Gracie Square Hospital

Community Service Plan
Implementation Plan
2019-2021

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Introduction

Gracie Square Hospital (Gracie Square), is a psychiatric inpatient facility located on a quiet side street on the Upper East Side of Manhattan that has provided advanced, patient-centered inpatient behavioral health services since 1959. Gracie Square offers a multidisciplinary approach to care for patients with psychiatric disorders who can benefit from inpatient hospitalization. Diagnostic and treatment programs are provided by skilled behavioral healthcare and management teams for a wide range of psychiatric illnesses and disorders.

Gracie Square Hospital's mission is to provide the highest-quality, state-of-the-art mental health and chemical dependency treatment in a warm, healing environment. Our caring, compassionate team prepares our patients to return to their families and communities and engage in productive and fulfilling lives. We serve the diverse residents of the greater New York metropolitan area through treatment, education and health promotion.

Gracie Square's 133-bed inpatient facility has seven specialized units that provide exceptional care to this population. All patients in these programs are accepted via referrals from managed care providers, health maintenance organizations (HMOs), medical hospitals, and community providers. All treatment plans include family sessions and group therapy which are supported by appropriate outpatient follow-up and referrals to community resources.

Specialized Units

Our **Crisis Stabilization Program** provides short-term hospitalizations to acutely ill adult psychiatric patients in the New York Metropolitan Area. Our team quickly and effectively stabilizes acute symptoms, making it possible for patients to leave the hospital and continue treatment in an outpatient setting.

Our **Asian Psychiatry Program** is designed to meet the specific need of the diverse Asian population living in NYC. The program provides culturally sensitive and linguistically appropriate mental health services to individuals in Chinese, Korean, and Japanese communities within the Metropolitan Area.

Our **Older Adult Program** is designed to treat individuals, age 65 years and older, who have a primary psychiatric disorder that requires acute inpatient treatment. Our multidisciplinary team develops individualized plans of care that include treating the patient's acute problems and recommendations for services following discharge.

Our **Young Adult Program** is designed to treat young adults aged 18-25 through early and intensive intervention. The goal of this program is to support young adult patients in continuing to pursue their educational, vocational and social goals and to minimize the long-term psychosocial impact.

Our **Affective Disorders Program** is designed to treat adults with affective disorders using a combination of medication and psychotherapy. This program cares for individuals experiencing acute exacerbations of symptoms or adjustment to life stressors that require a brief inpatient stay.

Our **Psychotic Disorders Program** is designed to treat individuals with sudden worsening of schizophrenia, schizoaffective disorders, or bipolar disorder with psychotic features. Our multidisciplinary team manages acute symptoms, addresses stressors that lead to exacerbation, and provides group therapies that help patients understand warning signs and develop coping strategies to manage symptoms following discharge.

Finally, our **Dual Focus Program** is an inpatient treatment program for adults who suffer from two concurrent illness—addiction and mental illness. Our highly trained clinicians and chemical dependency counselors combine psychiatric and substance abuse treatment models to provide a comprehensive approach that addresses both illnesses.

NewYork-Presbyterian (NYP) is one of the nation's most comprehensive, integrated academic health care systems, dedicated to providing the highest quality, most compassionate care and service to patients in the New York metropolitan area, nationally, and globally. In collaboration with two renowned medical school partners, Weill Cornell Medicine and Columbia University Medical Center, NewYork-Presbyterian is consistently recognized as a leader in medical education, ground-breaking research, and clinical innovation. Gracie Square is a member of the NewYork-Presbyterian Regional Hospital Network.

Purpose

Gracie Square is deeply committed to the community members residing in NYC and the surrounding areas by delivering a range of high quality inpatient psychiatric services. The community health needs assessment (CHNA) process is undertaken every three years to determine the high disparity communities and health needs that can be most positively impacted by focused interventions and initiatives. The CHNA aligns with the New York State 2019-2024 Prevention Agenda (NYS PA) priorities to improve health equity for all New Yorkers through partnerships with community organizations to address social determinants of health (SDoH) and interventions to reduce inequalities in health indicators. Through the NYS PA alignment with the CHNA process, NYS has improved its overall national ranking from 28th to 10th healthiest state since 2008. Our commitment as an inpatient psychiatric facility within New York state is to align our efforts with that of the state and to strategically invest in opportunities to improve the health of the patients within our community.

Gracie Square Hospital ("Gracie Square") completed a Community Health Needs Assessment (CHNA) to identify the needs of the community and develop a Community Service Plan (CSP) and detailed implementation plan to address the areas of highest need. The community, spanning 168 New York City Neighborhood Tabulation Areas (NTAs) in Kings, Queens, Bronx, and New York Counties represent a broad diversity of demographics, socioeconomics and health service utilization need, and requires a custom approach to community service planning to ensure alignment with the needs of such a diverse population. There were also five ZIP codes originating in the southern portion of Westchester County that were part of the defined community. Due to the lack of publicly available data at the ZIP code level for Westchester, this CHNA focused solely upon the New York City community. The leaders of Gracie Square are dedicated to our community with a mission to be the premier healthcare institution serving our greater community by providing excellence in inpatient psychiatric care. The CHNA and CSP data collection and action planning processes were designed to achieve the following goals to ensure a comprehensive analysis of the community need:

Definition of Health

The definition of health historically referenced only physical health, but the definition for this CHNA is rooted in the knowledge that it is increasingly important to understand the broader components of health and well-being and how it can be impacted and improved. For the purpose of this document:

Health is a holistic combination of physical health (absence of sickness or pain), mental health, and wellness for which there is an individual and a community wide responsibility.

Process & Governance

Gracie Square engaged in a collaborative effort with NYP to create a collaborative, community focused approach to the development of the CHNA and CSP. A robust governance structure was created with representation from Gracie Square, community members, and community health experts. The following committees were convened for this process:

- *Data Committee* – managed the data collection and analysis process to ensure data integrity and inclusion of both social determinant of health indicators in addition to the quality health indicators
- *Methods Committee* – created the processes to engage community members and the NYP community advisory board (NYP CAB) members in the CHNA process through community health needs questionnaires and in-person focus groups
- *Steering Committee* – leadership engaged in oversight of the CHNA development and strategic decision making for the CHNA and CSP

In addition to the formal committee structure, Gracie Square, in conjunction with NYP, also convened Community Health Think Tank meetings across the enterprise's hospitals and for the behavioral health service line to engage key clinical and operational leaders in the process of initiative planning and operationalization. The Community Health Think Tanks are intended to continuously engage key stakeholders in the performance feedback and improvement process and support evaluation impact monitoring and reporting for the CSPs.

Partner Engagement

In conducting the 2019 CHNA, Gracie Square collaborated with NYP, the New York City Department of Health and Mental Hygiene (NYC DOHMH), Citizens' Committee for Children of New York (CCC), Columbia University Mailman School of Public Health (CUMSPH), Weill Cornell Medicine, New York Academy of Medicine (NYAM), and Greater New York Hospital Association (GNYHA). These partnerships ensure that all aspects of the CHNA process, from the data collection and analytics to the collection of community input and health need prioritization, were community centric in its approach. Each collaborator added to the ongoing work by providing insight on the publicly

available data for the various regions specific to the Gracie Square high disparity communities, while providing guidance on collecting stakeholder and community feedback and incorporating best practices for the CHNA.

Gracie Square engaged the New York Academy of Medicine (NYAM) to facilitate focus groups of community members to obtain their perspectives on the health and needs of the community at large. Additionally, we also gathered information through an extensive process of community health needs questionnaires (CHNQs). We validated and refined the quantitative data results through the use of this primary data and community input from facilitation of focus groups and administration of community health need questionnaires to area residents.

The ability to engage, analyze, and plan with our community-based partners allowed Gracie Square to develop thorough implementation plans utilizing evidence-based criteria to identify initiative-based partnerships for 2019 – 2021.

Data Mining & Analytics

Gracie Square engaged in a dynamic data collection and analytic process to ensure that the community and its needs were well represented throughout the CHNA development process. Gracie Square utilized both quantitative and qualitative data to create a picture of the health needs of our defined community.

Quantitative Data

Gracie Square utilized data sets from multiple sources to analyze community health need and risk of high disparity geography to the specific neighborhood level in NYC. The analysis utilized 29 unique indicators across five domains: demographics, income, insurance, access to care and New York State Department of Health Prevention Agenda Priorities (NYS PA) at the Neighborhood Tabulation Area (NTA) geography. Additional indicators, among categories of demographics, socioeconomic status, insurance status, social determinants of health, health status, and health service utilization were collected to assess community health needs, were used to identify

further areas of disparities and to prioritize the implementation strategies and support health intervention planning (See data sources in Appendix A).

Qualitative Data

Gracie Square underwent an extensive process to obtain community input through numerous forums. The qualitative data was obtained through community questionnaires and surveys, focus groups, and extensive community asset research reports. The community input ensured a comprehensive representation of our community inclusive of multiple languages, socio-economic statuses, culture, race, age, and gender identity. Summaries of each qualitative input source is included below, and additional details can be found in the Community Health Needs Assessment at http://www.nygsh.org/community-health-needs.html.

New York Academy of Medicine (NYAM) Focus Groups & Questionnaires

The New York Academy of Medicine was engaged to complete a community needs questionnaire (CHNQ) and focus groups of the NYPH community. A Community Health Questionnaire was conducted through online recruitment and in-person at local community events across the community; one thousand seventy four CHNQ responses were received through this process. One focus group was conducted specific to behavioral health in addition to the forty focus groups conducted with community based organizations.

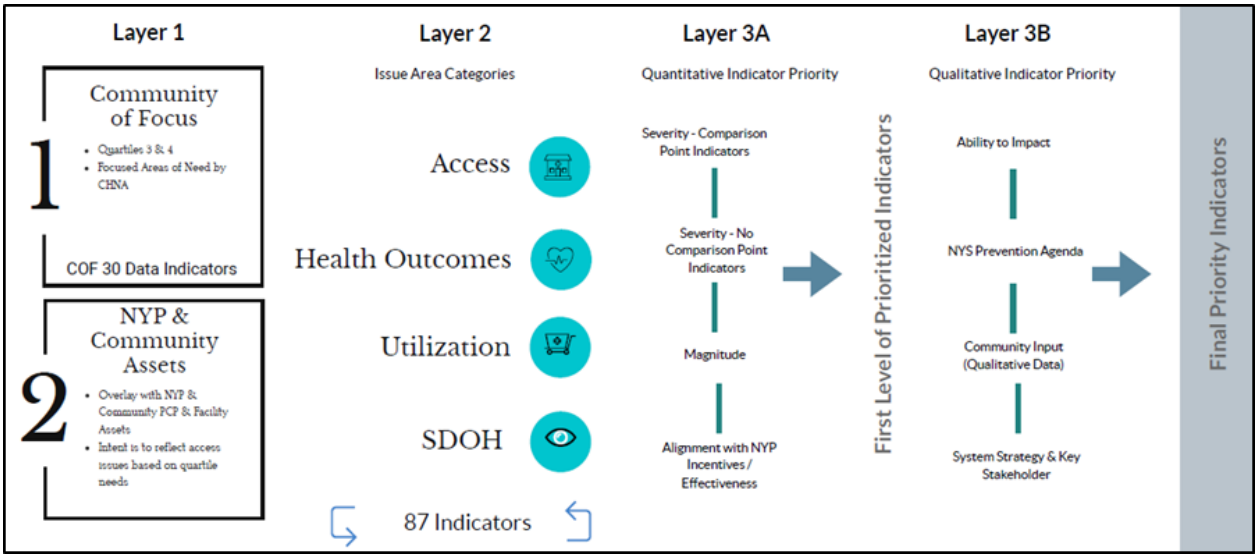
Data Prioritization Process

A prioritization process was created to analyze the quantitative and qualitative data inputs collected through the CHNA process. The process had several layers in which the data was input and prioritized to arrive at the final priority indicators.

- **Layer 1 –** the data from the community of focus for the 3rd and 4th quartiles (high risk areas) was utilized for the prioritization process
- **Layer 2 –** The data indicators was categorized into four categories (1) Access, (2) Health Outcomes, (3) Utilization, and (4) Social Determinants of

Health

- **Layer 3A –** the quantitative data was ranked based on three criteria (1) severity – with a comparison to NYC or without a comparison, (2) magnitude of the population impacted, and (3) alignment with current Gracie Square initiatives
- **Layer 3B –** the 3rd and 4th quartile (highest risk) data from layer 3A was utilized for layer 3B of the model; the qualitative data for this section was ranked based on four indicators of (1) ability to impact the indicator, (2) alignment with the NYS PA, (3) Community Input, and (4) NYP stakeholder input



Prioritized Community Needs

The data identification and prioritization process for Gracie Square resulted in numerous indicators falling into the 4th quartiles. At a high level, these indicators can generally be grouped into:

- Mental Health & Substance Abuse
- HIV
- Chronic Disease & Obesity
- Women's Health / Maternal Health

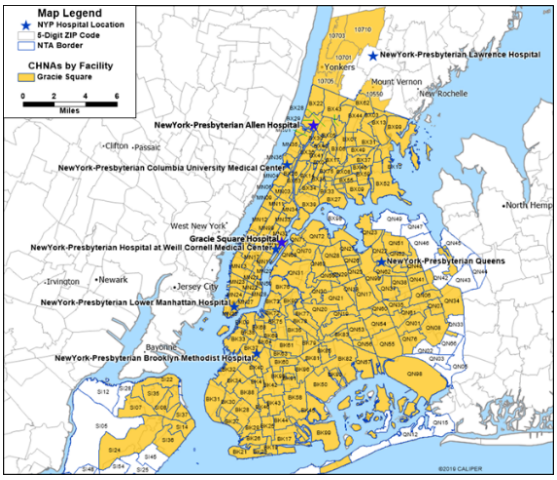
CATEGORY	INDICATORS	QUARTILE
Health Outcomes	Percentage of adults with poor mental health for 14 or more days in the last month	4th
SDoH	Current Smokers*	4th
SDoH	Binge Drinking*	4th
Utilization	Hospitalizations: Alcohol*	4th
Utilization	Hospitalizations: Drug*	4th
Utilization	Hospitalizations: Psychiatric*	4th
Health Outcomes	HIV	4th
Health Outcomes	Diabetes	4th
Health Outcomes	Obesity	4th
Health Outcomes	Physical Activity	4th
Health Outcomes	Cancer Incidence - All Sites*	4th
Health Outcomes	Cancer Incidence - Breast*	4th
Health Outcomes	Cancer Incidence - Colon and Rectum*	4th
Health Outcomes	Cancer Incidence - Lung*	4th
Health Outcomes	Cancer Incidence - Prostate*	4th
Utilization	Hospitalizations: Preventable Diabetes*	4th
Utilization	Hospitalizations: Preventable Hypertension*	4th
Health Outcomes	Childhood Obesity	4th
Health Outcomes	Preterm Births*	4th
Health Outcomes	Teen Births*	4th

The top priorities allowed the Gracie Square leadership to develop focused efforts to ensure it can contribute to a direct impact of improvement for the community. The CSP focus will allow Gracie Square to invest in new opportunities.

COMMUNITY HEALTH ASSESSMENT - PRIORITIZED NEEDS

Our Community At Large

The community definition for Gracie Square Hospital was derived using 80% of ZIP codes from which Gracie Square's patients originate and adding ZIP codes not among the original patient origin to create continuity in geographical boundaries, resulting in a total of 148 community ZIP codes mainly within NYC.



Gracie Square Hospital Defined Community Highlights

7.8+M PEOPLE The defined community covers a geography of approximately 7.8+M people	**2.6% GROWTH POPULATION** Forecasted to grow faster, 2.6%, than the state average,1.5%, between 2019-2024	**14.0% 65+ POPULATION** Is slightly younger with only 14.0% of the population aged 65+ compared to 16.3%
$99,251 HOUSEHOLD INCOME The average household income, $99,251, is lower than the average of New York State, $101,507	**18.0% UNEMPLOYMENT RATE** The unemployment rate, 18.0%, is higher than the New York State benchmark, and there are 2% fewer white-collar workers than the state average	**HIGHER MINORITY POPULATION** Higher non-White population, 70.2%, than the state 45.6%, driven by Hispanics, 31.6%, and African Americans, 21.1%

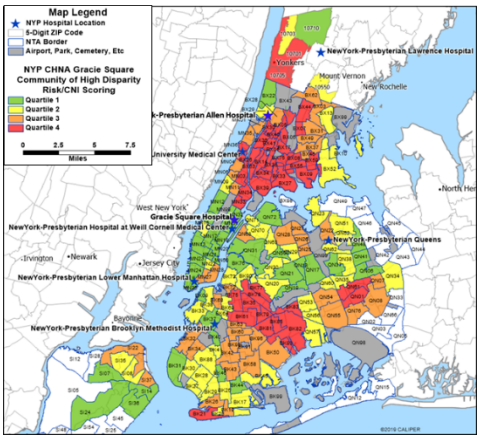
Our Communities of High Disparity

To ensure that we are implementing initiatives that will impact the communities with the highest disparities with this community service plan, Gracie Square undertook additional analysis of community health need and risk of high resource utilization at the Neighborhood Tabulation Area (NTA) geography based upon a composite of 29 different indicators. Indicators were carefully selected, across five domains: demographics, income, insurance, access to care and New York State Department of Health Prevention Agenda Priorities.

The objective was to identify the specific NYC NTAs where there is a higher health need and/or a higher expectation of required resources. The defined community's 148 ZIP codes were cross walked to 168 New York City NTAs (mostly in Kings, Queens, Bronx, and New York Counties) and categorized into four quartiles. Additional analysis was undertaken for the 84 NTAs of higher disparity that fell into quartiles 3 and 4.

Gracie Square Hospital Focused High Disparity Community

4.1+M PEOPLE 	**15.9% UNINSURED** 	**27.7% LIVING IN POVERTY** 
The defined community covers a geography of approximately 4.1+M people	Higher percentage of uninsured population at 15.9% compared to NYC average of 13.5%	There are more living in poverty, all ages 27.7%, than the NYC average, 20.6%



43.3% MEDICAID ENROLLMENT Numerous neighborhoods also have a higher than average Medicaid enrollment, overall 43.3%, NYC 37.0%	**32.1% RECEIVING SNAP BENEFITS** An estimated 32.1% receive SNAP benefits, in comparison to the NYC average of 7.9%	**87.7% MINORITY POPULATION** Higher non-White population, 87.7% as compared to NYC average of 67.3%

Acknowledging that there was variation across the NTAs and counties among specific measurable indicators for demographics, socioeconomics, Social Determinants of Health (SDoH), health status and utilization that each require a custom approach to community service planning, there were specific communities that frequently showed more need than the others. With such a large community, covering all five boroughs of New York City, there are many neighborhoods that fell into the high disparity (3rd and 4th quartiles) communities based on the analysis and prioritization or the quantitative and qualitative data collected for the CHNA.

The Gracie Square community is diverse in its geography with the NYC NTAs having a younger, more minority, economically challenged population. The SDoH concerns are concentrated upon language, safety, food insecurity, high cost of housing, and public transportation. Behavioral risk factors such as smoking, drinking, and consuming fruits and vegetables vary among the NTAs but are problematic for those in high-disparity neighborhoods.

Gracie Square Data Highlights – High Disparity Community & Priority Areas

In an effort to focus initiatives to make the largest impact to high disparity communities, the Gracie Square team analyzed all data elements and identified the Washington Heights and Lower East Side neighborhoods targeting Behavioral Health (Mental Health & Substance Abuse). Below is a summary of the analytical findings for the focused communities:

Priority Area	NYC NTA	NY State Community Health Indicator Report Trends
Promote Well-Being and Prevent Mental and Substance Use Disorders Focus Area 1: Promote Well-Being Focus Area 2: Prevent Mental and Substance Use Disorders	**The percent of the population self-reporting "poor mental health"** Washington Heights North 9.8% ↕ to NYC Washington Heights South 9.8% ↕ to NYC Lower East Side 9.8%, ↓ than NYC High Disparity NTAs 10.9% NYC 10.3% **The percent of the population self-reporting binge drinking** Washington Heights North 24.0% ↑ to NYC Washington Heights South 24.0% ↑ to NYC Lower East Side 23.0%, ↑ than NYC Chinatown 23.0%, ↑ than NYC High Disparity NTAs 15.5% NYC 17.0% **Hospitalizations for Alcohol per 100,00 Population Ages 15-84** Washington Heights North 679 ↓ than NYC Washington Heights South 1,183 ↑ than NYC Lower East Side 1,150, ↑ than NYC High Disparity NTAs 1,246 NYC 955 **Hospitalizations for Drug per 100,00 Population Ages 15-84** Washington Heights North 581 ↓ than NYC Washington Heights South 1,183 ↑ than NYC Lower East Side 1,241, ↑ than NYC High Disparity NTAs 1,265 NYC 882 **Hospitalizations Psychiatric per 100,000 Population Ages 18+** Washington Heights North 551 ↓ than NYC Washington Heights South 873 ↑ than NYC Lower East Side 1,051, ↑ than NYC High Disparity NTAs 889 NYC 774	Trend data are not available, but the lack of available, affordable and convenient mental health services has been commented upon qualitatively.

Promote Healthy, Women, Infants, and Children Focus Area 1: Maternal & Women's Health	**The crude rate of maternal morbidity per 10,000 deliveries** Washington Heights North 169.2 ↓ than NYC Washington Heights South 199.0 ↓ than NYC Lower East Side 162.7, ↓ than NYC High Disparity NTAs 282.3 NYC 229.6 **Percent of preterm births among all live births** Washington Heights North 9.4% ↑ than NYC Washington Heights South 8.3% ↓ than NYC Lower East Side 9.7%, ↑ than NYC High Disparity NTAs 10% NYC 9.1%	Trend data suggests there has been no significant change in the performance of maternal mortality rate per 100,000 live births.

Community Challenges & Contributing Factors

The qualitative analysis process of the CHNA provided Gracie Square with the perspective of the community as to the top challenges and contributing factors to the outcomes of their health. The community health needs questionnaire (CHNQ) focused on basic demographics, health concerns (individual and community-wide), health care utilization, barriers to care, and use of NYP services. This data was collected between June and August 2019, in partnership with numerous community organizations, which were identified to represent a range of populations, e.g., older adults, immigrant, and homeless populations.

New York Academy of Medicine (NYAM) Community Health Need Questionnaires

NYAM conducted a Community Health Needs Questionnaires (CHNQs) process for community members and residents across our community. A total of 1,074 questionnaires were completed in-person or online. Below is a summary of the responses that were received for the most commonly reported community health issues and recommendations to improve community health:

Mostly commonly reported community health issues *	**N=1,074**

Community health issue	n	%
Alcohol & drug use	478	44.5%
High blood pressure	444	41.3%
Diabetes	437	40.7%
Mental health	411	38.3%
Cancer	398	37.1%
Obesity	377	35.1%
Tobacco use	335	31.2%

* Multiple responses permitted.
Note: Responses selected fewer than 30% of the time are not presented.

Recommendations to improve community health*		N=1,074
Community health recommendations	**n**	**%**
Improved housing conditions	452	42.1%
Increased # of places for older adults to live and socialize in	449	41.8%
Reduced cigarette/vaping smoke	430	40.0%
More local jobs	403	37.5%
Cleaner streets	402	37.4%
Reduced air pollution	390	36.3%
Reduction in homelessness	358	33.3%
More parks and recreation centers	352	32.8%
Reduced crime	315	29.3%
Mold removal	272	25.3%

*Multiple responses permitted
Note: Responses selected fewer than 24% of the time are not presented

New York Academy of Medicine (NYAM) Focus Groups

In addition to the CHNQs, NYAM conducted focus groups with community members to gain more in-depth insights from the community members. The Center for Evaluation and Applied Research (CEAR) at NYAM developed a semi-structured focus group guide in collaboration with the NewYork-Presbyterian CHNA Steering Committee and Methods Committee and completed one focus group specific to behavioral health and twenty two focus groups, which were held in multiple languages.

Participants of these voluntary focus groups shared their thoughts on the greatest community health concerns, social determinant of health issues, other problems affecting the community and healthcare, and their recommendations on how to

positively impact community health.

Greatest Health Concerns	Social Determinants of Health	Other	Participant Recommendations
• Access/Barriers to care • Alcohol & Drug Use • Cost • Behavioral/Mental Health • Asthma • Hypertension	• Transportation • Access to Affordable Healthy Food • Limited Open Spaces	• Having enough time with provider is essential for good care • Insurance • Immigration • Improved communication on events and services provided to community	• Mapping services available for community is an easily accessible form • Community outreach with health fairs, events etc. • Engage with community to destigmatize behavioral health • Improved language and cultural competence for staff and providers for the patients they serve

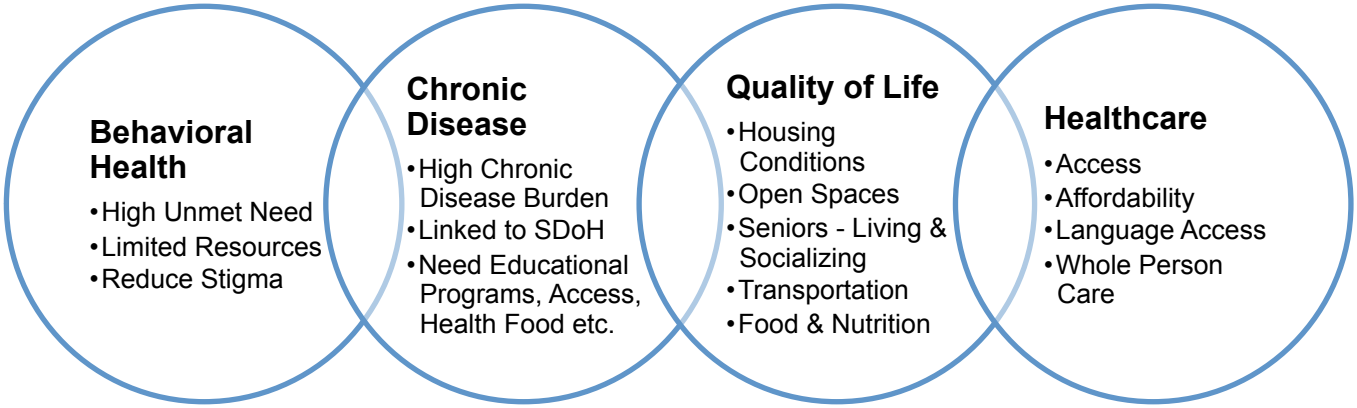
Consumers, we should have a Zagat's guide to behavioral health with people rating services.

I think New York spends an incredible amount of money on behavioral health as a state. The issue is how its distributed, where it's distributed. I think there are workforce issues. And for kids, particularly, the lack of child psychiatrists. And so, families often end up in emergency rooms as a first step rather than the ability to get into a clinic because of waiting lists.

Qualitative Data Results Themes

Community input was obtained for the CHNA process through community questionnaires and focus groups, and in-depth analyses of the select communities performed by CCC. We have consistently heard similar themes for the community, regardless of demographics and geography regarding their perceptions on the greatest community health challenges and ways in which to improve the communities in which

they live and work.



The information gathered from all qualitative opportunities provided Gracie Square the opportunity to truly hear the voice of the community. The trends were utilized in the prioritization model to ensure the community voice was used as a measurement to prioritize the community service plan initiatives. The qualitative process reflects behavioral, environmental, and socioeconomic factors that relate to our community. An additional factor that affects health is the NY state and federal policy environment.

Health Care Policy Potential Impact

The health care policy environment can and does contribute to community wide health improvement or conversely to its challenges. Several policies have been identified that are impacting the residents of New York and the environment that NYP and its partners are operating in.

New York State Prevention Agenda

Positive changes to the community with focused action planning at the state and local level to promote health equity in all populations who experience disparities.

The Prevention Agenda is the state's health improvement plan that aligns

expectations of the state and provider communities to address health equity and high disparate communities with a focus to improve healthcare for communities that need it most. The New York State Public Health and Health Planning Council, at the request of the Department of Health, establishes guidelines to target improvement efforts to increase access, education, outreach, and quality outcomes for designated categories of chronic disease, healthy and safe environment, healthy women, infants, and children, mental health and substance abuse, and communicable diseases.

1115 Waiver – Delivery System Reform Incentive Payment (DSRIP) Program – 2.0 Extension

The extension of the DSRIP program would allow health systems and networks to invest in transformative clinical initiatives to impact the Medicaid population. The discontinuation of this program could result in the removal of programs due to the ability to sustain projects and partnerships.

New York is seeking a four-year 1115 Waiver extension to further support clinical transformation efforts focused to the Medicaid populations associated to 25 Performing Provider Systems (PPS). The continuation would continue the federal and state investments with focus to quality outcomes and improvement, workforce development, social determinants of health, and community based and clinical network development. The extension would expand on existing activity and add new focus to the partnerships with the justice system, primary care / behavioral health integration, care coordination / care management / care transitions, mobile crisis teams and crisis respite services, IMD patient transition, serious mental illness populations, social determinants of health, and alternative payment models.

Elimination of religious exemptions to vaccinations for school aged children:

While this issue continues to be debated publicly, this is elimination of religion exemption is intended to increase the number of vaccinations among schoolchildren decreasing unnecessary outbreaks and potential severe illnesses and deaths.

Amid an ongoing measles outbreak, New York State enacted a new law in June to eliminate nonmedical exemptions from school vaccination requirements. The law took effect immediately. While this issue continues to be challenged in the courts, it would favorably increase the number of vaccinations among schoolchildren decreasing unnecessary outbreaks and potential severe illnesses and deaths.

Ending the Epidemic

Initiative focused upon treatment persons with HIV with the goal of reducing HIV prevalence in NY.

New York State and New York City are working on a plan to the end the AIDS epidemic. The Ending the Epidemic (ETE) initiative seeks to maximize the availability of lifesaving, transmission-interrupting treatment for HIV, saving lives and improving the health of New Yorkers. The overarching goal is to achieve the first ever decrease in HIV prevalence by the end of New York State by the end of 2020. Primary objectives are to: identify persons with HIV who remain undiagnosed and link them to health care services and retain them in the NYP enterprise to prevent further transmission and improve their health.

In New York City, the goal is to reduce the number of new infections in the City to fewer than 600 by 2020. This target aligns with the State's goal of reducing new statewide infections to fewer than 750 by 2020. In New York City, the four primary objectives are to: increase access to HIV prevention services; promote innovative, optimal treatment for HIV; enhance methods for tracing HIV transmission; and improve sexual health equity for all New Yorkers

Maternal Mortality Review Board

The review board would focus to improvement strategies for preventing future deaths and improving overall health outcomes targeting maternal populations with an emphasis to reduce racial disparities in health outcomes.

Governor Cuomo signed legislation to create a Maternal Mortality Review Board charged to review the cause of each maternal death in New York State. New

York City will also have a maternal mortality review board to review cases within the five boroughs. The Boards will make recommendations to the New York State Department of Health for clinical improvement strategies to improve overall health and outcomes of this population. They will also look at ways to reduce racial disparities in health outcomes. The work of the board would aid DSRIP initiatives addressing access to care and coordination since Medicaid accounts for more than 50 percent of births within the state.

New York State Ban on Flavored E-cigarettes

Emergency ban is focused upon reducing the use of vaping products by New York youth.

In September, New York State enacted an emergency ban on the sale of flavored electronic cigarettes and nicotine e-liquids. The ban is part of a growing response to combat the increase in young people using vape products, given the appeal of flavors to the youth market. Some have concerns that the ban will keep people smoking regular cigarettes who may have considered switching and lead to a “black market” for vaping products with untested or unknown ingredients.

New York State Opioid Tax

To begin to fight the opioid epidemic, the state of NY placed an excise tax on opioids sold to or within the state in order to help victims of the opioid crisis.

The tax, which went into effect July 1, 2019, is anticipated to generate $100 million in revenue for the state to allow administration to address the opioid crisis within the state of NY. The tax is based on the amount of opioid in each unit sold as well as wholesale acquisition cost and applies to whatever entity makes the first sale. The impact will be seen by manufacturers and wholesale organizations since initiation as numerous pharmaceutical manufacturers have discontinued shipments to the state.

Marijuana Decriminalization

The decriminalization of small amounts of marijuana, 25 grams or less, and automatic

expungement of previous convictions could encourage the use of substances which could lead to other substance abuse disorders in high disparity communities.

Legislation was passed in June of 2019 to decriminalize the use of marijuana by expunging past marijuana possession convictions and reducing penalties for the possession of small amounts of the drug. The bill does not fully legalize the use of marijuana.

ThriveNYC

Initiative focused upon improving access to mental health services for the underserved.

ThriveNYC is an initiative created by New York City to improve access to mental health services, particularly for underserved populations. The program's goals include enhancing connections to care, increasing services to vulnerable populations, and strengthening crisis prevention and responses. ThriveNYC initiatives include mental health first aid programs, a public awareness campaign, mental health outreach and support for veterans, mental health services in youth shelters, and drop-in centers and newborn home visiting program in shelters.

Federal Change in Public Charge Rule

Potential unfavorable impact to the willingness of residents with a green card to seek and/or access care because fear of losing citizenship status.

In August 2019, the Trump Administration announced a final rule that changes the policies used to determine whether an individual applying for admission or adjustment of status is inadmissible to the U.S. Under longstanding policy, the federal government can deny an individual entry into the U.S. or adjustment to legal permanent resident (LPR) status (i.e., a green card) if he or she is determined likely to become a public charge. Under the rule, officials will newly consider use of certain previously excluded programs, including non-emergency Medicaid for non-pregnant adults, the Supplemental Nutrition Assistance Program (SNAP), and several housing programs, in public charge determinations. The changes will create new barriers to getting a green card or immigrating to the U.S. and likely lead to decreases in participation in Medicaid

and other programs among immigrant families and their primarily U.S.-born children beyond those directly affected by the new policy. Decreased participation in these programs would contribute to more uninsured individuals and negatively affect the health and financial stability of families and the growth and healthy development of their children.

Affordable Care Act (ACA) Federal Ruling

Potential to unfavorably impact populations nation-wide, who have since 2019 been able to obtain health insurance and ACA protections. However, NYS lawmakers are currently debating Governor Cuomo's plan for codifying key Obamacare provisions and state regulatory protections into state law. It includes the ban on insurance limitations for pre-existing conditions, as well as the requirement that all insurance policies sold in New York cover the 10 essential benefits defined in the Affordable Care Act.

A group of states, including Texas challenged the Affordable Care Act on the grounds that the individual mandate with no tax penalty was not a tax and therefore unconstitutional. A Federal Judge in Texas agreed with this reasoning and ruled that the individual mandate is unconstitutional without a tax penalty and that the law should be struck down.

The case is now before a Federal Appeals Court in New Orleans which could rule issue a ruling at any time. The stakes of the lawsuit are significant. If the ACA were, in fact, ruled unconstitutional, that could mean that health insurers could once again refuse coverage or otherwise discriminate against patients who have preexisting conditions. Additionally, it would mean that roughly 20 million people who obtained insurance after the ACA was implemented could lose it. The ACA also made other sweeping changes to the health care system, including: expanding Medicaid eligibility for low-income adults; requiring private insurance, Medicare, and Medicaid expansion coverage of preventive services with no cost sharing; phasing out the Medicare prescription drug “donut hole” coverage gap; establishing new national initiatives to promote public health, care quality, and delivery system reforms; and authorizing a variety of tax increases to

finance these changes. All of these provisions could be overturned if the trial court's decision is upheld.

Prioritization Findings

Based on the prioritization process, Gracie Square has 19 indicators in the 4th quartile as the highest priorities for the community. These indicators can be broadly grouped into:

- Mental Health & Substance Abuse
- HIV
- Chronic Disease & Obesity
- Women's Health / Maternal Health

CATEGORY	INDICATORS	QUARTILE
SDoH	Current Smokers*	4th
SDoH	Binge Drinking*	4th
Utilization	Hospitalizations: Alcohol*	4th
Utilization	Hospitalizations: Drug*	4th
Utilization	Hospitalizations: Psychiatric*	4th
Health Outcomes	HIV	4th
Health Outcomes	Diabetes	4th
Health Outcomes	Obesity	4th
Health Outcomes	Physical Activity	4th
Health Outcomes	Cancer Incidence - All Sites*	4th
Health Outcomes	Cancer Incidence - Breast*	4th
Health Outcomes	Cancer Incidence - Colon and Rectum*	4th
Health Outcomes	Cancer Incidence - Lung*	4th
Health Outcomes	Cancer Incidence - Prostate*	4th
Utilization	Hospitalizations: Preventable Diabetes*	4th
Utilization	Hospitalizations: Preventable Hypertension*	4th
Health Outcomes	Childhood Obesity	4th
Health Outcomes	Preterm Births*	4th
Health Outcomes	Teen Births*	4th

Community Service Plan - Focus & Interventions

Community of Focus

Based on the data process of analytics and prioritization, ***Gracie Square, in partnership with NewYork-Presbyterian Hospital (NYPH) will target efforts in the Washington Heights and Lower East Side neighborhoods*** to allow us to invest and concentrate efforts and directly impact a high need community within the three-years of the service plan.

Priority Areas of Focus & Initiatives

The data outlined allowed us to identify a community of focus as well as priority areas to impact the healthcare of the most vulnerable populations. Gracie Square has selected the following priorities for the 2019-2021 Community Service Plan, which were reviewed as well as approved by senior management and the hospital board on December 4, 2019.

Community needs not addressed and why

Gracie Square is committed to serving the community through its mission “to provide the highest-quality, state-of-the-art mental health and chemical dependency treatment in a warm, healing environment”. In selecting priority areas for the 2019-2021 Community Service Plan we considered our inpatient psychiatric facility skills and capabilities as well as opting to concentrate on a selection of needs we believe we can meaningfully impact.

Although it may appear that Gracie Square’s mission and programs are not directly aligned to advance health improvement in the aforementioned clinically- oriented areas, such as HIV, obesity, cancer and chronic disease treatment, these conditions directly affect the mental and behavioral health of those in Gracie Square’s target community and population base. As a result, Gracie Square has factored these community members into its Community Service Initiative Plans in a way to continue to offer strength and resilience to those faced with chronic and/or acute clinical diagnosis, as well as other mental and behavioral health challenges.

2019-2021 Community Service Plan Initiatives:

Promote Well-Being & Prevent Mental & Substance Use Disorders

Focus Area 1: **Promote Well-Being**

Goal 1.1: **Strengthen opportunities to build well-being and resilience across the lifespan**

Initiative #1

Prioritized Need: Prevent Mental and Substance Use Disorders **Strategy: Implementation of the Mental Health First Aid Program for the college student population**
Background summary: E.g. Target population; statistics showing need, etc. Mental health first aid (MHFA) is an international training program proven to be an effective intervention for mental health education, prevention and addressing stigma. Peer-reviewed[1] studies show that individuals trained in the program achieve the following outcomes: • Grow their knowledge of signs, symptoms, and risk factors of mental illnesses and addictions. • Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction. • Increase their confidence in and likelihood to help an individual in distress. • Show increase mental wellness themselves. Mental health first aid USA is listed in the substance abuse and mental health services administration's national registry of evidence-based programs and practices
Objective: (i.e. anticipated impact) • Conduct assessment of staff across GSH to ascertain internal training need • Conduct assessment of Universities and Colleges to ascertain training need • Identify 5-10 Colleges and Universities provide MHFA training

1

Systematic Review and Meta-Analysis of Mental Health First Aid Training: Effects on Knowledge, Stigma, and Helping Behavior Morgan, A., Ross, A., & Reavley, N. (2018, May 31). Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behavior. PLoS One, 13(5). doi:10.1371/journal.pone.0197102

Actions:

- Credential GSH staff to lead MHFA trainings
- Begin outreach to NYC Colleges and Universities – identify 5-10 Colleges and Universities to discuss strategy for MHFA training implementation
- Conduct 10-20 MHFA trainings a year

Partners: NYPH and list others

- NewYork-Presbyterian Hospital
- NYC Colleges and Universities, partners will be selected by expressed need of the said NYC Colleges and Universities.

Performance Measures:

- Number of trainings and participants

Initiative #2

Prioritized Need: Prevent Mental and Substance Use Disorders

Strategy: Implementation of geropsychiatric telepsychiatry services

Background summary:

Based on the expertise that Gracie Square Hospital (GSH) can bring to the behavioral health priority area, we will partner with NewYork-Presbyterian Hospital (NYPH) to invest and concentrate efforts to directly impact the NYPH targeted communities with a special focus by GSH in Washington Heights and Lower East Side neighborhoods.

Objective:

Implementation of geropsychiatric tele-psychiatry services. OMH licensed mental health program providing treatment in the home, community, and clinic sites in targeted communities and for targeted patients utilizing in-person and tele-mental health modalities.

Actions:

- Provide targeted substance use, mental health and suicide screening and interventions (diagnostic evaluations, psychotherapy- individual, group, psychiatric medication management)
- Home based and tele-mental health treatment for homebound elderly
- Community based workshops in seniors centers and naturally occurring retirement communities (NORC) related to mental health and wellbeing
- Community partnerships reducing mental health stigma through engaging and collaborative community prevention programs
- Services accessible and embedded in home, community and seniors centers
- Evidence based/ state of the art interventions incorporating screening and assessment tools, suicide prevention, and models of care (eg. Impact- improving mood-promoting access to collaborative treatment)
- Linkage to community based mental health, primary care and social service programs
- Responsive and dependable framework of prevention, screening, engagement, diagnosis, and treatment from community to high risk

Performance measures:

- Clinical symptoms:
  - Depression- (phq-9)
  - Anxiety (gad-7)
  - Trauma and ptsd (trauma measure)
  - Dementia (folstein minimental status exam)
  - Substance and alcohol use (dast and audit)
- Number of individuals receiving preventive and intervention services
- Linkage of individuals to ongoing mental health, social service, and medical care

Performance Measures And Time Targets 2019-2021:

- Start providing targeted substance use, mental health, and suicide screening and interventions (diagnostic evaluations, psychotherapy- individual, group, psychiatric medication management)
- Community based workshops in seniors centers related to mental health and wellbeing
- Community partnerships reducing mental health stigma through engaging and collaborative community prevention programs
- Services accessible and embedded in home, community and seniors centers
- Evidence based/ state of the art interventions and programs
- Linkage to community based mental health, primary care and social service programs.
- Continue providing targeted substance use, mental health, and suicide screening and interventions (diagnostic evaluations, psychotherapy- individual, group, psychiatric medication management)
- Start home based and tele-mental health treatment for homebound elderly
- Services coordinated between home, community and seniors centers
- Home based and tele-mental health treatment for homebound elderly
- Responsive and dependable framework of prevention, screening, engagement, diagnosis, and treatment from community to high risk

Implementation Partners:

- Identify CBO outpatient health, mental health and community service providers including (Service Program For Older People (SPOP), Center of Excellence for Alzheimer's disease (CEAD), Emory Disorders Clinic,
- New York-Presbyterian Ambulatory Care Clinic
- Partner with seniors centers and community programs
- Coordinate with nursing homes and homebound residents
- Coordinate with NYC Department For The Aging
- Coordinate with NAMI and consumer organizations

References:

1. Mental Health Screening Of Older Adults In Primary Care, Davis, Mary Et Al, J Ment Health Aging. 2002;8(2): 139-149.
2. Psychiatric Assessment And Screening For The Elderly In Primary Care: Design, Implementation, And Preliminary Results, Abrams, Robert Et Al, Journal Of Geriatrics, Vol 2015, Art Id 792043
3. Evidence-Based Practices In Geriatric Mental Health Care, Bartels Stephen Et Al, Psychiatric Services, Nov 2002, Vol 53. No 11.
4. Https://Www.Integration.Samhsa.Gov/Integrated-Care-Models/Older-Adults

Initiative Progress Tracking

Progress tracking will be maintained quarterly by the Gracie Square leadership team. Quarterly findings will be used as a quality performance improvement process to refine processes and program developmental efforts to ensure needs of the population are met. The quarterly updates will then to be used to compile an annual report to meet both the state and federal expectations of reporting.

Assets & Resources

Gracie Square recognizes that there are existing assets, resources, and partners which may be leveraged for both expertise and economies of scale to deploy initiatives collaboratively for the benefit of community health improvement. Several notable assets/resources follow.

Asset Name	Brief Description
GSH Community Lecture Series	Gracie Square Hospital will provide community lectures with expertise in specific topics in behavioral health.
GSH Nutrition Awareness	Gracie Square Hospital will provide information focused on the importance of developing sound eating and physical activity habits during National Nutrition Month (March).

Website Availability

The Community Health Needs Assessment and Community Service Plan can be found on the Gracie Square website at http://www.nygsh.org/community-health-needs.html.

Appendix A

Quantitative Data Sources

Data Source	Data Period	Publicly Available Website
Association for Neighborhood & Housing Development	2018	https://anhd.org/report/how-affordable-housing-threatened-your-neighborhood-2019
Behavioral Risk Factor Surveillance System (BRFSS) New York State	2016	https://www.cdc.gov/brfss/index.html
Citizen's Committee for Children Keeping Track Online	2017	https://www.cccnewyork.org/
Claritas	2019	N/A
Data City of New York	2018	https://opendata.cityofnewyork.us/
Data2Go.NYC	Varies by indicator 2010-2016	https://data2go.nyc
Definitive Healthcare	2019	N/A
New York City Mayor Report	2005-2017	https://www1.nyc.gov/site/opportunity/poverty-in-nyc/data-tool.page
Nielsen	2019	N/A
NYC Health Atlas	Varies by indicator 2010-2015	https://www1.nyc.gov/site/doh/health/neighborhood-health/nyc-neighborhood-health-atlas.page
NYC Community Health Profiles	Varies by indicator 2011-2017	https://www1.nyc.gov/site/doh/data/data-publications/profiles.page
Office of the State Comptroller	2018	https://www.osc.state.ny.us/localgov/pubs/research/foreclosure-update.pdf#search=%20foreclosure%20
State Cancer Profiles	2018	https://statecancerprofiles.cancer.gov/
U.S. Department of Agriculture	2015	https://www.fns.usda.gov/data-research