

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	Relocation of an existing extension clinic from 411 West 114th Street to 307 West 38th Street
2. Name of Applicant	Mount Sinai West
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Sachs Policy Group (SPG) – 212-827-0660</p> <ul style="list-style-type: none">• Aisha King, MPH - aking@sachspolicy.com• Anita Appel, LCSW - AnitaAppel@sachspolicy.com• Maxine Legall, MSW, MBA - mlegall@sachspolicy.com <p>Qualifications:</p> <ul style="list-style-type: none">• 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	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that</p>

	<p>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.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	September 29, 2025
6. Date the HEIA concluded	November 20, 2025

7. Executive summary of project (250 words max)	
<p>Mount Sinai West (MSW) is a 514-bed acute care hospital located at 1000 10th Avenue, New York, New York. MSW runs an extension clinic that provides comprehensive adolescent rehabilitation and education services (CARES) in a therapeutic school environment to teens and young adults who have issues that interfere with optimal functioning and learning in a typical school environment. MSW operates the clinical care aspect of the program and the Department of Education operates the educational component, leading to an integrated high school and intensive outpatient setting.</p> <p>Due to termination of the lease of the site that hosted the CARES program (411 West 114th Street), MSW is seeking approval to relocate services to 307 West 38th Street. The location was chosen based on central accessibility, program-appropriate design, and overall feasibility for lease and occupancy. With emergency approvals from the Office of Mental Health (OMH), New York State Office of Addiction Services and Supports (OASAS), and Department of Health (DOH), the program has relocated to the entire 7th floor of the building at 307 West 38th Street. No construction was needed.</p>	
8. Executive summary of HEIA findings (500 words max)	

Relocating this program impacts high-school-age individuals who need comprehensive adolescent rehabilitation and education services and their families. Among medically underserved groups, the following are likely to be affected: individuals who are low-income, individuals eligible for or receiving public benefits, racial and ethnic minority individuals, people of immigrant backgrounds, lesbian, gay, bisexual, transgender, or other-than-cisgender people (LGBTQIA+), and people with a prevalent condition.

All stakeholders engaged as part of this assessment were supportive of the project and felt that it was beneficial for both staff and patients. The primary benefits associated with the project for medically underserved groups include reducing transportation time and logistics, increasing admission capacity, and moving to a brighter, larger, more learning-friendly space. Staff noted improved attendance since the relocation, which they attributed to the more central location and the more modern space. In addition, the staff lounge, shared community spaces, and more open environment have boosted morale and the sense of community among both staff and patients.

Minimal concerns were raised regarding the increased visibility of cannabis dispensaries and individuals using illegal substances near the new location (Times Square), which could be triggers for patients with histories of substance use. However, stakeholders noted that dispensaries are unavoidable anywhere in New York City and that having these kinds of exposures near the supportive environment of the program could be helpful in developing resilience practices.

The Independent Entity recommends that the Applicant continue to provide proactive communication and education to existing patients and parents regarding any upcoming changes in the new space to ensure transparency and a smooth transition. Feedback should be actively solicited from patients and parents to ensure that the new location meets their needs and to make improvements as necessary. The Applicant should continue to track attendance, grades, and clinical outcomes, and monitor any potential differences in outcomes between pre- and post-relocation.

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_MSW_CARES.xlsx”

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

- Low-income people
- Racial and ethnic minorities
- Immigrants
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People who are eligible for or receive public health benefits
- People living with a prevalent condition

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?

The Independent Entity analyzed utilization data provided by the Applicant, census data for the community/service area, academic literature, and information obtained from interviews with leadership, staff, referral partners, and parents.

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

The Comprehensive Adolescent Rehabilitation and Education Service (CARES) provides a therapeutic educational environment for New York City (NYC) public school students whose previous learning was limited by emotional and/or behavioral difficulties. CARES has two tracks: CARES Academy, an intensive outpatient treatment program that incorporates academic services through the NYC Department of Education (DOE), and UPRSISE (Use Prevention Recovery Intervention Services & Education), an integrative program for students enrolled at Judith S. Kaye High School and/or CoOp Tech who are interested in receiving treatment for substance use and mental health concerns.

The relocation of the CARES program would largely impact high school students who are low-income and eligible for or receive public benefits, belong to racial and ethnic minority groups, come from immigrant communities, identify as lesbian, gay, bisexual, transgender, or other-than-cisgender people (LGBTQIA+), and who are living with a prevalent condition. Outlined below are service-area demographics and the clinical and

access needs for these groups, as supported by academic literature and relevant data sources.

CARES serves the NYC school system, which is the largest school district in the country. In 2023-2024, there were 298,836 students enrolled in grades 9-12 in the NYC public school system, out of 938,189 total students.

Individuals with low incomes and/or who are eligible for or receive public health benefits¹

More than 18% of families and 25% of children under 18 in the Applicant's service area live below the poverty level. However, almost 80% of students attending NYC public high schools are economically disadvantaged. Many social factors affect mental health outcomes, including poverty. NYC neighborhoods with the highest poverty rates have over twice as many psychiatric hospitalizations per capita as the neighborhoods with the lowest poverty rates.

As of August 2025, NYC Medicaid enrollment accounted for 57% of total state Medicaid enrollment.² Nearly 55% of children in NYC were covered by Medicaid in 2023, ranging from 73% in the Bronx to 34% in Staten Island.³ Medicaid is the primary payor for mental health services in the United States (US) and increasingly plays a larger role in the reimbursement of substance use disorder services.⁴

Although children from all backgrounds may have need for intensive outpatient behavioral health treatment, poverty is an important risk factor. Childhood poverty is associated with increased caregiver stress, depression, and anxiety, which in turn can contribute to elevated likelihood of child disruptive behavior disorders and other behavioral and mental health issues among young people.^{5,6} Housing insecurity is also significantly associated with increased mental health symptoms, which is a significant concern for NYC public schools. Reports indicate that more than 154,000 NYC students

¹ Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. (2017). Improving mental health access for low-income children and families in the primary care setting. *Pediatrics*, *139*(1), e20151175. <https://doi.org/10.1542/peds.2015-1175>

² New York State Department of Health. (2025). *Medicaid enrollment by resident county*. Retrieved from https://www.health.ny.gov/health_care/medicaid/enrollment/docs/by_resident_co/current_month.htm

³ Children's Defense Fund (2023). *Analysis of U.S. Census Bureau, American Community Survey 1-Year Estimates, Table C27007 (2012–2023)*. U.S. Census Bureau. Retrieved from <https://data.census.gov/cedsci/>

⁴ Centers for Medicare & Medicaid Services. (n.d.). *Behavioral health services*. Medicaid.gov. Retrieved from <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services>

⁵ Acri, M. C., Bornheimer, L. A., Jessell, L., Chomancuzuk, A. H., Adler, J. G., Gopalan, G., & McKay, M. M. (2017). The intersection of extreme poverty and familial mental health in the United States. *Social Work in Mental Health*, *15*(6), 677–689. <https://doi.org/10.1080/15332985.2017.1319893>

⁶ Qi, C. H., & Kaiser, A. P. (2003). Behavior problems of preschool children from low-income families: Review of the literature. *Topics in Early Childhood Special Education*, *23*(4), 188–216. <https://doi.org/10.1177/02711214030230040201>

experienced homelessness during the 2024-2025 school year.⁷ Children and adolescents with public coverage tend to report higher rates of mental, emotional, developmental, and/or behavioral problems than children and adolescents with private or no coverage.

Undiagnosed, untreated, or inadequately treated mental illnesses can significantly interfere with students' ability to learn, grow and develop, contributing to difficulty thriving and staying in school. This program is an essential resource for economically disadvantaged students, as clinical services can be covered by Medicaid while the DOE provides free public education. Without CARES, many of these students would face limited or no access to the intensive therapeutic and academic support they need to recover and continue their education. Moving the CARES program to a more central and larger location that may be able to accommodate more students will meaningfully help low-income and publicly insured teens who have previously encountered barriers to accessing care and/or staying in school.

Racial and ethnic minorities and people from immigrant communities⁸

In the Applicant's service area, 28% of the population identifies as Black/African American and 35% identify as Hispanic/Latino, compared to 15% Black or African American and 20% Hispanic or Latino statewide.^{Error! Bookmark not defined.} Among NYC public school students, 23% identify as Black/African American, 43% identify as Hispanic/Latino, and 17% identify as Asian, Native Hawaiian, or Pacific Islander.

In *The State of Mental Health of New Yorkers* published in 2024, the city found that in 2019, Hispanic/Latino students and students who identified as "other" or multiple races were more likely to report persistent sadness or hopelessness than White students. They also found that in 2021, Black/African American and Hispanic/Latino students were more likely to report persistent sadness or hopelessness than White students.⁹ Severe depressive symptoms were reported by 15% of Hispanic/Latino teens, 7% of White teens, 7% of Black teens and 12% of Asian or Pacific Islander teens.

Young people from marginalized racial and ethnic communities may be at increased risk for experiencing severe mental illness resulting from experiences of discrimination and/or isolation; A 2023 survey of NYC teens found that 35% said they felt discriminated against based on their race or ethnicity. Rates of death by suicide are rising faster among people of color compared to their White counterparts, and the recent rise in deaths associated with drug overdose has disproportionately impacted people of

⁷ Advocates for Children of New York. (2025). *Student homelessness in New York City: 2024–25 school year report*. https://advocatesforchildren.org/wp-content/uploads/2025/student_homelessness_2024-25.pdf

⁸ Kaufman, K. R., et al. (2024). *Mental health service utilization among U.S. children and adolescents, 2019–2022*. *JAMA Network Open*, 7(1), e2335419. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2835419>

⁹ New York City Department of Health and Mental Hygiene. (2023). *State of mental health of New Yorkers: 2023 report*. <https://www.nyc.gov/assets/doh/downloads/pdf/mh/state-of-mental-health-new-yorkers.pdf>

color.¹⁰ Between 2010 and 2020, rates of suicide-related death among adolescents more than doubled for Asian adolescents and nearly doubled for Black/African American and Hispanic/Latino adolescents. Suicide remains the second leading cause of death among adolescents.¹¹

Adolescents from immigrant families, who immigrated themselves, or who came to the US as refugees may also have increased risk of mental health symptoms resulting from experiences of trauma, daily stressors, discrimination, language barriers, and stigma.^{12,13} Reports indicate that children of Asian, Pacific Island, and Hispanic/Latino immigrant families have significantly higher rates of depression, anxiety, and post-traumatic stress disorder - up to twice the rate of children from non-immigrant families. In addition, there is strong evidence of significant negative mental health consequences for immigrant children and families resulting from recent US immigration enforcement actions.¹⁴

People who identify as being part of racial and ethnic minority or immigrant groups may also have more difficulty accessing mental health treatment than White individuals; Black/African American, Hispanic/Latino, and Asian American and Pacific Islander New Yorkers experiencing depression are less likely to be connected to mental health care than White New Yorkers.¹⁵

Relocating the CARES program to a more central site with express-train access would improve access for school-aged youth from Brooklyn, Queens, and the Bronx - boroughs with significant immigrant and racially and ethnically diverse communities. The move eases travel for current students and broadens access for youth from the outer boroughs.

¹⁰ Kaiser Family Foundation. (2023). *Five key findings on mental health and substance use disorders by race/ethnicity*. KFF. <https://www.kff.org/mental-health/five-key-findings-on-mental-health-and-substance-use-disorders-by-race-ethnicity/>

¹¹ Kaiser Family Foundation. (2023). *Five key findings on mental health and substance use disorders by race/ethnicity*. KFF. <https://www.kff.org/mental-health/five-key-findings-on-mental-health-and-substance-use-disorders-by-race-ethnicity/>

¹² Aalto, S., Punamäki, R. L., Vänskä, M., Kankaanpää, R., Turunen, T., Lahtinen, O., Derluyn, I., Spaas, C., De Haene, L., Smith Jervelund, S., Skovdal, M., Andersen, A. J., Opaas, M., Osman, F., Sarkadi, A., Durbeej, N., Soye, E., & Peltonen, K. (2025). Patterns of mental health problems and resilience among immigrant and refugee adolescents: A latent profile analysis. *European Journal of Psychotraumatology*, *16*(1), 2479924. <https://doi.org/10.1080/20008066.2025.2479924>

¹³ Betancourt, T. S., Newnham, E. A., Birman, D., Lee, R., Ellis, B. H., & Layne, C. M. (2017). Comparing trauma exposure, mental health needs, and service utilization across clinical samples of refugee, immigrant, and U.S.-origin children. *Journal of Traumatic Stress*, *30*(3), 209–218. <https://doi.org/10.1002/jts.22186>

¹⁴ Fortuna, L., Gutierrez, K., Mendoza, P., Abbas, O., Nguy, A., & Vega-Potler, N. J. (2025). Special Report: U.S. Immigration Policy and the Mental Health of Children and Families. *Psychiatric News*, *60*(8). <https://doi.org/10.1176/appi.pn.2025.08.8.19>

¹⁵ NYC Health. (2024). *Mental health NYC dashboard*. City of New York. <https://mentalhealth.cityofnewyork.us/dashboard/>

Persons living with a prevalent condition¹⁶

Between one in four and one in five adult New Yorkers experience a mental health disorder each year, a third of whom report unmet mental health treatment needs. The most commonly diagnosed disorders are severe depression (11%) and anxiety (18%). Among teenagers, half experience depressive symptoms, with 11% reporting severe symptoms. A 2021 report on the mental health of NYC public high school students found that 38% felt sad or hopeless.¹⁷

Teenagers with significant mental health issues often have difficulty staying in school, keeping grades up, and graduating. CARES enables students to simultaneously receive necessary treatment while staying in school and at home (in contrast to inpatient treatment), benefiting quality of life, academic, and clinical outcomes.

Being in a more central location with shorter commute times, as well as having larger spaces, classrooms, and hallways with lockers and personal space is conducive to successful clinical and educational outcomes.

Lesbian, gay, bisexual, transgender, or other-than-cisgender people^{18,19,20}

One in five adults aged 18-24 in NYC identify as LGBTQIA+²¹. Nationwide, about one in four high school students identify as LGBTQIA+. Nationally and in NYC, LGBTQIA+ students experience higher rates of violence, poor mental health, and suicidal thoughts and behaviors than their cisgender and heterosexual peers.^{22,23}

Relocating to a more central location could help students feel more comfortable traveling to and attending school each day. In addition, the new site is co-located with

¹⁶ National Alliance on Mental Illness. (n.d.). *Mental health in schools*. <https://www.nami.org/advocacy/policy-priorities/improving-health/mental-health-in-schools/>

¹⁷ New York City Department of Health and Mental Hygiene. (2023). *State of mental health of New Yorkers: 2023 report*. <https://www.nyc.gov/assets/doh/downloads/pdf/mh/state-of-mental-health-new-yorkers.pdf>

¹⁸ New York State Department of Health. (2025, July 8). *New York State releases first report on gender identity and mental health*. https://www.health.ny.gov/press/releases/2025/2025-07-08_gender_identity_report.htm

¹⁹ The Trevor Project. (2022). *2022 National Survey on LGBTQ Youth Mental Health by State: New York*. <https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-New-York.pdf>

²⁰ New York City Administration for Children's Services. (2020). *Well-being study of LGBTQ youth in New York City foster care*. <https://www.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf>

²¹ New York State Department of Health. (2025). *Sexual orientation and gender identity: Behavioral Risk Factor Surveillance System (BRFSS) report*. https://www.health.ny.gov/statistics/brfss/reports/docs/2025-16_brfss_sogi.pdf

²² New York City Department of Health and Mental Hygiene. (2023). *State of mental health of New Yorkers: 2023 report*. <https://www.nyc.gov/assets/doh/downloads/pdf/mh/state-of-mental-health-new-yorkers.pdf>

²³ Centers for Disease Control and Prevention. (2024). *Youth risk behavior survey data summary & trends report: 2013–2023*. U.S. Department of Health and Human Services.

other LGBTQIA+ and mental health focused organizations, which could be leveraged to increase a sense of community and awareness among patients.

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 the CARES program among medically underserved participants. Beyond collected demographics, staff and referral partners indicated that the following medically underserved groups often participate in CARES: teens with significant psychiatric needs, BIPOC individuals, individuals who identify as LGBTQIA+, people from immigrant communities, Medicaid-insured individuals, and housing-insecure youth.

Table 1. Race

Race	% of Patients
White	18.8%
Black	17.4%
Asian	4.7%
Native Hawaiian/Other Pacific Islander	0.0%
Other	27.5%
Unknown or Declined to Disclose	31.5%

Table 2. Ethnicity

Ethnicity	% of Patients
Hispanic/Latino (any race)	26.8%
Not Hispanic/Latino	34.9%
Unknown or Declined to Disclose	38.3%

*Table 3. Payor Mix**

Payor	% of Patients
Medicaid	61.7%
Commercial	42.3%
Self-pay	7.4%

*Note that percentages do not add up to 100 because some patients use multiple payors.

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

NYC has many options for child and adolescent mental health services, including a free, confidential crisis counseling line, outpatient services, community support programs, emergency and crisis services, and inpatient services.²⁴ There are also 59 School-Based Mental Health Clinics (SBMHC) in NYC that provide assessment and psychotherapy services (individual, family and/or group) for children and youth. These programs are extensions of main clinics located within the community. The table below outlines the number of SBMHCs in each borough of NYC, and the full list of programs is available through the Office of Mental Health (OMH).²⁵

Table 4. Number of SBMHCs in each Borough of NYC

Bronx	11
Brooklyn	18
New York	15
Queens	14
Richmond	1

CARES provides a unique level of intensive outpatient programming that incorporates NYC DOE academic services for teens who live in the community but are not thriving in a typical public-school setting. The uniqueness of CARES revolves around the integration of mental health services, substance use treatment, and education. Typical programming provides either mental health or substance treatment, so this integration – especially for a high-risk and vulnerable population – truly distinguishes CARES from other programs in the area.

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

As noted above, the Applicant provides a unique co-location of intensive behavioral health treatment, substance use treatment, and a NYC public high school. Given the wide range of mental health services provided across service levels in NYC, it is not possible to estimate the exact market shares of providers offering similar services or care in the Applicant's service area. The historic and project market shares of the

²⁴ New York City Department of Health and Mental Hygiene. (n.d.). *Child and adolescent mental health services in NYC*. NYC Health. <https://www.nyc.gov/site/doh/health/health-topics/child-and-adolescent-mental-health-services.page>

²⁵ New York State Office of Mental Health. (n.d.). *Clinic providers with school-based satellite clinics* [PDF file]. <https://omh.ny.gov/omhweb/childservice/sbmhc/clinic-providers-with-school-based-satellite-clinics.pdf>

Applicant are expected to remain the same or similar (i.e. if there is a slight expansion to enrollment capacity, the projected market share would increase nominally).

- 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.**

N/A

- 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.**

There are no projected staffing issues related to the project. If services are expanded, more staff will be hired to accommodate the increased need.

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

Per the Applicant: *The Applicant has the number and type of cases typically expected of an institution of its size and complexity.*

There are no lawsuits related to the CARES program.

- 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.**

Within the past five years, the Applicant opened the Harlem Health Center (HHC) and relocated most outpatient psychiatry services to that site. This decision was made due to expiring leases. Similarly, the relocation of CARES is necessary because the lease for the prior site was not renewed.

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 relocation of the CARES program will improve access and health equity and reduce disparities for the medically underserved populations identified above in the following ways:

1. More central location improves student independence and family wellbeing

This project will increase access to much needed mental health services by contributing to shorter, simpler commutes for patients. The more central location will have a particularly positive impact for patients and families living in Brooklyn, Staten Island, and Queens, but could also reduce commute times for patients living in the Bronx and Manhattan if they live on express subway lines. Families report that the new location is much more convenient, and staff have noted improved attendance since the relocation. The new location may also promote greater independence among patients who are newly able to take less complicated subway routes and are excited to explore the more stimulating and busier environment.

2. Enhanced environment may improve educational and clinical outcomes

In the new location, the classrooms are better designed to fit a school setting. The availability of lockers and school-like zones normalizes the high school experience, which is important for the learning environment and creates a sense of normalcy for patients/students. The previous site did not have lockers for students to store their items throughout the day. In addition, the new site has improved air flow, lighting, and cleanliness. Staff report that the new space (e.g., larger hallways, bigger clinical offices) support privacy and rapid de-escalation and that the increased number of private offices allows for easier scheduling of clinical sessions.

3. Population fit

It is possible that the new location is a stronger fit for Black, Indigenous, and other people of color (BIPOC) teens and those who identify as LGBTQIA+. The site is co-located in a central hub near allied organizations such as the Gay Men's Health Crisis (GMHC), the National Alliance on Mental Illness (NAMI), and the Ali Forney Center for unhoused LGBTQ+ and at-risk youth. In addition, being in a busier area may help students blend in more easily and feel less conspicuous or exposed when walking to school from the subway.

4. Increased sense of community

The new site has larger shared spaces that allow for more interdisciplinary mixing among staff (e.g., staff lounge) and weekly community meetings with all staff and

patients. Shared spaces can increase the sense of community among clinical and education staff as well as among students.

5. Increased safety

The new site has enhanced security measures (i.e., a doorman and coded key cards) that improve the sense of safety and security felt by patients and staff.

6. Increased capacity to serve more patients and patients from outer boroughs

The increased size of the new site may allow increased capacity to take on more patients, meaning that more patients can take advantage of the unique services that the program offers. In addition, patients from outer boroughs will have increased access to the program; previously, patients from outer boroughs had occasionally dropped out of the program due to long commute times.

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.

Unintended negative health equity impacts:

- Different neighborhood environmental stimuli may be challenging for some patients to adjust to. For example, crowding, odors, or increased street activity could present concerns for patients with social anxiety. In addition, cannabis retailers may pose relapse triggers for patients in recovery or at risk of substance use.
- Family members, patients, and/or partners may have difficulty finding the new facility the first time.

Unintended positive health equity impacts:

- The new site opens the possibility of creating new partnerships with organizations in the building, deepening a sense of local community and increasing opportunities for patients to engage with other organizations. In addition, a pharmacy located in the new building increases access to necessary prescription medications.
- The larger site may increase capacity to take more patients, interns, and staff.
- The staff lounge and kitchen increase staff morale and cohesion, generating a more positive environment for everyone and increasing opportunities for collaboration across clinical and education spaces.
- The larger, brighter, and cleaner space may have an inherently calming effect on patients.

- The larger space enables full community meetings, fostering a stronger sense of connection and providing opportunities for staff and students to share experiences and goals for the future.
- Being more centrally located opens opportunities for more interesting field trips and lunch options, which can increase patient and staff morale, wellbeing, and happiness.

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 facility does not currently provide uncompensated care to any patients, although there is a sliding scale available.

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 relocation increases access to public transportation, as the new location is more centrally located and closer to many more subway stations, including express lines. Patients qualifying for Medicaid-funded non-emergency medical transportation (NEMT) will continue to receive this service. As with all NYC public schools, DOE provides specialized transportation for students with individual education programs (IEPs) or 504 accommodation requests that recommend this service and to students with disabilities who cannot take public transportation.

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

The project does not present architectural barriers for individuals with mobility impairments, as the new site is ADA compliant. The relocation may reduce architectural barriers for people with mobility impairments due to increased proximity to accessible subway stations. The nearest subway station to the previous location was the 116th Street station on the 1 line, which is not an accessible station. The new location is close to several accessible subway stations, including 34th St Penn Station, which is a stop on the 1, 2, 3, A, C, and E lines and 34th St Herald Square, which is a stop on the B, D, F, M, N, Q, R, and W lines.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa,

including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

N/A

Meaningful Engagement

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

New York City Department of Health and Mental Hygiene (NYC DOHMH)

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

Yes. The Independent Entity met with representatives from the NYC DOHMH and they subsequently provided a statement.

- 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 see attached spreadsheet titled "heia_data_tables_MSW_CARES.xlsx"

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

The stakeholders most affected by this proposed project are current and future NYC public high school students whose previous learning has been limited by emotional and behavioral difficulties. The new location will improve access for current students/patients and families and increase options for young people who need intensive care and wish to remain in the educational system and in the community.

All stakeholders were supportive of the project and expressed positive feedback about the program itself and the new location. Staff, parent, and referral partner feedback directly informed the response to Step 2, Question 1, on how the project will improve access to quality care.

The only concerns that arose were about increased exposure to cannabis dispensaries near the new location and potential for increased commute times for patients from the Bronx. However, staff noted that dispensaries are unavoidable anywhere in the city, and that having them nearby could be beneficial as form of controlled exposure near a safe location. In addition, it is unlikely that commute times would increase significantly for patients living in the Bronx, given that the new location is near several express train stops and the previous location was a 10 to 15 minute walk from a local 1 station. Staff noted that overall attendance has improved in the months since the relocation.

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 process, the Independent Entity interviewed leadership and staff from CARES and DOE, referral partners, parents, and NYC DOHMH. These conversations provided important qualitative insights that highlighted the importance of this program to medically underserved populations. Stakeholders shared their experiences with the program and relocation from clinical, administrative, and familial perspectives. Stakeholders were given the opportunity to raise questions and concerns about the project, provide feedback, and share their thoughts on the potential impact of the proposed project.

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

SPG’s stakeholder engagement process included a comprehensive outreach strategy to a diverse set of stakeholders. Eleven interviews were conducted as part of this assessment, including three with parents of teenage patients. Eight additional stakeholders did not respond to requests for interviews.

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?**

Per the Applicant's Policy, "Mount Sinai Health System recognizes the right of every patient to receive medical information in their preferred language and is committed to provide interpretation services, free of charge, to patients with Limited English Proficiency (LEP) and/or their families as necessary for effective communication in the delivery and understanding of medical care. Multilingual signage indicating that interpretation services are available and provided free of charge to the patient/family member is displayed in a variety of formats (wall poster, digital signage, self-standing cardboard chart) at main entrances, lobbies, emergency rooms, admission, inpatient units, and ambulatory settings."

Staff are tasked with identifying and recording patients' preferred language, as well as determining the need for phone, video remote, and/or face-to-face interpretation. Detailed policies and procedures outline circumstances in which each format of interpretation is to be used. Qualified medical interpreters are available for over-the-phone interpretation services in more than 200 languages and video remote interpretation services in 35 languages. The use of ad-hoc interpreters (family, friends, minors) is not recommended except in very specific circumstances and must be documented clearly in the patient's medical record.

Applicant policies additionally outline measures to ensure effective communication with patients with speech, hearing, or visual impairments. Qualified Sign Language interpreters are available for in person ASL or other Sign Language interpretation, and tactile interpreters are available for Deaf-blind individuals. A variety of assistive devices are available, such as clear masks, videophones, and large-type forms.

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

The Independent Entity encourages the Applicant to take the following steps to better meet the needs of the medically underserved groups identified above:

- Explore potential partnerships and collaborations with relevant organizations in the new site's building.
- Monitor challenges locating the new site, and if so, implement alternative protocols.
- Consider developing a system by which staff without private offices can easily find private spaces to conduct therapy if the need arises.
- As needed, work with patients on safe-route maps that avoid nearby dispensaries where possible and embed relapse-prevention check-ins.
- Continue to promote bidirectional communication with families, staff, and patients, including proactively communicating any changes or updates and deliberately soliciting feedback.

- Continue to work closely with its referral partners to ensure that medically underserved populations are appropriately referred and able to equitably access services.

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

The Applicant proactively communicated to referral partners, patients, and family members to inform them of the planned relocation. Various forms of communication were utilized, including informing patients and family during in-person or telehealth visits, calling, and sending emails. The Applicant also recently hosted family members for an open house. In the future, the Applicant can leverage full-community meetings to engage and consult staff and patients on any upcoming or planned changes.

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?

There are significant barriers to accessing mental health services nationwide; a survey by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that only 66% of people with a serious mental illness received mental health services in 2019. In NYC, access to mental health services varies significantly by neighborhood; In the three neighborhoods with the highest connection to mental health care, nearly 70% of those with mental health needs receive treatment, while in the three neighborhoods with the lowest connection, only around 20% of those with mental health needs received treatment.

Relocating the site addresses systemic barriers to accessing care by increasing accessibility of the program to patients from outer boroughs, who may have difficulty accessing this level of outpatient care in a setting that allows them to continue their education and remain living at home and in their communities.

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 following existing mechanisms can be leveraged to monitor the potential impacts of the project:

- Program engagement: attendance (program and school); daily outreach attempts

- Academic outcomes: grades; IEP services; progress toward graduation/Regents; graduation rates; rates of successful transfers
- Clinical outcomes: self, parent, and clinician assessment of psychiatric outcomes (routine), symptom/risk level reviews (weekly), Clinical Global Impression scale (every three months)
- Demographics: OMH Patient Characteristics Survey (bi-annually)
- Satisfaction/feedback: OMH Patient Satisfaction Survey (every six months), patient/parent feedback in sessions (ad hoc)

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 following mechanisms and measures could be implemented to ensure continuous monitoring and responsiveness to HEIA findings:

- Track commute times for patients and families to assess access and equity impacts of the relocation.
- Solicit ongoing feedback from patients and parents about transportation, commute burden, and neighborhood safety.
- Disaggregate existing metrics, including attendance, academic outcomes, clinical progress, and satisfaction, by borough, race/ethnicity, gender identity, and insurance type to identify potential disparities or disruption in access to services from medically underserved groups. For example, ensure that the proportion of incoming patients with Medicaid coverage is comparable to that of the current patient population over the coming years.
- Leverage all-community meetings to collaboratively identify emerging issues and solutions.
- Gather structured feedback from staff and referral partners through periodic interviews, surveys, and/or focus groups to evaluate how the new site supports service coordination and workforce needs.

These mechanisms should enable the Applicant to identify and address any unintended negative consequences of the relocation in a timely and data-driven manner.

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, (Mount Sinai West), attest that I have reviewed the Health Equity Impact Assessment for the (Relocation of an existing extension clinic from 411 West 114th Street to 307 West 38th Street) that has been prepared by the Independent Entity, (Sachs Policy Group).

Tracy Breen MD

Name

Hospital President

Title

[Handwritten Signature]

Signature

11/20/2025

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.

Mitigation Plan: CARES Relocation

The following mitigation strategies will be implemented to address the findings of the HEIA and ensure continued accessibility, communication, and equity in service delivery:

1. Community Advisory Board (CAB)

CARES will establish a Community Advisory Board (CAB) to promote bidirectional communication between program leadership, staff, patients, families, and community partners. The CAB will meet 2-3 times annually to gather input, share updates, and identify opportunities to strengthen community engagement and responsiveness during and after the relocation period. To reduce hierarchic pressure and concern of undue influence, the CAB will be run by volunteers.

2. Feedback Mechanisms

To complement the CAB, confidential patient satisfaction surveys will be sent out every 90 days. This will allow patients and families to provide real-time feedback or raise concerns regarding the new location, access, or services, ensuring issues are identified and addressed promptly.

3. Monitoring Accessibility for Students, Parents, and Partners

CARES will monitor potential challenges faced by students, parents, and partner organizations in locating or accessing the new site. This includes tracking missed appointments related to travel difficulties and facilitating discussions with patients and families on a regular basis to identify and resolve access barriers as they emerge.

4. Outreach to Underserved Communities and Partners

Recognizing the importance of equitable access, CARES will prioritize outreach to schools, clinics, and community partners in areas historically underserved in mental health care. Special attention will be given to engaging new partners who may now find the program more geographically accessible due to the relocation.

5. Program Expansion and Sustainability

CARES leadership is pursuing long-term sustainability strategies. In addition to securing a long-term lease for the new space, leadership is applying for grants and philanthropic funding to support continued program growth. Plans are underway to increase census by 25% over the next two years, with increased staffing. There are also plans to expand the range of services offered by adding a Peer Advocate to the staff. Future expansion of services will be guided by community need and program capacity.

6. Monitoring Access and Equity Metrics

To ensure that the relocation supports, rather than disrupts, equitable access, CARES will monitor key indicators such as:

- Attendance and engagement rates by borough and average commute time
- Proportion of patients with Medicaid or other public insurance coverage
- Geographic distribution of patients by borough and zip code

These data will be reviewed quarterly to identify trends, ensure that medically underserved populations maintain or gain access, and guide targeted outreach as needed.