will use an integrated care model, providing these services in one place. The integrated care model is an effective approach to addressing the health care needs of persons with SUD.

The RISE Center is expected to improve health outcomes and quality of life for persons with chemical dependency or SUD by providing integrated, co-located SUD treatment and behavioral health services in an area of New York City with the highest need for these services.

Sources:

1. NYC Department of Health and Mental Hygiene 2025. Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2024, Epi Data Brief No. 150 (Oct. 2025).
2. New York City Department of Health and Mental Hygiene. (2023). The State of Mental Health of New Yorkers.  
<https://www.nyc.gov/assets/doh/downloads/pdf/mh/state-of-mental-health-new-yorkers.pdf>
3. The Applicant.

## Unhoused Persons

The RISE Center is expected to improve health outcomes and quality of life for unhoused persons by improving access to care through direct linkages to address health-related social needs. Wraparound services are expected to include linkages to community-based organizations for other critical services supporting recovery (e.g., housing stability, food security, employment opportunities). The community stakeholders who participated in the meaningful engagement process view stigma and administrative processes as significant obstacles for unhoused persons. The proposed design of the RISE Center is intended to reduce stigma and provide navigational support to help unhoused persons engage with healthcare and social support services.

The RISE Center will leverage NYC Health + Hospitals/ Lincoln's outreach and engagement infrastructure. This infrastructure includes the Street Health Outreach and Wellness (SHOW) mobile units and street outreach teams that connect unhoused persons to medical, behavioral health, and social services. The SHOW model uses a patient-centered, harm-reduction approach to assess

and connect individuals to services including vaccinations, wound care, SUD treatment referrals, primary care, and essential supplies.

NYC Health + Hospitals/ Lincoln's Hotspotting Program further supports individuals with opioid use disorder and those experiencing nonfatal overdoses by connecting them to a dedicated care team, including community health workers (CHWs) and peer counselors, who provide ongoing outreach for up to one year following hospital discharge to support engagement in addiction treatment, medical care, housing resources, public benefits, and other community-based services. These existing programs will further support the RISE Center's outreach engagement with pregnant unhoused persons who will benefit from the integrated and wraparound services provided by the RISE Center.

Sources:

1. The Applicant.
  2. Community stakeholders.
  3. NYC Health + Hospitals 2025. "NYC Health + Hospitals Announces New Hotspotting Program to Enhance Addiction Services in the South Bronx." <https://www.nychealthandhospitals.org/pressrelease/nyc-health-hospitals-announces-new-hotspotting-program-to-enhance-addiction-services-in-the-south-bronx/> Accessed 10/6/2026
  4. NYC Health + Health Hospitals 2026. "Street Health Outreach & Wellness Mobile Units." <https://www.nychealthandhospitals.org/street-health-outreach-wellness-mobile-units/> Accessed 10/6/2026
- 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 RISE Center is designed to provide a unique model of integrated care for pregnant persons. Data from SPARCS, the NYC Community Health Profiles, and the Applicant's Population Health Dashboard were used to assess the extent to which the medically underserved groups identified above currently use the services affected by the project and are expected to use the services provided by the RISE Center.

SPARCS data were used to estimate the number of pregnant persons in the service area who may currently benefit from integrated medical and behavioral health services. The analysis identified maternal delivery discharges with

behavioral or mental health comorbidities during 2024. During 2024, NYC Health + Hospitals/ Lincoln had 144 delivery code discharges with behavioral health comorbidities identified. There were 122 unique persons among these 144 discharges. In the service area, NYC Health + Hospitals/ Lincoln had 105 discharges. For all acute care facilities, there were 1,548 discharges and 1,390 unique individuals with behavioral health comorbidities in the service area. Because this approach relies on delivery records and diagnosis coding, it likely underestimates the number of individuals who could benefit from the RISE Center's services. This may include individuals whose pregnancies did not result in a delivery, as well as individuals whose behavioral health or substance use conditions were not captured in the available coding.

Internal data from the Applicant's Population Health Dashboard was also used to identify persons who received OB/GYN, prenatal or postpartum services from July 2026 to June 2026. There were 1,841 unique patients who received these services. 13.0% (240) of these patients lived in the 10451 ZIP Code, the location of NYC Health + Hospitals/ Lincoln.

#### Low-income people

According to the NYC Community Health Profile data, 27.0% of residents in the service area live in poverty. In addition, an analysis of all maternal deliveries at NYC Health + Hospitals/ Lincoln in 2024 found that 90.6% of patients had Medicaid coverage. Of the patients receiving OB/GYN, prenatal and postpartum services in the year ending June 2026, 84.2% (1,551) had Medicaid as the primary payer. These data indicate that low-income individuals currently represent a substantial portion of Lincoln's maternal patient population and are expected to represent a significant portion of the RISE Center's patient population.

#### Racial and ethnic minorities

In 2024, 54.1% of the persons identified as Other, and 33.6% as Black at NYC Health + Hospitals/ Lincoln. Other categories are below the SPARCS reporting threshold. 48.4% reported Latino/a identity. For the service area, among all providers, 57.5% identified as Latino/a, 50.7% identified as Other, 33.5% as Black, 9.6% as White, 4.4% as Multi-race, 1.3% as Asian, with other categories below the SPARCS reporting threshold.

The Population Health Dashboard data for OB/GYN, prenatal or postpartum patients, finds that 61.1% (1,125) were Hispanic/Latinix, 29.7% (547) Black or African-American, and 8.9% other categories.

#### Immigrants

The SPARCS data and the Applicant's internal data does not include immigration status. 34.7% of the persons living in Bronx County are immigrants; however, the

prevalence of SUD is lower among immigrants than in the non-immigrant population in national statistics.

### Women

Based on the criteria used (maternal deliveries with behavioral or mental health comorbidities), 100.0% of the service area population was reported as female, as were NYC Health + Hospitals/ Lincoln patients. Note that the RISE Center is also intended to provide services to the families of the pregnant person, which is broader than the criteria used for analyzing SPARCS data.

### People who are eligible for or receive public health benefits

As noted above, the majority of impacted population is expected to be receiving Medicaid. An earlier analysis of all maternal deliveries at NYC Health + Hospitals/ Lincoln found that 90.6% of the patients in 2024 were receiving Medicaid. The Population Health Dashboard shows that 84.2% (1,551) of the OB/GYN, prenatal, or postpartum patients had Medicaid as the primary payer.

### People who do not have third-party health coverage or have inadequate third-party health coverage

8.4% of the general service area population lacks insurance coverage (see Scoping Sheet 1, ACS 2023). The Population Health Dashboard reports that, for the overall patient population, 21.3% lack insurance and 22.0% are “self-pay.” For patients receiving OB/GYN, prenatal, or postpartum services, 2.6% (47) were “self-pay.”

### Persons with Chemical Dependency or Substance Use Disorders

In the SPARCS data, there were 122 persons identified at NYC Health + Hospitals/ Lincoln and 1,390 among all providers in the service area who received maternity services and behavioral health comorbidities. It is likely that this is an underestimate of the potentially affected population due to underreporting of behavioral health comorbidities in delivery claims.

NYC Health + Hospitals/ Lincoln has 177 female patients who had chemical dependency diagnoses, according to the Population Health Dashboard. There are 3,941 female patients with more broadly defined mental, behavioral and neurodevelopmental disorders. Of the patients receiving OB/GYN, prenatal, or postpartum services, 6.2% (114) were diagnosed with substance or alcohol use disorders.

### Unhoused Persons

The SPARCS data do not provide a basis for estimating the number of unhoused persons expected to be affected by the RISE Center. The NYC Health + Hospitals/ Lincoln Population Health Dashboard identifies 10.3% of its patients to be homeless, with 43.0% of those female. Of the patients who received OB/GYN, prenatal or postpartum services, 12.5% of the patients (230) were homeless.

Sources:

1. American Community Survey, 2023
2. New York State. 2024 “Vital Statistics: Table 13: Live-birth by Primary Financial Coverage and Resident County.”
3. SPARCS 2024
4. The Applicant

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

The service area includes Health Resources and Services Administration (HRSA)-designated medically underserved areas (MUA) and Health Professional Shortage Areas (HPSA), underscoring the need for accessible integrated health care services in the community. In response to this need, the RISE Center is intended to create a unique integrated care program for pregnant persons and their families with SUD. For the purposes of this assessment, the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) integrated outpatient services near NYC Health + Hospitals/ Lincoln are shown in **Figure 3** in the Appendix. In addition, acute care facilities that had delivery discharges for persons with behavioral health comorbidities are also shown in **Table 4**. There can be an overlap between OMH, OASAS, and Article 28 facilities.

**Table 4. Alternative Locations: Acute Care Facilities**

| Facility                                                      | Distance (miles) |
|---------------------------------------------------------------|------------------|
| New York Presbyterian Hospital - Columbia Presbyterian Center | 1.9              |
| BronxCare Hospital Center                                     | 2.0              |
| Mount Sinai Hospital                                          | 2.4              |
| St. Barnabas Health System                                    | 3.0              |
| New York Presbyterian Hospital - Allen Hospital               | 3.9              |
| Montefiore Medical Center - Jack D. Weiler Hospital           | 4.7              |

|                                                |     |
|------------------------------------------------|-----|
| NYC Health + Hospitals/ Jacobi                 | 4.9 |
| Montefiore Medical Center - Wakefield Hospital | 6.3 |

Source: SPARCS 2024

SUD programs for women and children, which are the most similar to the RISE Center's intended population, are listed in **Table 5**.

**Table 5. SUD Programs for Women and Children in the NYC Health + Hospitals/ Lincoln Service Area**

| Facility                                      | Distance (miles) |
|-----------------------------------------------|------------------|
| United Bronx Parents Inc.                     | 1.2              |
| Lorraine Montenegro Women & Children Facility | 1.5              |
| Odyssey House                                 | 2.0              |

Source: The Applicant

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

The market shares for Integrated Outpatient services programs for the specific patient population are not available, as no other provider in the service area currently offers this same combination of integrated OBGYN, mental health, and SUD services under a single license. This proposed model is consistent with New York State's policy priorities: the NYS Office of Mental Health's November 2025 *Maternal Mental Health Recommendations Report* explicitly recommends promoting the co-location of behavioral health services and OBGYN services, expanding OMH and OASAS integrated care settings serving birthing people, and targeting investment in higher-acuity behavioral health and SUD programs for the state's most underserved populations, including racial and ethnic minorities and low-income communities disproportionately affected by adverse maternal mental health outcomes. Presented in **Table 6** are delivery discharges in acute care facilities for patients with behavioral health comorbidities who live in the service area.

Source:

1. The Applicant.
2. NYS Office of Mental Health. 2025. Maternal Mental Health Recommendations Report. <https://omh.ny.gov/omhweb/statistics/maternal-mental-health-recommendations-report-2025.pdf>
3. SPARCS 2024.

**Table 6. Market Share for Deliveries of Patients with Behavioral Health Comorbidities**

| Facility                                                      | Discharges | Percent | Cumulative Percent* |
|---------------------------------------------------------------|------------|---------|---------------------|
| Montefiore Medical Center - Jack D. Weiler Hospital           | 323        | 20.9%   | 20.9%               |
| New York Presbyterian Hospital - Columbia Presbyterian Center | 202        | 13.0%   | 33.9%               |
| Bronxcare Hospital Center                                     | 160        | 10.3%   | 44.3%               |
| New York Presbyterian Hospital - Allen Hospital               | 137        | 8.9%    | 53.1%               |
| Montefiore Medical Center - Wakefield Hospital                | 119        | 7.7%    | 60.8%               |
| NYC Health + Hospitals/ Lincoln                               | 105        | 6.8%    | 67.6%               |
| NYC Health + Hospitals/ Jacobi                                | 94         | 6.1%    | 73.6%               |
| Mount Sinai Hospital                                          | 60         | 3.9%    | 77.5%               |
| St. Barnabas Health System                                    | 57         | 3.7%    | 81.2%               |
| New York Presbyterian David H. Koch Center                    | 50         | 3.2%    | 84.4%               |
| North Central Bronx Hospital                                  | 43         | 2.8%    | 87.2%               |
| Harlem Hospital Center                                        | 20         | 1.3%    | 88.5%               |
| NYU Langone Hospitals                                         | 20         | 1.3%    | 89.8%               |
| Bellevue Hospital Center                                      | 19         | 1.2%    | 91.0%               |
| Mount Sinai West                                              | 17         | 1.1%    | 92.1%               |
| Lenox Hill Hospital                                           | 14         | 0.9%    | 93.0%               |
| New York Presbyterian Hospital - Westchester                  | 13         | 0.8%    | 93.9%               |
| All Others                                                    | 95         | 6.1%    | 100.0%              |
| Total                                                         | 1,548      | 100.0%  |                     |

Source: SPARCS 2024

\*Cumulative Percent is the running total of the percent from the acute facility with the largest percent to the smallest.

- 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.**

The Applicant provided information to the Independent Entity that the RISE Center will not affect uncompensated care, community services and/or access by minorities and people with disabilities to programs receiving federal assistance. The Applicant is the largest provider of uncompensated care in New York City and the Bronx. As of June 1998, New York City Health + Hospitals is exempt from filing annual information on Form 990, given that the organization is an

“affiliated of a governmental unit.” The Applicant states that they are not required to submit the Institutional Cost Report, Exhibit 50 for indigent care.

Source:

1. 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.**

According to the Applicant, there are no anticipated physician or professional staffing issues associated with implementation of the RISE Center. The RISE Center is expected to have a 19-person multidisciplinary staffing complement, including physicians in OB/GYN, family medicine, addiction medicine, developmental pediatrics, and psychiatry; as well as nurse practitioners, staff nurses, psychologists, social workers, community liaison/community health workers, peer counselors, addiction counselors, dietitians, patient care associates, and administrative and facility staff.

Source:

1. The Applicant.

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

The Applicant interprets “civil rights access complaint” to mean a complaint made to the New York State Division of Human Rights, the US Department of Health and Human Services Office of Civil Rights, or any other federal, state or local agency or court by a patient or employee and/or on behalf of patients alleging violations of federal, state, or local civil rights laws resulting in a person being denied access to care at NYC Health + Hospitals/ Lincoln. The Applicant has performed a reasonable search and has identified one lawsuit, which was dismissed on a motion for summary judgment, which dismissal was later affirmed by the New York State Appellate Division, which found that “as a matter of law that [the Applicant] met its obligation to provide a reasonable accommodation to the needs of the disabled decedent.”

Source:

1. 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.**

There has been no similar project in the past five years.

**STEP 2 – POTENTIAL IMPACTS**

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

The RISE Center is expected to improve access to care, advance health equity, and reduce disparities for all medically underserved groups identified in Step 1. Through an integrated, family-centered model, the RISE Center will address barriers to care by co-locating maternity care, SUD and behavioral health treatment, and primary care, while strengthening linkages to resources that address health-related social needs.

| Underserved Group | Impact                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Improve Access                                                                                                                                                                                                                                                                                                                                                                                        | Improve Health Equity                                                                                                                                                                                                                                                                                                                                                                                                             | Reduce Health Disparities                                                                                                                                                                                                                                                                                                                                                                                          |
| Low-income people | <ul style="list-style-type: none"> <li>The RISE Center is expected to improve access to care by reducing financial barriers to care through NYC Health + Hospitals' existing financial assistance infrastructure.</li> <li>The RISE Center is located in a high-poverty area.</li> <li>By integrating and co-locating services, the costs and time involved in transportation are reduced.</li> </ul> | <ul style="list-style-type: none"> <li>The RISE Center creates an integrated care model for maternity care, mental health, and substance abuse treatment, an effective treatment and recovery model, in an area of high prevalence of SUD and incidence of overdose deaths.</li> <li>The RISE Center is designed to provide early intervention and prevention services that promote healthier outcomes for infants and</li> </ul> | <ul style="list-style-type: none"> <li>The integrated care model is designed to meet the complex and multiple needs of highly vulnerable persons and their families. The location in a severely impacted area, improves access, and there is careful attention in the program design to reducing access barriers and threats to access. The RISE Center potentially reduces disparities in outcomes and</li> </ul> |

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|                              |                                                                                                                                                                                                                                                                                                                                                                 | <p>interrupt the intergenerational pattern of substance use and dependency.</p> <ul style="list-style-type: none"> <li>• The RISE Center provides a family-centered model.</li> <li>• The RISE Center includes wraparound services for housing, food, employment, and other supports.</li> </ul>                                                                                                     | <p>access to treatment.</p>                                                                                                                                                                                                                                                                                                                                                                                                             |
| Racial and ethnic minorities | <ul style="list-style-type: none"> <li>• Located in the South Bronx, a community with a large Latino/a population and a significant Black or African American population, The RISE Center will address historical and systemic barriers that have contributed to disparities in access to care, health outcomes, and engagement with health services</li> </ul> | <ul style="list-style-type: none"> <li>• The RISE Center's culturally responsive care model will include extensive language access services available throughout the continuum of care.</li> <li>• Staffing will reflect the communities served, with care teams trained to recognize and address the distinct cultural, social, and health needs of racial and ethnic minority patients.</li> </ul> | <ul style="list-style-type: none"> <li>• The integrated care model is designed to meet the complex and multiple needs of highly vulnerable persons and their families. The location in a severely impacted area improves access and there is careful attention in the program design to reducing access barriers and threats to access. The RISE Center potentially reduces disparities in outcomes and access to treatment.</li> </ul> |
| Immigrants                   | <ul style="list-style-type: none"> <li>• The RISE Center is located in an area with a large and high proportion immigrant population. Approximately one-third of residents are foreign-born.</li> </ul>                                                                                                                                                         | <ul style="list-style-type: none"> <li>• The RISE Center will provide extensive and comprehensive language support through NYC Health + Hospitals/ Lincoln's established infrastructure. Language resources, educational materials, and</li> </ul>                                                                                                                                                   | <ul style="list-style-type: none"> <li>• The integrated care model is designed to meet the complex and multiple needs of highly vulnerable persons and their families. The location in a severely impacted location improves access and there is careful attention in the program design to reducing access barriers and</li> </ul>                                                                                                     |

|       |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                      |
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|       |                                                                                                                                                                                                                                                                                                                                                        | <p>patient documents are designed to ensure effective communication throughout the care continuum.</p> <ul style="list-style-type: none"> <li>The RISE Center is designed to provide a supportive and integrated environment that will strengthen care navigation across services. By reducing the need to transfer to other services within the hospital or to external providers, potential disruptions or difficulties due to language barriers or confusing administrative processes are reduced.</li> </ul> | <p>threats to access. The RISE Center potentially reduces disparities in outcomes and access to treatment.</p>                                                                                                                                                                                                                                       |
| Women | <ul style="list-style-type: none"> <li>The RISE Center is expected to improve access to care and reduce disparities for pregnant patients and their families by co-locating maternity care, behavioral health, SUD treatment, and primary care on one floor — including an outpatient SUD clinic, mental health services, and primary care.</li> </ul> | <ul style="list-style-type: none"> <li>The RISE Center is designed to provide early intervention and prevention services that support pregnant individuals and promote healthier outcomes for infants and interrupt the intergenerational pattern of SUD.</li> <li>The RISE Center provides a family-centered model.</li> </ul>                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>The integrated care model is designed to meet the complex and multiple needs of highly vulnerable persons and their families. The location in a severely impacted location improves access and there is careful attention in the program design to reducing access barriers and threats to access.</li> </ul> |

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|                                                               |                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• The RISE Center includes wraparound services for housing, food, employment, and other supports.</li> <li>• The RISE Center is designed to reduce stigma, fears of criminalization and family separation, and address risks of intimate partner violence.</li> </ul>                                                                                                                                                                                                                                                                                                                      | The RISE Center potentially reduces disparities in outcomes and access to treatment.                                                                                                                                                                                                                                                                                                                                                        |
| People who are eligible for or receive public health benefits | <ul style="list-style-type: none"> <li>• The South Bronx is an area with high public benefit utilization.</li> <li>• By co-locating services, cost and logistical burdens that can otherwise disrupt access for patients relying on public benefits are reduced.</li> </ul> | <ul style="list-style-type: none"> <li>• By providing maternity care, SUD treatment, mental health services, and primary care in a single location, The RISE Center will improve continuity of care and support sustained engagement in treatment.</li> <li>• The integrated model reduces the challenges persons receiving Medicaid benefits have in establishing specialty care.</li> <li>• Outreach by social workers, community health workers, and support by financial navigators improves access to enrollment and recertification processes for eligible persons before and early in the treatment process and</li> </ul> | <ul style="list-style-type: none"> <li>• The integrated care model is designed to meet the complex and multiple needs of highly vulnerable persons and their families. The location in a severely impacted location improves access and there is careful attention in the program design to reducing access barriers and threats to access. The RISE Center potentially reduces disparities in outcomes and access to treatment.</li> </ul> |

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|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                               | helps maintain coverage after graduation from The RISE Center.                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| People who do not have third-party health coverage or have inadequate third-party health coverage | <ul style="list-style-type: none"> <li>The RISE Center is located in an area which has a high proportion of persons who are uninsured.</li> <li>The Applicant provides public benefit program navigation support and financial assistance, including NYC Health + Hospitals direct access program, and Options, which is a sliding-scale program. These programs are intended to reduce financial access barriers.</li> </ul> | <ul style="list-style-type: none"> <li>By reducing financial and administrative barriers to care, uninsured and underinsured individuals are less likely to delay maternity care and delay or forgo behavioral health and SUD treatment.</li> </ul> | <ul style="list-style-type: none"> <li>The integrated care model is designed to meet the complex and multiple needs of highly vulnerable persons and their families. The location in a severely impacted location improves access and there is careful attention in the program design to reducing access barriers and threats to access. The RISE Center potentially reduces disparities in outcomes and access to treatment.</li> </ul> |
| Persons with Chemical Dependency or Substance Use Disorders                                       | <ul style="list-style-type: none"> <li>The South Bronx is an area of high prevalence of SUD and overdose deaths – it is the area of highest need in New York City. The RISE Center locates integrated services in this area of high need.</li> </ul>                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Integrated services is an effective model for delivering care to persons with complex SUD and mental health problems.</li> </ul>                                                                             | <ul style="list-style-type: none"> <li>The integrated care model is designed to meet the complex and multiple needs of highly vulnerable persons and their families. The location in a severely impacted location improves access and there is careful attention in the program design to reducing access barriers and threats to access. The RISE Center potentially reduces disparities in outcomes and access to treatment.</li> </ul> |

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| Unhoused Persons | <ul style="list-style-type: none"> <li>The RISE Center is located in an area with a significant incidence of persons who are unhoused and mortality due to overdoses.</li> <li>The RISE Center will leverage NYC Health + Hospitals/ Lincoln's outreach and engagement infrastructure, including the SHOW mobile units, street outreach teams, and the Hotspotting Program.</li> </ul> | <ul style="list-style-type: none"> <li>Wraparound services for housing, food, employment, and other social supports are expected to improve and sustain engagement for unhoused persons.</li> </ul> | <ul style="list-style-type: none"> <li>The integrated care model is designed to meet the complex and multiple needs of highly vulnerable persons and their families. The location in a severely impacted location improves access and there is careful attention in the program design to reducing access barriers and threats to access. The RISE Center potentially reduces disparities in outcomes and access to treatment.</li> </ul> |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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.**

The RISE Center is designed to address the complex needs of underserved and vulnerable pregnant persons in the South Bronx, including the medically underserved groups identified in Step 1. It will create a unique and innovative integrated model for maternity care, mental health, and SUD treatment in an area with a high prevalence of SUD and incidence of overdose death. The design includes plans to reduce barriers to accessing SUD treatment and harm reduction, reduce stigma, and reduce threats of criminalization of SUD/OD in pregnancy and risks of family separation.

Community stakeholders who participated in the meaningful engagement process stated that the RISE Center is much needed. The RISE Center is not expected to have negative impacts on health equity for the medically underserved groups identified in Step 1. However, these same stakeholders identified considerations, rooted in community experience and history, that could limit participation in the program and therefore the extent to which it improves health equity for the population it was designed to serve. Ongoing attention to

these considerations will help ensure the program reaches its intended patient population. These considerations include:

- **Outreach and trust in hospital settings:** Community stakeholders noted that many vulnerable persons experience hospitals and other institutional settings as stigmatizing and burdensome to navigate. Without effective outreach, the RISE Center may not reach the patient population it is designed to serve.
- **Fear of criminalization and family separation:** Although the RISE Center's design addresses these threats, community stakeholders emphasized that potential participants may still perceive them as risks and avoid the program as a result. Unless the RISE Center addresses these perceptions directly and clearly communicate how the program is designed to reduce these threats, fewer people may benefit from it.
- **Stigma and racism:** Community stakeholders noted that stigma and racism, whether expressed by staff or conveyed implicitly through the design of the space, could discourage participants and reduce use of the program. Active and ongoing attention to these issues will be needed for the program to reach and retrain the patient population it is designed to serve.
- **Transitions after program completion:** Community stakeholders noted that the period after a person leaves a recovery program carries a heightened risk of return to use and overdose. Without planned transitions and coordination with other providers for continued care, the progress participants make at The RISE Center may not be sustained.
- **Community skepticism of new programs:** Community stakeholders expressed that the community has experienced cycles of programs launching and then closing, and expressed skepticism toward new initiatives. This skepticism could reduce participation unless the RISE Center demonstrates its long-term sustainability and communicates it clearly to the community.

Many aspects of the RISE Center's design are intended to address these considerations, and community stakeholders recommended active and ongoing efforts to encourage use of the program's services. The Applicant notes that existing programs, such as ED LEADS, already engage pregnant persons with SUD, demonstrating that this population can be reached and engaged in these services. Community stakeholder suggestions and NYC Health + Hospitals/ Lincoln plans to address concerns are described in greater detail in Step 3 of the assessment and the Applicant's Mitigation Plan.

Sources:

1. Community stakeholders.
2. 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.**

The proposed project is not expected to reduce the amount of indigent care provided in the service area. No reductions in services, facilities, or eligibility for financial assistance programs are planned, and uninsured and underinsured patients will continue to receive care at NYC Health + Hospitals/ Lincoln under existing eligibility and financial assistance policies. The RISE Center's services will be available to patients regardless of insurance status or ability to pay, and patients will also have access to NYC Health + Hospitals' direct access program, including NYC Care, which provides low- and no-cost services to eligible New Yorkers.

NYC Health + Hospitals currently provides a substantial volume of indigent and charity care across its system. For the fiscal year ending June 30, 2025, NYC Health + Hospitals reported approximately \$1.45 billion in foregone charges and approximately \$774.5 million in estimated expenses incurred in providing charity care. The project is therefore expected to preserve, and potentially expand, access to care for uninsured and underinsured patients in the service area.

The project is expected to serve 200 families per year. At that level, while it may potentially expand access to care, it is not expected to materially impact the total amount of indigent care.

Sources:

1. New York City Health and Hospitals Corporation. 2025. Basic Financial Statements and Supplemental Schedules. June 30, 2025 and 2024. HHC-1.pdf
2. 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.**

The RISE Center will be accessible by public transportation with multiple subway stations and bus routes located within close proximity, as detailed in **Tables 7 and 8** below. These stations and routes provide convenient access for patients and their families. Applicant-sponsored transportation services will include access to NYC Health + Hospitals' systemwide transportation resources, including medically necessary ambulance and ambulette services, coordination with Medicaid transportation vendors through Medical Answering Services (MAS), and livery transportation options (including wheelchair-accessible vehicles). These resources and strategic initiatives support patients, including those who may otherwise face transportation barriers, by improving access to care and promoting continuity of services across diverse patient populations and care settings, including prenatal patients, patients experiencing homelessness, and behavioral health patients.

**Table 7. Subway Stations Within Proximity to NYC Health + Hospitals/ Lincoln**

| Subway Station                       | Subway Lines | Distance to NYC Health + Hospitals/ Lincoln |
|--------------------------------------|--------------|---------------------------------------------|
| 149 Street – Grand Concourse Station | 2, 4, 5      | 0.4 mi                                      |
| 3 Av – 149 St Station                | 6, 6 Express | 0.4 mi                                      |
| 3 Av – 138 St Station                | 6, 6 Express | 0.6 mi                                      |

**Table 8. Bus Routes Within Proximity to NYC Health + Hospitals/ Lincoln**

| Bus Route      | Nearest Stop to NYC Health + Hospitals/ Lincoln | Distance to NYC Health + Hospitals/ Lincoln |
|----------------|-------------------------------------------------|---------------------------------------------|
| Bx19           | E 149 <sup>th</sup> St. & Morris Ave.           | 0.05 mi                                     |
| Bx2            | E 149 <sup>th</sup> St. area                    | 0.1 mi                                      |
| Bx1            | Grand Concourse & E. 149 <sup>th</sup> St.      | 0.25 – 0.27 mi                              |
| Bx13           | Grand Concourse & E. 149 <sup>th</sup> St.      | 0.27 mi                                     |
| Bx 21          | E 149 <sup>th</sup> St. & Morris Ave.           | 0.05 mi                                     |
| Bx 32          | Morris Ave. & E. 149 <sup>th</sup> St.          | 0.1 mi                                      |
| Bx41- SBS      | Morris Ave. & E. 149 <sup>th</sup> St.          | 0.05                                        |
| BxM4 (express) | Morris Ave. & E. 149 <sup>th</sup> St.          | 0.05 mi                                     |
| M125           | Morris Ave. & E. 149 <sup>th</sup> St.          | 0.05                                        |
| M1             | Grand Concourse & E. 149 <sup>th</sup> St.      | 0.25 – 0.27                                 |

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

The Applicant provided a letter from the architect, Paul Drago, certifying that the RISE Center will be in full compliance with all ADA requirements and applicable local accessibility regulations.

Source:

1. Drago, P. 2026. "Letter: ADA Certification Lincoln Hospital R.I.S.E. Project NK Project # R2025.015" 6/29/2026.

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

The RISE Center is designed to increase the availability and access to maternal health care services for a vulnerable population that faces significant barriers and threats to access. The RISE Center is planned to serve 200 pregnant persons and their families per year.

Meaningful Engagement

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

New York City Department of Health and Mental Hygiene

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

Yes.

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

See the attached Meaningful Engagement Worksheet. (RISE Center Meaningful Engagement.xlsx)

The meaningful engagement process included interviews with the following community stakeholders: the New York City Department of Health and Mental Hygiene, community-based organizations such as, the Bronx Health Link, St.

Ann's Corner of Harm Reduction, the chair of the NYC Health + Hospitals/ Lincoln Community Advisory Board, Bronx Movil, and the medical director of Gotham Health primary care clinics. An onsite survey was also conducted of persons at Women's Health services and behavioral health services at NYC Health + Hospitals/ Lincoln.

The community-based organizations interviewed during the meaningful engagement process for the RISE Center provide both maternal and child health care and harm reduction services for persons with SUD. These organizations are particularly relevant to the assessment given that the Bronx has the highest rates of infant and maternal mortality in New York City and has historically been the epicenter of the addiction and overdose epidemics. According to these organizations, there is persistent skepticism in the community about whether programs will be sustained and concerns that equity "is not centered," which have contributed to a lack of community trust.

This skepticism is informed, in part, by the community's historical experience with SUD treatment services at NYC Health + Hospitals/ Lincoln. In November 1970, the Puerto Rican nationalist Young Lords Party, Think Lincoln, the Health Revolutionary Unity Movement, the Black Panther Party, and a range of professional and non-professional hospital workers briefly occupied NYC Health + Hospitals/ Lincoln to demand that the hospital create a drug treatment program. Their advocacy contributed to the establishment of a drug detoxification program at NYC Health + Hospitals/ Lincoln, which received a seven-figure grant from New York State in January 1971. Community activists and hospital staff subsequently played leadership roles in the program. The program was later expanded to a satellite clinic at the former Mott Haven Health Center, which became known as the Lincoln Detox People's Program.

In 1973, the state stopped funding the program and the city assumed responsibility for financing its activities. By the late 1970s, the City of New York and other elected officials had raised concerns about the program's financial management and its quasi-autonomous operational structure. In November 1978, then Mayor Ed Koch closed the clinic at NYC Health + Hospitals/ Lincoln, citing these concerns, leaving only the satellite clinic. In the 1990s, the satellite clinic was renamed the Lincoln Recovery Center. In 2011, the Lincoln Recovery Center was relocated half a mile away to Segundo Ruiz Treatment Center and relocated back to NYC Health + Hospitals/ Lincoln's main campus in 2025.

In this broader context, these organizations support the RISE Center, at least in principle. They view the combination of maternal health services and behavioral health as much needed. They identified several areas that could benefit from further enhancement and adaptation to the community. In particular, there was concern that the historical reputation could be an obstacle and depress utilization. They emphasized the importance of outreach to the community with

strategies and communication materials specific to the communities in the South Bronx. Related to these concerns is the need to communicate a sustainable commitment to help rebuild trust.

They also advised how a history of racism and stigmatization may deter persons from seeking care. Persons with SUD and unhoused persons can experience institutional environments as hostile. It is important to consider how space, administrative processes, physical space configuration, and staff interactions affect vulnerable people. The most vulnerable persons may avoid using hospital services when encountering standard hospital administrative processes and the physical navigation of hospital buildings. Reducing the administrative burden encountered by new patients may be critical to their sustained engagement. Similarly, helping clients navigate the physical space and processes is important for reducing frustration and potential triggers for stigmatization.

Concerns were also expressed about the impact of mandatory reporting, criminalization, and family separation. The Applicant's planning included these areas as threats to access. The community stakeholders pointed to the critical need to communicate policies and to work proactively with clients and governmental agencies to reduce the risks of family separation.

The Community Advisory Board at NYC Health + Hospitals/ Lincoln shared many of its perspectives with harm reduction and maternal and child care organizations. They support the RISE Center and view an integrated approach as positive. In addition, they directed attention to continuity of care and transitions of care – that there be a clear pathway both to the RISE Center and back to community providers.

The NYC Health + Hospitals/ Gotham health clinics at Belvis, Tremont, and Morrisania view the RISE Center as well-positioned to serve the community. Having obstetrics, pediatrics, mental health, and behavioral health in one place is very positive and would help reduce many barriers in the community and for patients who have challenges navigating health care. They would refer high-risk pregnant persons. Similar to the Community Advisory Board at NYC Health + Hospitals/ Lincoln, they emphasized continuity of care back to the community. Building long-term relationships, particularly in pediatrics, is important. Having strong relationships with the RISE Center and community pediatricians should be developed. They noted they could assist with outreach through their internal community advisory board.

The New York City Department of Health and Mental Hygiene provided a comprehensive discussion of NYC Health + Hospitals/ Lincoln's history with the South Bronx community and challenges. References to a symposium and historical documents provided by them are included in the sources at the end of this section. They provided an extensive list of questions for the Applicant about

the RISE Center, with particular emphasis on outreach, financial sustainability, the community communication plan, continuity of care, post-graduation support, staff recruitment, destigmatization, and the communication of policies on mandatory reporting.

Based on the Applicant's responses to the questions, they recommended several adaptations and enhancements to the RISE Center. They stated the RISE Center should plan to address stigma, trauma, and medical hesitancy in clients and reduce threats of criminalization. Mandatory reporting policies should be translated in several languages. Targeted outreach and public engagement should be considered for ways to reduce stigma, build trust, and reduce hesitancy in the community. They made several recommendations regarding post-graduation continuity of care and follow-up, including that follow-up should continue for a minimum of six months.

In addition to the current hiring plan of having one family medicine practitioner for primary care to the “index patient” and immediate family, they also recommended hiring additional primary care providers to support primary care for pregnant families, caregivers, and persons in extended, non-traditional family relationships. Other hiring recommendations include hiring from the local community for all staff and providing advertising and linkages to doula programs for advocacy.

They further recommended several changes to the facility environment. They included expanded walk-in hours, childcare during all operating hours with sufficient capacity for demand, and parent training. The facility should provide relaxing spaces for families and adequate waiting room capacity. A Patient Advisory Board was recommended to provide feedback on the facility environment, policies, and experience of receiving care at the RISE Center. The facility should also provide on-site enrollment for public benefits, transportation, and financial assistance.

### ***Direct Consumer Onsite Survey***

The Onsite Survey was distributed to patients at Women's Health and Behavioral Health clinics in April 2026. The survey included a description of the RISE Center, a project support question, open-ended questions about how the RISE Center may affect them and what was important to them when receiving services, space to write a statement about the project, demographic items, and questions about health-related social needs. Both English and Spanish versions of the questionnaire were provided. Project support was assessed using a five-point Likert scale, ranging from Strongly Disagree to Strongly Agree for a support statement. A score of five indicated strong agreement with a project's support statement, and a score of one indicated strong disagreement.

There were 23 questionnaires returned: 9 were English-language, and 14 were Spanish-language. The average project support was 4.3 among 22 responses, indicating agreement leaning toward strong agreement. There were 13 strongly agree responses, five agree, three neutral, and 1 one strongly disagree.

21 of the respondents answered the race question, and 23 the ethnicity question. 47.6% identified as Black, 42.9% as Other, and the remaining two respondents were in other categories. 65.2% of the respondents identified as Hispanic or Latino/a/x. The average age of the respondents was 45.4 years, with 50.0% Female, 45.5% Male, and one respondent selected a gender identity not listed.

40.0% of the respondents indicated housing needs, two-thirds had food insecurity concerns, and 52.4% said that they had missed appointments or had other problems due to transportation difficulties.

The open-ended comments were generally very supportive, either regarding their own care or the impact on the community. There were specific mentions of acupuncture, counseling, and recovery being beneficial, and general positive comments about improvements to women's health, parenting, comprehensive services, and locating services in one place. A respondent asked about the availability of counseling after graduating from the RISE Center. Another was concerned about children being in the treatment area and its possible impact on privacy.

Sources:

1. Anon. 2013. "Nancy Smalls: Honoring 40 Years of Service at Lincoln Recovery Center." Guidepoints: News from NADA.
2. Community stakeholders.
3. Lefty, Lauren. 2021. "For the People's Health: Lessons from the Young Lords for Today's New York." <https://www.mcny.org/story/peoples-health-lessons-young-lords-todays-new-york>.
4. Mitchell, Ellinor R.. 1995. "Women and Children." in *Fighting Drug Abuse With Acupuncture: The Treatment that Works*. Berkeley, CA: Pacific View Press.
5. NYC Department of Health and Mental Hygiene. 2026. Lincoln Detox Center Healing ARC Symposium. Hostos Community College. <https://vimeo.com/event/5720715> 5/26/2026
6. Peterson, Lindsay 2025. "National Register of Historic Places Registration Form: Mott Haven Health Center." <https://parks.ny.gov/sites/default/files/2025-10/MottHavenHealthCenter%2CBronxBronxCo.pdf>
7. Press, Alex N. 2026. "Reassessing the People's Hospital in the Bronx." <https://jacobin.com/2026/02/bronx-lincoln-hospital-young-lords>.

8. Sherman, Barry R. 1998. "SISTERS: A Social Learning Model of Intervention." in *Addiction and Pregnancy: Empowering Recovery through Peer Counseling*. Westport, CT: Praeger Publishers.
9. Sherman, Barry R., Laura M. Sanders, and Jeannette Yearde. 1998. "Role-Modeling Healthy Behavior: Peer Counseling for Pregnant and Postpartum Women in Recovery." *Women's Health Issues* 8(4):230–38. doi:10.1016/S1049-3867(98)00013-9.

**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 RISE Center has the greatest impact on highly vulnerable pregnant persons requiring care for SUD with complex behavioral health conditions and social needs. Particularly vulnerable are those who are unhoused and who have difficulty navigating the health care system. Providing comprehensive, integrated services in a single location, with social supports, is a major need for persons in these situations.

Community stakeholders focused on this group and provided numerous recommendations. They noted the importance of culturally competent outreach, having a low threshold for entry to care (street level, and reducing administrative hurdles), navigation support, destigmatization at all levels of engagement, and continuity of care.

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

The meaningful engagement was particularly important in highlighting the historical context of NYC Health + Hospitals/ Lincoln's relationship with the community. This context affects how the community may view the RISE Center, potentially depressing utilization. Demonstrating the RISE Center's sustainability and its active engagement with the community are important to its success. Outreach into the community is critical and will involve continuing communication and responsiveness.

The RISE Center's integrated approach is much needed and also has roots in historical initiatives developed from the community that took creative, holistic approaches. From this perspective, the greatest benefits will come from a broad approach that includes social support and community integration for the RISE Center's clients.

The community stakeholders, as well as the Applicant, note the risks involved with mandatory reporting, criminalization, and family separation related to SUD as potential barriers to treatment. A proactive approach that clearly communicates with clients and the community and works with other agencies to maintain families was advocated.

**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.**

Not applicable.

**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 offers an extensive program of translation and accessibility services for individuals with Limited English Proficiency (LEP) and for persons with hearing, speech, or visual impairments. Information regarding the availability of services at the RISE Center will be communicated using the same multilingual and accessible communication practices currently employed throughout the NYC Health + Hospitals system. The Applicant states that this will ensure that patients can access information and services in a manner that meets their communication needs.

The community stakeholders advocate for a disaggregated approach to cultural competency and language. This means recognizing differences in literacy and language variations in immigrant and cultural communities, such as specific dialects, and modifying approaches based on literacy, age groups, and subcultures. The Applicant will address these recommendations through the comprehensive, 24/7 access to language services currently available throughout the NYC Health + Hospitals system. These established language access and communication practices will be extended to the RISE Center to provide equitable communication and culturally responsive care for all patients.

Recognizing that cultural competency requires more than language translation, the Applicant will implement communication practices that recognizes the diverse linguistic, cultural, and literacy needs of patients. Staff will tailor communication methods to individual patient needs by using plain language, cultural appropriate educational materials, and qualified medical interpreters who can accommodate

languages and dialects whenever possible. The Applicant will also continue NYC Health + Hospitals' practice of conducting language proficiency assessments for multilingual staff to ensure they are qualified to communicate directly with patients in languages other than English. The Applicant uses this individualized approach to help ensure that patients receive information in a manner that is understandable and responsive to their cultural and linguistic backgrounds.

Patients at the RISE Center will have access to the Propio telephonic interpretation system, which provides immediate interpretation in more than 350 languages. RISE Center patients will also benefit from Video Remote Interpretation (VRI) services in more than 75 languages, including American Sign Language (ASL), ensuring visual and technical accuracy during medical consultations. To further strengthen these existing resources, the RISE Center is currently training two staff members as qualified Spanish-language interpreters to provide direct, on-site assistance since Spanish is the most common non-English language used in the community.

The RISE Center will also use NYC Health + Hospitals/ Lincoln's support for written accessibility by providing vital documents, including consent forms, discharge instructions, the Patient Bill of Rights, and other critical patient materials, in the health system's most frequently requested languages. Recognizing that translated written materials alone may not meet every patient's needs, qualified language interpreters will be available to provide verbal interpretation and additional assistance to support patient understanding. NYC Health + Hospitals/Lincoln provides patients with "I Speak" cards or assists them in identifying their language needs through "We Speak Your Language" signage to facilitate communication immediately upon arrival at the hospital.

The Applicant provides communication accommodations to patients with hearing, speech, or visual impairments. These accommodations include Video Remote Interpretation (VRI) and on-site American Sign Language (ASL) interpretation, Communication Access Realtime Translation (CART) services upon request, Braille materials, high-contrast written materials, and other auxiliary communication aids, as appropriate.

The RISE Center will build on the established infrastructure that NYC Health + Hospitals provides for language access and culturally responsive communication practices to ensure that these services and accommodations are tailored to the diverse linguistic, cultural, literacy, and accessibility needs of its patients. These services will be available throughout every stage of care, supporting clear and effective communication between patients and providers, protecting patient privacy, and ensuring equitable access to care.

Source:

1. The Applicant.

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

The community stakeholders made numerous suggestions and recommendations to better adapt the RISE Center to the needs of the South Bronx community, particularly medically underserved and vulnerable groups. Many of the suggestions were set in the context of historical experiences with NYC Health + Hospitals/ Lincoln's programs for SUD. The major concern that emerged from this context is that a program like the RISE Center, regardless of how well designed, may be viewed skeptically by the community and lead to hesitancy to use its services. From this perspective, there is a need to communicate how the RISE Center addresses concerns to the broader community rather than to individuals seeking services. These concerns that require community-based engagement include:

- Communication about long-term financial sustainability
- Addressing threats related to criminalization, mandatory reporting, family separation, and interactions with children's services (ACS).
- Conducting community-based outreach activities

Many of the specific adaptations and suggested enhancements impact multiple underserved and vulnerable groups. Several needs reflect overlapping barriers and conditions related to SUD, behavioral health diagnoses, parenting, and the social needs of vulnerable people that cut across different groups. These involve stigma, navigating the NYC health care and social services systems, and long-term engagement with health services and social supports. These suggestions involve:

- Health system navigation support
- Transitions of care and care continuity
- Staff hiring from the local community
- Access and availability to primary care and specialty referrals
- Expanded walk-in hours
- Childcare and parenting training
- Insurance navigation and enrollment
- Social support services coordination and enrollment
- Reducing stigma related to the physical environment and staff interactions
- Establishing a patient advisory group for ongoing feedback

There were also suggestions specific to particular groups living in South Bronx communities or having greater saliency for specific groups. For example, there are distinct dialect differences in Spanish among people living in the South Bronx, and it is important to tailor communication to those dialect differences.

Women are particularly vulnerable to partner violence during pregnancy. While all groups face challenges in navigating institutional systems, unhoused persons may experience greater barriers related to stigma and administrative processes. These areas with greater saliency are:

- Language specificity and cultural competency for racial and ethnic minorities and immigrants
- Navigation support and stigma reduction for unhoused persons
- Addressing trauma, risks of violence, and threats of criminalization and family separation for women
- Linkages to Doula programs to support advocacy for birthing women

## **Community-based Engagement**

### *Communication about long-term financial sustainability*

The community stakeholders detailed a long history of reductions and closures of SUD programs, which is the basis of their concerns. The Applicant has explained that NYC Health + Hospitals/ Lincoln received funding from the City's Mayor's Office of Management and Budget, the Bronx Borough President and the New York State Assembly for construction, as well as funding through the City's Opioid Settlement Fund (OSF) allocation to support the first five years of operations at the RISE Center.

The Applicant states that the RISE Center's long-term financial sustainability will be supported through ongoing revenue generated by its services, as well as cost reductions achieved through integration of these services within existing programs and care models at NYC Health + Hospitals/ Lincoln. By establishing the RISE Center and integrating services through its IOS-licensed model into clinical infrastructure – including obstetrics, CATCH, the Bridge Clinic, ED Leads, dual-diagnosis programs, and the Lincoln Recovery Center – cost reductions are anticipated through decreased avoidable emergency department utilization and more coordinated care delivery.

The key suggestion is that this information and ongoing transparency about financial conditions be communicated to community-based organizations engaged in harm-reduction services, recovery, and social support, as well as through other targeted public engagement efforts that influence potential users of the RISE Center's services.

### *Addressing threats related to criminalization, mandatory reporting, family separation, and interactions with children's services (ACS).*

The community stakeholders explained how concerns about mandatory reporting, criminalization, and interactions with children's services (ACS) for SUD

in pregnancy may lead to hesitancy and avoidance of seeking medical and treatment services. The Applicant has extensive policies and training for its staff on mandatory reporting and how to work with patients to reduce risks. The Applicant has a Patient Bill of Rights and provides additional written materials to help patients understand their rights and what to expect when they receive care.

The community stakeholders recommended that written materials concerning mandatory reporting policies be translated in multiple languages and that translators be available to explain these policies. As with other suggestions in this section, they emphasized proactively explaining these policies to community-based organizations, such as harm-reduction organizations, which could then communicate them to their clients.

#### *Conducting community-based outreach with community-based organizations*

The Applicant has described outreach through internal referrals from the emergency department, inpatient and outpatient clinics, and street programs such as SHOW mobile units, street outreach teams, and the Hotspotting Program. The community stakeholders advised that the RISE Center should consider more broad-based outreach, working with community-based organizations, harm reduction organizations, organizations focused on maternal health and family programs, peer-led recovery, religious institutions and advocacy groups, and not solely rely on internal referral pathways.

### **Adaptations and Enhancements of Program Services Impacting Multiple Underserved and Vulnerable Groups**

#### *Health system navigation support*

Based on feedback received from community stakeholders, standard hospital processes, such as check-in procedures, paperwork, and finding one's way through a large hospital building to the right department, can deter the most vulnerable patients from engaging with services, adding frustration and, in some cases, reinforcing feelings of stigma. The Independent Entity recommends that the RISE Center pair its outreach efforts with strong care coordination and navigation support, focused on reducing administrative burdens for patients while they are engaged in care. While these suggestions were made in the context of the most vulnerable patients, they are likely applicable to other groups that will benefit from streamlining administrative tasks and navigating multiple services.

#### *Transitions of care and care continuity*

There was feedback received from several community stakeholders regarding transitions after clients graduate from the RISE Center programs. These included linkages to community-based support services, behavioral health services, and

primary care providers. The community stakeholders advised developing detailed protocols for handoffs and follow-ups with community providers to ensure client engagement after the transition. These recommended protocols included follow-up with patients for a minimum of six months to ensure continuity of care.

#### *Staff hiring from the local community*

Consistent with the history of earlier programs at NYC Health + Hospitals/ Lincoln there were recommendations that all staff should be hired from the local community to meet the diverse needs and experiences of patients. The use of peer counselors from the local community had been a particularly effective approach developed in earlier programs.

#### *Access and availability to primary care and specialty referrals*

It was recommended by community stakeholders to expand the availability of primary care providers in the program to support the needs of pregnant families, children, and caregivers, including non-traditional and extended members of the family. This recommendation included the hiring of additional primary care providers to meet this need. Also recommended was that referrals to specialty providers should be at nearby providers, even if they are outside of the NYC Health + Hospitals system.

#### *Expanded walk-in hours*

Also recommended is that walk-in hours be expanded to support the needs of working patients and families.

#### *Childcare availability and parenting training*

The community stakeholders advised that childcare availability include all operating hours and that capacity should be expanded to meet demand. Also recommended is that parenting training should be included in the RISE Center programs.

#### *Insurance navigation and enrollment*

The community stakeholders reiterated the importance of assisting patients with benefit navigation, financial assistance and enrollment. The Applicant provides public benefit program navigation support and financial assistance, including NYC Health + Hospitals direct access program, and Options, which is a sliding-scale program. The community stakeholders emphasize that vulnerable patients with behavioral health problems may find navigating and enrolling in benefits daunting and that barriers they experience should be reduced. Changes in Federal policies, requiring more frequent eligibility redeterminations and additional supporting documentation are likely to increase challenges and the need for easy to access support.

### *Social support services coordination and enrollment*

Similarly, to benefit navigation and enrollment, it was also advised that social support services navigation, coordination, and assistance with enrollment be supported, including for the transition to care post-graduation for the RISE Center programs.

### *Reducing stigma related to the physical environment and staff interactions*

Based on feedback received from community stakeholders, the Independent Entity recommends attention to how the physical design of the RISE Center and interactions between patients and staff may contribute to stigma experienced by patients with SUD, or behavioral health conditions. The RISE Center has an opportunity to reduce stigma through thoughtful design choices and cultivating an environment that feels welcoming and supportive rather than clinical or institutional. Stigmatization in facility design can involve subtle and complex issues involving inclusion and privacy that require careful attention and feedback. Adequate waiting and relaxation space for families with children is also recommended and should be considered as part of the physical environment.

Staff interactions are also an opportunity to reduce stigma through ongoing training focused on person-centered, non-judgmental communication and awareness of the needs of patients with SUD and behavioral health conditions may face.

### *Establishing a patient advisory group for ongoing feedback*

Reducing stigmatization, effective outreach, and enhancing patient navigation in complex institutional environments can be difficult to establish and maintain. There can be elements that seem normal and taken-for-granted by healthcare staff that appear hostile to patients, especially those who have experienced trauma and stigmatization. The Applicant has surveys and other processes for collecting information on patient experience, as well as procedures for reporting complaints. Patient Advisory Groups are also advised as a means of gaining insight and assessing the effectiveness of outreach, navigation support, and destigmatization. In the setting of a Patient Advisory Group, it is often possible to gain a deeper perspective of how the healthcare environment affects patients. Stakeholders have offered to help develop these groups.

## **Recommendations for Specific Groups**

### *Disaggregation or Specificity of Language and Cultural Competency for Racial and Ethnic Minorities and Immigrants*

Communication materials and outreach need to be very specific to the different communities of the South Bronx. There should be attention to dialect and literacy differences, as well as to the variation in the most effective settings for outreach. The Applicant provides extensive language and communication support, which is detailed in Step 3 / Item 1. However, community stakeholders emphasized that there can be significant dialect and cultural differences even within the same language.

The community stakeholders advised that Patient Advisory Groups could be helpful in developing and testing these materials and recommending outreach locations. The previously mentioned recommendation to hire local staff is also, in part, based on their increased recognition of these differences and their ability to help tailor communication. On-site Spanish-language interpreters are recommended by Stakeholders, especially in communicating complex and sensitive topics such as policies involving mandatory reporting and interactions with ACS. In addition, working closely with harm reduction organizations can support these efforts.

### *Navigation support and stigma reduction for unhoused persons*

As described earlier, community stakeholders suggested navigation support within NYC Health + Hospitals/ Lincoln and attention to reducing stigma. They particularly emphasized the importance of these adaptations for unhoused persons who may be very sensitive to administrative requirements and stigmatizing experiences. As with several other areas, harm reduction organizations can help support these efforts in improving the patient experience.

### *Addressing trauma, risks of violence, and threats of criminalization and family separation for women*

The Independent Entity, in this project and other projects impacting maternal care, has heard from community stakeholders that pregnancy increases risks for partner and interpersonal violence, while also providing the ability for vulnerable women to connect with assistance which may be otherwise blocked. In some situations, partners who isolate the person experiencing abuse will allow them to receive prenatal and pregnancy services. In addition, women who experience abusive relationships may be threatened with family separation. For these reasons, community stakeholders recommend careful attention and preparation to respond to trauma and risks of violence.

### *Linkages to Doula programs to support advocacy for birthing women*

The community stakeholders suggest that the Applicant provide information and linkages for doula programs. Doulas provide emotional and educational support during pregnancy and birthing. Since doulas share culture, language, and experiences with their clients, they can be effective advocates for vulnerable women.

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

The Applicant can engage and consult impacted community stakeholders through targeted community outreach, which could include various forums, such as NYC Health + Hospitals/ Lincoln's Community Advisory Board, Community Board 1 in the Bronx, harm reduction organizations, community-based organizations, and religious institutions.

### **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 RISE Center will address systemic barriers to equitable access in care by implementing a comprehensive and integrated approach for women and their families who are affected by SUD or behavioral health issues in the South Bronx that has experienced long-standing inequities and racism. It provides maternal and behavioral health services for pregnant persons with substance use problems, including their families, and with child care, mental health, and social supports.

The community stakeholders made numerous recommendations for further enhancements and adaptations to the RISE Center, taking into account NYC Health + Hospitals/ Lincoln's relationship with the community, particularly in maternal health and SUD treatment. These recommendations are described in detail in Item 2 of this Step.

## **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?**

To monitor progress in addressing the needs identified by community Stakeholders, the Applicant will leverage existing population health infrastructure already in place across the NYC Health + Hospitals system. Specifically, the Applicant provided an extensive set of population health and health-related social

needs metrics, tracked via an internal dashboard sourced from the EPIC Electronic Medical Record. Metrics particularly relevant for the RISE Center include:

- **Healthcare affordability:** Need for assistance with health insurance, medical bills, medication costs, or paying for healthcare.
- **Financial assistance:** Need for help with income supports or public benefits (e.g., Public Assistance, SSI, SSD).
- **Transportation:** Need for transportation to medical appointments.
- **Food security:** Need for help obtaining food for oneself or one's family.
- **Legal services:** Need for free legal assistance, including immigration-related issues.
- **Housing stability:** concern about losing housing within two months.
- **Housing conditions/utilities:** Need for help with electricity, gas, heat, hot water, mold, pests, or lead hazards at home.
- **Homelessness:** Currently sleeping outside or in places not meant for habitation (e.g., subway).
- **Education:** Need for educational assistance or English language learning
- **Employment:** Need for job training or employment assistance.
- **Childcare:** Need for childcare assistance (e.g., daycare vouchers).

Additionally, demographic data can be disaggregated by race/ethnicity, age, sex, language, payer, and ZIP Codes. The Applicant also monitors patient satisfaction through the Press Ganey survey, administered after each patient visit, which would also apply to the RISE Center. Together, these tools will allow the Applicant to identify disparities in access, screening, and patient experience across demographic groups, and to inform targeted strategies to address them.

Beyond dashboard and survey metrics, the Applicant has established governance structures to translate this data into ongoing quality improvement. The Applicant reviews behavioral health and SUD program data monthly during the Quality Assurance and Performance Improvement (QAPI) meetings, with data reported quarterly to hospital leadership. The QAPI Committee includes clinical leadership and providers from behavioral health specialty areas, nursing staff, nurse practitioners, social workers, administrators, and representatives from the hospital quality department. The QAPI Committee reviews the monitoring data, identifies opportunities for quality improvement, develops improvement strategies, and monitors the implementation of quality improvement initiatives.

Furthermore, The Consult for Addiction Treatment and Care in Hospitals (CATCH) program provides consultation services for patients with SUD in the emergency department, inpatient units, and ambulatory settings. As an existing resource at NYC Health + Hospitals/ Lincoln, CATCH requests are monitored,

including patient dispositions and referral outcomes, and peer and addiction counselors conduct follow-up outreach to connect patients to community-based programs and other services. This existing infrastructure will complement the RISE Center's own transition and continuing care planning process, described in the Mitigation Plan, by providing an additional touchpoint for identifying and referring patients with SUD needs across the broader NYC Health + Hospitals system and surrounding community.

Existing behavioral health program monitoring will extend to the RISE Center once operational. Behavioral Health programs, including the Bridge Clinic and the Screening, Brief Intervention, and Referral to Treatment Plus (SBIRT+) Program, monitor interventions and referrals. Utilization of behavioral health services is tracked, including appointment cancellations and referral wait times. Processes are also monitored, including contact frequency, prenatal and postpartum depression screening rates, and other depression and anxiety assessments. Medically Assisted Treatment (MAT) and related prescriptions are reviewed monthly. Detailed outcomes are monitored and reported, including PHQ-9 or Generalized Anxiety Disorder (GAD-7) score improvement, remission, and severe maternal morbidity.

These existing mechanisms, spanning population health data, patient experience, quality governance, and program-specific clinical monitoring, provide The RISE Center with a comprehensive foundation for tracking its impact from the outset of operations. This approach will allow the Applicant to identify disparities, evaluate progress toward the needs identified by community stakeholders, and refine strategies to improve outcomes for the medically underserved populations the RISE Center is designed to serve.

Source:

1. The Applicant.
- 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?**

One of the major concerns raised by community stakeholders is the ability to successfully outreach affected consumers to use the services provided at the RISE Center. The community stakeholders were also concerned about the ability of the program to successfully engage outreached persons. As noted above, the Applicant has existing outreach and referral monitoring, which could further be adapted to the RISE Center programs. Monitoring that could help evaluate this includes:

- Determining the percentages of persons who are pregnant and have been screened for substance use, who (1) have been outreached; (2) have

accepted admission into the RISE Center programs; and, (3) have graduated or transitioned from the program.

- In addition, graduation from the RISE Center programs as a percentage of (1) outreached and (2) accepted admission, which would evaluate sustained engagement in the program.
- Determining the percentage of persons outreached who were referred from internal pathways compared to persons outreached who were externally referred.
- Determining the period of engagement of persons who accepted admission into the RISE Center programs.

Another area of concern for community stakeholders is continuity of care after graduation from the RISE Center programs. The Applicant does provide post-discharge monitoring of programs which could be applied to the RISE Center programs. These could be monitored by:

- Determining the percentage of graduated persons who have been successfully transitioned to community services six months after graduation or transition.

## **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)

**Disclaimer:**

This document was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the 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.

## Appendix 1: Figures

### Service Area: Race & Ethnicity by Zip Code

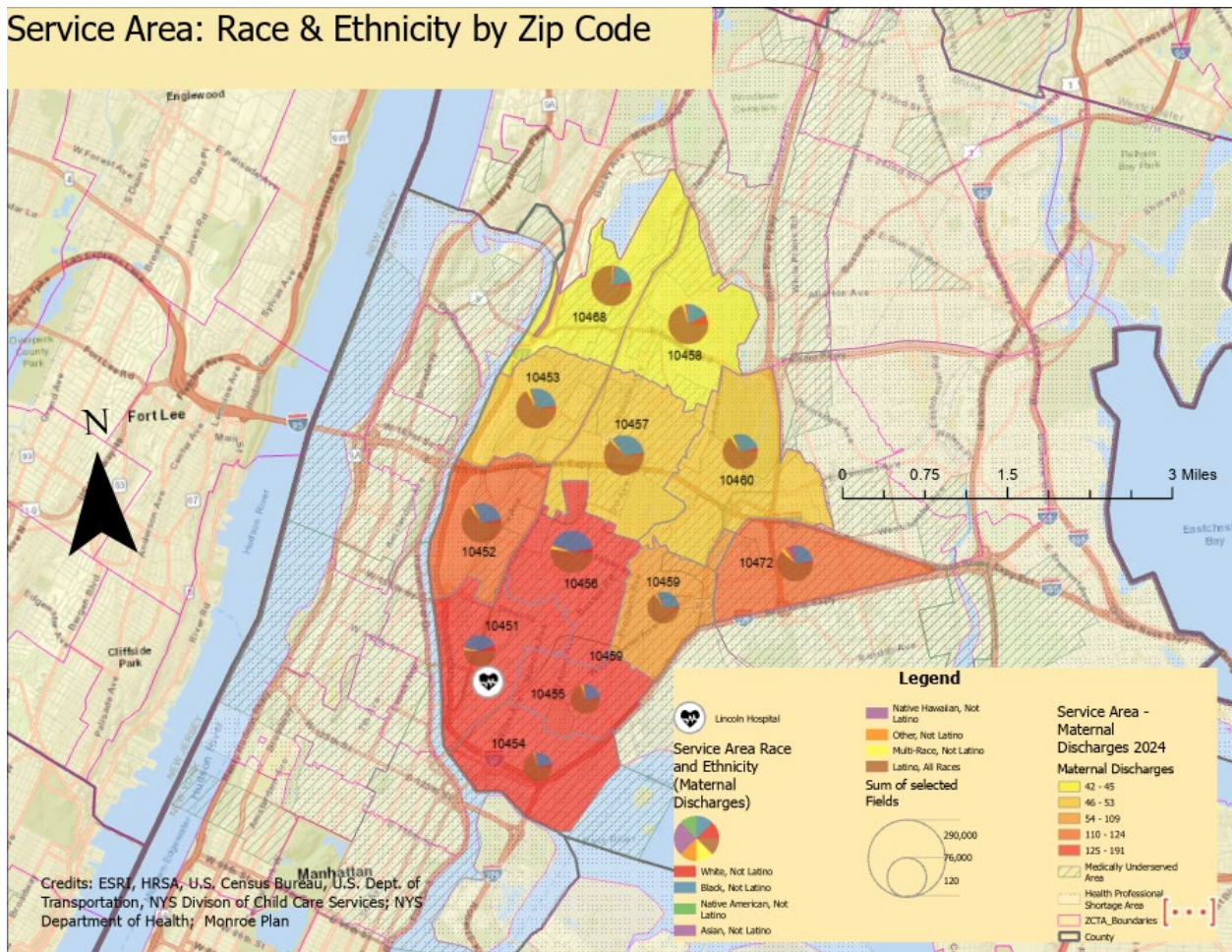


Figure 2 Service Area for Maternal Discharges, Race & Ethnicity by Zip Code

## Service Area: Alternative Locations

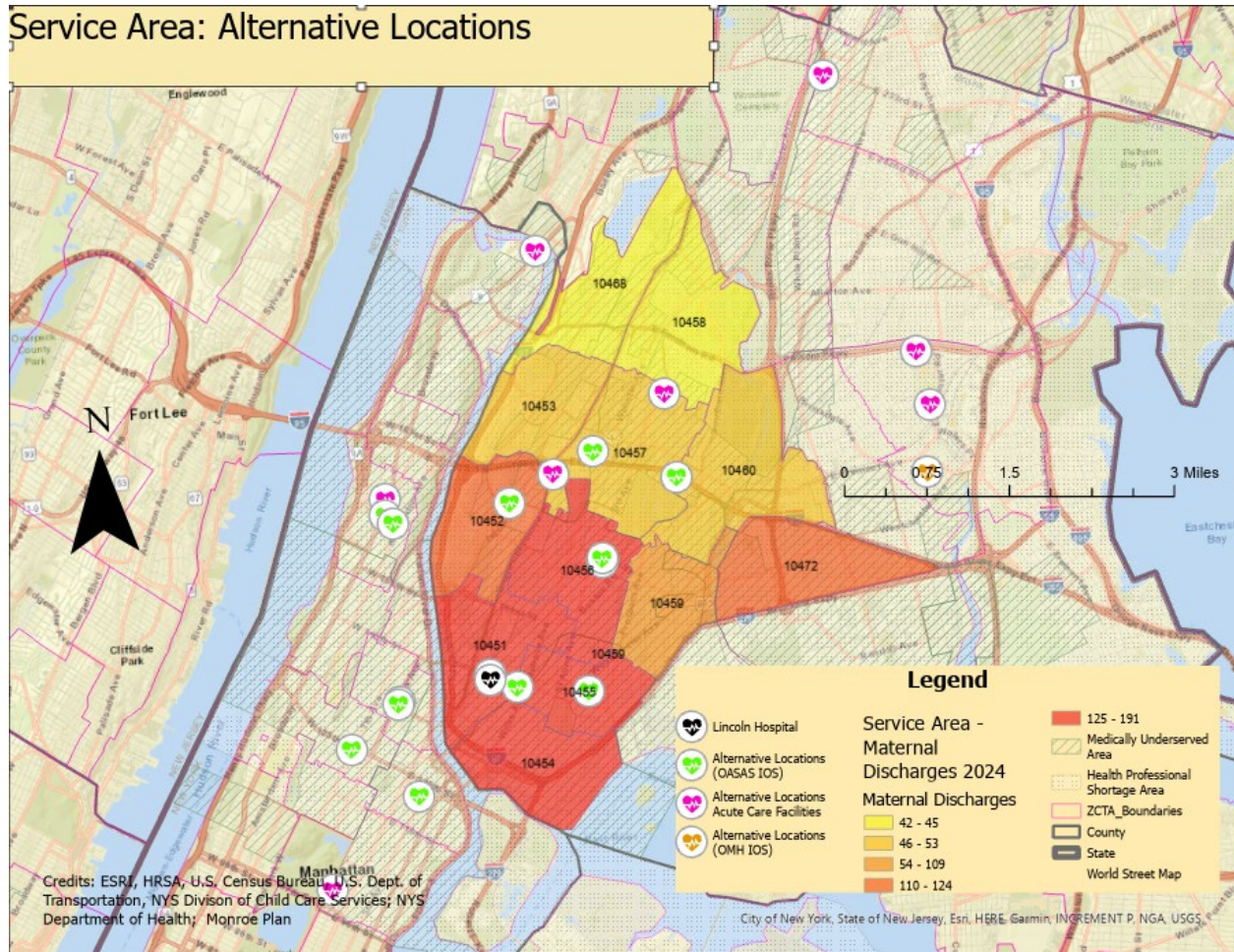


Figure 3 Service Area Alternative Locations and Acute Care Facilities

## Appendix 2: Meaningful Engagement Discussion Guide

### Guide for Community Meaningful Engagement for HEIA Lincoln Hospital – RISE Center

#### Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes. New York State wants to engage communities in health equity and involve them in the planning processes for healthcare services. The focus is on underserved groups and vulnerable people in the community.
- The Monroe Plan is an independent assessor.

#### Background:

- Brief Overview of the planned changes:
    - MP CareSolutions is assessing the creation of the RISE Center at Lincoln Hospital (234 East 149<sup>th</sup> St, Bronx, NY 10451). The RISE Center will integrate Adult and Child Family Medicine, OB-GYN, Adult and Child Behavioral Health, and Addiction Medicine at Lincoln Hospital on one floor. The services on the floor will include an outpatient substance use clinic, mental health, and primary care. Patients may be referred from inpatient or the emergency room. The RISE Center's goal is to meet the critical needs of pregnant parents and their families affected by substance use disorder. The program will use a team of medical/behavioral health providers, addiction counselors, social workers, community health workers, and certified peer counselors to support pregnant and parenting clients struggling with addiction, while also addressing the needs of their children. It includes wraparound services to link people with other critical services to support recovery – housing, food, employment, and other supports.
- (Operating Certificate Services lines for IOS – Mental Health and IOS – Substance Use Disorder)
- We like to understand the change in the context of community needs, particularly for underserved and vulnerable persons.
  - Stress the importance of community input in shaping healthcare services and considering ways that services can be improved.

#### Understanding Healthcare Needs:

Question 1: To set the context of the planned change, we want to hear your perspective on what are the greatest healthcare needs in this community for underserved people?

- Encourage participants to share personal experiences and observations.
- Discuss common healthcare challenges in the community.

### **Impact Assessment**

Question 2: What impacts should be considered with the RISE Center?

- Explore direct and indirect consequences on individuals within the community.
- Discuss impacts on access, quality, and affordability of healthcare services.

Question 3: Do you see any negative impacts to the community with these changes?

- Solicit ideas for mitigating negative effects.
- Discussion of potential strategies for improving the situation.

Question 4: Support Question: Do you support the creation of the RISE Center?

### **Improving Services:**

Question 5: How might these services be enhanced to benefit underserved communities or vulnerable persons?

- To identify programs, interventions, or other services that may enhance the services.

### **Wrap-Up**

- Summarize key insights and recommendations from the discussion.
- Thank participants.
- Explain next steps with the HEIA process including submission of a written statement.

### **Closing Remarks**

- Provide contact information for follow-up questions and/or additional input.
- Note that they can submit a statement for inclusion in the Assessment.

## Appendix 3: Direct Consumer Survey

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### Consumer Questions for Health Equity Impact Assessment Lincoln Hospital – RISE Center

Elm and Oak Health is assessing the creation of the RISE Center at Lincoln Hospital. The RISE Center will integrate Adult and Child Family Medicine, Ob-gyn, Adult and Child Behavioral Health, and Addiction Medicine on one floor at Lincoln Hospital. The services on the floor will include an outpatient substance use clinic, mental health, primary care, and help for persons currently receiving inpatient or emergency room care. The Center's goal is to meet the critical needs of pregnant parents and their families affected by substance use disorder. It will include health providers, addiction counselors, social workers, community health workers, and peer counselors. It will also link people with other critical services to support recovery – housing, food, employment, and other supports.

1. Please indicate your agreement: I support the creation of the RISE Center. (Check one)

|                       |                       |                           |                       |                       |
|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| Strongly Disagree     | Disagree              | Neither agree or disagree | Agree                 | Strongly Agree        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |

2. How might these changes affect you?

3. What is most important to you when receiving services for pregnancy, parenting, and substance use recovery?

4. If you would like to make a statement about the RISE Center, please write below:

5. Can we include your statement in a publicly available assessment of the creation of the RISE Center?

☐ No  
☐ Yes

(Please turn over for questions on the back.)

6. Are you Hispanic, Latino/a/x, or Spanish Origin? (Check one)

- ☐ No  
☐ Yes

7. What is your race? (One or more categories may be selected)

- ☐ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Other Pacific Islander  
☐ Other

8. Age in years? (Enter number)

\_\_\_\_\_

9. Gender? (check one)

- ☐ Female  
☐ Male  
☐ Transgender female  
☐ Transgender male  
☐ A gender identity not listed:

- \_\_\_\_\_  
☐ Not sure  
☐ Prefer not to answer

We would like to ask about some specific needs you may have.

10. What is your living situation today? (Check one)

- ☐ I have a steady place to live  
☐ I have a place to live today, but I am worried about losing it in the future  
☐ I do not have a steady place to live.

11. Within the past 12 months, you worried that your food would run out before you got money to buy more. (Check one)

- ☐ Often true  
☐ Sometimes true  
☐ Never true

12. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (Check one)

- ☐ Yes  
☐ No

Thank you for your time today answering these questions. If you would like to submit additional comments or statements, you may do so by sending an email to [mpheia@elmandoakhealth.com](mailto:mpheia@elmandoakhealth.com)

Elm and Oak Health, formerly known as MP CareSolutions is a part of the Monroe Plan, which was founded in 1970 to provide innovative healthcare for the underserved in New York State.

## Preguntas del consumidor para la Evaluación de Impacto en la Equidad de Salud

### Lincoln Hospital – RISE Center

Elm and Oak Health está evaluando la creación del RISE Center en Lincoln Hospital. El RISE Center integrará Adult and Child Family Medicine (Medicina Familiar para Adultos y Niños), Ob-gyn (Obstetricia y Ginecología), Adult and Child Behavioral Health (Salud del Comportamiento para Adultos y Niños) y Addiction Medicine (Medicina de Adicciones) en un solo piso en Lincoln Hospital. Los servicios en el piso incluirán una clínica ambulatoria de uso de sustancias, salud mental, atención primaria y ayuda para personas que actualmente reciben atención hospitalaria o en la sala de emergencias. El objetivo del Centro es satisfacer las necesidades críticas de los padres embarazados y sus familias afectadas por el trastorno por uso de sustancias. Incluirá proveedores de salud, consejeros de adicciones, trabajadores sociales, trabajadores de salud comunitaria y consejeros pares. También conectará a las personas con otros servicios críticos para apoyar la recuperación – vivienda, comida, empleo y otros apoyos.

1. Por favor, indique su nivel de acuerdo: Apoyo la creación del RISE Center. *(Marque una opción)*

| Totalmente<br>en<br>desacuerdo | En<br>desacuerdo      | Ni de<br>acuerdo ni<br>en<br>desacuerdo | De acuerdo            | Totalmente<br>de acuerdo |
|--------------------------------|-----------------------|-----------------------------------------|-----------------------|--------------------------|
| <input type="radio"/>          | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/>    |

2. ¿Cómo podrían afectarles estos cambios?

3. ¿Qué es lo más importante para usted cuando recibe servicios para el embarazo, la crianza de los hijos y la recuperación del uso de sustancias?

4. Si quiere hacer una declaración sobre el RISE Center, escriba a continuación:

5. ¿Podemos incluir su declaración en una evaluación disponible al público sobre la creación del RISE Center?

☐ No  
☐ Sí

(Por favor, voltee la página para las preguntas en el reverso .)

6. ¿Es usted hispano, latino/a/x o de origen español? (Marque una opción)

- ☐ No  
☐ Sí

7. ¿Cuál es su raza? (Puede seleccionar una o más categorías)

- ☐ Blanco  
☐ Negro o afroamericano  
☐ Indio americano o nativo de Alaska  
☐ Asiático  
☐ Nativo de Hawái u otro isleño del Pacífico  
☐ Otro

8. ¿Edad en años? (Ingrese un número)

\_\_\_\_\_

9. ¿Género? (marque uno)

- ☐ Mujer  
☐ Hombre  
☐ Mujer transgénero  
☐ Hombre transgénero  
☐ Una identidad de género no incluida en la lista:

- \_\_\_\_\_  
☐ No estoy seguro  
☐ Prefiero no responder

Nos gustaría preguntarle sobre algunas necesidades específicas que pueda tener.

10. ¿Cuál es su situación de vivienda hoy? (Marque una)

- ☐ Tengo un lugar estable para vivir  
☐ Tengo un lugar para vivir hoy, pero me preocupa perderlo en el futuro  
☐ No tengo un lugar estable para vivir.

11. En los últimos 12 meses, le preocupó que se le acabara la comida antes de tener dinero para comprar más. (Marque una opción)

- ☐ A menudo es cierto  
☐ A veces es cierto  
☐ Nunca es cierto

12. En los últimos 12 meses, ¿la falta de transporte confiable le impidió ir a citas médicas, reuniones, al trabajo o conseguir cosas necesarias para la vida diaria? (Marque una opción)

- ☐ Sí  
☐ No

Gracias por su tiempo hoy al responder estas preguntas. Si quiere enviar comentarios o declaraciones adicionales, puede hacerlo enviando un correo electrónico a [mpheia@elmandeoakhealth.com](mailto:mpheia@elmandeoakhealth.com)

Elm and Oak Health, antes conocido como MP CareSolutions, es parte de Monroe Plan, que se fundó en 1970 para brindar atención médica innovadora a las personas desatendidas en New York State.

----- 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, Lewis Marshall attest that I have reviewed the Health Equity Impact Assessment for the creation of the RISE Center that has been prepared by the Independent Entity, MP CareSolutions.

Lewis Marshall MD

Name

Chief Medical Officer

Title

X [Signature]

Signature

10/14/2026

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)

NYC Health + Hospitals (H+H) will mitigate impacts identified in the HEIA through strategies focused on equitable access, culturally responsive communication, community engagement, continuity of care, stigma reduction, patient navigation, and transparency. The RISE Center will build on existing NYC Health + Hospitals/Lincoln policies, programs, and infrastructure, tailored to pregnant and parenting individuals affected by SUD and their families.

### **Enhanced Community Outreach and Engagement:**

The RISE Center is designed to engage pregnant/parenting individuals who have historically experienced barriers to perinatal healthcare and addiction treatment, including concerns of stigma and family separation. Before opening, the RISE Center will conduct broad community outreach building on existing referral pathways and relationships. Outreach will extend to CBOs, harm reduction organizations, SUD providers, maternal health/family support programs, peer recovery organizations, and other trusted community partners.

The RISE Center will monitor referral partner engagement, referral sources, patients reached, services provided, and program graduation/ transition to evaluate outreach effectiveness and inform continuous improvement.

H+H will support long-term sustainability, beyond OSF support, through ongoing service revenue, integration with existing Lincoln care programming, and operational efficiencies, including those associated with the IOS license. These efforts will support coordinated care, reduce avoidable utilization and administrative burden, and maximize reimbursement opportunities. H+H remains committed to sustaining the RISE Center as an integral component of Lincoln's behavioral health, primary care, and substance use care continuum.

### **Equitable Access through Language, Cultural Competency, and Accessibility:**

The RISE Center will extend H+H's established language access and accessibility practices to address communication and cultural barriers. Patients will have access to 24/7 interpretation services, including telephonic interpretation in more than 350 languages and VRI in more than 75 languages, including ASL. Accommodations for patients with hearing, speech, or visual impairments will include ASL interpretation, CART services upon request, Braille and high-contrast materials, and other auxiliary communication aids as appropriate.

The RISE Center will use plain-language, culturally responsive materials and qualified medical interpreters, with communication tailored to patients' needs. CBOs and other trusted community partners will help inform outreach strategies and ensure communications effectively reach South Bronx communities.

### **Continuity of Care and Social Supports:**

Continuity of care following graduation/transition from the RISE Center will be central to supporting long-term recovery, family stability, and improved health outcomes. Patients will be supported to graduate or transition when clinically appropriate, and no later than when their child reaches five years of age, and receive an individualized plan identifying recovery goals, recommended services, and follow-up needs. With patient consent, staff will coordinate warm hand-offs to necessary continuing care providers. Support personnel will be available to patients throughout the transition. Lincoln will follow up within seven days and for six months thereafter for care continuity.

Staff will also assess social needs, including food insecurity, employment, housing, legal, and transportation needs, and connect patients to resources using existing tools such as FindHelp and DOH Matters. Onsite wraparound supports will include childcare assistance, a food pantry, infant and baby supplies, and parenting education.

### **Addressing Stigma and Supporting Safety:**

H+H recognizes and takes seriously concerns about SUD-related stigma and the trust needed for patient comfort when seeking care. Staff will receive ongoing training to promote culturally competent, person-centered, and stigma-free care. NYC Health + Hospitals provides annual system-wide training. Addiction Services staff also participate in quarterly e-learning, monthly learning communities, and OASAS Learning Thursdays covering evidence-based approaches to care. The RISE Center plans to allocate funds for stigma-reduction education and other resources for parents and families to help build trust and engagement in care.

H+H recognizes pregnant/parenting individuals may experience IPV and other forms of domestic and gender-based violence that can affect their safety, mental health, and ability to access care. As part of its approach to supporting survivors, H+H provides specialized mental health services through the NYC Family Justice Centers (FJCs), where individuals can access mental healthcare alongside social, legal, and other services, both in person and remotely.

H+H will incorporate patient and community input into the design of its physical environment through collaboration with the H+H Arts and Medicine team, patients, community members, and the project architect. H+H will engage an established artist/community muralist to work with patients to co-design artwork for its spaces. Input will also inform color, lighting, childcare spaces, and multipurpose rooms used for cooking lessons, group sessions, and family activities.

### **Mandatory Reporting and Patient-Centered Care:**

Mandatory reporting policies are communicated to patients at intake and reflect systemwide standards. Staff complete mandated reporter training and required New York State training. The RISE Center will operate within H+H's trauma-informed, patient-centered approach to caring for pregnant and parenting individuals with SUD.

Pregnant patients will be screened for substance use using appropriate screening tools. Toxicology testing will be performed only when medically necessary and with informed written consent, except in a medical emergency. When substance use is identified, patients will be connected to appropriate care, including a Plan of Safe Care.

Patients will receive information explaining toxicology testing and mandatory reporting obligations, including a positive toxicology result alone does not constitute child abuse or neglect or automatically require a report to the New York State Central Register. Reporting decisions will consider the full clinical, safety, and family context and follow H+H policy and applicable New York State law.

Through its partnership with ACS under Pathways to Prevention, H+H also connects families whose primary needs involve health, social, or economic challenges with voluntary community-based supports. The RISE Center will emphasize clear communication about these resources while prioritizing treatment, protective factors, and connections for support.

**Stakeholder Advisory Group:**

The RISE Center plans to establish a Stakeholder Advisory Group (SAG) of five to nine participants to provide ongoing patient and community input on program development, quality improvement, patient experience, barriers to care, and engagement strategies. The SAG will initially meet monthly for six months, with the cadence reassessed thereafter, and will be facilitated by the RISE Center's Associate Director and clinical lead. Membership will include individuals with lived experience receiving RISE Center or other SUD-related services, health professionals, CBO representatives, and other relevant city-agency representatives.

*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.*