

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	Medically Supervised Withdrawal Services at St. Vincent's Hospital, A Division of Saint Joseph's Medical Center
2. Name of Applicant	St. Vincent's Hospital, A Division of Saint Joseph's Medical Center
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Health Management Associates 1155 6 th Avenue, Suite 3350 New York, NY 10036 Lead contacts: Kristina Ramos-Callan, Associate Principal Melissa Corrado, Principal
4. Description of the Independent Entity's qualifications	HMA is a national research and consulting firm in the healthcare industry, founded in 1985. Our extensive roster of colleagues has expertise in service delivery, facility operations, health equity, health disparities, social drivers of health and health related social needs, diversity, equity, and inclusion, and anti-racist practice expertise. Many of our colleagues with service delivery and operations expertise are specifically familiar with New York State health care facility leadership and CON development. HMA's health equity experts include population health researchers and epidemiologists, former State and municipal public health policy leaders, and former health and human services administrators, government officials, and community-based organization leaders. Our firm has extensive data gathering and analysis experience with both quantitative and qualitative methods, accessing public and proprietary data sources. We are frequent practitioners of stakeholder engagement and group facilitation, and routinely conduct stakeholder feedback analyses, often in the form of focus groups, surveys, and key informant interviews as part of Community Health Needs Assessments and health equity engagements.

5. Date the Health Equity Impact Assessment (HEIA) started	November 24, 2025
6. Date the HEIA concluded	January 30, 2026

7. Executive summary of project (250 words max)	
<p>St. Vincent's Hospital, A Division of Saint Joseph's Medical Center is applying to convert six beds on the current Chemical Dependence Inpatient Rehabilitation Unit into Medically Supervised Withdrawal Services beds on the same unit. Doing so supports best practice in addiction medicine and substance use treatment by reducing care transitions and improving timely access to services. The beds can function as "swing" beds and support either service to accommodate patient needs and facilitate maximization of therapeutic benefit.</p>	
8. Executive summary of HEIA findings (500 words max)	
<p>Health Management Associates conducted a Health Equity Impact Assessment (HEIA) to evaluate the potential equity impacts of the proposed addition of Medically Supervised Withdrawal Services at the Harrison, New York Campus of St. Vincent's Hospital, A Division of Saint Joseph's Medical Center (St. Vincent's Hospital).</p> <p>St. Vincent's Hospital's primary service area is a conglomeration of racially, ethnically, and socioeconomically diverse communities that feature elevated levels of poverty, public insurance coverage, disability, transportation burden, and other social drivers of health. Medically underserved populations identified as most likely to be impacted by the project include low-income individuals, racial and ethnic minorities, immigrants, lesbian, gay, bisexual, transgender, or other-than-cisgender (LGBT+) individuals, and people who are uninsured or underinsured. These populations experience disproportionate barriers to substance use disorder treatment, including limited service availability, fragmented care, transportation challenges, and difficulty accessing culturally and linguistically appropriate services.</p> <p>The HEIA found that the proposed project is expected to have an overall positive impact on health equity. By co-locating Medically Supervised Withdrawal Services with existing Chemical Dependence Inpatient Rehabilitation services, the project addresses a critical gap in the regional continuum of care. Currently, patients requiring withdrawal services must leave the facility to access care elsewhere, often traveling long distances or leaving the county or state. This fragmentation disproportionately burdens low-income individuals, those without reliable transportation, and patients reliant on public insurance. The proposed model is expected to reduce these barriers by improving geographic access, minimizing care transitions, and supporting continuity of care. Evidence and stakeholder input indicate</p>	

that continuity between withdrawal management and inpatient rehabilitation is associated with improved engagement, retention, and recovery outcomes. The hospital-based setting further enhances access to physical health services and specialty care, which is particularly important given the high prevalence of co-occurring medical conditions among individuals with substance use disorders. Stakeholders also noted that hospital-based providers are better positioned to meet the needs of immigrants and individuals with limited English proficiency through established language access infrastructure, as well as uninsured and underinsured populations through charity care and financial assistance policies.

No unintended negative impacts on health equity were identified. While a small number of stakeholders expressed concern about the potential therapeutic impact of co-locating patients at different stages of treatment, these concerns were viewed as addressable through thoughtful program design, rooming protocols, and staff training. Overall, the HEIA concludes that the project is likely to improve access to care, advance health equity, and reduce disparities in substance use disorder treatment for medically underserved populations in the service area. The project aligns with evidence-based best practices and is supported by stakeholder engagement as a meaningful and beneficial investment in regional behavioral health capacity.

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.**

Scoping Sheet 1 - Demographic Analysis

St. Vincent’s Hospital, A Division of Saint Joseph’s Medical Center, located in Harrison, New York, in Westchester County, will serve all of Westchester County. The majority of patients and participants in its current Chemical Dependence Inpatient Rehabilitation services hail from an array of fifteen Zip Codes across the County and into Bronx County. For the purposes of this HEIA, these fifteen Zip Code Tabulation Areas (ZCTA) serve as the primary service area of interest, and are the ZCTA included in Scoping. The aggregate population of the service area is 562,649. 52.3% of residents in this service area are Female. Racially, the service area is 30.5% White; 26.8% Black or African American; 4.1% Asian, 1.1% American Indian or Alaskan Native, 0.1% Native Hawaiian or Other Pacific Islander, 23% some other race, and 14.5% two or more races. 44.6% of the defined service area are Hispanic or Latino.

The median age across the service area varies widely, from 33.6 years in 10456 in Bronx County to 46.6 in 10605 in White Plains.

Among Westchester ZCTAs, the range of the median ages increases to 38.6 in ZCTAs 10603 (White Plains) and 10705 (Yonkers). Working-age adults 25-54 years make up the largest share of the population. Older adults account for 16.4% of all residents in the Westchester ZCTAs in the service area.

92.6% of the service-area have some health insurance coverage; 56.6% is private health insurance and 48.7% is public insurance. ZCTAs in the Bronx (10453 and 1046) have the highest rates of public insurance, at 64.6% and 68.9%, respectively. The next highest rates of public insurance are in Yonkers, where ZCTAs 10703, 10701, and 10705 range between 50 and 54% publicly insured.

Rates of disability vary significantly across the service area, with the highest rate at 18.8% in Bronx 10456 versus 5.3% in 10528 (Harrison) in Westchester.

Scoping Sheet 2 - Social Factors Analysis

The service area has very wide variation in social needs between Bronx and Westchester Counties and within Westchester. The areas of greatest need are the ZCTAs in the Bronx; they are followed by Mount Vernon, and parts of Yonkers which are in Westchester but share borders with the Bronx, and a section of White Plains. These communities demonstrate high levels of households below poverty level; lowest median household income; and highest levels of SNAP participation; highest rates of unemployment; lowest rates of education attainment; and highest percent of transportation burdened households without vehicles. For example, the average median income ranges from \$33,186 in the Bronx (10453) to \$154,416 in Harrison (10528).

Table 1 Service Area Social Factors (Scoping Sheet 2)

Community	ZCTA Name	% past 12 months Below Poverty Line	Median Household Income (dollars)	% SNAP participation (households)	% Unemployed	% High School or more education	% No vehicle available
Bronx	ZCTA5 10453	29.6	\$ 33,186	56.3	8.3	68.3	76.4
Bronx	ZCTA5 10456	31.9	\$ 34,954	55.8	6.4	66.2	74.3
Harrison	ZCTA5 10528	5	\$ 154,416	4.8	2.6	94.4	7.3
Mamaroneck	ZCTA5 10543	6.3	\$ 126,417	9.4	3.1	88.5	14.5
Mount Vernon	ZCTA5 10550	13.7	\$ 60,701	28.8	7.1	83.3	42
Port Chester	ZCTA5 10573	10.5	\$ 105,686	9.9	3.5	82.7	12.2
White Plains	ZCTA5 10601	15.3	\$ 85,859	8.9	4.2	88.6	29.7
White Plains	ZCTA5 10603	3.6	\$ 121,026	5.9	4.1	87.5	8
White Plains	ZCTA5 10605	3.4	\$ 148,982	4.2	3.8	92.9	8.5
Yonkers	ZCTA5 10701	15.4	\$ 64,776	27.6	5.8	79.9	33
Yonkers	ZCTA5 10703	9.3	\$ 89,773	18	3.8	78.1	20.1
Yonkers	ZCTA5 10704	7.7	\$ 106,786	6.8	4.2	86.8	12.8
Yonkers	ZCTA5 10705	14.2	\$ 67,918	27.3	4.4	78.1	34.8
Yonkers	ZCTA5 10710	7	\$ 108,845	8.1	2.4	91.5	8.6
New Rochelle	ZCTA5 10801	9.7	\$ 85,573	17.6	4.2	85.9	22.2

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 do not have third-party health coverage or have inadequate third-party health coverage

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

Medically Underserved Group	Source(s)
Low-income people	U.S. Census American Community Survey; Mid-Hudson Regional Community Health Assessment 2022-2024; St Joseph's Medical Center Community Needs Assessment 2025; Applicant-Provided Revenue Reports
Racial and ethnic minorities	U.S. Census American Community Survey Table DP05, ACS Demographic and Housing Estimates; Mid-Hudson Regional Community Health Assessment 2022-2024; St Joseph's Medical Center Community Needs Assessment 2025; Applicant-Provided Discharge Statistics
Immigrants	U.S. Census American Community Survey
Lesbian, gay, bisexual, transgender, or other-than-cisgender people	Applicant-Provided Discharge Statistics; and Conron, K.J., Luhr, W., & Goldberg, S.K. Estimated number of US LGBT adults in Large Metropolitan Statistical Areas (MSA). (December 2020). The Williams Institute, UCLA, Los Angeles, CA.;
People who do not have third-party health coverage or have inadequate third-party health coverage	U.S. Census American Community Survey, Table DP03, Selected Economic Characteristics.

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

The proposed project would improve both access and continuity of care for individuals in need of Medically Supervised Withdrawal Services and Chemical Dependence Inpatient Rehabilitation. Continuity of care between Medically Supervised Withdrawal Services, sometimes referred to as 'detoxification, or "detox," and Chemical Dependence Inpatient Rehabilitation is a best practice and associated with improved outcomes such as decreased likelihood of readmission¹. Currently, if an individual that presents or is referred to St. Vincent's Hospital for Chemical Dependence Inpatient Rehabilitation must first access Medically Supervised Withdrawal Services, they must leave the facility and receive those services from another provider. St. Vincent's

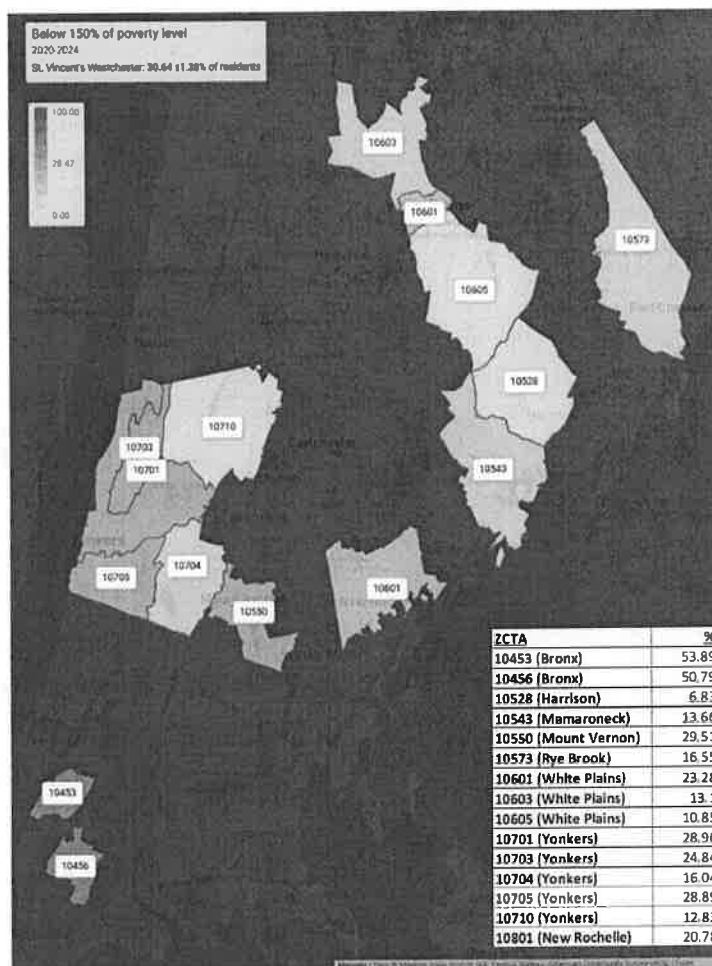
¹ Lee MT, Horgan CM, Garnick DW, Acevedo A, Panas L, Ritter GA, Dunigan R, Babakhanlou-Chase H, Bidorini A, Campbell K, Haberlin K, Huber A, Lambert-Wacey D, Leeper T, Reynolds M. A performance measure for continuity of care after detoxification: relationship with outcomes. J Subst Abuse Treat. 2014 Aug;47(2):130-9. doi: 10.1016/j.jsat.2014.04.002. Epub 2014 May 2. PMID: 24912862; PMCID: PMC4096006.

Hospital does not currently have the Medically Supervised Withdrawal Services available on site. As a result, patients requiring such services must leave the community, travelling long distances across the county to the current sole provider in Westchester with that service, or they must leave the county or the State to receive the service. Travel distance and transportation burden or lack of vehicles are often cited as barriers to substance use treatment and care^{2,3}.

Low Income and poverty rates vary widely throughout the service area. At the 100% poverty line, the range is from 3.4% in ZCTA 10605 (White Plains) to 31.9% in ZCTA 10456 (the Bronx). At the Low-income line, defined as below 150% of poverty level, the range is even broader, from 6.83% in ZCTA 10528 (Harrison) to 53.89% in ZCTA 10453 (the Bronx). The service area's average for low-income households is 30.64%, more than twice the Westchester countywide average of 14.22%, yet still less than the Bronx' County-wide average is of 39.32%.

Low-income and poverty status are social drivers of health that increase morbidity and mortality risks associated with many health conditions. In instances of substance use, specifically opioid use, overdose is more concentrated in communities with higher poverty rates and lower

Figure 1: Below 150% Poverty Level



² Timko C, Schultz NR, Britt J, Cucciare MA. Transitioning From Detoxification to Substance Use Disorder Treatment: Facilitators and Barriers. *J Subst Abuse Treat.* 2016 Nov;70:64-72. doi: 10.1016/j.jsat.2016.07.010. Epub 2016 Jul 29. PMID: 27692190; PMCID: PMC6448765.

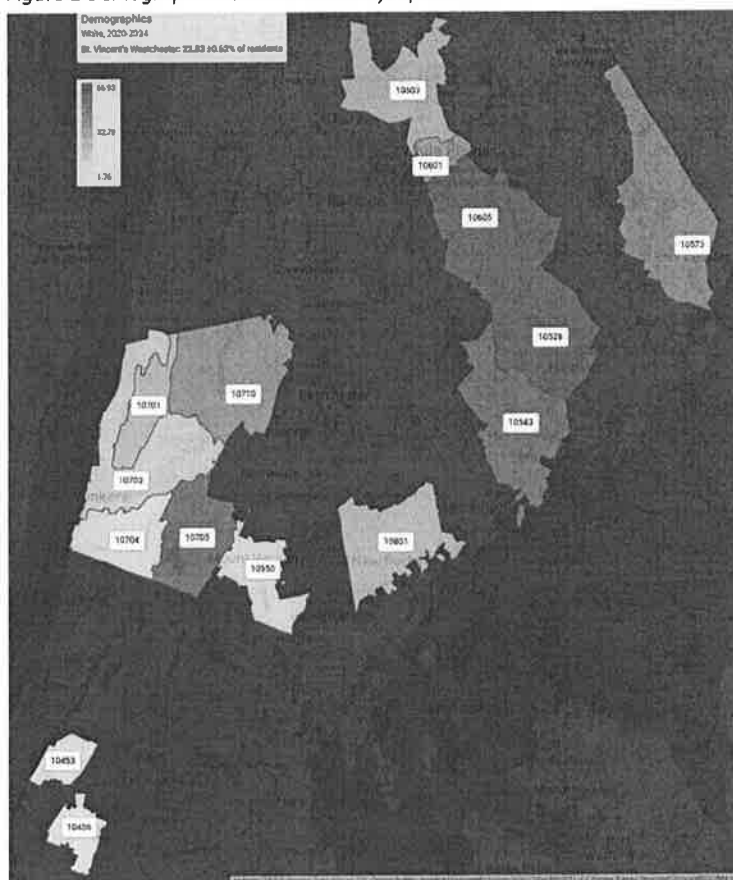
³Corredor-Waldron, Adriana, and Janet Currie. "Tackling the substance use disorder crisis: The role of access to treatment facilities." *Journal of Health Economics* 81 (2022): 102579.

median household incomes, among other social factors like higher rates of unemployment and lower rates of education⁴.

In addition, people who are low income are more likely to experience transportation barriers that inhibit access to care or ability to support their loved ones in care. Improved geographic access and reduced transportation burden is critical for engagement and retention in services, as well as engagement of family members/caregivers/other collaterals in support of the individual's recovery, if appropriate. Over 75% of households in the Bronx ZCTAs have no vehicle available. Within Westchester County, the percent of households with no vehicle ranges between 8.3% (Harrison) and 41.2% (Mount Vernon). The next highest needs were in select ZCTA in White Plains 10601 at 27.5%, and Yonkers 10701 at 34.3%.

Focus on low-income populations is further supported by applicant provided data on service utilization and revenue. According to a 2024 data, about 75% of all individuals who received Chemical Dependence Inpatient Rehabilitation services at their facility were Medicaid beneficiaries, an indicator of low-income status.

Figure 2 Demographics: % White Race by Zip Code



Racial and ethnic minorities may benefit from improved access to care. Research has repeatedly demonstrated racial and ethnic minority groups have less access to substance use disorder treatment than White persons.

The aggregate service area is more racially and ethnically diverse than the whole of Westchester County. Whereas 71.5 % of Westchester County and 42% of Bronx County identify as White alone, just under 23% of the service area identify in this way. There is significant variation with the

⁴ Pear VA, Ponicki WR, Gaidus A, Keyes KM, Martins SS, Fink DS, Rivera-Aguirre A, Gruenewald PJ, Cerdá M. Urban-rural variation in the socioeconomic determinants of opioid overdose. *Drug Alcohol Depend.* 2019 Feb 1;195:66-73. doi: 10.1016/j.drugalcdep.2018.11.024. Epub 2018 Dec 21. PMID: 30592998; PMCID: PMC6375680.

highest concentrations of racial minority identifying populations in the Bronx, Mount Vernon, New Rochelle, and Yonkers.

Figure 3 Demographics: % Hispanic/Latino Ethnicity

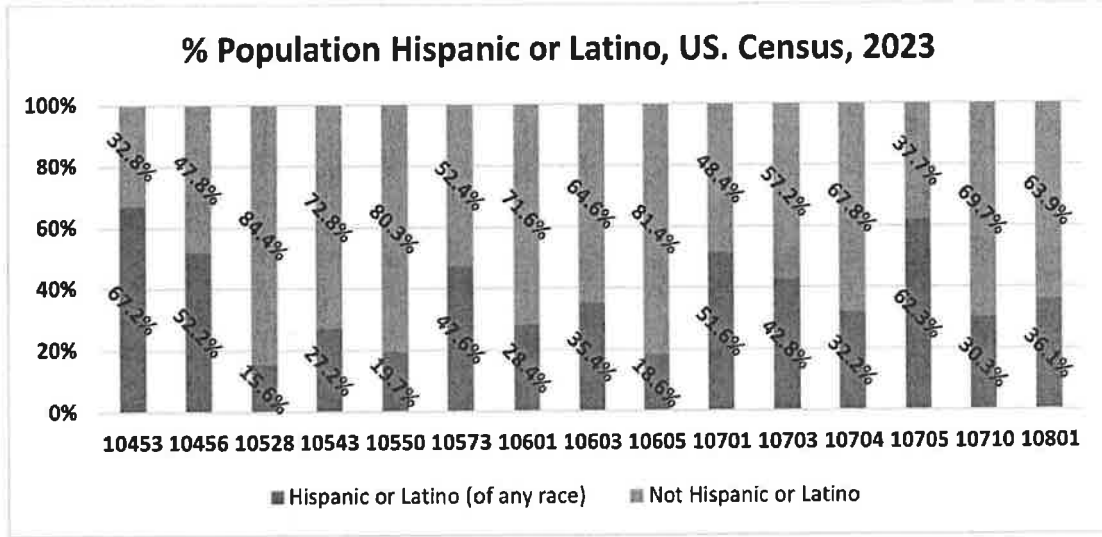


Figure 3 shows the distribution Hispanic/Latino Ethnicity throughout the service area. A 2025 Westchester Hispanic community needs assessment by Pace University noted mental health and substance use prevention and treatment among the most important needs in their community. Within the service area, two Bronx ZCTAs and one Yonkers ZCTAs (10701) report more than 50% of the population as Hispanic. The Bronx figures are consistent with Hispanic ethnicity rates of 55.4% of Bronx County, but the Yonkers 10701 figure is significantly higher the Westchester County figure of 28.1% overall.

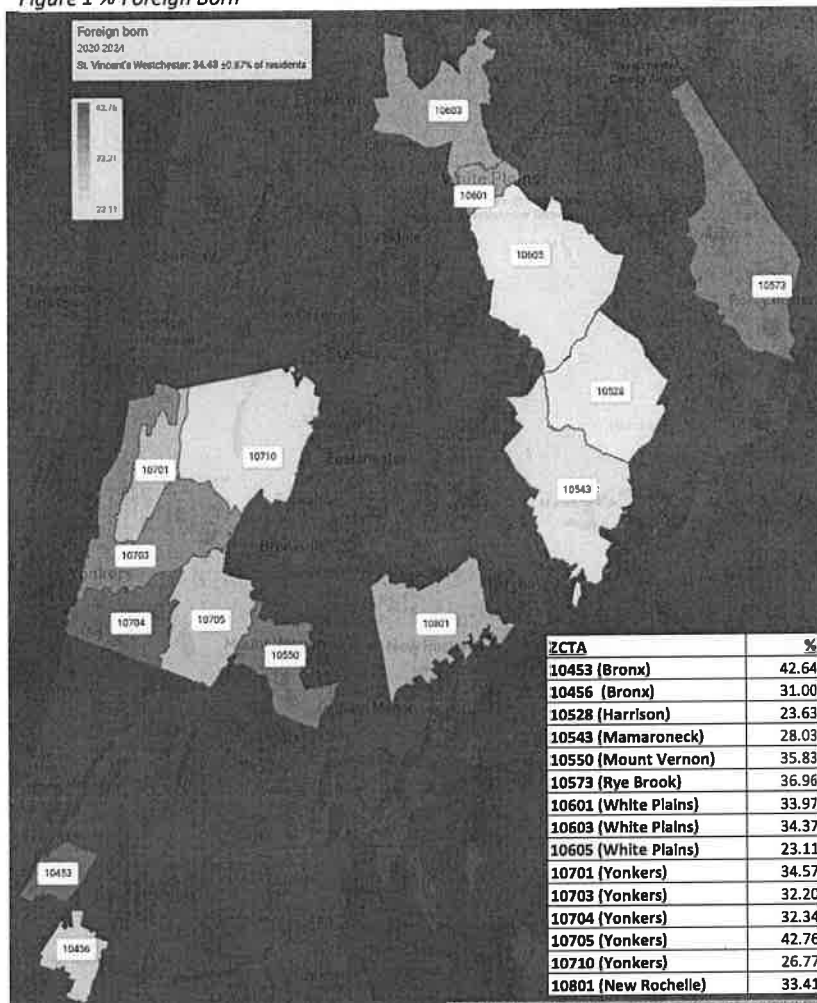
Immigrants may benefit from improved access to care and fewer care transitions. While research has shown that immigrants/foreign born individuals are less likely than U.S. born individuals to meet criteria for substance use disorder, immigrant and foreign-born populations do have significant barriers in access to care. Adding medically supervised withdrawal service to a facility that already conducts rehabilitation and recovery services reduces barriers to care associated with multiple care transitions, including those associated with access to affordable health care services. Recent Federal policy changes on eligibility for health insurance have severely limited access to publicly funded insurance programs and subsidies. These changes may result in significant access barriers for individuals seeking treatment.

The aggregate rate of foreign-born residents in the service area is 34.43, which is higher than Westchester's countywide rate of 26.05%. The service area's figure is much more like the Bronx' countywide average of 34.55%. However, individually, Bronx

ZCTAs in the service area vary significantly in their rates: higher than the aggregate service area's average at 42.64% in 10453, and slightly lower at 31% in 10456.

Furthermore, foreign-born residents are more likely to face language barriers in access to care. 53.1% of Bronx County's 477K foreign born residents and 43.1% of Westchester's 275K residents speak English less than very well. As a hospital-based provider of services, St. Vincent's Hospital is well positioned to leverage extensive language access tools to accommodate the needs of populations that communicate primarily in languages other than English. Through key informant interviews with community-based substance use treatment providers, we

Figure 1 % Foreign Born



learned that, as a hospital-based provider, St. Vincent's Hospital is perceived as better positioned to respond to comprehensively respond to language access needs of patients in the region.

Lesbian, gay, bisexual, transgender, or other-than-cisgender (LGBT+) people may benefit from increased access to services and improved continuity of care. Research suggests that LGBT+ populations may have increased risk for substance use disorder than heterosexual, cis-gender populations⁵. In addition, LGBT+ individuals face increased barriers to access due to additional difficulty identifying inclusive and safe and spaces to pursue care and treatment. Patient discharge statistics provided by St.

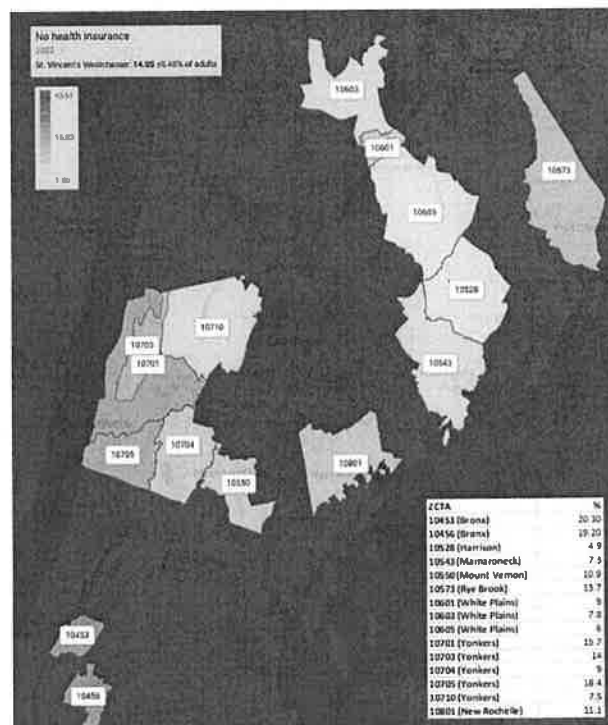
⁵ Schilt-Solberg MA, Blair LM, Kurzer JAMJ. Intersectionality in substance use disorders: Examining gender, race/ethnicity, and sexual orientation in the 2021-2022 National Survey on Drug Use and Health. Addict Behav Rep. 2025 Jan 26;21:100587. doi: 10.1016/j.abrep.2025.100587. PMID: 40524897; PMCID: PMC12169232.

Vincent's Hospital show that in 2025, 4.4% of patients identified as LGBT+. This figure is consistent with LGBT+ populations estimates from the Williams Institute at UCLA's School of Law, a think tank on sexual orientation and gender identity law and public policy. A 2021⁶ study of the New York Metropolitan Statistical Area, which includes Westchester, estimates that 4.5% of adults 18+ identify as LGBT+.

People who are uninsured may benefit from improved continuity of care in one health system, wherein they may be eligible for financial assistance arrangements or indigent care. The ability to receive care within one health system may help the individual maintain their continuity of care and reduce likelihood of readmission.

Across the service area, 14% of residents have no insurance, which is much more than Westchester's countywide rate but less than Bronx County's 16% rate. However, these figures vary significantly between individual ZCTA throughout the service area, especially within Westchester where fewer than 5% of the Harrison ZCTA's residents are uninsured, but nearly 16.5% of one ZCTA in Yonkers has no insurance.

Figure 2 No Health Insurance



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 proposed service is brand new and is not currently available at St. Vincent's Hospital's site.

Patients who have received Chemical Dependence Inpatient Rehabilitation Services at the site are the most applicable proxy group for determining whether the groups

⁶ Conron, K.J., Luhr, W., & Goldberg, S.K. Estimated number of US LGBT adults in Large Metropolitan Statistical Areas (MSA). (December 2020). The Williams Institute, UCLA, Los Angeles, CA.

identified above would use the service. According to applicant provided population and utilization data from 2025:

- Low-income: Approximately 75% of service recipients were Medicaid beneficiaries, a general proxy for low-income.
- Racial and ethnic minorities: nearly 55% of service recipients of Chemical Dependence Inpatient Rehabilitation were non-White race; approximately 12% of service recipients were Hispanic.
- Immigrants: foreign born status is not collected or reported; however in 2025 approximately 1% of patients received care in another language or required language accommodations
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people: 4.4% of patient discharges identified as LGBT+
- People who do not have third-party health coverage or have inadequate third-party health coverage: In 2024, St. Joseph's Medical Center (SJMC), St. Vincent's Hospital's parent organization, offered \$34.5 million in subsidized health services. In addition, St. Vincent's Hospital discharged approximately \$34,000 in bad debt specifically associated with Chemical Dependence Inpatient Rehabilitation in 2025.

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

The nearest provider of similar services on a hospital campus is St. John's Riverside Hospital ParkCare Pavillion in Yonkers. Apart from the St. John's Riverside facility, there are no other similar services within Westchester County. Patients from the service area who require Medically Supervised Withdrawal Services frequently must leave the county, and sometimes the State, to access care. This may entail traveling north to Putnam County, West to Rockland County, or East to the State of Connecticut for services.

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

St. John's Riverside Hospital (SJRH) ParkCare Pavillion in Yonkers, NY is the only dedicated provider of Medically Supervised Withdrawal Services on a hospital campus in Westchester. SJRH has 72 certified beds for this purpose and holds 100% of the market share for dedicated beds. St. Vincent's Hospital's six additional beds increase the total number of beds by 8.3% for a total of 78 beds in the market.

According to Statewide Planning and Research Cooperative System data for Hospital Discharges in 2024, SJRH had 4501 hospital discharges characterized as "Substance Use Detoxification." With the addition of St. Vincent's Hospital's projected annual

utilization of 274 patient discharges, the projected potential market share is approximately 5.7%.

- 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.**

St. Vincent's Hospital fulfills its obligations under Public Health Law § 2807-k alongside its parent organization, St. Joseph's Medical Center (SJMC). In 2024, SJMC made approximately \$43 million in charitable community investment, including covering costs of care and subsidizing services. In 2024, SJMC issued \$34,540,912 in subsidized health services⁷.

St. Vincent's Hospital, as a division of SJMC, is included in the SJMC Community Needs assessment, and Community Service Plan, maintains a financial aid policy to provide charity care, and participates in the mid-Hudson Community Health Needs Assessment. In 2025, St. Vincent's Hospital discharged approximately \$34,000 in bad debt.

If approved, the project's implementation is not expected to meaningfully affect these obligations beyond the extent to which a patient already in need of charity care may access these services. It is important to note that improvement in continuity of care between supervised withdrawal and rehabilitation services is best practice and has been shown to reduce risk of readmission to supervised withdrawal services, supporting long-term recovery.

- 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 major physician or professional staffing issues related to the project.

The project may require addition of some clinical staff to support the required level of supervision for Medically Supervised Withdrawal Services, but the overall number of beds on the St. Vincent's Hospital rehabilitation unit will not change.

⁷ St. Joseph's Hospital Yonkers, IRS Form 990, Schedule H, Part 7.g. Accessed via ProPublica.

This project is expected to improve continuity of care for patients and supports substance use treatment best practice, which ultimately contributes to increased patient satisfaction, reductions in patients leaving against medical advice and other disruptions in care and services and supports successful recovery.

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

There are no active civil rights access complaints against St. Vincent's Hospital.

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.

St. Vincent's Hospital has not undertaken similar projects in the last five years.

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**

Improved access to services will have similar impacts across all underserved groups identified.

The project improves access to services by introducing a critical service that supports best practice in comprehensive chemical dependence treatment and recovery. St. Vincent's Hospital expects that the project to facilitate the conversion of 75% of patients from the Medically Supervised Withdrawal Service directly to the on-unit Chemical Dependence Inpatient Rehabilitation Service, which is designed to support engagement and retention in early recovery. St. Vincent's Hospital's model of co-location of these services increases the likelihood of engagement and retention in services and is supported by substance use disorder and treatment research.

In addition, inpatient services within a hospital setting and connected to a medical center/health system also improve patient access to physical health services. People who use drugs are at higher risk for other health conditions, including common chronic conditions, and infectious disease⁸.

- b. Improve health equity**

Overall, Co-location of Medically Supervised Withdrawal Services and Chemical Dependence Inpatient Rehabilitation improves health equity for all populations by

⁸ <https://www.samhsa.gov/substance-use/treatment/co-occurring-disorders>

addressing structural and systemic issues that impact continuity of care in addiction treatment and recovery. The project reduces barriers treatment by adding improving geographic distribution of care sites and reducing transportation burden for patients and their families/collateral contacts engaged in their care. It facilitates timely entry to care and collaboration between providers and levels of care by eliminating additional steps and transitions to separate care sites, such as when an individual must initiate and complete withdrawal at another facility, only to return within a few days for inpatient rehabilitation services. It also facilitates longer-term recovery by improving care continuity and social connection to longer term recovery supports that are associated with increased engagement in treatment, retention in services, and reduced risk of relapse⁹.

For example, through co-location of services and collaboration between providers, the individual receiving withdrawal services has an opportunity, upon transition to rehabilitation services, to be connected to an array early recovery services that promote better long-term outcomes, including peer supports, group therapy, relapse prevention education, recreation, skill-building, and other connections that support community integration and fostering independence in recovery.

These person-centered approaches and efforts to coordinate services across the care continuum help build resilience in individuals affected by substance use disorder that support substance misuse prevention.

Behavioral Health sector stakeholders noted specific equity impacts for low-income, immigrant, uninsured/underinsured, and LGBT+ populations.

- **Low-Income.** Stakeholders from the behavioral health sector consistently noted that St. Vincent's Hospital and its parent organization are specifically dedicated to serving low-income populations, and that adding this service would expand access for a population whose points of care are limited due to program capacity and geographic distance. Increased local availability of this service was viewed as beneficial given the proportion of individuals with behavioral health needs who are Medicaid recipients.
- **Immigrants.** Stakeholders noted that hospital-based providers such as St. Vincent's Hospital are better equipped to address language needs than smaller community providers.
- **Uninsured/Underinsured.** Stakeholders noted that uninsured populations are more likely to access services through hospitals than through community based or private providers of similar services, and that hospitals are better equipped to accept uninsured individuals into care, offer financial assistance such as sliding scale fees and subsidized services, or charity care if needed.

⁹ Timko C, Schultz NR, Britt J, Cucciare MA. Transitioning From Detoxification to Substance Use Disorder Treatment: Facilitators and Barriers. *J Subst Abuse Treat.* 2016 Nov;70:64-72. doi: 10.1016/j.jsat.2016.07.010. Epub 2016 Jul 29. PMID: 27692190; PMCID: PMC6448765.

- **LGBT+.** Stakeholders expressed confidence that St. Vincent’s Hospital is committed to providing inclusive and welcoming care. As community-based providers, none reported specific existing barriers, but emphasized the importance of maintaining affirming environments to ensure continued equitable access to services for this population.

c. Reduce health disparities

Improved access to treatment and continuity of care is beneficial for decreasing disparities in substance use treatment outcomes for all identified medically underserved populations. Each group—people who are Low-income, people who are racial and ethnic minorities, immigrants, LGBT+ people, and people who are uninsured—have increased risk for substance use disorder.

Several aspects of the project inherently support reduction of health disparities in substance use disorder and treatment outcomes. They include the co-location of services to promote the continuity of care and clinical collaboration—an evidence based best practice; improved geographic access to support timely entry to treatment; and rapid referral and connection to ongoing support through transition to inpatient rehabilitation, which includes early recovery engagement in activities that promote resilience¹⁰.

- 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.**

No unintended positive or negative impacts on equity were found.

- 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.**

SJMC, the parent organization to St. Vincent’s Westchester provided \$34,540,912 in subsidized health services in 2024. The amount of indigent care associated with the provision of a new Medically Supervised Withdrawal Service may rise modestly in accordance with increased access to care.

¹⁰ Nyquist, Claire (2024). “National Recovery Month: Addressing disparities in substance use disorders and treatment.” Partners for Advancing Health Blog Series. Partners for Advancing Health Equity. Accessed via <https://www.partners4healthequity.org/resource-library/national-recovery-month-addressing-disparities-substance-use-disorders-and>, February 12, 2026.

This shift is independent of changes in cost-driven barriers to access caused by recent changes in Federal policy regarding eligibility for publicly funded insurance, such as Medicaid, marketplace subsidies, and other programs. Eligibility changes are expected as a result of both administrative changes such as work/community engagement requirements, as well as citizenry/national origin factors.

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.

St. Vincent's Hospital is located at 275 North Street, Harrison, NY, 10528, in Westchester County.

The location is accessible via private vehicle and is located in near proximity to a major highway, the Hutchinson River Parkway. The location is also accessible via public transportation, by taking the Westchester County Department of Transportation Bus #5. (Bee Line). The bus connects to the Metro-North commuter railroad at both the White Plains (Harlem Line) and Harrison (New Haven Line) Stations, with Harrison being the closest station.

The project will add an important service to the care options already available at St. Vincent's Hospital's site and have an overall positive impact on accessibility of services for Westchester residents. The introduction of the service is not anticipated to have any specific transportation impact on the care site, as it is already an active care site within St. Vincent's Hospital's system of care.

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

The implementation of the project, which is functionally a redesignation of bed-types for a service, will have a slight improvement impact on any potential architectural barriers, since the addition of this service to the care continuum eliminates the need for a care recipient to travel extensively between care sites at times of care transitions between supervised withdrawal services in inpatient rehabilitation.

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

health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

The project is not anticipated to have any direct impact on maternal health conditions, other than to improve access to safe Medically Supervised Withdrawal Services within a comprehensive continuum of care, should a pregnant person need these services.

Meaningful Engagement

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

Reena Agarwal, MD, MPH, FACP, Director of Clinical Services, Westchester 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?

The local health department declined to comment. Upon our outreach, Dr. Agarwal indicated this was not something they would comment on, per consultation with the County's First Deputy Commissioner.

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

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?

Community based behavioral health providers, people who use or who have used Medically Supervised Withdrawal services, and their family members are most affected by the project.

Community based behavioral health providers were consistently supportive of the effort and emphasized that increased capacity for is needed and beneficial for the region.

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?

HMA conducted key informant interviews with three community based behavioral health provider agency leaders and worked with St. Vincent's Hospital to distribute a survey throughout its Campus.

The survey had fifty respondents with following characteristics:

- 96% of respondents were supportive of the project
- 48% of respondents identified as patients, caregivers, or residents of the service area
- 22% of respondents identified as employees of St. Vincent's Hospital
- 62% reported no prior use of the proposed service
- 62% reported they had a friend or loved one who had used this type of service before
- 64% identified their race as white; and 70% identified as non-Hispanic
- 58% of respondents were aged 41-65
- 50% of respondents identified as male and 46% as female
- 86% of respondents *did not* identify as LGBT+

Stakeholder engagement suggests that there is widespread support for the project due to its potential to improve access to care and capacity for this service in the region, in addition to minimizing transitions, which is best practice in addiction services. The service was seen as near-universally beneficial. Of 53 respondents (50 survey respondents and three behavioral health sector key informants, just two survey respondents opposed the project. Of the two opposing respondents, one explained their opposition, noting their concern about exposing individuals in treatment and recovery to those who are still in active withdrawal, and whether that exposure would, in their words, "trigger" an individual in recovery. This finding suggests that there are mitigation steps St. Vincent's Hospital may take to ensure maximal therapeutic benefit for all patients.

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.

All relevant stakeholders, including medically underserved groups, were represented in the meaningful engagement process, either directly through lived experience as captured in survey responses (patients and caregivers, community residents, employees of St. Vincent's Hospital, community based organizations or other community leaders) and demographics (racial and ethnic minorities, LGBT+ community members); or indirectly as represented by provider stakeholders with interest in addressing the needs of such populations (low-income; uninsured; immigrants).

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 independent entity suggests that St. Vincent's Hospital proactively engage with community-based health care and behavioral health providers to communicate that the services are available and that culturally and linguistically accessible services are always available for anyone that needs them. A communication strategy that includes proactive media outreach to audiences that speak languages other than English is recommended. This may include providing pre-written announcements and social media posts that community organizations and media outlets can easily share, as well as sharing specifics on language capabilities and accommodations available in communications with other members of the care continuum, including community-based providers.

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

No specific change to the project itself is suggested to better meet the needs of the medically underserved groups, however, St. Vincent's Hospital is encouraged to take proactive steps to communicate with patients and community about how the service will be launched, what rooming processes will entail, and how St. Vincent's Hospital will create and maintain a beneficial therapeutic milieu.

St. Vincent's Hospital may take into consideration the following to promote maximum therapeutic benefit for all patients:

- Design and furnishings in patient care areas, such as siting of beds and use of partitions,
- Protocols for rooming that take into consideration the needs of patients in all stages of care
- Inclusion of training on stigma and unconscious bias topics related to substance use disorder in Chemical Dependence Rehabilitation Services patient education programs
- Inclusion of new or refresher training for staff on stigma and unconscious bias related to substance use disorder, especially for those staff who may not have previously worked in a withdrawal services environment.

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

St. Vincent's Hospital is encouraged to actively engage with the patient and family advisory council for feedback on approaches to communicating with program

participants and community members about the new service in the care continuum. In addition, St. Vincent's Hospital may choose to engage with outpatient and community-based providers of behavioral health services to elicit feedback from patients and family members on communication strategies. For example, St. Vincent's Hospital may elect to work with local Certified Community Behavioral Health Clinics (CCBHC) within the service area, and leverage opportunities to engage with their consumer advisory boards. CCBHC consumer advisory boards typically include individuals, family members, and friends of people with lived experience of substance use.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The project addresses gaps in service capacity and service distribution to improve both access and continuity of care. The addition of this service to the substance use disorder treatment continuum within St. Vincent's Hospital's system is an evidence-based best practice.

The introduction of improved capacity and access and evidence-based practice routinely improve accessibility, quality, and equity of care for the affected populations.

With the introduction of a new element in the continuum of care, St. Vincent's Hospital is encouraged to consider its curriculum for staff training, and determine whether refresher training or training augmentation is required on topics such as stigma, unconscious bias; conflict resolution and de-escalation, to ensure all staff are prepared to engage with participants at a different phase of treatment and recovery than they may have encountered previously in their employment at the facility.

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?

St. Vincent's Hospital will continue to monitor quality data on its substance use disorder treatment programs, and evaluate results disaggregated by demographic indicators (race, ethnicity, language, disability, sexual orientation, and gender identity) and socio-economic indicators (income, insurance status, immigrant/foreign born status) to identify population-based disparities.

Quality measures of interest may include:

- Use of pharmacotherapy after opioid use disorder (NQF 3400)
- Continuity of Care after inpatient or residential treatment (NQF 3453)

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?

In addition to the quality monitoring and disaggregation for health equity monitoring described above, St. Vincent's Hospital may also engage in additional quality measure tracking and process measures associated with engagement and retention in care.

Measures of interest include but are not limited to substance use disorder quality measures, such as

- Continuity of care after medically-managed withdrawal from alcohol and/or drugs (NQF 3312);
- Use of pharmacotherapy after opioid use disorder (NQF 3400);
- Continuity of Care after inpatient or residential treatment (NQF 3453); and

Patient-centered outcomes and organizational process measures, such as

- Volume and access metrics for patients presenting with need for withdrawal services, including time from request for treatment to admission
- Engagement and retention in care; including Leave Against Medical Advice
- Conversion from withdrawal services to rehabilitation services where clinically indicated and consistent with patient choice
- Pharmacotherapy for tobacco and alcohol use
- Average daily census in withdrawal services
- Referral and admission rate for withdrawal services
- Training completion rates for staff re stigma/unconscious bias associated with people who use drugs

STEP 5 – DISSEMINATION

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

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

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

I. Acknowledgement

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

SUMADITTE KUMBHAR-REZ

Name

SUP

Title

Sumaditte Kumbhar-Rez

Signature

2-27-26

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.

St. Vincent's Hospital, A Division of Saint Joseph's Medical Center (St. Vincent's Hospital), is committed to mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment through the following initiatives:

1. At St. Vincent's Hospital, culturally and linguistically accessible services are always available to ensure every patient receives efficient, timely, and optimal care. The hospital provides comprehensive language support for individuals with limited English proficiency, as well as for those with speech, hearing, or visual impairments. The hospital is also committed to collaborating with local community agencies and organizations to promote and advertise its inclusive services, ensuring that all individuals are aware of the resources and support available to them.

St. Vincent's Hospital delivers interpreter services through Language Line Solutions, which meets all necessary standards for high-quality communication. Language Line Solutions offers access to qualified medical interpreters in more than 240 languages via a 24-hour communications center staffed by highly trained interpreters and linguists.

In addition, St. Vincent's Hospital utilizes Video Remote Interpreting (VRI) through iPads to support patients, employees, and visitors with limited English proficiency or hearing impairments.

For individuals with visual impairments, trained staff assist by reading forms, documents, and consent materials aloud and helping with signatures when needed. Room numbers, public restrooms, and stairway signage are available in Braille, and magnifiers can be provided upon request through the nursing station

2. St. Vincent's Hospital is committed to maximizing therapeutic benefits for all patients admitted to its Medically Supervised Withdrawal Services beds. To support patient safety and clinical effectiveness, specially designated rooms are provided that are separated from the general population and located in close

proximity to the nursing station on the Chemical Dependence Inpatient Rehabilitation Unit.

The hospital carefully considers the needs of all patients at every stage of care admitted to the Chemical Dependence Inpatient Rehabilitation Unit and will continue to ensure full accessibility to all unit amenities for current rehabilitation patients.

3. St. Vincent's Hospital actively engages with outpatient and community-based behavioral health providers, including its internal Certified Community Behavioral Health Clinic (CCBHC) and the Westchester County Department of Community Mental Health, to solicit feedback from patients, families, and community members. These collaborations help the hospital identify opportunities to enhance accessibility, improve quality, and advance equity of care across services.

In addition, the St. Vincent's Auxiliary Council—comprised of approximately 50 local community members, the majority of whom have family members or friends with lived experience of mental health or substance use challenges—meets monthly to receive updates, provide input, and offer community-based perspectives that inform program development and service delivery.

4. St. Vincent's Hospital plans to address systemic barriers to equitable access to services and care through the continuation and expansion of comprehensive staff training initiatives. Through the hospital's Human Resources Department, all staff are required to complete annual trainings that include topics such as stigma reduction and unconscious bias to promote a more inclusive and culturally responsive environment of care. Additionally, clinical staff receive regular in-service trainings covering a wide range of topics including counseling skills, addiction topics (including unconscious bias), documentation and ethics.

In addition, clinical staff across all programs receive ongoing training in Conflict Resolution and De-Escalation techniques. This includes participation in TRUST training offered by the New York State Office of Mental Health (OMH), which focuses on enhancing safety and trauma-informed practices within organizations. The program equips staff with practical skills to effectively manage crisis situations while improving safety outcomes for both patients and staff.