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	Columbia Memorial Hospital Inpatient Psychiatric Expansion
2. Name of Applicant	Columbia Memorial Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Jeffrey A. Sachs and Associates, Inc -- 212-827-0660 • Aisha King, MPH aking@sachspolicy.com • Anita Appel, LCSW- AnitaAppel@sachspolicy.com • Maxine Legall, MSW, MBA - mlegall@sachspolicy.com Qualifications: • Health equity --6 years • Anti-racism -- 6 years • Community engagement -- 25+ years • Health care access and delivery -- 10+ years
4. Description of the Independent Entity's qualifications	The Health Equity Impact Assessment (HEIA) Team at Jeffrey A. Sachs and Associates, Inc. is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities. The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies. In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health

		disparities. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities. The HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.
5.	Date the Health Equity Impact Assessment (HEIA) started	March 18, 2025
6.	Date the HEIA concluded	April 11, 2025

7. Executive summary of project (250 words max)

Columbia Memorial Hospital (CMH) is a multi-campus health care system and a member of the Albany Med Health System, the largest and only regionally owned, not-for profit health system in northeastern New York and western New England. CMH is located at 71 Prospect Avenue, Hudson, NY in Columbia County.

CMS consists of a 190-bed acute care hospital and 38 primary and specialty care centers. Key services include a specialized ambulatory, hospital, primary care, behavioral health services, and an emergency department in Hudson.

CMH was awarded a Capital grant from the New York State Office of Mental Health to upgrade and expand its inpatient behavioral health unit, which currently operates at 22 adult inpatient beds under its operating certificate. The project includes:

- Gut renovations of a currently unused second floor area for the addition of 12 geriatric inpatient psychiatric beds. The new unit will include geriatric psychiatric rooms, central and personal staff stations, and areas for private and social therapy sessions. All renovations are designed to enhance the safety of staff and patients.
- Gut renovations of the unused fifth-floor space for the addition of 8 adult psychiatric beds and space for therapeutic milieu and group therapy. The staff station will also be expanded to provide clear sight lines to new patient rooms and milieu spaces.

The entire work area of the planned second-floor unit will be isolated from the remainder of the hospital, and the fifth-floor work will be phased to minimize disruption to existing inpatient services.

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

CMH is the only hospital located in Columbia County and the closest hospital to Greene County. The hospital is seeking to add 20 inpatient psychiatric beds, 8 of which will be added to its current adult psychiatric unit and 12 of which will form a new geriatric psychiatric unit. The objective of the project is to meet local demand for inpatient psychiatric services - particularly in a rural community with limited care options and a rising elderly population -- while improving the overall quality and accessibility of behavioral health care. The occupancy rate of the current inpatient unit is consistently < 92%, indicating a clear need.

As part of our stakeholder engagement, we conducted interviews and focus groups with 28 individuals, including leadership and staff from CMH and Albany Med Health, local community-based organizations, Columbia and Greene County government officials, and the Columbia County Office of Aging. A survey sent to CMH donors, board members, and employees, community members, CMH patients, and family members of current/former patients of the inpatient psychiatric unit received 195 responses.

Data analysis and stakeholder engagement indicate that older adults, low-income populations, racial/ethnic minorities, immigrant populations, people who are eligible for or receive public health benefits, people with disabilities, people living in rural areas, and people who are uninsured or underinsured will be the most affected by this project.

Stakeholders were overwhelmingly positive about the project, particularly about the expanded capacity for inpatient treatment in a medically underserved rural area. Key anticipated positive impacts include reduced burden on emergency department and EMS services, serving community members locally, improved political will for behavioral health projects, reduced mental health stigma, and improved public awareness of available behavioral health services.

The primary concerns associated with this project included: need for clear eligibility criteria and discharge/ transition care planning, sustainability of the program given uncertainty around funding, potential for community backlash, influx of high-needs individuals from external counties, staffing, and desire for proactive communication with local service providers.

Our assessment recommends that the Applicant: 1) foster strong relationships among local behavioral health providers by creating an official workgroup and proactive communication plan, 2) include local nursing homes and Aging Services in operational and training plans for the geriatric unit, 3) develop and communicate concrete policies around eligibility criteria, prioritization of local populations, discharge and transition plans for medically underserved populations, 4) support training plans for law enforcement, EMS, and hospital staff, and 5) develop a policy for collaborative care planning between internists and psychiatric care staff.

Importantly, CMH should leverage existing relationships to proactively communicate plans, changes, and updates with local providers across disciplines and the local community, emphasizing the hospital's mission, the need for this project, the funding source, and positive changes that are hoped to result from this project.

The Applicant should use existing metrics and mechanisms to track how the project addresses local health disparities. By systematically monitoring patient demographics, outcomes, and service utilization trends, CMH can continue to tailor services to meet the needs of its patient population.

SECTION B: ASSESSMENT

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

STEP 1 - SCOPING

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

   Please see attached spreadsheet titled "heia_data_tables_CMH.xlsx"

   CMH's primary service area includes Columbia and Greene Counties.

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:**

   - Older adults
   - Low-income people
   - Racial and ethnic minorities
   - Immigrant populations
   - People who are eligible for or receive public health benefits.

- People with disabilities
- People living in rural areas.
- Individuals who are uninsured or underinsured

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

We analyzed utilization data from the Applicant, census data for the community/service area, information and data from the Columbia and Greene Counties Community Health Needs Assessment/Community Service Plan, county and state reports, academic literature, grey literature, and information obtained from interviews and surveys with leadership, staff, clinical experts, community providers, community members, and community-based organizations.

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

We expect the Applicant's proposal to benefit all individuals with severe mental health needs. Evidence suggests that there is a need for additional inpatient psychiatric services across NYS. A recent report from the State Comptroller's office indicates that over 20% of NYS adults struggle with a mental illness and over 5% have a severe mental illness; however, there was a 10.5% decrease in capacity at inpatient psychiatric facilities between April 2014 and December 2023.[1]

The populations below will be particularly impacted, given local demographics and specific circumstances that are associated with increased risk of developing severe mental illness.

Older Adults[2]

Age Group	New York State	Greene County	Columbia County
<18	20.7%	16.4%	16.3%
18-64	61.9%	60.2%	58.3%
65+	17.4%	23.4%	25.4% i

This project will improve the ability of older adults to access inpatient mental health treatment by creating a unit specifically for the provision of geriatric

Office of the New York State Comptroller. (2024, March). *Mental health inpatient service capacity in New York State.* https://www.osc.ny.gov/files/reports/pdf/mental-health-inpatient-service-capacity.pdf
U.S. Census Bureau. (2023). https://data.census.gov

psychiatric care. This is important because both Columbia and Greene Counties have higher proportions of individuals over the age of 65 years than New York State (NYS), as seen in the table above. While the mental health needs of older adults are sometimes overlooked, certain conditions that are more common among older adults, such as cognitive decline (e.g. dementia and Alzheimer's Disease) and hearing impairment, are also associated with increased incidence of mental disorders.34 Furthermore, severe mental illness presents differently among individuals with cognitive decline, making it more difficult to diagnose and care for them, and highlighting the importance of having a specialized geriatric care unit.[5] Older individuals are more likely to experience loneliness and social isolation than other age groups, which may also contribute to the onset of mental illness that could require inpatient care.°.

Local experts noted that older adults experience heightened levels of stigma and a greater unwillingness to access mental health care than younger individuals, supporting the need for geriatric-specific care. Unwillingness to seek outpatient care could exacerbate the need for inpatient care, as mild mental health conditions can become more severe if untreated.

Additional barriers to accessing care among older adults include difficulty finding transportation for medical appointments and long waitlists for appointments due to shortage of medical providers.

Low-income people, individuals who are eligible for or receive public health benefits, and individuals who are under- or uninsured[8]

	New York State	Greene County	Columbia County
Median household income	$84,578	$74,011%	$83,619
Poverty rate	13.7%	11.6% [	14%
% on public insurance	41.4%	46.5% i	46.3% i
% Uninsured	5.2%	3.5%	3.8%/

Low-income individuals and individuals who are eligible to receive public health benefits may significantly benefit from this project. Greene and Columbia Counties both have lower median household incomes than NYS, and higher

3 Sinclair LI, Lawton MA, Palmer JC; Alzheimer's Disease Neuroimaging Initiative; Ballard CG. Characterization of Depressive Symptoms in Dementia and Examination of Possible Risk Factors. J Alzheimers Dis Rep. 2023 Mar 7;7(1):213-225. doi: 10.3233/ADR-239000. PMID: 36994115; PMCID: PMC10041449.

4 van der Werf M, van Boxtel M, Verhey F, Jolles J, Thewissen V, van Os J. Mild hearing impairment and psychotic experiences in a normal aging population. Schizophr Res. 2007 Aug;94(1-3):180-6. doi: 10.1016/j.schres.2007.04.006. Epub 2007 May 23. PMID: 17524621.

5 Reynolds CF 3rd, Jeste DV, Sachdev PS, Blazer DG. Mental health care for older adults: recent advances and new directions in clinical practice and research. World Psychiatry. 2022 Oct;21(3):336-363. doi: 10.1002/wps.20996. PMID: 36073714; PMCID: PMC9453913.

6 Reher, D., & Requena, M. (2018). Living alone in later life: A global perspective. *Population and Development Review,* 44(3), 427--454. https://doi.org/10.1111/padr.12149

7 Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. Lancet Public Health. 2020 May;5(5): e256. doi: 10.1016/S2468-2667(20)30061-X. Epub 2020 Mar 20. PMID: 32199471; PMCID: PMC7104160.

8 U.S. Census Bureau. (2023). https://data.census.gov

proportions of the population receiving public health insurance. Although the poverty rates of both counties are lower than that of NYS, they are higher than that of NYS when excluding New York City (NYC); 11.1%9. Notably, the city of Hudson has the largest non-White population (21.2%) and also the highest neighborhood poverty rate (17.4%) in the county.[9] Multiple stakeholders noted that the region's demographic changes (i.e., gentrification and second-home purchases by individuals from NYC) have negatively impacted local families' ability to purchase homes, afford rent, and access healthcare.

In Columbia County, the percentage of children aged 5-17 in poverty ranges from 8.3% in Chatham Central School District to 21.5% in Hudson City School District. In Greene County, the percentage of children aged 5-17 in poverty ranges from 10.5% in the Greenville Central School District to 19.8% in the Windham-Ashland-Jewett Central School District.10

There is robust evidence that environmental factors, including poverty and social barriers to care, have significant impacts on mental health.[11] Individuals with lower socioeconomic status are more likely to experience chronic stress due to financial insecurity, housing instability, and limited access to healthcare, all of which can contribute to the onset or worsening of mental health conditions.[12] Additionally, individuals with lower incomes may face difficulties accessing consistent mental health treatment due to cost-related barriers such as high out-of-pocket expenses, lack of mental health providers who accept public insurance, and transportation challenges.13.14 The stigma surrounding mental health treatment can also be more pronounced in lower-income communities, where mental health concerns may be deprioritized in favor of addressing more immediate basic needs.[15]

People who have low incomes are also more likely to be uninsured or underinsured than those of middle or high incomes. Although Columbia and Greene Counties have lower proportions of uninsured populations than **NYS,**

[9] Columbia-Greene Planning Partners. (2022). *Community Health Needs Assessment Implementation Strategy Community Health Improvement Plan and Community Service Plan for Columbia and Greene Counties, NY and their Hospital 2022-2024.* htt ps://www.col um bia co untynyhealth, com/wp-conte n t/up loa ds/202 2/12/2022-2024CHIP-CSP Columbia-Greene.pdf

10 ,S. Census Bureau. (2022). https://data.census.gov

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

Ryu S, Fan L. The Relationship Between Financial Worries and Psychological Distress Among U.S. Adults. J Fam Econ Issues. 2023;44(1):16-33. doi: 10.1007/s10834-022-09820-9. Epub 2022 Feb 1. PMID: 35125855; PMCID: PMC8806009.

3 Santiago CD, Kaltman S, Miranda J. Poverty and mental health: how do low-income adults and children fare in psychotherapy? J Clin Psychol. 2013;69(2):115-126

4 Corscadden L, Callander EI, Topp SM. Who experiences unmet need for mental health services and what other barriers to accessing health care do they face? Findings from Australia and Canada. Int J Health Plann Manage. 2019 Apr,34(2):761-772. doi: 10.1002/hpm.2733. Epub 2019 Jan 18. PMID: 30657197.

15 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. 2277-2290. 10.55248/gengpi.6.0325.1186.

local experts have indicated that this is a population that is medically underserved in terms of both physical and mental health care access.

Racial and ethnic minorities and immigrant populations[16]

	New York	Greene County	Columbia County
White	55.2%	84.8% t	83.7%
Black/African American	14.8%	5.0% I	4.2%]
Asian	9.6%	1.0%1	2.3%
Hispanic/Latino	19.5%	6.5%	5.8%.

Although the Applicant's service area is majority White, racial and ethnic minorities face disproportionate socioeconomic challenges that may increase their need for mental health services. In Columbia County, 32% of Black Americans live in poverty compared to 10.5% of White residents, highlighting significant racial disparities in financial security and access to resources.[17] As noted above, the city of Hudson holds both the largest non-White population (21.2%) and the highest neighborhood poverty rate (17.4%), underscoring the importance of highlighting potential racial and economic disparities.[9]

Nationally, multiracial adults (35.2%) are the most likely to report experiencing mental illness, followed by White (24.6%), Hispanic (21.4%), Black (19.7%), American Indian or Alaska Native (19.6%), and Asian adults (16.8%).[18] However, the literature indicates that mental health conditions among racial and ethnic minorities may be underdiagnosed due to a lack of culturally sensitive screening tools, stigma, and structural barriers to care such as language barriers, limited provider availability, and mistrust in the healthcare system. [19,20]

Local stakeholders indicated that key immigrant populations in the area include seasonal migrant farm workers (predominantly Hispanic) and Haitian and Bengali migrants. Key barriers noted for accessing behavioral health care among these groups were: language, wariness of health systems, stigma, and lack of insurance coverage (predominantly for Hispanic migrant workers and undocumented individuals).

Given the racial disparities in poverty, mental health prevalence, and access to care, the proposed expansion and renovation of the inpatient psychiatric units will

16 U,s. Census Bureau. (2023). https://data.census.gov
policyMap. (n.d.). *Community Health Report: Columbia County, NY.* PolicyMap. Retrieved April 9, 2025, from https://www.policymap.com/
Substance Abuse and Mental Health Services Administration. (2022). *Highlights for the 2021 National Survey on Drug Use and Health.* U.S. Department of Health and Human Services. https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlightsRE123022.pdf
19 panchal, N., Saunders, H., & Ndugga, N. (2022, September 22). *Five key findings on mental health and substance use disorders by race/ethnicity.* KFF. https ://www. kff. org/men ta l-h ea lth/issu e-b rief/five-key-findings-on-men tal-hea lth-and-substa nce-use-d iso rd e rs-by-race-eth n icity/
20 Ward EC, Wiltshire JC, Detry MA, Brown RL. *African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors.* Nurs Res. 2013 May-Jun;62(3):185-94. doi: 10.1097/NNR.0b013e31827bf533. PMID: 23328705; PMCID: PMC4279858.

play a crucial role in ensuring that racial and ethnic minorities in Greene and Columbia Counties receive appropriate and accessible mental health treatment.

People with disabilities[21]

	New York State	Greene Count	Columbia Count
% Livin with disabilit	12.0%	14.8%	13.9%

The proportions of Columbia and Green County residents living with a disability both exceed the state average of 12.0%. Many of those in the area who are disabled are older people over the age of 75. The most common types of disabilities are hearing difficulties, cognitive difficulties, ambulatory difficulties, self-care difficulties, and independent living difficulties.[22]

People with disabilities can face significant barriers to accessing mental health care, including physical accessibility issues, transportation limitations, communication challenges (such as for those with hearing or cognitive impairments), and a lack of providers trained in disability-sensitive care.[23] Additionally, individuals with cognitive impairments or mobility limitations may experience greater difficulty in navigating complex healthcare systems, leading to delayed or inadequate mental health treatment. Importantly, many mental health conditions are considered to fall under the category of disability. "The ADA defines disability as *a physical or mental impairment that substantially limits one or more major life activities."*[24] The Applicant's proposed project can therefore be said to increase access to much needed care for individuals with disabilities.

People living in rural areas

Access to mental health care is particularly challenging in rural areas due to provider shortages, far distances between healthcare facilities, and limited public transportation.[25] Both Greene and Columbia Counties are predominantly rural, with many residents living in areas where mental health services are scarce or difficult to access.

Rural communities also experience higher rates of social isolation, economic hardship, and stigma surrounding mental health care, all of which can contribute to untreated or worsening mental health conditions.[26] As mentioned above, the

?U.S. Census Bureau. (2023). https://data.census.gov

2 American Community Survey 2015-2019

23 Defining Wellness. (2022). *Effects of Physical Disability on Mental Health.* https://definingwellness.com/resources/effects-of-physical-disability-on-mental-health/

' ADA National Network. (2018). *Mental Health Conditions in the Workplace and the ADA.* https://adata.org/factsheet/health

Edwards A, Hung R, Levin JB, Forthun L, Sajatovic M, McVoy M. Health Disparities among Rural Individuals with Mental Health Conditions: A Systematic literature Review. Rural Ment Health. 2023 Jul;47(3):163-178. doi: 10.1037/rmh0000228. Epub 2023 May 11. PMID: 37638091; PMCID: PMC10449379.

26 Warshaw, R. (2017). Health disparities affect millions in rural US communities. Association of American medical colleges, 31. Accessed on [April 2, 2025] from https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities

older adults who make up a significant portion of the rural population in these counties may face compounding barriers related to living in a rural area, such as mobility limitations, lack of internet or technological skills to access telehealth services, and fewer specialized providers trained in geriatric mental health care.[6]

The Applicant's proposed project will help address these challenges by expanding behavioral health services within the region, reducing the need for long-distance travel for specialized psychiatric care. This project will also enable family members to visit and support patients more frequently than if they were transferred to a facility farther away.

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

The tables below outline the utilization of services at CMH among key medically underserved groups between November 1, 2023 and October 31, 2024.[27] The total number of individuals accessing services at the psychiatric units is expected to increase with the additional beds; however, the proportion of individuals accessing services by medically underserved group is not expected to change, as the location and all other components of the service (e.g., accepted insurance) are expected to remain the same.

Race/Ethnicity

Race	% of Patients
Black	4.1%
White	77.7%
Other	17.3%
Asian	0.8%
American Indian/Alaska Native	0.1%
Native Hawaiian/Pacific Islander	0.0%

Ethnicity	% of Patients
Hispanic or Latino (any race)	10.0%
Not Hispanic or Latino	81.1%
Unknown	8.9%

Payor Mix

7 Data provided by Applicant

Payor	% of Patients
Medicaid	25.1%
Medicare	25.3%
Dual Eligible (Medicaid & Medicare)	12.2%
Commercial	32.7%
Uninsured	3.3%
Other (NF/Comp)	1.5%

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

There are no hospitals with inpatient psychiatric beds in Greene County, and CMH is the only hospital with inpatient psychiatric beds in Columbia County. Nearby facilities with inpatient psychiatric beds are St. Peter's Health Partners and WMC Health, although their facilities are not located within the Applicant's primary service area. There are no nearby facilities with geriatric inpatient psychiatric units.

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

The Applicant's market share has been in the 60 –70% range in recent years, and state data suggests that it has been the market leader for more than 5 years in a row. St. Peter's Health Partners and WMC Health also serve the market, with 19% and 10% market shares, respectively. The Applicant's patient population is majority (89%) Medicare, Medicaid, and self-pay patients. [28]

The Applicant forecasts behavioral health admissions to grow 2% over the next five years, with expected increases in outpatient and ambulatory behavioral health programming. Historic trends indicate little in-migration of patients. The current estimated bed demand for Columbia and Greene County patients is 37 beds (based on actual heads in beds for patients who live in these counties regardless of where they are admitted). The utilization rate of inpatient behavioral health services for these two counties is lower than the New York state utilization rate, indicating that the market may be underserved and/or indicating that enhancement of local services could cause "demand creation" (an increase in inpatient behavioral health utilization for patients from these counties). Based on the New York state utilization rate, the bed need should be closer to 42 beds for the Columbia and Greene patient population.

[28] Data provided by Applicant.

Within Columbia and Greene Counties, the 65+ age cohort is forecasted to grow 10% over the next 5 years. In that same period, the demand for behavioral health services by this group is projected to grow 27%.[29]

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 is committed to providing comprehensive care and support to individuals who are uninsured or underinsured, in accordance with current financial assistance policies and federal/state regulations. This commitment is not expected to be impacted by the proposed project. The Applicant's current policy states that the hospital will not discriminate based on race, color, religion, creed, sex, national origin, marital status, sexual orientation, transgender status, gender identity, veteran status, or any other characteristic as protected by applicable law.

The Applicant participates in efforts to support the Prevention Agenda, New York State's Health Improvement Plan, which serves as a blueprint for state and local action to improve the health and wellbeing of all New Yorkers and promote health equity across any population that is experiencing a health disparity. The Applicant also implements community service activities and conducts a Community Health Assessment (CHA) every three years.[9]

The Columbia Memorial Hospital Health Affairs Committee, which replaced the Board of Trustees when the Applicant joined the Albany Med Health System, is representative of the community, and all members either live, work, or have family ties to Columbia and Greene Counties.3

CMH is compliant with New York State's Public Health Law 2807-k, which requires hospitals to establish financial aid policies and procedures for reducing charges to low-income individuals without health insurance, or who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges. As part of Albany Med Health System, CMH has a financial assistance policy that provides medically necessary care at no charge or reduced charge for patients who meet eligibility requirements.[31] Patients are provided with

[29] Data provided by the Applicant

[30] Data provided by the Applicant

3Albany Med Health System. (n.d.). *Financial Assistance Programs.* Retrieved [April 2, 2025], from https://www.albanymed.org/patients-visitors/billing-insurance/financial-assistance-programs/

a financial counselor who can provide assistance in the patient's language or via qualified telephonic interpreters through each phase of the application process.

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

The expanded psychiatric unit will require additional staff. The Applicant has a detailed plan to hire the additional staff required for the addition of 8 additional adult beds consistent with current operations of the adult psychiatric unit, and a slightly higher level of nursing and other needs for the new 12-bed geriatric unit. They have also planned for an additional leadership role for the new 12-bed geriatric unit. Healthcare staffing is a challenge across the entirety of NYS and in this rural area, and several stakeholders expressed concerns about the ability of the Applicant to staff this expansion. The Applicant has indicated that they have been able to maintain adequate staffing levels for the existing inpatient behavioral health unit for the past several years, although some stakeholders indicated that at times the unit has not been fully staffed. Stakeholders indicated that because Columbia County is in a lower reimbursement bracket than nearby counties, there have been challenges retaining staff.

The Applicant will take the following steps to ensure appropriate staffing:

- Competitive salaries based on market rates.
- Staff retention strategies consistent with their current positive experience recruiting and retaining adequate staffing levels.
- "Grow your own" approach, wherein they encourage and support staff to obtain additional certificates and training.
- Partnerships with local colleges to focus on recruiting recent graduates.

The Applicant is deliberate when hiring, retaining, and developing diverse talent. Specific steps taken to ensure diversity among staff are as follows:

- Diverse and inclusive job advertisements
- Inclusive language in their job postings
- A culture that welcomes all candidates
- Recruiting from a wide variety of sources; high schools, universities and a variety of job posting websites
- Partnering with local minority groups to help promote job opportunities.

CMH staff currently self-identify as the following:[32]

- American/Alaska Indian: 2
- Asian: 68
- Black/African American: 105

[32] Data provided by the Applicant

- Hispanic/Latino: 45
- White: 1,012
- Two or more races: 63

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

There are no civil rights access complaints against the Applicant.[33]

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.**

The Applicant has not undertaken similar work in the las five years. However, this project is related to the organization's broader efforts to improve access to behavioral health services. For example, in 2015 CMH expanded inpatient capacity from 18 to 22 beds. The past expansion and current experience in successfully operating a licensed inpatient service will guide CMH's approach to expanding inpatient care. Program leadership, clinicians, providers, nursing, and support staff will be available to provide oversight, training, and support to the expanded service areas, which will increase the likelihood of seamless project implementation. Similarly, the current program guidelines and protocols can be replicated for expanded inpatient beds, streamlining the integration of the new adult inpatient beds. Finally, as part of the Albany Med Health System, Columbia Memorial is part of a collaborative behavioral health network that promotes sharing of best practices and leveraging resources across the system to ensure timely, efficient, effective care to the mental health services within the catchment area. This investment is required in order to fill a gap in services available to the local community.

STEP 2- POTENTIAL IMPACTS

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

The renovation and addition of eight beds to the existing adult inpatient psychiatric unit, along with the creation of a 12-bed geriatric psychiatric unit, will

[33] Data provided by the Applicant

significantly enhance access to services, advance health equity, and reduce health disparities in Columbia and Greene Counties.

1. Improving behavioral health service availability in an underserved community

The facility is located in a HRSA-designated Medically Underserved Area (Columbia and Greene Counties) and serves a Mental Health Professional Shortage Area (Greene County).[34] As noted above, there is a shortage of inpatient psychiatric beds to meet the current demand in the Applicant's service area.[1,2] The need for inpatient psychiatric beds has been further exacerbated by the Covid-19 pandemic, as many hospitals made operational decisions to take inpatient psychiatric beds offline in order to more effectively respond to the pandemic.[35] However, despite State efforts directing hospitals to re-open licensed inpatient psychiatric beds or risk fines, many beds remain offline. As of April 2023, 141 psychiatric beds in the Hudson River Region remained offline.[1] Given the growing demand for mental health services and the limited availability of beds, the additional inpatient psychiatric beds at CMH will improve access to mental health services in a community that is medically underserved.

The expansion at CMH will directly increase access to inpatient mental health care for medically underserved groups, including:

- Older adults, who face higher rates of cognitive decline and behavioral health conditions.
- Low-income individuals, those who rely on public benefits for care, and uninsured or underinsured individuals, who may have limited options for outpatient and inpatient care.
- Racial and ethnic minorities, who have historically faced systemic barriers to equitable mental health services.
- People with disabilities, who may require specialized accommodations for care.
- Rural residents, who face geographic barriers to inpatient psychiatric services.

Additionally, stakeholders noted that the publicity surrounding this project may help increase community awareness of available mental health services beyond inpatient care. This, in turn, could lead to improved access to wraparound mental health services such as outpatient treatment, crisis intervention, and support programs.

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

[35] New York State Department of Health. (2023, January 10). *Reopening of inpatient psychiatric beds* [Letter to hospital administrators]. Retrieved February 25, 2025, from https://www.health.ny.gov/professionals/hospital administrator/letters/2023/docs/2023-01-10 reopening of inpatient psychiatric beds.pdf

2. **Reducing burden on Emergency Department**

Currently, four to five patients per day arrive in the Applicant's Emergency Department (ED) with acute behavioral health crises, including psychosis and delirium.[36] A lack of available inpatient psychiatric beds can result in:

- Extended ED stays while patients await transfer.
- Increased strain on ED staff and resources.
- Patients being discharged prematurely without receiving adequate stabilization.
- Patients being transferred up to three hours away - Or even out of state - to receive inpatient care.[37]

By expanding inpatient psychiatric capacity, this project will enable faster transitions from the ED to appropriate inpatient care, thereby reducing ED congestion, improving patient flow, and ensuring that patients receive needed specialized psychiatric care as soon as possible. This will be especially beneficial for older adults and individuals experiencing acute psychiatric distress, as it will allow them to remain in a stable, supportive environment close to home, family, and familiar community resources.

3. **Reducing burden on community services**

Currently, the lack of available psychiatric beds places a strain on local law enforcement and emergency medical services (EMS):

- Patients experiencing psychiatric crises are sometimes held in jail because there is no inpatient psychiatric bed available.
- Ambulance services are frequently tied up for hours transporting patients to distant hospitals, which limits the availability of EMS for other medical emergencies in the community.

By expanding inpatient psychiatric services at CMH, the project will:

- Reduce the need for law enforcement involvement in mental health crises by ensuring that individuals in crisis can access appropriate care locally.
- Free up EMS resources by reducing the need for long-distance transportation to psychiatric facilities outside the region.

This will enhance the overall responsiveness and effectiveness of emergency services across Columbia and Greene Counties and will directly benefit all medically underserved groups.

[36] Data provided by the Applicant

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

4. **Allowing people to receive specialized care close to home**

Currently, some patients requiring inpatient psychiatric care must be transferred hours away due to the lack of available local beds. This situation creates significant challenges for both patients and their families:

- Patients are disconnected from their usual care networks, including outpatient providers and community-based mental health supports.
- Families may face difficulties visiting and supporting their loved ones, which can negatively impact treatment engagement and recovery.
- Older adults and individuals with complex mental health needs may struggle with transitions to unfamiliar settings, which can worsen confusion, distress, and overall outcomes.

The expansion of inpatient psychiatric care at CMH will allow more patients to receive care in a familiar environment, with continuity of care from local providers and wraparound support services in the community. Maintaining connections to outpatient services, peer support groups, and case management teams can improve long-term mental health outcomes and reduce hospital readmissions. By keeping care local, the project will promote better coordination between inpatient and outpatient mental health services, ensuring that patients have a comprehensive, community-based support system before, during, and after hospitalization.

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.**

Potential unintended negative impacts of the project for medically underserved groups are as follows:

- **Negative public perception of the project:** The project has the potential to increase negative public opinion of the Applicant and create the mistaken impression that the hospital is overly focused on behavioral health care. This in turn could lead communities who are already medically underserved (e.g., communities of color) to avoid receiving other necessary medical services. This project could also lead to community members mistakenly viewing this project as taking away services that they and their family members need, as indicated by one survey respondent. To address this possibility, the Applicant has planned deliberate communication strategies that include ensuring that all publicity explicitly states that this project will not replace any other service, nor will it divert hospital resources needed for other services, as it was funded through a Capital grant. Communication strategies will also

include information on wraparound and community-based services, and mental health stigma reduction programming.

- **Increased burden on already strained community services:** Part of the plan for this project is to increase availability of inpatient psychiatric beds for the entire Albany Med Health System (AMHS). By bringing in complex and high-need patients from other counties, there is a possibility of increased burden on local community services.
    - Community mental health services in Columbia and Greene counties are already overburdened, making post-acute care difficult even for local patients. Without appropriate communication, this project could increase burden and strain relationships between the Applicant and community partners.
    - Many individuals who require inpatient psychiatric services experience homelessness. Therefore, without appropriate discharge planning or plans to return patients to their counties of origin, this project could increase the burden of homelessness in the area. The Applicant has noted that having strong community partnerships and being part of the larger Albany Med Health system will support appropriate discharge planning.
- **Increased conflict between hospital internists and psychiatric clinical staff:** The relationship between hospitalists and psychiatric staff is occasionally strained, as there can be uncertainty about which department patients should be admitted to. This can be addressed by developing formal structures for collaboration and standard operating procedures and policies for admission to the new psychiatric unit.

Potential unintended positive impacts of the project for medically underserved groups are as follows:

- **Improved political perception:** This project is the result of one of the only Capital grants awarded in the Hudson Valley. The successful implementation of this project may increase government will provide these kinds of behavioral health-related grants, specifically among underserved regions of the state. This project could become a regional model for behavioral health expansion.
- **Improved public awareness of the mental health needs and services:** Stakeholders noted a lack of awareness of services that are already available in the area. This project includes a communication plan to help inform community members of local outpatient services.
- **Reduction of mental health stigma:** Alongside the rollout of the new inpatient beds, the Applicant plans to hold community events and community education programing. Increased conversation about mental

health needs and services could reduce mental health stigma in the area, particularly for communities that experience higher levels of stigma and lower likelihood of accessing mental health care services. This in turn may allow community members to access lower levels of care before reaching the need of inpatient hospitalizations.

- **Increased collaboration between community services and CMH:** With proper planning, this project could lead to increased collaboration and goodwill between local community service providers and CMH. Increased goodwill will increase the likelihood of successful care transition and discharge plans that directly involve community services, and as such ensure continuity of care for all patients.
- **Creating an attractive environment for clinicians:** The new construction and program expansion could present an attractive opportunity for clinicians, which would in turn build the healthcare workforce in the local area. In addition, the project could lead to a new relationship with Albany Med's residency program. The new and expanded inpatient units could lead to CMH's becoming a rotation site for the extant residency program and provide a pipeline for new behavioral health providers to stay in the community. [38]

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 current amount of indigent care is $9,916,126, which includes both bad debt and charity care activity only. Several services are reimbursed "below cost" (most Medicaid services and certain Medicare services) which are not included in this number.[39] The Applicant expects the amount of indigent care to increase as a result of this project, due to the expected patient population and the increased revenue associated with adding this service.

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.**

   Transportation options in the Applicant's service area include personal/private transit by car, contracted transportation services, and public transportation. The Applicant understands the transportation barriers that some members of the service area face and currently has partnerships and contracts in place to support individuals in need. These partnerships include a contract with The

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

[39] Data provided by Applicant

Healthcare Consortium's Children and Adults Rural Transportation Service (CARTS) program, which provides Columbia County residents with non-emergency medical transportation. The service retrieves individuals from any location in Columbia County and delivers them to locations throughout the county and beyond. Clients who are enrolled in Medicaid must call a company called MAS to confirm eligibility for Medicaid transportation and receive prior authorization for the trip. CARTS operates 8:00am-4:00pm Monday through Friday, excluding holidays. Ambulette services are available for individuals requiring additional assistance.

As a result of a recently conducted HEIA on the construction of an ambulatory surgical center in Catskill, NY, the Applicant has partnered with local government to increase the number and frequency of stops at hospital-run locations.

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

   The renovated units will be on the 2" and 5\ floors of the facility. All floors are accessible via elevator and will continue to be compliant with the ADA.

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

   N/A

Meaningful Engagement

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

   Columbia County Department of Health

   Greene County Department of Health

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

   Several Columbia and Greene County government officials were interviewed and participated actively in the Meaningful Engagement portion of this assessment.

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

Please refer to attached spreadsheet titled "heia_data_tables_CMH.ls"

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

The stakeholders most affected by this proposed project are individuals in Greene and Columbia Counties with severe mental illness who require inpatient hospitalization for treatment. Families of those needing care will also be affected, as they will not have to travel as far to visit their relatives and will be available to help them connect to outpatient services post-discharge. By definition, all individuals who are currently accessing or who are expected to access inpatient psychiatric services at CMH belong to a medically underserved group.

Almost all stakeholders interviewed or surveyed as part of this assessment were supportive of the project. One survey respondent was against the change and wrote that they feel that this service will mean that CMH is giving up services that benefit them and their family. However, this is a misconception as no services will be reduced as a result of this project. All interviewees and most survey respondents said that this project is needed in the area, and some said that they wished that even more beds could be made available.

Concerns identified in interviews and focus groups included: the need for clear eligibility criteria and discharge planning, sustainability of the program given recent uncertainty around federal and state funding, potential for community backlash, bringing in high-needs individuals from external counties, ability to staff the expanded and new units, complicated relationships with local providers, and desire for increased and proactive communication with community service providers across a variety of specialty areas. Some survey respondents were concerned about staffing and funding of the new beds. Survey respondents who were opposed to the project were primarily concerned that this addition might lead to the reduction of other needed services.

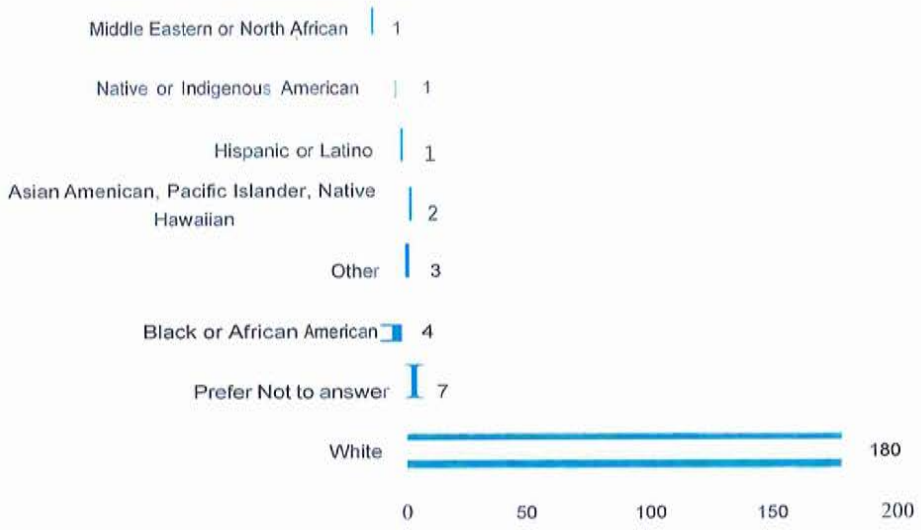
11. **How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?**

As part of our stakeholder engagement, we conducted interviews and focus groups with 28 individuals, including leadership and staff from CMH and Albany

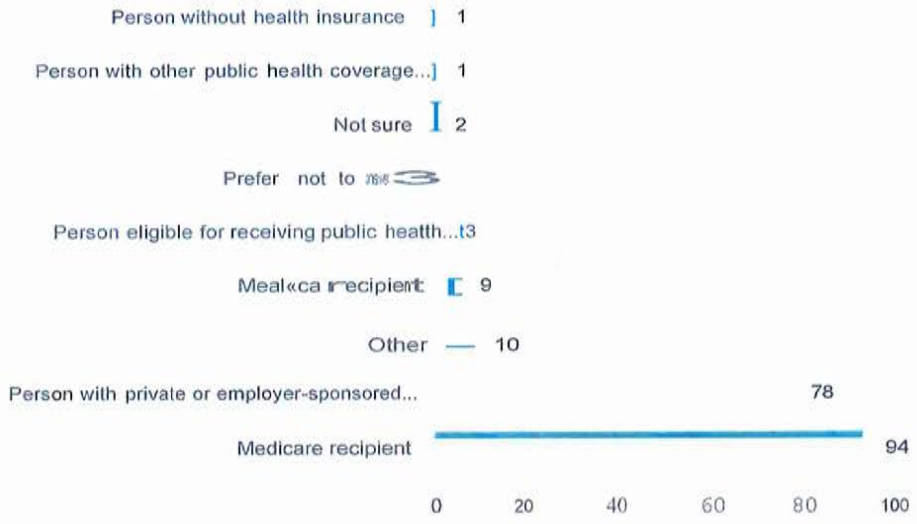
Med Health, local community-based organizations, Columbia and Greene County government officials, and the Columbia County Office of Aging. These interviews helped us identify the typical demographics and characteristics of patients who are currently using and who are expected to use the inpatient psychiatric services at CMH. A survey was sent to CMH donors, board members, employees, community members, patients, and family of current/former patients, which helped us to understand community concerns.

We received 195 responses to our survey from employees, patients, and residents and/or their caregivers. As detailed in the tables below, many survey respondents were representative of one or more of the medically underserved groups outlined in this assessment. More than three-quarters of survey respondents were either supportive (83%) or neutral (14%) of the project. Only 3% were opposed to the project.

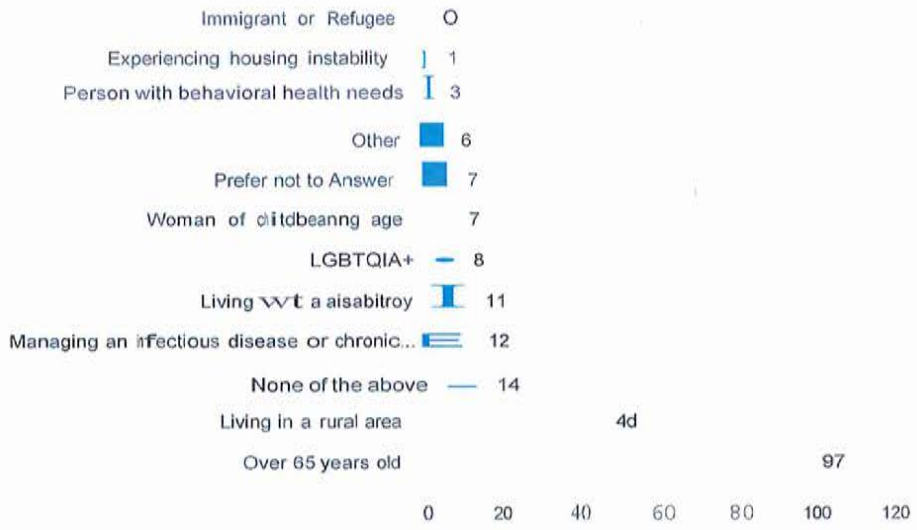
Race/Ethnicity of Survey Respondents



Insurance Coverage of Survey Respondents



Additional Demographics of Survey Respondents



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

Our stakeholder engagement process involved working closely with CMH to identify and conduct comprehensive outreach to community-based organizations, staff, providers, and community members from which we sought feedback for the assessment.

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 has strict policies and procedures in place to ensure all patients have access to certified interpreters. Staff utilize the NYS Language Identification Tool to assist them in identifying interpretation needs. The primary method of providing interpretation services is via dual handset telephones, and video interpretation is available to support needs for American Sign Language. Any additional interpretation needs are escalated to the Language Access Coordinator to ensure timely access to communication services for patients. All staff are required to complete annual education on language access services, including the proper procedure for accessing interpreters and providing interpretation services to individuals in care.

    The evaluation of language access services is ongoing and conducted annually at a minimum. Evaluations include review of mandatory staff education completion rates, review of event reports or patient grievances related to language access services, and confirmation that adequate and functional equipment is in place to meet patient needs.

    Lastly, the Applicant conducts ongoing review of language needs within the community by 1) using county-level data to identify primary languages used in students' homes, 2) encouraging staff to alert the Language Access Coordinator to any newly identified interpretation or translation needs, and 3) identifying frequently used languages through review of translator service reports.

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

    - **Continue to foster strong relationships among local behavioral health providers by creating a formal working group.** The group should include CMH leadership, community-based mental health providers, private outpatient providers, and other relevant local groups (e.g., commissioner of social services, mental health association of Columbia and Greene Counties, Twin County Substance Use services).

- There is already a CMH-led informal working group with many local mental health providers. This relationship should be given additional structure by formalizing the relationship, including all relevant members, and creating clear objectives, scope, and definitions of success.
- It may be helpful to revive and adapt successful elements from past care transition projects, including structured workflows, regular meetings, and tracking relevant metrics.
- The Healthcare Consortium may be leveraged to identify additional groups to include.
- The group should emphasize systems thinking and consider interdependencies between the Applicant, community providers, housing, and aging services.

- **Strengthen relationships with local nursing homes and Aging Services.** Given the opening of a new geriatric inpatient psychiatric unit, formal partnerships with the Offices of Aging in Columbia and Greene Counties and community partners who serve geriatric populations should be developed.
  - Regular check-ins should be established with key stakeholders who serve the local geriatric populations to align on care, discharge planning, and transition strategies.
  - Specifically, the Applicant should collaborate with nursing homes and aging services on post-discharge support and geriatric psychiatry care trainings.
- **Prior to opening the new beds, develop and communicate concrete policies and procedures to ensure positive impact on local medically underserved populations and services providers.**
  - The Applicant should create a plan to ensure that local residents are prioritized for the new psychiatric beds. Although the purpose of this project is to expand access to inpatient psychiatric services in the region, there is a need to ensure that medically underserved groups in the area will benefit from this project.
  - Eligibility criteria should be clearly defined and communicated to local EMS, local mental health service providers, and law enforcement.
  - The Applicant should work with hospital staff, local service providers, relevant workgroups, and regional partners to develop concrete discharge and transition care plans for 1) local patients, 2) out-of-county patients, 3) elderly patients, 4) patients experiencing homelessness, and other relevant medically underserved groups.
- **Support training for law enforcement, EMS, and hospital staff.**
  - Staff training on geriatric mental health and dementia should be developed and implemented and include the Office of Aging.

Evidence-based models such as Teepa Snow's Positive Approach to Care could be utilized.

- Collaborating with local law enforcement and EMS on behavioral health trainings will improve appropriate referrals, especially with older adults and medically underserved populations with mental illness. Although the Applicant may not be directly involved with law enforcement training, they can provide support and ongoing collaboration for these trainings as needed.

- **Develop a plan for collaborative care planning between internists and psychiatric care staff.** This may include an internal working group among leadership and staff across departments to ensure continuity of care within the inpatient setting. This group should:
  - Review existing workflows and shared protocols, and plan cross-departmental training and education, including on health equity.
- **A common thread throughout meaningful engagement was the desire for proactive and transparent communication with local service providers and the community. It will be particularly important to communicate to the public that this addition will not take away from other services. In addition to the current plans to communicate with the community and relevant stakeholders, the Applicant should:**
  - Leverage existing relationships to proactively engage impacted key stakeholders on project developments. Community and CMH providers, including primary care, behavioral health, and geriatric specialists, requested proactive updates on changes, updates, and any key happenings with regard to this project. Monthly or quarterly communication is suggested.
  - Actively foster relationships with long term care providers and community service providers who serve the elderly.
  - Collaborate with the Chamber of Commerce and community partners to communicate relevant updates to the public. It may also be helpful to partner with local thought leaders and communicate with them directly, in addition to through media outreach.
  - Maintain an ongoing dialogue with clinical and administrative staff throughout the renovation process to ensure that the updated facilities meet the needs of both providers and patients.

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

The Applicant has a strong and positive presence among the community services network within Columbia and Greene Counties and the surrounding catchment area. Collaboration that will result from the proposed project is planned to expand upon these existing relationships. The Applicant has existing collaborative relationships with a large network of community partners that focus

on continuity of care, including county mental health centers, the Mental Health Association of Columbia-Greene Counties (PROS Recovery Program, Residential Services, Care Coordination, Mobile Crisis (MCAT)), the counties' Offices for the Aging, Catholic Charities of Columbia-Greene Counties, Department of Social Services, Sun River Health, Columbia County Healthcare Consortium, Twin County Recovery Services (Greener Pathways) and Adult Partial Hospitalization Programs embedded in local hospitals.

The Applicant also partners closely with treatment providers in the community. The Program Director has robust professional relationships with various leaders within the community services and support networks. The Program Director convenes weekly phone calls with Columbia County and Greene County Mental Health Centers to review admissions and discharges, identify and troubleshoot potential barriers to discharge or transition to community and debrief recent discharge experiences to assure issues are managed in real time. Biweekly calls are held with the Mobile Crisis (MCAT) team to review any anticipated challenges or support needed for patients. This allows for a forum to address process issues as they are identified.

The Applicant has several mechanisms already in place by which they can consult impacted patients and family members:

- Leaders strive to assure a representative makeup of committees and workgroups to assure representation of the prevalent cultural groups within the service area. Participation by individuals with lived experience is viewed as a valuable resource to inform decision making, and as such current or previous service recipients are encouraged and invited to participate in workgroups when possible.
- Patient experience surveys collect feedback from individuals with lived experience. This information is used to identify opportunities to improve the delivery of psychiatry services.
- Peer advocates are actively engaged in the care and treatment of psychiatric population at CMH and serve as an additional means of obtaining feedback from those with lived experiences.
- The Applicant convenes inpatient and outpatient Family Advisory Committees. This committee allows for open dialogue regarding the experiences of patients or families that have received services at Columbia Memorial. Expansion of this concept to the psychiatric population is in development.

The Applicant has indicated that the Vice President of Operations and Quality will be primarily responsible for overseeing activities that ensure incorporation of feedback of participants into the services provided. Plans to accomplish this include expansion of the Patient and Family Advisory Committee activities, continued engagement of community service providers and collaboration with

health system entities to better understand challenges and barriers as they arise. This information will be used to inform continuous quality improvement activities.

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?**

Albany Med Health System has developed a governance workgroup focused on reducing disparities in access, quality, and treatment outcomes. This committee is multidisciplinary and diverse with robust participation from each entity from the health system, including the CEO of CMH. The scope of the workgroup will continue to expand as its objectives and strategies are formalized. The CMH DEi Leadership Committee will also develop learning material to educate managers and the leadership team on how to promote DEi and engage employees in the continued development of a cultural environment that is inclusive for the CMH workforce and patients.

This project addresses systemic barriers to equitable access to services in the following ways:

- **Geographic access.** The project expands access to localized inpatient psychiatric care, reducing the need for patients (particularly the elderly and low-income) to travel long distances for treatment. The project targets a medically underserved area where mental health professional shortages are abundant.
- **Age-appropriate care.** The project specifically addresses the needs of older adults and nursing home residents, who are often poorly served by general psychiatric units. It will include specialized geriatric psychiatric services for conditions like dementia and polypharmacy-related complications.
- **Pressure relief for other services.** Increased availability of inpatient services may allow outpatient providers to focus on less acute cases, improving system-wide efficiency and continuity of care. Increased psychiatric beds will ease the burden on the ED and increase access to necessary medical care for underserved groups. Having local services available will reduce the need for EMS to transport patients up to three hours away to receive necessary care, freeing up their time to continue servicing the local area and provide medically essential services.
- **Strengthening of Mental Health Workforce.** If implemented, becoming a psychiatric residency site could help build local workforce if trainees choose to stay in the region.
- **Mental health awareness and prevention.** These services may encourage early intervention and long-term treatment planning, particularly in the post-COVI D context.

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?**

   The Applicant has several robust mechanisms in place that can be leveraged to monitor the potential impacts of the proposed psychiatric inpatient expansion.

   - Community Health Assessment (CHA): Every three years, CMH staff work with community groups conduct a comprehensive Community Health Assessment to actively engage community members and assess local health and social needs. This process involves rigorous research, stakeholder engagement, and data collection, ensuring a thorough understanding of the community's evolving health care challenges. The Applicant can leverage the findings from this assessment to evaluate whether the expanded and improved inpatient mental health services are effectively meeting community needs. By analyzing trends in service utilization, access barriers, and patient outcomes, CMH can make data-driven adjustments to enhance service delivery, address gaps, and ensure that the expansion continues to align with community priorities.
   - Key metrics already in use: CMH currently tracks several quantitative measures that can be used to monitor impacts, such as
     - Average length of stay
     - Readmission statistics
     - Occupancy rate
     - Average daily census
     - Discharge outcomes, including housing status and linkage to outpatient services.
   - The Performance Improvement Committee can be leveraged to access potential impacts of the project. This committee oversees all performance improvement initiatives, prioritizes activities, recommends allocation of resources, and coordinates communication of organization-wide performance improvement initiatives between medical staff, other departments, and the Board. The committee also assesses performance improvement activities annually.
   - Patient feedback mechanisms are described in Step 3, Question 3.

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

   The Applicant can consider the following:

   Data Monitoring and Analysis

- Develop a Health Equity Dashboard to track demographics, referral patterns, service use, and outcomes for the expanded psychiatric unit and new geriatric unit.
- Analyze readmission rates, length of stay, and discharge success by demographic indicators.
- Stratify all data (surveys, reports, dashboards) by race, ethnicity, language, zip code, and social needs; include sexual orientation and gender identity (SOGI) when available.
- Continue to review demographic data categories to ensure they reflect the community served.
- Use the findings to refine policies and practice for greater equity.

Communication and Engagement

- Maintain open channels of communication between leadership, staff, and community partners, including sharing key findings.
- Engage community members to discuss experiences and evaluate needs.
- Monitor external partnerships (e.g., transportation, mental health providers, aging services) for alignment and efficiency.

Training and Staff Support

- Enhance DEi training to include systemic racism and health equity impacts.
- Train staff on compassionate, culturally appropriate care and data collection practices, including trauma-informed and culturally sensitive approaches.

STEP 5 - DISSEMINATION

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

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

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

I. Acknowledgement

I, Dorothy M. Urschel, President and CEO, attest that I have reviewed the Health Equity Impact Assessment for the Columbia Memorial Hospital Inpatient Psychiatric Expansion that has been prepared by the Independent Entity, Jeffrey A. Sachs and Associates, Inc.

Dorothy M. Urschel, DNP

Name

President and CEO

Title

Signature

4/16/2025

Date

II. Mitigation Plan

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

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

The Columbia Memorial Healthcare system (CMH) is the sole provider of healthcare and with a major focus on the inpatient mental health population in Columbia and Greene counties. The interdependence of this project is of importance to protect continued access to critical health services for the one hundred and eleven thousand residents that we serve. This mental health expansion will create a mental health

system of care not only for Columbia and Greene Counties but for the Albany Med Health system.

CMH will provide a robust communication plan throughout the construction process to incorporate local agencies, providers, and the system to allow ease of access for patients and points of communication for safe patient care across the continuum of inpatient to outpatient care. We will hire a "transitions of care liaison" to work with referring and receiving providers, other centers as well as outpatient services to improve efficiency of patients' accessibility to all mental health services.

CMH has already developed regularly cadenced meetings with Columbia and Greene counties' Directors of Community Services to support collaboration within the current process of care. This setting will be utilized to communicate and collaborate around future bed expansion, including addition of Geriatric psychiatry. Separate breakouts or ad hoc meetings will be established with agencies such as the Office of Aging and local nursing home administrators to focus on the Geriatric psychiatry component of our growth plan. This mental health management plan is key to caring for the medically underserved communities.

CMH has an established internal operations workgroup that consists of physician and nursing leaders from the hospitalist, emergency medicine and behavioral health areas. This setting will allow for internal development of care treatment pathways and protocols. We have new leadership and provider staff are working collaboratively to improve the patient experience. They will continue to work together to offer important service offerings. The CMH education department is developing a geriatric-mental health curriculum to educate our current and future staff who will be onboarded into this service line. We have hired advanced practice providers with geropsychiatry experience and attending psychiatrists who have worked with this population.

CMH will provide access points for scheduling appointments, communicating with the healthcare team, language support and health education. CMH's focus on developing key policies and procedures for both internal and external constituents is key to this process. CMH will continue to focus on underserved and underinsured populations in developing plans of care. This will include case management and discharge/transition plans that ensure we do not overwhelm outpatient care providers. We will develop policies and procedures to transition local patients and develop an algorithm to discharge patients who are not from the local counties or region.

CMH has already begun working with local EMS and law enforcement agencies to support this population and address any conflicts that may arise. We will coordinate any hospital-based trainings with external agencies that may impact this population. We have a new electronic medical record system that allows for more facile patient placement and bed allocation. CMH's mental health expansion will offer a patient-

friendly environment that is less stressful, convenient, and focused on geropsychiatric care.

Our county residents currently utilize several modes of transportation to access hospital services, including contracted transportation through CMH, public transportation, the Healthcare Consortium and EMS. CMH is evaluating how to expand partnerships to mitigate transport challenges. CMH has a plan in place with local County EMS for interfacility medical transportation. Columbia County EMS (CCEMS) will function as a provider of Transportation Services for CMH patients requiring such transportation Services, 24 hours per day, 7 days per week. Transportation services consist of a response by CCEMS to the facilities, treatment and other pre-transport activities, appropriate care and treatment during transport, and one-way transportation to the patient's designated destination.

CMH understands that there is a public misconception regarding the funding for the mental health bed expansion. We will continue to maintain the current mission to care for the sick and provide comprehensive quality care. CMH remains committed to maintaining acute care services that are currently offered and to educating the community regarding the funding source for the current project. We will focus our communication strategies on the services we provide to our counties, including other recent non-behavioral health expansions. Communication methods will include email, patient and employee portal notifications, website updates using both written and video options, social media campaigns, newspaper announcements, in-office communication, and handouts. Proactive media relations and direct mailing will also be leveraged to ensure community awareness and understanding.

CMH provides ongoing outreach to all community residents, including uninsured/underinsured beneficiaries, regarding the services provided by CMH across Columbia and Greene counties. The organization extensively uses direct marketing activities to create awareness of available services and has processes in place to identify uninsured/underinsured patients when they access care and help them navigate insurance applications when eligible. CMH also participates in enrollment fairs for uninsured/underinsured beneficiaries within the community, partnering with regional managed care companies, facilitated enrollers, and directly employed financial counselors. CMH is committed to the adherence to the New York State Patients' Bill of Rights. Among the rights of a patient who is cared for in a hospital in New York State, consistent with the law, is the right to receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age, or source of payment. We look forward to our ongoing partnerships with patients and community residents of Columbia and Greene Counties and providing the best mental healthcare in the area.