

**CALL TO ORDER - 3:00 PM**

**Executive Session**

1. Adoption of Minutes: NOVEMBER 21, 2019

**Chair's Report**

**President's Report**

**Legislative Update**

**Informational Item** – Correctional Health Services – Therapeutic Units

**>> Action Items<<**

2. Approving the New York City Health and Hospitals Corporation **Annual Board Committee Assignments** Effective January 1, 2020, as set forth in the attachment hereto as mandated by Article VI, section 1(c) of the By-Laws.

3. **AMENDED** - Authorizing the Executive Director of **MetroPlus Health Plan, Inc. ("MetroPlus")** to negotiate and execute an extension to the existing contract with **Beacon Health Strategies, LLC ("Beacon")**, to provide behavioral health management services through June 30, 2020; and

Authorizing additional funding of \$10.25M to cover the extension period.  
(MetroPlus Board – 10/29/2019) **Vendex: Pending / EEO: Pending**

4. Authorizing the **amendment of the By-Laws of MetroPlus Health Plan, Inc. ("MetroPlus")** amending Section 2 of Article VII of the Bylaws of MetroPlus to read as follows:  
"Section 2. **Standing Committees**. The following committees shall be designated as standing committees:  
Executive Committee, Finance Committee, **Quality Assurance/Performance Improvement Committee**, Audit & Compliance Committee, Customer Services and Marketing Committee"  
And further authorizing the amendment of Article VII, Section 5 of the MetroPlus Bylaws to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include:  
"overseeing performance improvement activities to foster sharing of performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices."  
(MetroPlus Board – 10/29/2019) **Vendex: NA / EEO: NA**

5. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a ten year lease **with 2356 Partners LLC (the "Landlord")** for the use and occupancy of approximately 2,100 square feet of ground floor space at 2356 Nostrand Avenue, Brooklyn to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program"), managed by NYC Health + Hospitals/Kings County Hospital Center (the "Facility") at a rent of \$108,000 per year, or \$51.43 per square foot to be escalated by 3% per year for a total of \$1,238,099 over the ten year term with an option to terminate after four years exercisable only by the System if funding is reduced.  
(Capital Committee – 12/12/2019) **Vendex: NA / EEO: NA**

6. Amending the resolution adopted in September 2019 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") authorizing the execution of a 30 year lease with **Camelot of Staten Island, Inc. ("Camelot")** with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View (the "Facility") on land including the Administration Building with such amendment increasing the initial term to 50 years with Camelot holding a ten year renewal option thereby yielding rental income to the System over the initial term of \$24,371,087 at \$12.50 per sq. ft. escalated by 2.5% per year.  
(Capital Committee – 12/12/2019) **Vendex: Approved / EEO: NA**

7. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with **Johnson Controls Inc.** (the "Contractor") to provide Building Management System maintenance services at various facilities throughout the System over a three year term with option exercisable solely by the System, for two one-year extensions, for an amount not to exceed \$15,510,315.  
(Capital Committee – 12/12/2019) **Vendex: Approved / EEO: Approved**

Mr. Pagán

Mr. Pagán

Dr. Katz  
Ms. Di Bacco  
Ms. Yang

Mr. Pagán

Ms. Hernandez-Piñero

Ms. Hernandez-Piñero

Mr. Peña-Mora

Mr. Peña-Mora

Mr. Peña-Mora

**Committees and Subsidiaries Report**

- Audit
- Capital
- HHC Accountable Care Organization
- MetroPlus

**Executive Session | Facility Governing Body Report**

- NYC Health + Hospitals | Bellevue
- NYC Health + Hospitals | Harlem

**Semi-Annual Governing Body Report (Written Submission Only)**

- NYC Health + Hospitals | North Central Bronx
- NYC Health + Hospitals | Jacobi

**>>Old Business<<**

**>>New Business<<**

**Adjournment**

Ms. Arteaga Landaverde  
Mr. Peña-Mora  
Dr. Katz  
Ms. Hernandez-Piñero

Mr. Pagán

Mr. Pagán

## **NYC HEALTH + HOSPITALS**

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 21st day of November, 2019, at 3 P.M., pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. José Pagán  
Mr. Matthew Siegler  
Mr. Scott French  
Ms. Barbara A. Lowe  
Dr. Oxiris Barbot  
Mr. Robert Nolan  
Ms. Helen Arteaga Landaverde  
Ms. Sally Piñero-Hernandez  
Mr. Feniosky Peña-Mora  
Ms. Anita Kawatra

Mr. Pagán, Chair of the Board, called the meeting to order at 3:08 p.m. Mr. José Pagán, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Scott French was in attendance representing Steven Banks. Matthew Siegler represented Dr. Mitchell Katz. Both acted in a voting capacity.

### **ADOPTION OF MINUTES**

The minutes of the meeting of the Board of Directors held on October 31, 2019 were presented to the Board. Then on motion made and duly seconded, the Board unanimously adopted the minutes.

**RESOLVED**, that the minutes of the meeting of the Board of Directors held on October 31, 2019, copies of which have been presented to this meeting, be and hereby are adopted.

### **Vendex Approvals**

Mr. Pagán noted that following NYC Health + Hospitals' process of approving contracts prior to Vendex approvals, there are three new items on today's agenda requiring Vendex of which two have Vendex approval. There are eight items from previous board meetings pending Vendex approval, which are in the Board materials. Since we last met

we have received five vendex approvals; we will continue to notify the Board as outstanding vendex approvals are received.

### **Legislative Update**

Ms. Brown presented the legislative report and provided the Board with an update on the status of the Medicaid Disproportionate Share Hospital payments cuts delay bill in Washington, which the House and Senate have passed to continue payments until December 20, 2019. Health + Hospitals will continue to work with its partners on this endeavor.

The details of a potential Medicaid funding cut from the State is still evolving and the Board will be kept inform as details become available.

The Chief Information Officer, Kevin Lynch and other members of the Health + Hospital team testified before the City Council to provide an update on the electronic medical record implementation.

### **President's Report**

Mr. Pagán turned the meeting over to Matthew Siegler to present the President's report.

Mr. Siegler updated the Board on the status of the NYC Care Program launch in the Bronx. There are approximately 7,500 members currently enrolled with a target of 10,000 in the first six month of program launch. He also highlighted that MetroPlus is in its current open enrollment period. Mr. Siegler also notified the Board that Dr. Katz along with City Officials and community partners signed a joint statement praising the court's ruling that halted the Trump Administration's rule limiting visas for new immigrants based on them seeking health care and other benefits. NYC Health + Hospitals also celebrated the five-year anniversary of the heroic treatment and care provided by NYC Health + Hospitals/Bellevue to Dr. Craig Spencer, the first Ebola positive patient treated in the United States. A congratulatory note from former President Obama to the Bellevue team also marked this anniversary.

### **ACTION ITEM 2:**

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a renewal of a revocable five-year license agreement with **Eyes and Optics** (the "Licensee") for the continued use and occupancy of approximately 140 square feet of space on the 8th floor of the "E" Building to operate an optical dispensary at NYC Health + Hospitals/Kings County (the "Facility") at an occupancy fee of \$34.78 per square foot for a total annual occupancy fee of \$4,869 to be escalated by 3% per year for a total over the five year term of \$25,850.

This item was presented before the Capital Committee on 11/12/2019

Mr. Vincent Mulvihill, Deputy Executive Director for NYC Health + Hospitals/Kings County Hospital presented on the history of Eyes and Optics with the System, the benefits of these services to patients and staff, and a history of the rental cost.

Following discussion and upon motion made and duly seconded, the Board unanimously approved the resolution.

**ACTION ITEM 3:**

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with **Firemaxx Inc.** ("the Contractor") to provide fire alarm preventive maintenance, testing and repair services on pre-determined schedule at various facilities throughout the System over a three year term with an option, exercisable only by the System, for two one-year extensions for an amount not to exceed \$8,935,376.

This item was presented to the Capital Committee on 11/12/2019.

Ms. Christine Flaherty, Senior Vice President Office of Facilities Development and Mahendranath Indar, Senior Director Office of Facilities Development, Louis Iglhaut and Manuel Saez also from the Office of Facilities Development presented.

Ms. Flaherty provided a background and current state of the mandated inspection and testing for fire protection testing equipment across the System. She further described the procurement process and MWBE sub-contracting plan.

Following discussion and upon motion made and duly seconded, the Board unanimously approved the resolution.

#### **ACTION ITEM 4:**

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with **MICO Cooling Corp.** ("the Contractor") to provide refrigeration maintenance services on pre-determined schedule at various facilities throughout the System over a three year term with an option, exercisable solely by the System, for two one-year extensions, for an amount not to exceed \$8,507,640

This item was presented to the Capital Committee on 11/12/2019.

Ms. Flaherty presented. She provided a background and the current state of the existing contract to provide maintenance of the approximately 1,643 refrigeration units across the System. She further explained the procurement process, with a notification to the Board that MICO is a WBE firm.

Following discussion and upon motion made and duly seconded, the Board unanimously approved the resolution.

#### **COMMITTEE AND SUBSIDIARIES REPORTS**

Mr. Pagán noted the Committee and Subsidiary reports are in the Board members folders and would be submitted into the meeting record, and he asked for questions or comments about the reports.

On behalf of Dr. Katz, Mr. Siegler notified the Board that Roslyn Weinstein, Vice President for the Office of Facilities Development will be retiring and asked that the Board recognize her hard work and commitment to NYC Health + Hospitals for the past 25 years.

Ms. Weinstein was recognized with a round of applause and a standing ovation.

#### **EXECUTIVE SESSION**

Mr. Pagán then requested the Board's approval to convene an executive session to discuss confidential and privileged quality assurance information noting that some of the information may related to proposed or actual litigation and/or confidential medical information of patients.

A motion was made, seconded, and approved to enter into the

executive session.

Mr. Pagán asked that only those specifically invited to do so remain in the Boardroom.

**FACILITY GOVERNING BODY/EXECUTIVE SESSION**

The Board received and approved a semi-annual governing body report from NYC Health + Hospitals/ Metropolitan.

**ADJOURNMENT**

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:15 P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

### **GOVERNANCE COMMITTEE - Thursday, October 31, 2019**

**As reported by: José Pagán**

**Committee Members** - José Pagán; Helen Arteaga Landaverde; Vincent Calamia;

**Staff** - Andrea Cohen; Colicia Hercules; James Morrison

The meeting was called to order at 2:35 pm by José Pagán. Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on September 26, 2019. The motion was seconded and the minutes were unanimously approved.

Mr. Pagán introduced the resolution and explain the propose by-laws amendment is to ensure the efficient operations of the Board Standing Committees. The removal of this stipulation does not affect any regulatory requirements.

**Authorizing the amendment of Article VI, Section 9 of the By-Laws of the New York City Health and Hospitals Corporation (the "System") to remove the requirement that the chairperson of the Community Relations Committee also serve as an *ex officio* member of the Quality Assurance/Performance Improvement Committee.**

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

There being no further business, the meeting adjourned at 2:44 p.m.

### **Strategic Planning Committee - November 7, 2019**

**As reported by: Gordon Campbell**

**Committee members present:** Gordon Campbell, José A. Pagán, Dr. Mitchell Katz.

Mr. Gordon Campbell, Chairman of the Strategic Planning Committee, called the November 7th meeting of the Strategic Planning Committee (SPC) to order at 10:05 A.M. A quorum was not established. Mr. Campbell deferred the adoption of the May 16, 2019 minutes of the Strategic Planning Committee meeting.

Dr. Wei, Chief Quality Officer, greeted members of the Committee and introduced his colleagues, Ted Long, M.D., Vice President, Ambulatory Care, Nichola Davis, Sr. Assistant Vice President, Population Health and Krista Olson, Sr. Assistant Vice President, Revenue Budget. He informed the Committee that Matthew Siegler, Sr. Vice President, sends his regrets as he and Deborah Brown, Senior Vice President, were on their way to Albany to meet with Senate and Assembly Members. Today's agenda include:

- FY 2019 Recap



- FY 2020 Dashboard Updates
- Q1 Performance

Dr. Wei reported on key FY 2019 successes:

Epic:

By December 7<sup>th</sup>, with the addition of Kings County, all of our acute hospitals and associated ambulatory Gotham clinics will be onto the same EMR.

E-Consult:

Over 160,000 e-consults completed.

Express Care:

Two successful launches of Express Care in Lincoln and Elmhurst.

Dr. Wei reported that the core priorities and strategic pillars remain the same as represented below:

- Improve *Quality and Outcomes*
- Improve *Care Experience*
- Achieve *Financial Sustainability*
- Improve *Access to Care*
- Build a *Culture of Safety*

In Calendar Year 2020, the goal is to continue to build momentum and improve execution on key projects and priorities.

Dr. Wei reported on updates to new metrics for FY20 as discussed with the Board:

1. Add NYC Care enrollment as a goal.
2. Seasonally adjust insurance application metric to account for increase during ACA open enrollment period. It is not realistic to expect the same number of applications every quarter.
3. Adjust EPIC metric once all acute care facilities go-live. It does not make sense to keep putting a big implementation as a metric. EPIC metric will change from measure or roll out progress to potential metrics that identify or measure optimization/utilization such as, my chart activations, utilization of standard order sets or number of records shared across Health + Hospitals.
4. Adjust Culture of Safety metrics to see improvement in the overall safety grade. The HR patient safety culture survey is only administered every two years. It is hopeful that this metric would be implemented by January of 2020 to be able to report on the number of good catches reported in the incident reporting system going forward. Indicative staff have the psychological safety to report issues.

**INFORMATION ITEM**

Strategic Planning Committee Update and System Dashboard  
Dr. Eric Wei  
Chief Quality Officer

Dr. Wei turned the presentation over to Dr. Ted Long to report on the first quarter of FY 20 July-September 2019:

**Access to Care:**

1. Unique primary care patients seen in last 12 months: Data not available. Will report back after transitioning to EPIC.
2. Number of E-consults completed/quarter: Positive trending measure. Right on track. It is labeled green because we are ahead by 393 of target. Almost doubled from the prior period. It is increasing exponentially. Recently, we unlocked the ability to do inter-facility E-consult for everywhere in the system. The goal is to standardize the process throughout the system.
3. NYC Care (New as of Q1 FY20): positive trending measure. Enrollment surpassed 7,500 people. We are well ahead of the six-month target.

Dr. Wei invited Krista Olson to report on the next pillar.

**Financial Sustainability**

4. Patient Care Revenue/Expenses: positive trending measure. Ratio of revenue to expense. The final number is over the target.
5. # insurance applications submitted/quarter: This measure is under the target for the following reasons:
  - a. The target was set aggressively to capture more opportunities.
  - b. Seasonality - increase in open enrollment period.
  - c. EPIC roll-out ER - work flow delays. Improvement expected over the course of the year.
6. % of M+ medical spend at H + H: On track. It is actually up 2.6% from the same period last year, which is flat from the prior period.
7. Total AR days per month (excluding in-house): 51.3. This metric is above the target of 45. It is a positive trending measure as post EPIC increase is coming down.

Dr. Wei reported on the Information Technology Pillar.

**Information Technology**

8. EPIC implementation milestones: 100%. On track.

**As a follow-up** - after the system-wide implementation of EPIC there will be considerations to change this metric to the EPIC impact on patient care and revenue impact.

9. ERP milestones remains at 80%. Slight delays in getting us off those dreaded e-time sheets, the electronic system.

**Quality and Outcomes**

10. Sepsis 3-hour bundle: 71.2%, well outpacing the New York State benchmark of 63.5% - was prior year at 66.1%. Many of our

facilities have been highlighted as top performers by the New York State Department of Health.

11. Follow-up appointment kept within 30 days after behavioral health discharge: dropped from 56.5% to 54.7%. It is a value proposition for patients to come back to the facility. In the past, patients were able to walk straight from discharge to the clinic. It does not count anymore because the follow-up appointment cannot be the same day.
12. HgbA1c control < 8: Increased to 1.2% from last year. Positive trending measure. Dr. Nichola Davis stated that it is a pretty complex metric to move. Nationally a paper just came out recently that shows it has not moved nationally since 2005. Some of the highlights of our progress are listed below:
  - a. Data and Performance Improvement Support: Data sent out to facilities every month to chronic disease teams. Data include: A1C outcomes as well as a list of patients that have maybe fallen out of care and, patients that need to outreach. Each facility works in teams to complete an annual diabetes self-assessment, which is used to release a chronic disease tool kit to develop performance improvement plans.
  - b. Staffing: Since July 2018, 29 additional nurses were hired across the system. Their responsibilities are 50% of chronic disease coordination work and 50% of direct patient care. Their focus is patients with poorly controlled diabetes, doing education, and working with their providers to do medication titration. CDE courses that are four days in length as well as several one-day diabetes introductory classes are open to all staff, including PCAs and all levels of nursing staff. These sessions will continue in 2020.
  - c. Medication Management: Over a year ago, 90-day medication is set as the standard for chronic disease medications. In addition, the diabetes team make sure that uninsured patients had access to supplies as well as insulin pens and are able to test their glucose level. Finally, point of care A1C testing were established at 17 of the sites, which allows the patients that have not been seen for a while to have their blood test done and the result given to them right away so that an intervention can be done during that visit.
  - d. Prevention: The first obesity strategy was recently launched across Health + Hospitals focusing on obesity management as well as diabetes prevention. A life style counselor will be going around to several of the facilities to implement the diabetes prevention program. Efforts are being made to create a healthier facility in terms of the food environment by removing the sugar beverages from the facilities.
  - e. Innovative Technology and Peer Support: Completed a pilot on diabetes self-management app that is being used by patients at two facilities last year. It is essentially like a diabetes coach in your pocket. Patients enter in their finger sticks and get feedback directly from the app as to what to do with their finger stick. If they are going out to eat, they can put the information in the app and the app will give them food choices at

the different restaurants according to their nutrition. The app is available in English and Spanish. Over 300 patients are currently using the app. In addition, a peer mentoring support program which is all phone based where patients are receiving coaching from patients who have successfully controlled their diabetes, is being implemented both at Kings and Cumberland. Approximately 300 patients are receiving that peer mentoring support, which is being evaluated for expansion. Next week, mobile insulin titration intervention (MITI) will be launched at other facilities after its successful implementation at Bellevue. Essentially rather than the patients coming in to get their insulin titrated, they will receive a text. The patients will text in their finger sticks results; and, once a week the nurse who reviewed all the texts will text the patients back with recommendation on their insulin level.

13. % Left Without Being Seen in the ED: this metric is bouncing around a bit due to seasonality variation. It is at 7.83% compared to 7.19% prior period. It is down almost 1% from last year. It is highlighted as both a success and a challenging metric.

**As a follow-up**, Mr. Campbell requested a clarification on the definition of Left Without Being Seen in the ED, he further suggested that the clarification be updated on the Dashboard Glossary.

#### **Care Experience**

14. Inpatient care -overall rating: metric is up 1.2% from last quarter to 62.6% and up 1% from the same period last year. Through collaboration with OneCity, ten of our facilities will become plain tree patient centers certified. It will build upon ICARE for values training.
15. Ambulatory Care (medical practice) Recommend Provider Office: the metric decreased slightly by 1%. This is a very important metric which talks about earlier retention and the number of patients in the system. Improvements include two case studies: one on the Gotham side and one on the hospital side:
  - Gotham side: Happy or Not meters were strategically placed in the clinics to gauge feedback in real time. A Gotham Patient Experience Committee with representatives from all sites was created to talk about patient experiences and issues at their sites and to find best practices to implement across all the Gotham sites. A greeting script at the front desk has been implemented to welcome the patients. Administrative sessions were also established. Each week, the administrators carve out time intentionally to go to the front desk and register people so they can see and feel patients experience firsthand, in order to effect improvements.
  - Hospital side: At Bellevue, 32 Happy or Not meters were strategically placed in the department to evaluate the different experience in one place compared to another. An Adult Primary Care Patient and Family Advisory Committee (PFAC) was located so staff can work closely with patients to hear from the patients

and families on their perspective on service delivery. In addition, in collaboration with the Beryl Institute several changes were made throughout the system such as: improving bathrooms, clarifying the billing processes by printing the dollar amount for every patient on the card and improving notifying patients of waiting time in the clinic.

16. Post-acute care - likelihood to recommend (mean) {2016}: metric has jumped from 80.7% to 87.1%. It is above the target of 86.3%.

#### **Culture of Safety**

17. Acute Care - Overall Safety Grade: survey was completed last month. Data is not yet available but will be submitted at the next Strategic Planning Committee Meeting.
18. Number of Good Catches (New as of Q1 FY20): 478 across the system.

Mr. Campbell commented that the nice thing about the whole discussion today is that it is all about the numbers, but it is the care of the patients behind the numbers that matters the most. He commended the dashboard team for their good work.

#### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 11:00 AM.

**Medical and Professional Affairs Committee- November 7, 2019**  
**As reported by: Dr. Vincent Calamia**  
**Committee Members Present-** Vincent Calamia, Jose Pagán, Mitchell Katz, Barbara Lowe.

Dr. Calamia, called the meeting to order at 11:06AM. Gerald Cohen represented Ms. Kunins, in a voting capacity. The Committee voted to adopt the minutes of the July 18th, 2019 Medical and Professional Affairs Committee.

#### **CHIEF MEDICAL OFFICER REPORT**

Machelle Allen MD, SVP/Chief Medical Officer, reported on the following initiatives.

#### **KEY ACCOMPLISHMENTS**

- **LIS** Laboratory Information Systems (Cerner) system wide go lives in conjunction with the H<sub>2</sub>O implementation at all acute care facilities and Gotham facilities
- **System wide standardization and implementation** of laboratory equipment (Hematology, Chemistry, Coagulation). 1<sup>st</sup> time the entire system has been on the same equipment. This includes the

development of a point of care (POC) framework to support future growth.

- **System wide standardization and centralization** of invoicing for St. George's medical students; \$9.7m received in the past year.
- **System wide standardization** of a single PACS imaging platform
- **Selection of a single vendor, GE**, to provide imaging equipment and maintenance for the enterprise
- **Consolidation and regionalization** of Stroke services and Pediatric trauma services
- **2 New Pediatric Trauma Sites** certified by the American College of Surgeons–Bellevue and Jacobi
- **Implemented a regionalized** approach to bariatric services at Bellevue, Harlem, and Jacobi, with Kings County Hospital coming online in 2020.
- **Fully functional Family Justice Centers** (domestic violence mental health centers) in all 5 boroughs
- **Maternal Depression Screening** occurring in all maternal health and pediatric facilities
- **Implementation of behavioral health/primary care** presence in Meyer shelter
- **Expansion of primary care screening** for substance use disorders (SUD)
- **Establishment of CATCH teams** to identify SUD at risk in general care areas, especially for opiate use and potential overdose in six hospitals with high opioid use rates.
- **Establishment of ED Lead teams** in Emergency Department to screen, identify, and engage those at risk for Opiate overdose and other SUD.
- **Expansion of buprenorphine** prescription in EDs, Primary Care, and behavioral health, including establishment of Buprenorphine/Bridge clinic for buprenorphine prescription.
- **Use of ECHO project** to mentor primary care, ED, and behavioral health providers is use of buprenorphine.

## **BEHAVIORAL HEALTH**

In addition to the key accomplishments previously listed, the Office of Behavioral Health is also focused on the development and implementation of two specialized inpatient units:

1. **OPWDD (Developmental Disabilities) unit at Kings County:** This unit will provide specialized services to this population with developmental disabilities and mental illness. Currently these patients are seen in all of our acute facilities, but this will focus specialized, expert treatment in one unit located at Kings County. H+H is partnering with OMH to develop and operate this unit.

2. **Extended Care unit for homeless individuals:** This unit will be located at Bellevue (changed from previous identified location at Woodhull) and will provide inpatient treatment on an extended basis to this population who often need a longer hospitalization to achieve the level of stability and recovery needed to live and participate in community living situations. Focus is on rehabilitation, recovery, and social support to find more stable housing for this special population.

The Office of Behavioral Health in collaboration with the Office of Population Health and Collaborative Care will assume the operation of the Mental Health Service Corp (Thrive) in January 2020. This program provides training and experience for recent social work, psychology graduates in order to achieve certification in the field of mental health. This is an excellent workforce development program important for H+H to develop and retain mental health clinicians.

#### **2019-2020 FLU SEASON**

NYC Health + Hospitals launched its annual Seasonal Influenza Campaign October 3, 2019. As part of the annual campaign, seasonal flu vaccines are administered, stockpiles of antiviral medications are procured and a robust communications and marketing campaign is launched to encourage vaccination of patients and H+H employees throughout the flu season. Employee vaccination rates as of October 31, 2019 across NYC Health + Hospitals is at 30.50%. The top five facility vaccination rates belong to Sea View, East New York, Lincoln, Queens, and Gouverneur, Gotham. As of October 12, 2019 influenza activity in NYC has been low with influenza-like illness (ILI) visits accounting for 1.6% of all weekly visits. Sporadic influenza activity is being reported by New York State, with a 3% increase over the last week in patients hospitalized with laboratory-confirmed influenza. Across the nation, the Centers for Disease Control and Prevention are reporting 1.5% of visits to healthcare providers were for ILI, below the national baseline of 2.4%. Influenza A(H3N2) viruses are the predominant virus at this point in the season. Once seasonal flu is declared prevalent in New York State by the Commissioner of Health, H+H Central Office Emergency Management will activate its emergency operations center on a protracted basis until the end of flu season to ensure all sites have the needed equipment, supplies, staffing and any additional needs as it relates to seasonal flu impact.

#### **PHARMACY SERVICES**

##### Antimicrobial Stewardship Pharmacist Clinical Service Line Initiative

- Established a business case for integration of clinical pharmacists with Infectious Diseases Providers to lead the antimicrobial stewardship with the goal to:
  - o Improve education on prescribing of antimicrobials
  - o Reduce spend associated with select antimicrobials

- o Improve dosing of antimicrobials such as Vancomycin
- o Reduce overall length of stay for select infectious diseases such as CAP, UTI and Bacteremia

### **Enterprise Pharmacy & Therapeutics Committee**

- Approved the following formulary items:
  - o SMOF LIPIDS - criteria for use is in development
- Items to be sent to Subject matter experts/councils
  - o Multaq will manage as nonformulary for EP use only
  - o Repatha referred and will meet with cardiology council
  - o Pereris (Risperidone) referred and will meet with CNO council
  - 
  - o Mixture at the bedside is burdensome
  - o Duovisc referred and will meet with Ophthalmology
  - o Ofirmev for PDA and Postop use in neonates
    - Referred and will meet with NICU council for criteria for use
  - o Biosimilars initiative - not interchangeable - must review each - but able to purchase the brand and the biosimilar
- 2019 Clinical Initiatives Monitoring Dashboard:
  - o All facilities in green are completely implemented and cost savings are confirmed (Able to provide costs savings if needed)
  - o Facilities in red or yellow are not implemented;
    - Barriers to implementation are identified

### **Pharmacy Internship Initiative:**

- Established a Pharmacy internship corporate pharmacy rotation for pharmacy students with New York Colleges of Pharmacy
  - o St. Johns University
  - o Long Island University
  - o Touro College of Pharmacy
- Students rotate at central office or at various facilities to support the pharmacy departments function while gaining essential training and education in pharmacy practiced

### **Medication Safety Council**

- Committee approved Chair and Co-Chair Michael Inzerillo Director of Pharmacy of Coney Island and Zoraya Pod Director of Pharmacy at Kings County
- Reviewed Joint Commission Standards: Monitoring and reporting of DOAC related adverse events
- Establishing a guidance document on anticoagulation reversal
- Establishing a guidance document on Insulin pump therapy and transitions of care
- Establishing a mission, vision, and charter and goals 2020 for medication safety council



### **Mifeprex Initiative**

- Working with Dr. Marisa Nadas Director of Women's Options, Dept of OBGYN, NYC Health + Hospitals/Jacobi; Goal - is to have Mifeprex available at all acute sites
- Assured that Harlem, Metropolitan and Queens makes available Mifeprex on formulary
- FDA REMS program requires providers to be certified -assured that providers documentation is submitted to the facility

### **RADIOLOGY SERVICES**

Radiology Transformation Program: we have achieved significant progress towards establishing an Enterprise Radiology system where any images can be read at any site within NYC Health + Hospitals using a single platform and generating transparent performance metrics, in such a way that service quality and efficiency are improved.

- Single PACS and Enterprise Worklist solution implemented across Acute Care, Gotham, and Post-Acute facilities, with Elmhurst being the last facility pending system go-live
- Enterprise Radiology Nocturnist program ready for launch, with design and preparation work completed (e.g., program governance, workforce coverage schedule, cross-facility reading workflow)
- Enterprise Radiology Business Intelligence platform in place to report comprehensive and reliable performance metrics in real time (e.g., volume, patient access, operation turnaround time)
- Critical Results Alert Service standardized the critical Radiology finding communication workflow and achieved average communication turnaround time of 8 mins for all facilities
- Enterprise Radiologist Peer Review solution automated case selection and data tracking, to support peer learning and collaboration among all Radiologists
- Radimetrics implementation kicked off to enable automated Contrast and Radiation dose monitoring/ reporting enterprise-wide

**Corporate Imaging Partnership:** we have established a \$224 million agreement with GE Healthcare to replace imaging equipment across our entire system over the next 10 years. This provides us the modernized/ state-of-the-art technology that will produce faster and better image quality, expedite diagnoses and treatment for patients, and standardize radiology experience for patients citywide. Members of Enterprise Radiology Directors Council guided the program design, vendor selection, and implementation planning.

**Radiology Clinical Decision Support:** we have implemented CareSelect Imaging solution, a national standard imaging decision support system

based on the American College of Radiology (ACR) Appropriateness Criteria, along with the Epic roll-out. This system provides guidance at the Point-of-Order, by identifying inappropriate or unnecessary Radiology procedures and encouraging delivery of high-value/ quality patient care. It also helps us meet the Protecting Access to Medicare Act (PAMA) regulation requirements (i.e., referring providers should consult appropriate use criteria (AUC) prior to ordering advanced diagnostic imaging services for Medicare patients). Members of Enterprise Radiology Directors Council are driving the adoption of CareSelect solution across the enterprise, by engaging various clinical councils/ stakeholders (e.g., ambulatory, ED).

**Imaging Center of Excellence Program:** we have worked with OneCity Health and Gotham Health teams to establish Imaging Center of Excellence planning for Gotham Outpatient Imaging and Hospital based Specialty Imaging services. A total of \$53M has been budgeted through Capital Restructuring Financing Program (CRFP) and NYC Health + Hospitals for the creation of an enhanced imaging program. It provides NYC Health + Hospitals and Performing Provider System (PPS) DSRIP partners access to state-of-the art imaging centers and equipment. The enterprise-wide program will enable better imaging service management and result in enhanced care, more timely access to diagnostic testing, and greater efficiency. Patient satisfaction should improve by enabling patients to schedule imaging services at the site of their choice with the assurance that their providers will receive prompt access to the results.

#### **System Chief Nurse Executive Report**

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee, OPCC Operational Programs activities as of September 19, 2019.

#### **Care Experience Task Force:**

a. Inpatient, Post-Acute, Gotham, Community Care, Corrections  
**Status:** Created team charter, aligned goals with Strategic Plan, current state assessment done (8/2019); revised education curriculum for system Nursing Orientation. Created refresher curriculum; curriculum in build for Learning Management System in Peoplesoft; crowd sourced ICARE videos in production by 10/30/19 and add to curriculum.

#### **Nurse Residency Program: - Inpatient**

**Status:** 2 active cohorts; gap analysis of curriculum; revised curriculum; recruiting on 3<sup>rd</sup> and 4<sup>th</sup> cohorts  
Plan for CNO Reception to re-launch (9/27/2019); hired coordinator start date 9/16/2019; 3 active cohorts as of 9/30/19; revised curriculum implemented, CNO reception completed; cohort 3 (n=63), Total (n=134)

**Professional Practice Model/Shared Governance Structure:**

Inpatient, Post-Acute, Gotham, Community Care, Corrections

**Status:** Need assessment (7/2019); CNO Council planning; reviewed governance history; current state assessment on 9/23/2019; design session on 9/24/2019; Pre-SG meeting done 9/23/19; design session #1 done 9/24/19; PPM design #2 10/22/19

**Nurse Mentorship:** Inpatient

**Status:** Need assessment 8/2019; hired coordinator start date 9/16/2019; program goal, mission statement completed 9/30/19; potential candidates identified; pilot of 5 mentors in November.

**Specialty Training for NPs/Pas - Inpatient**

**Status:** Core team created; current state assessment (8/2019); reviewed existing programs in other systems (8/2019); coordinator in OPCC assigned 9/16/19; follow-up to include Dr. Allen's representative and HR.

**Partnership with Schools of Nursing-Inpatient, Post-Acute, Gotham, Community Care, Corrections.**

Core team created; plan for school fair in December; core team with Office of Workforce Development  
Education Fair planned for 11/14/19 in Bellevue.

**Agency Nurses Orientation:** Develop a plan of orientation and onboarding for regular and out-of-turn agency nurses.

**Status:** Logistics presented at the OPCC meeting and emphasized opportunities to onboard agency nurses.  
Recommend using the John's Hopkins Model to onboard agency nurses through use of blended learning and preceptor-guided unit-based orientation.

**Council of Nurse Educators (CONE):** Facilitate and monitor charges for each 9 workgroups

**Status:** Workgroups (8) convened on 8/15/19 -first meeting to define charges for each workgroup; orientation and fellowship group merged as 1 workgroup; # of workgroups = 7; M. Paguirigan appointed by Systems CNE to facilitate CONE activities - email sent by Dr. Cineas to all CNO's and Chairs of CONE

**Systems Nursing Orientation (SNO):** Provide a general overview of the nursing department

**Status:** Content identified, revised, developed and facilitated by nursing educators; redesigned delivery of SNO to reflect concept-based learning and to reduce orientation days from 2 to 1 day (will pilot redesigned

SNO plan and logistics (scheduling and EPIC component and how it will impact facility-based orientation) presented at the OPCC on 9/19/19

**Agency Nurses Orientation:** Develop a plan of orientation and onboarding for regular and out-of-turn agency nurses  
**Stauts:** Logistics presented at the OPCC meeting and emphasized opportunities to onboard agency nurses;  
recommend using the John's Hopkins Model to onboard agency nurses through use of blended learning and preceptor-guided unit-based orientation.

**Staffing Models: status of implementation:**In-patient; Emergency Department; Peri-op; Ambulatory; Social Work  
**Status:** n-patient: glidepaths completed. CEO/CNO conference call pending for implementation week of 9/23/19. NASH preliminary data due 9/18 & ENA calculator completed 2 weeks ago.  
Peri-op: inventory tool completed. Premier initial call 9/16 completed. Expecting scope of work this week by 9/20/19; Ambulatory: reconcile Peoplesoft HR with Ambulatory current state by 9/25. Model assumptions sent by Ted Long team. ED model completed.

**Non-Vizient Contract Mgmt:** 5 contracts approved and implemented due to Vizient inability to meet staffing needs over time. 8 staff in credentialing for specialty areas. Favorite; Reliable; Onestaff; Fusion; Quest

**NYSNA Prep-** Binders: Completion of binders ( acute, PAC, Gotham); AWS draft schedule submitted; Daily midnight census for 3months submitted. Training support for all facilities and ticket mgmt.: Marcin Dzalo

**Vizient: Finance Management:** PO status /consolidated billing and past due dollar tracking  
Past due dollars at \$1mill week of 9/18 down from 1.7 prior week.  
Developed standard work: Weekly dashboard review of pending timesheets, GHX code balance, open consolidated bills by facility;  
Weekly conf call with facility CNO: this week Jacobi and NCB  
Weekly Finance call on Fridays with F. Covino, Vizient, A/P.

#### **Vizient Daily Operations**

Acute Care-11 sites; post acute:Program review completed with R.Agahi: G.Weick. Go-live: planned 10/7

**Clairvia Program Roll out:** Successful Roll out of 4 waves. 5<sup>th</sup> wave: Harlem/Carter/Coler on 9/15, Final wave 11/30/19; Training support for all facilities and ticket mgmt.: Marcin Dzalo.

#### **MetroPlus Health Plan, Inc.**

Dr. Talya Schwartz, Executive Director, MetroPlus Health Plan presented to the committee on the following:

#### **Finance**

Through Q2 of 2019, MetroPlus has been performing well financially, although growth in expenses is outpacing growth in revenue. Revenue is up Q2 2019 over Q2 2018 by 1.9% as compared to medical expense increases of 3.7%, creating a 1.8% variance negatively effecting net income. Increase in medical expenses is driven by an increase in inpatient utilization, higher case mix index and an increase in contractual rates. Some of this increase in cost is expected as MetroPlus has also experienced an increase in our CRG acuity scores for the Medicaid line of business and a projected increase in Medicare HCC acuity scores based on current claims data. MetroPlus administrative expense remains under 8%, but is up 8.3% due to a one-time \$3 million prior year catch up payment related to employee fringe benefit health expenses, which affected current period net income.

Second quarter 2019 operating income is \$12.8 million. MetroPlus had a \$12.3 million negative adjustment from the prior year, driven by retroactive premium rate adjustment by NY State in the Medicaid line of business, resulting in net income of \$0.5 million. Additional \$2.2 million in net income not captured in the financial report due to reporting timing.

#### MetroPlus Health Plan - Performance through Q2

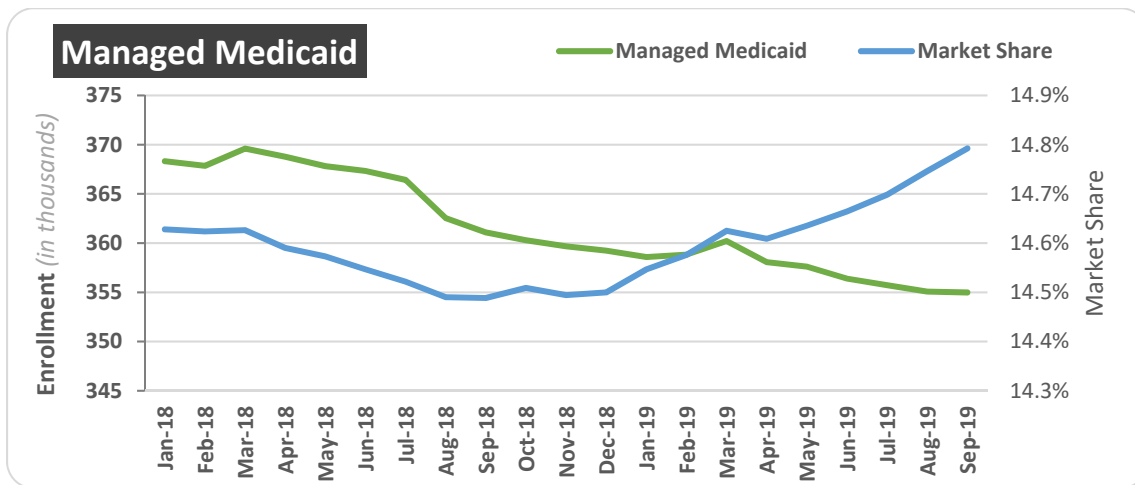
	<u>Q2 - 2019</u>		<u>Q2 - 2018</u>	
	Total	PMPM	Total	PMPM
Member Months	3,122,391		3,125,965	
Total Revenues with Interest	\$1,642,623,468	\$526.08	\$1,613,111,270	\$516.04
Medical Expenses	\$1,500,454,523	\$480.55	\$1,446,560,563	\$462.76
Administrative Expenses	\$129,332,963	\$41.42	\$118,682,987	\$37.97
<b>Prior Year Adjustments</b>	\$ (12,280,757)		\$ (21,130,172)	
<b>Net Income</b>	\$555,225	\$.018	\$24,737,548	\$8.55
General Administrative Expense	\$129,332,963		\$118,682,987	

#### Membership

Total plan membership for September 2019 was 518,277, close to 4,000 members more than September of 2018. Additionally, MetroPlus' Medicaid market share continues to increase slowly.

Membership Summary		
2019	September	518,277
	August	517,761
	July	519,056

2018	June	518,851
	May	520,048
	April	520,522
	March	522,731
	February	518,376
	January	517,659
	December	514,940
	November	514,890
	October	514,318
	September	514,815



#### Membership by line of business

Medicaid	358,706
Child Health Plus	22,099
MetroPlus Gold	17,218
Partnership in Care	3,976
Medicare	7,707
MLTC	2,051
QHP	13,230
SHOP	822
HARP	12,707
Essential Plan	78,019
GoldCare I	1,167
GoldCare II	575

#### Open Enrollment

MetroPlus is in enrollment season. lines of business enrollment year-of business are enrollment period for Plan selection:

**Medicare:** October 15<sup>th</sup>- December 7<sup>th</sup>

#### Season

the midst of open While certain are open for round, some lines limited to open

Medicare Advantage Plan benefit offerings for 2020, will include telehealth benefits, an expanded podiatry benefit, and an OTC benefit of \$200 per quarter. In addition, members who meet specific criteria based on their health conditions may be eligible to receive an additional \$100 OTC benefit per quarter and non-emergent transportation. 2020 MetroPlus Platinum Plan offerings will include a significantly lower premium of \$141.00 and telehealth benefits.

**QHP:** November 1<sup>st</sup> – December 15<sup>th</sup>

MetroPlus has received approval of its annual bid rates, effective January 2020, that reflect increases in medical trend. The individual market rate increased 7.6% and Small Business Health Options Program (SHOP) increased 6%. MetroPlus keeps rate increases to a minimum and remains a less expensive offering on the New York State of Health Exchange. MetroPlus will have the lowest non-standard plan for the Platinum metal level in the individual market. Our non-standard plans offer additional benefits of adult dental and vision coverage, which is a draw for members. With the new rates, MetroPlus will be priced within 2% of the lowest price Gold plan and 5% of the lowest Silver in the individual market. For SHOP, MetroPlus will be the 2nd lowest priced plan for Platinum. For SHOP Gold MetroPlus will be within 5% of the lowest rate and the Silver metal level will be within 6% of the lowest rate.

To expand our QHP membership we are now offering an off-exchange product that targets populations with higher income who do not qualify for government subsidies. Off-exchange products enable individuals to purchase health insurance directly from MetroPlus, outside of the Affordable Care Act Marketplace. Since this product is purchased directly from the Plan and does not involve subsidies, the administrative burden and the documentation requirements are more limited and easier to complete.

**New HRA Rule 2020:** Individual Coverage HRAs can be used to reimburse premiums for individual health insurance selected by employees. Plan selected can be either on or off an exchange. In addition, this regulation provides employers the option to allow employees to pay for off-exchange health insurance by using a salary reduction arrangement under a cafeteria plan, to make up any portion of the individual health insurance premium not covered by the employee's Individual Coverage HRA. In general, the changes will increase worker options for health insurance coverage and increase coverage portability. Employers may start offering Individual Coverage HRAs on January 1, 2020.

Based on preliminary estimates from the Treasury Department, about 800,000 employers are expected to provide HRAs to over 10 million employees to pay for individual health insurance coverage.

**MetroPlus Gold:** November 1<sup>st</sup>– 30<sup>th</sup>

Since the change in health insurance offerings to new City employees as of June 2019, restricting selection to a HIP Plan only for the first 365 days of employment, we have seen stagnation in our Gold product growth compared to almost 30% increase in membership in the year leading to the change.

#### **GoldCare I & II: October 14<sup>th</sup>-25<sup>th</sup>**

MetroPlus is in its third and last year of offering a Large Group Commercial insurance product to the Welfare Fund and daycare workers. MetroPlus offers GoldCare I, a narrower network product centered around the NYC Health + Hospitals System plus most of our community-based network. GoldCare II offers the larger MetroPlus network, inclusive but not limited to NYC H+H. MetroPlus works to keep its premium rates actuarially sound while keeping a focus on affordability. In 2020, MetroPlus will offer a 7.3% reduction for GoldCare I and a 9.7% reduction for GoldCare II, as well as significant co-pay reductions (up to 50%) compared to previous year.

#### **Insurance eligibility screening and enrollment at H+H**

As of September 28<sup>th</sup>, 2019, approximately 78,000 people were referred to MetroPlus for insurance eligibility screening and enrollment at H+H facilities. Approximately 5,000 of the referrals were no-shows, 13% completed a MetroPlus application, 57% of applicants did not qualify for insurance, and 30% were enrolled by MetroPlus staff into Emergency Medicaid.

As of September 28<sup>th</sup>, 2019, approximately 78,000 people were referred to MetroPlus for insurance eligibility screening and enrollment at H+H facilities. Approximately 5,000 of the referrals were no-shows, 13% completed a MetroPlus application, 57% of applicants did not qualify for insurance, and 30% were enrolled by MetroPlus staff into Emergency Medicaid.

#### **Website Redesign**

Throughout Q2 and the first month of Q3, MetroPlus continued its reboot of the MetroPlus Health Plan website, successfully launching the new site on 7/31. Completely redesigned, the new MetroPlus website is now mobile-first, and its architecture, based upon Google analytics, allows users to readily locate what they most want to do, see or search on the site. The new website builds on existing strategies to strengthen customer service and communications. The new website supports the Plan's improved customer experience strategy by implementing new technologies to support members, providers, and the City's push to guarantee access to affordable, quality health care for all eligible residents of New York.

Ongoing Search Engine Optimization (SEO) strategies continue to be implemented to increase traffic to the site, and the site continues to



be updated and improved to support multiple Fall Open Enrollment Periods.

**INFORMATION ITEMS:**

Wendy Wilcox, MD Clinical System Lead-Women Health, Chief OB-GYN, Kings County Hospital presented to the committee, on Maternal Mortality and Severe Maternal Morbidity Reduction Program Update.

David Shi, Senior Assistant Vice President, Medical and Professional Affairs, presented to the committee on Radiology Services Update.

Kenra Ford, Chief of Staff, System CMO Senior Assistant Vice President, Laboratory Services, presented to the committee an update on Laboratory Services Operational.

Israel Rocha, Chief Executive Officer, OneCity Health presented to the committee on Capital Restructuring Financing Program (CRFP) - Funded Imaging Program (Gotham Health)

There being no further business, the meeting was adjourned 12:21 PM.

**Equity Diversity and Inclusion Committee Meeting - November 12, 2019  
As Reported by - Helen Arteaga Landaverde**

**Committee Members Present:** José Pagán, Helen Arteaga Landaverde  
Robert Nolan, Feniosky Peña-Mora, Matthew Siegler

A meeting of the Equity, Diversity and Inclusion (EDI) Committee of the NYC Health + Hospitals' Board of Directors was held on November 12, 2019.

Matthew Siegler represented CEO/President Dr. Mitchell Katz in a voting capacity. The meeting was called to order at 2:36 p.m. A motion to approve the meeting minutes of September 10, 2019 was duly made and unanimously approved.

**EEO REPORT**

Blanche Greenfield, Deputy Counsel and Chief Employment Counsel, provided a global overview of the 2018 Equal Employment Opportunity (EEO) report. The EEO office is dedicated to reaffirming NYC Health + Hospitals commitment to equal employment opportunity to address workplace discrimination and review reasonable accommodation requests. Ms. Greenfield provided an overview for filing complaints or making requests for reasonable accommodation that included an explanation of commonly used terms and processes currently in place.

Ms. Greenfield explained, the EEO office reports to the Office of Legal Affairs, and is staffed by eight (8) EEO Officers who are assigned to designated facilities and business units to handle requests and complaints. These matters are handled in a centralized

manner to ensure consistency and standard responses. Additionally, this centralized approach allows the Office of Legal Affairs to gain greater awareness of issues on the ground level.

Ms. Greenfield reported the 2018 data for reasonable accommodation requests. The numbers went from 1,022 requests in 2016 to 1,733 requests in 2018, and 1,336 requests as of October 2019. For 2018, 83% of reasonable accommodation requests were approved. In reviewing requests, the EEO Office evaluates if the request is reasonable and whether it can grant the request without causing undue burden on the department. This process involves cooperative or interactive dialogue with the employee making the request and those in the department, which constitutes a large part of the job EEO officers do.

Feniosky Peña-Mora, asked what were the most common types of requests, and if we knew the costs associated with reasonable accommodations requests to the System. Ms. Greenfield responded that the most common type of requests were related to a change in schedule, leave request, or lifting restriction to accommodate a medical condition, and stated that she did not have data on costs.

Helen Arteaga Landaverde, asked if there are options to move employees who are requesting a schedule change to a different reporting location, even a different facility. Ms. Greenfield explained that it depends. For employees who have a permanent disability, and can fill a comparable position at another location that may be an option so long as they can fulfill the essential functions of the job. For employees who are temporarily disabled, it is more difficult to do this because the site location is looking for someone to fill the position permanently. The process of determining reasonable accommodation requests is a process that requires constant monitoring and adjusting.

Ms. Greenfield also reported on the number of internal and external EEO complaints for the System.

In 2016, the number of internal complaints were 154. In 2017, 110 internal complaints were received, and 130 internal complaints were received in 2018. As of October 15, NYC Health + Hospitals received 125 complaints for 2019. External complaints are lower than internal complaints, and on a downward trend. Ms. Greenfield noted that if an employee is not happy with the internal process, they can still file with an external agency. In response to a question posed by Robert Nolan, Ms. Greenfield explained the difference between internal and external complaints.

Ms. Greenfield announced a new tracking system, the EEO gateway. This system will capture data to identify trends, which will inform training curriculum, and an ability to identify and address patterns at particular locations or facilities. Ms. Greenfield provided the members data on sexual harassment complaints. She also mentioned efforts in 2018 to have employees complete sexual harassment training. A board member asked about the level of compliance in the completion

of the training. Yvette Villanueva, Vice President for Human Resources, stated that 98% of the workforce completed sexual harassment training, and the training mandatory.

Blanche Greenfield also mentioned that the EEO policy would be updated to include sexual and reproductive health decisions as a new protective class category. In addition, there was a discussion on NYC Health + Hospitals efforts to accommodate lactating individuals with private rooms to accommodate these requests.

#### **OFFICE OF DIVERSITY UPDATE**

Matilde Roman, Chief Diversity and Inclusion Officer, provided the EDI Committee with an update of current projects. Ms. Roman announced a collaboration with NYU Wagner on two capstone projects. The first project will assist the Health system measure compliance with Executive Order 16 issued by the Mayor in 2016. The Executive Order requires signage posted in single-sex areas that are gender neutral and notice about the City's policy posted in multi-use areas, such as restrooms and locker rooms. This team will also support the development of written best practices guidelines to support transgender and gender non-conforming staff in the workplace.

The second project relates to improving effective communication for people with disabilities. The project will examine best practices and provide an implementation roadmap and toolkit designed to improve identification and assistance to patients with hearing, vision, and cognitive disabilities. Ms. Roman introduced two members of the NYU Capstone team that were present at the committee meeting, Isabelle Duvivier and Anjana Screehar, who are both in their second year MPA graduate studies, specializing in Health Services Management. Ms. Roman shared that the NYU team will be presenting their findings and recommendations before the EDI Committee this coming spring.

Ms. Roman stated that there will be a convening of a small workgroup, made up of leaders and care providers, to guide the formation of an Equity and Access Council that will be tasked to support a system level health equity agenda intended to complement and enhance culturally responsive patient centered care. As previously mentioned in the last committee meeting, baseline funding was secured to develop an initiative to improve the process of connecting, engaging and facilitating affirming services to New York City's LGBTQ communities with the aim at patient growth, improving patient experience, and reducing barriers to access care. The initiative has two key program components that includes community outreach and engagement, and training for patient facing staff to build their capacity to provide affirming services. The program will be launch in January.

The Office of Diversity and Inclusion has been working with facilities to implement and expand an array of auxiliary devices now available for purchase to enhance communication. The auxiliary aids include

assistive listening devices, captioning devices, portable notification systems, and signage. Demonstration sessions were held in October to allow facility representatives to learn more about these devices. Additional sessions will be held early next year. On-sight language service contracts are in the final stage of completion that will expand available methods of sign language services, interpretation services for spoken language, and Communication Access Real-Time Translation (CART) services.

Ms. Roman mentioned the launch of an in-person 90-minute workshop on interreligious awareness, which builds upon the previous live training session developed in 2016. Additionally, the Office of Diversity and Inclusion launched health literacy trainings geared toward clinical care teams and community health workers throughout the System. Mr. Peña-Mora requested staff should explore the possibility of establishing a process to attract diverse talents across the System to be representative of the people we serve. Ms. Villanueva indicated that there are currently some processes in place and there is a continued effort on-going to do just that.

Helen Arteaga Landaverde thanked Ms. Roman for the update and asked if there were any old or new business. Hearing none, she thanked the EDI Committee, NYC Health + Hospitals staff, and Board members for their time, and adjourned the meeting at 3:28 p.m.

**CAPITAL COMMITTEE MEETING - NOVEMBER 12, 2019**

**As Reported by: Feniosky Peña-Mora**

**Committee Members Present:** Feniosky Peña-Mora, José Pagán, Sally Hernandez-Piñero, Freda Wang, and Matthew Siegler (designee of Mitchell Katz in a voting capacity)

The meeting was called to order by Feniosky Peña-Mora, Chairman of the Capital Committee, at 3:35 P.M.

On motion, the Committee unanimously approved the minutes of the October 10, 2019, Capital Committee meeting.

**VICE PRESIDENT'S REPORT**

Christine Flaherty, Senior Vice President noted that since her arrival in May she had now officially toured all eleven acute care facilities, all five Skilled Nursing facilities, and many Ambulatory Care sites. She plans on continuing visits to some of the smaller sites throughout the City.

Ms. Flaherty welcomed new members of the Office of Facilities Development (OFD), Oscar Gonzales, Assistant Vice President, who would be working on design and construction, Erik Osborne and Denisha Simpson Franklin, Directors of Capital Budget, with experience in the Office of Management and Budget (OMB), and Senior Project Manager, Robert Egbert, who would be working on office consolidation projects.

Ms. Flaherty explained that her team was continuing to work closely with Supply Chain to ensure continuity of contracts and issuance of future service contracts to support H+H sites. There is a continued focus to explore and seek ways to increase MWBE participation within the portfolio of work. The team also plans to research the availability of vendors in considering potential Minority and Women Owned Business Enterprise (MWBE) dedicated service agreements for specific sets of services, where there were opportunities.

Ms. Flaherty advised that the goal within the Office of Facilities Development was to continually look to improve service and increase the value of planning, design, construction and facility management services to facilities and clinical leadership across the system.

That concluded Ms. Flaherty's report.

Mr. Peña-Mora expressed interest in the MWBE initiatives mentioned by Ms. Flaherty and the efforts to increase participation. He commended the work around the MWBE community becoming aware of the interest that the system has in supporting participation.

#### **ACTION ITEMS**

Christine Flaherty, Senior Vice President, Capital Design and Construction, read the resolution into the record.

- **Amending the New York City Health and Hospitals Corporation (the "System") to execute a contract with Firemaxx Inc. ("the Contractor") to provide fire alarm preventive maintenance, testing and repair services on pre-determined schedule at various facilities throughout the System over a three years term with an option, exercisable only by the System, for two one-year extensions for an amount not to exceed \$8,935,376.**

Ms. Flaherty presented on the continued ongoing testing that occurs for fire alarm systems throughout the enterprise including preventative maintenance of the infrastructure as well as regulatory testing and code compliance. Additionally, as new services came, onboard and new areas were opened, or if there was something that broke, it was necessary to repair those systems.

Ms. Flaherty noted that Fiscal Year 2018 spend for associated services totaled \$1.75 million; \$1.2 million on preventive maintenance and testing and \$550,000 on repairs. Those services were provided by three vendors; Firemaxx Systems, FireCom, and Johnson Controls, under contracts that would expire December 31, 2019. Ms. Flaherty advised that FireCom provided services at Gouverneur only, and would continue to maintain that proprietary system while Firemaxx assumed all other system sites.

Ms. Flaherty further explained the procurement process and RFP criteria.

Ms. Flaherty explained that Firemaxx had received good reviews for responsiveness at the facilities they serviced in the past.

Ms. Flaherty shared the financial breakdown by year, noting that fiscal years 2020 and 2025 were allocated for six months each, being that the contract would start and end midway through the fiscal years. Ms. Flaherty explained that the Preventive Maintenance (PM) and Testing cost would cover scheduled testing and maintenance, performed regularly. She further explained the Allowance for PM and Testing Due to Expansion cost, would cover any new areas that opened and required integration into existing panels and would need to be maintained and tested moving forward. The Repair Allowance, would cover any replacements necessary, or break and fix. The contract total for all five (5) years was \$8,935,376.

Freda Wang asked if FireCom would remain at Gouverneur. Ms. Flaherty confirmed FireCom would continue to maintain the proprietary system and Firemaxx would do everything else.

Ms. Flaherty noted that any allowances referenced were "as used" budgets, since everything cannot be anticipated, but any new primary care sites would be subsumed into this contract, or any other sites that did not currently have occupancy but may during the course of the contract.

Ms. Flaherty explained that the MWBE utilization plan presented by Firemaxx included 25% to Falcon Fire and Security (an MBE vendor) for Labor, and 5% to NRM for parts (NRM was in process of obtaining MWBE certification).

Mr. Peña-Mora said he was familiar with the City recognizing services/labor as counting towards MWBE but he was not familiar with parts counting towards goals. He asked if that was an acceptable practice. Ms. Flaherty said that as she understood it, yes, that was acceptable.

Ms. Flaherty explained that in the case of this contract, replacing readily available parts would be regular practice, so in this case it presented an opportunity. Largely, in a maintenance contract, the contractor would be providing the labor and self-performing so this was seen as an opportunity to expand MWBE utilization.

Jeremey Berman, Deputy Counsel, Legal Affairs noted that including the cost of parts and materials increased the denominator and increased the system's obligation.

Mr. Peña-Mora asked for confirmation that the City find parts an acceptable part of the plan.

There being no further questions or comments. On motion by the Chairman of the Committee, the Committee approved the resolution for the full Board's consideration.

Christine Flaherty, Senior Vice President, Capital Design and Construction, read the resolution into the record.

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with MICO Cooling Corp. ("the Contractor") to provide refrigeration maintenance services on pre-determined schedule at various facilities throughout the System over a three year term with an option, exercisable solely by the System, for two one-year extensions, for an amount not to exceed \$8,507,640.**

Ms. Flaherty advised that Mico Cooling was currently providing maintenance services for 1,643 refrigeration units throughout the system. Those units contained blood, medication, etc. The current contract included Preventive Maintenance, Labor and Emergency repairs, with an annual spend of \$2.12 million dollars. That total spend included \$1.6 million for preventive maintenance and dedicated labor at Bellevue, Queens, Lincoln, and Harlem, and \$520,000 for emergency repairs system-wide. The contract would expire December 31, 2019.

Ms. Flaherty explained the procurement process and RFP criteria.

Based on services provided to date at Bellevue, Queens, Lincoln, Harlem, Henry J. Carter, Morrisania, and Belvis, MICO Cooling have demonstrated its capacity to support the system. MICO Cooling was also a Women Owned Business Enterprise (WBE).

Ms. Flaherty reviewed the financial commitment for services, outlining the annual allocations for Preventive Maintenance and Labor, and an allowance for expansion, by Fiscal Year, for a total of \$8,507,640 over the full five-year term.

Sally Hernandez-Piñero asked if the annual gross sales criteria included preventive maintenance services, repairs, etc., all categories included in our service contract. Ms. Flaherty confirmed and explained that gross sales criteria was included in minimum criteria because NYC H+H needed to see that a firm could handle the capacity of servicing such a large system.

Ms. Wang asked why the minimum annual gross sales requirement was \$1 million in the Fire Safety RFP and \$5 million in this refrigeration RFP. Mr. Iglhaut explained that the cost of equipment was reflected in that number. The equipment associated with refrigeration was more expensive than that associated with the fire services contract.

Ms. Wang asked if there was a general guideline as to the size a company should be. Mr. Iglhaut said no there were no general

guidelines. In the case of MICO Cooling, there was familiarity with the firm, based on prior services, so there was confidence in their ability to perform.

Mr. Peña-Mora asked if the approval was for the full five-year possible term (including renewal options), at the full proposed amount, but whether there was possibility that the contract could be shorter and cost less. Ms. Flaherty said yes this request if for approval of the five year-term at the total \$8 million but there was a chance that the decision could be made not to execute the renewal options and that uncommitted dollars would be left over.

José Pagán asked if there was an evaluation process in place or a mechanism for tracking performance. Ms. Flaherty said feedback was received from the facilities and annual questionnaires for vendors were completed, and noted that there were specific examples of the vendor rising to the challenge to address issues during surveys.

Mr. Iglhaut said that with regards to MICO specifically, that issues was addressed in the RFP process and during contract negotiations.

Mr. Peña-Mora asked if evaluations were completed by the facility, or the Office of Facilities Development, during or at the end of the contract. Mr. Iglhaut said evaluations were performed at the end of the year, but not at the end of the contract. He noted that since preventive maintenance contracts were generally expense funded contracts they were not eligible for entry or evaluation within the New York City Vendex PassPort System.

Mr. Peña-Mora asked again if evaluations were completed regularly. Mr. Iglhaut said Manuel Saez had regular discussions regarding contractor performance at the monthly Director of Engineering meetings so in a way their performance was reviewed and discussed all year long.

Manuel Saez, Assistant Vice President, Facility Administration, stated that a major issue under the prior MICO contract had been getting the correct balance of trades and mechanics at the facilities, to understand the pace and flow and volume at individual sites and that is now clarified.

Mr. Peña-Mora asked that moving forward internal evaluation be included as part of the presentations. That would show previous performance and if evaluations were being completed annually then it should just require a need to compile data. That would allow for tracking of issues and their associated fixes.

Mr. Berman explained that part of the scoring for the MICO contract was experience and references and being that the vendor was an incumbent those became internal factors that were taken into account during the solicitation process. He explained that if were necessary to include evaluation reporting in Board presentations then a standard



would need to be developed because contracts varied in type and substance.

José Pagán said he was not sure how the evaluations should be organized but there were clearly expectations with regards to timeliness, and other factors. Ms. Flaherty agreed. Mr. Berman agreed and added that having Key Performance Indicators (KPIs) outlined in the contract would help establish performance as the contract proceeded.

Ms. Hernandez-Piñero said that the more generic the evaluations the better, so that comparisons were relatively easy, but she understood that contracts and services varied.

Mr. Peña-Mora noted that safety was an important part of these types of contracts and related issues would be reportable, so that should be monitored. Ms. Flaherty agreed.

There being no further questions or comments. On motion by the Chairman of the Committee, the Committee approved the resolution for the full Board's consideration.

Vincent Mulvihill, Deputy Executive Director, NYC Health + Hospitals / Kings County, read the resolution into the record.

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a renewal of a five-year revocable license agreement with Eyes and Optics (the "Licensee") for the continued use and occupancy of approximately 140 square feet of space on the 8<sup>th</sup> floor of the "E" Building to operate an optical dispensary at NYC Health + Hospitals/Kings County (the "Facility") at an occupancy fee of \$34.78 per square foot for a total annual occupancy fee of \$4,869 to be escalated by 3% per year for a total over the five year term of \$25,850.**

Mr. Mulvihill advised that the renewal being presented was for a dispensary at Kings County Hospital that provided one stop shopping for eyeglasses, protective goggles, and contact lenses. The vendor offered these services at a discounted rate, in a variety of cost options, for children and adults of all income levels.

Mr. Mulvihill noted that Eyes & Optics had been on site at Kings County for five (5) years but had a longer relationship at Gouverneur and a new site at Woodhull. The site at Kings County was located adjacent to Ophthalmology services and was open to patients and the public, although services were mainly provided to patients and staff. The facility had been pleased with service to date.

Mr. Mulvihill added that the site did bring a small revenue to the facility, by way of the license fee. That fee was increased annually by three percent.

Ms. Hernandez-Piñero commented that the space was rather small. Mr. Mulvihill agreed that the space was small, as space was a hot commodity at Kings County, but said the layout was good and the space was adequate for service.

There being no further questions or comments. On motion by the Chairman of the Committee, the Committee approved the resolution for the full Board's consideration.

There being no further business, the meeting was adjourned at 4:08 P.M.

**Community Relations Committee Meeting - November 12, 2019**

**As reported by: Robert Nolan**

**Committee Members Present:** Jose A. Pagán, Mitchell Katz, M.D.,

Mr. Nolan noted that a quorum had been established and called the meeting to order at 5:36 p.m. He requested a motion for the adoption of the minutes of September 10, 2019. A motion was made and seconded. The minutes were adopted.

**CHAIRPERSON REMARKS:**

Mr. Nolan began his remarks by welcoming Deborah Brown, JD, MSW, newly appointed Senior Vice-President for External and Regulatory Affairs, who will guide the System's external partnerships and manage complex regulatory and policy matters, defining and executing strategies to advance NYC Health + Hospitals' local, state, and federal priorities. Mr. Nolan noted that Ms. Brown would lead the Government and Community Relations teams with nearly two decades of experience representing, advocating for, and leading hospital systems. Mr. Nolan added that Ms. Brown joins the public health system from her position as the Chief Strategy and Innovation Officer for Health in the office of the Deputy Mayor for Health and Human Services. He noted that she also served in a senior staff position in the Montefiore Health System, where she led policy, regulatory, and advocacy initiatives to advance that system's expansion of value-based care.

Mr. Nolan reported that on October 23<sup>rd</sup>. Ms. Brown presented Representative Elliot Engel (D-NY) with the America's Essential Hospitals Congressional Leader Award in recognition of his leadership in the fight against Medicaid DSH (Disproportionate Share Hospital) cuts. Mr. Nolan noted that this issue is a major priority of NYC Health and Hospitals' and added that nationally there had been both federal and states' cuts in the Medicaid program. Mr. Nolan added that, federal cuts were again delayed as part of the President's continuing resolution (CR) to fund the government until November 21<sup>st</sup>. Mr. Nolan added that the initial discussions had begun on Capitol Hill regarding a subsequent CR through or perhaps beyond the end of the

year. Dr. Katz stated that "we remain confident that the cuts will not take effect this year or next."

Mr. Nolan reported that NYC Health + Hospital's OneCity Health Subsidiary, along with MetroPlus, had been collaborating with NYC DOHMH and the Mayor's Office, to submit comments in support of the State's draft 4-year Delivery System Reform Incentive Payment (DSRIP) program 1115 waiver extension/renewal application.

Mr. Nolan concluded his remark by announcing NYC Health + Hospitals/Coney Island leadership, New York City Council Brooklyn Delegation Co-Chair Mark Treyger and New York City Council Hospitals Committee Chair Carlina Rivera unveiled plans to improve access to care, experience and comfort for patients with new, upgraded ultrasound OBG/GYN technology purchased with \$400,000 capital funds secured by Council Member Treyger.

**PRESIDENT REMARKS: Mitchell Katz, M.D.,**

Dr. Katz began the President's remarks by congratulating Mr. Nolan as the newly elected Chair of NYC Health + Hospitals Board of Directors' Community Relations Committee.

**Epic**

Dr. Katz reported that the countdown continues with NYC Health + Hospitals/Kings going live at the end of December. Dr. Katz noted that when this happens all facilities would be up on Epic.

**NYC Care**

Dr. Katz reported that in the first three (3) months of NYC Care rollout, 7,500 people had enrolled and received appointment with a primary care physician. Dr. Katz continued and noted that 3,000 prescription filled in the first two (2) months during expanded hours at our pharmacies.

Dr. Katz concluded the President's remarks by wishing all a happy, healthy and safe holiday season.

**NYC Health + Hospitals/Woodhull**

Mr. Nolan introduced Ms. Jessica Arocho, Chairperson of NYC Health + Hospitals/ Woodhull and invited her to present the CAB's annual report.

Ms. Arocho began her presentation by thanking members of the Committee for the opportunity to present the Woodhull CAB's annual report. Ms. Arocho acknowledged Mr. Gregory Calliste, Chief Executive Officer, employees of Woodhull, and fellow CAB members for their dedication and

commitment to improving and providing excellent healthcare for the residents of North Brooklyn.

Ms. Arocho reported that the CAB is fully supportive of the CEO's vision of making NYC Health + Hospitals/Woodhull a model hospital and the hospital of choice for North Brooklyn community and also engaged in the pursuit of excellence in the areas of patient care, patient experience, staff satisfaction, community satisfaction and fiscal viability.

Ms. Arocho reported that most of the CAB membership slots are filled and the CAB is actively recruiting to fill any vacancies. She reported that the full Board meets monthly and sub-committees meet as needed.

Ms. Arocho continued and shared NYC Health +Hospitals/ Woodhull's successes and challenges.

Major successes included:

- The facility is in good standing with all regulatory agencies including CMS and Joint Commission.
- The facility in joint partnership with Comunilife completed the 89 apartment residence on Woodhull's campus for supportive and low income persons, were completed on budget and on time in January, 2019.
- The facility established the first LGBT Pride Center in Brooklyn.
- The facility development of a better rapport with the North Brooklyn community where the CAB Chair, CEO and other team members visit community organizations, participated in community activities, and briefed elected officials on a regular basis. Ms. Arocho noted that this has resulted in more community support and advocacy from the elected officials for more
- The facility with the support of the Woodhull Auxiliary, upgraded clinical equipment including eight (8) dental chairs, ophthalmology, cardiac/telemetry monitors, ultrasound and ventilators.
- The City Council secured \$5 million for the expansion and renovation of the Emergency Room. Certificate of Need (CON) was approved and project is now in design phase.

**Major challenges included:**

- Inability to fill key vacancies because of non-competitive salaries, which include service directors, specialists and other professional staffs. This results in patients being referred to other facilities for these services.
- Downsizing of the psychiatric services, including inpatient beds, because of lack of psychiatric professional.
- An aging physical plant (over 40 years old) which requires more maintenance to upkeep.

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Ms. Arocho concluded her presentation by reporting that in spite of the difficulties, the staff morale is relatively high and community confidence and support for Woodhull is stronger than ever.

Mr. Nolan asked for a response to the rate the facility appearance as satisfactory.

Ms. Arocho replied that the scaffolding around the building takes away from the building façade.

Mr. Nolan acknowledged Ms. Ebone Carrington, CEO NYC Health + Hospitals/ Harlem and Gregory Calliste, CEO NYC Health + Hospitals/Woodhull.

Mr. Nolan thanked Ms. Arocho for her report and moved the agenda.

#### **NYC Health + Hospitals/Harlem**

Mr. Nolan introduced Mr. William Hamer, Chairperson, and invited him to present the Harlem CAB report.

Mr. Hamer began his presentation by thanking members of the Committee for the opportunity to present the Harlem CAB annual report. He continued and thanked Ms. Carrington, CEO for doing an excellent job, and for always making the Patient's Experience a top priority. Mr. Hamer added that Ms. Carrington has been transparent and keeps the CAB informed regarding the system's transformation.

Mr. Hamer reported that the facility's strategic priority is to improve the Patient Experience, increase access, increase market share and community outreach. Mr. Hamer added that NYC Health + Hospitals/Harlem is always in pursuit of excellence and shared some of the facility's accomplishments and recognitions during 2019:

- American Heart Association "Get with the Guidelines" for Stroke
- U.S. News & World Report On High Performers List for heart failure
- Dr. Gerald Fletcher was appointed to Accreditation Council for Graduate Medical Education (ACGME)
- The lobby of our MLK Jr. building was fully renovated
- Implementation of the Epic H2O Electronic Medical Record (EMR)
- Joint Commission Survey

Mr. Hamer reported that 2019 was a great year, for the CAB. He noted that the year was full of learning, growth and accomplishments. Mr. Hamer highlighted key points such as Healthy Harlem 101, CAB Legislative Breakfast and the Patient Family Advisory Council (PFAC) monthly meetings.

Mr. Hamer concluded his presentation by sharing a negative turned positive patient experience story of two community residents with the committee.

Mr. Nolan thanked Mr. Hamer for his presentation and continued with the agenda.

Mr. Nolan introduced Mr. Everett Person, Chairperson of NYC Health + Hospitals/ Sydenham and invited him to present the CAB's annual report.

Mr. Person began his presentation by thanking members of the Committee for the opportunity to present the Sydenham CAB annual report. Mr. Person continued and thanked Gregory Atwater, Deputy Executive Director, Carole Smith, CAB member and Randreta Ward-Evans, CAB Liaison for their leadership and support.

Mr. Person reported that the Sydenham CAB participated in this year's Lobby Day in Albany, NY on Tuesday, February 12<sup>th</sup>. Mr. Person continued and stated that "the Sydenham CAB discussed the effectiveness and benefits of going to Albany, NY."

Mr. Person reported that the Sydenham CAB participated and supported the Police Athletic League's (PAL) annual Girl Sports Day, in Harlem. Mr. Person noted that the PAL has a long history in New York City.

Mr. Person reported that the Sydenham CAB continues to meet with the leadership to discuss community concerns, and provide updates on new initiatives and strategic planning. Mr. Person noted these meetings enables the CAB to plan health forums to address the community needs.

Mr. Person reported that the Sydenham CAB and Auxiliary collaborated with NAACP Mid-Manhattan Branch for their first Annual Backpack Giveaway on Saturday, August 24.

Mr. Person announced that the Sydenham CAB would co-partner with the Auxiliary to host this year's Pediatric Holiday Toys Giveaway on Saturday, December 14th.

Mr. Person reported that at least six (6) times a year Jeanne Parnell Habersham, CAB member, invites the Sydenham leadership and medical staff to her radio show on WHCR 90.3 FM as a mechanism to get the word out to the community about the services Sydenham has to offer.

Mr. Person concluded the Sydenham CAB's annual report by presenting Ms. Renee Rowell, Senior Director of Government and Community Affairs, with the Sydenham Auxiliary's Appreciation Award. Mr. Person noted that due to an illness, Ms. Rowell was unable to attend the Auxiliary Annual Public Meeting.

Mr. Nolan encouraged CAB members to participate and attend NYC Board of Directors' Annual Public Borough Meeting.

In regards to the CAB's Annual Report format, Mr. Nolan recommended that the CAB's Council to come up with a better way to communicate concerns to the Committee.

**Adjournment:** Mr. Nolan adjourned the meeting at 6:10 p.m.

## SUBSIDIARIES REPORT

<b>HHC Assistance Corporation/OneCity Health Services</b> <b>BOARD OF DIRECTORS - November 8, 2019</b>
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The meeting of the HHC Assistance Corporation Board of Directors, *d/b/a OneCity Health Services*, was held on November 8, 2019 in Conference Room 405 located at 125 Worth Street with Israel Rocha presiding as Chairman.

### ATTENDEES

#### HHC Assistance Corporation Directors

Jeremy Berman  
Mitchell Katz, M.D.  
Israel Rocha  
Matthew Siegler  
Michael Stocker, M.D.

#### Other Attendees

Molly Chidester, Chief Strategy Officer, OneCity Health Services  
Benjamin Goldstein, Chief Analytics Officer, OneCity Health Services  
Tasha Philogene, Chief Financial Officer, OneCity Health Services  
Grace Wong, Chief Operating Officer, OneCity Health Services  
Wilbur Yen, Chief of Staff, OneCity Health Services

### MEMBERS NOT PRESENT

Sheldon McLeod  
John Ulberg

### CALL TO ORDER

The meeting of the Board of Directors (the "Board") of HHC Assistance Corporation (the "Corporation") was called to order by Mr. Rocha at 3:03pm.

### OLD BUSINESS

Mr. Rocha presented minutes of the July 16, 2019 Board meeting. A motion was made, duly seconded, and unanimously accepted to adopt the meeting minutes.

### REPORT OF THE OFFICERS

Ms. Philogene reviewed the statement of financial condition as of September 30, 2019. The projected Starting Cash Balance for Fiscal Year 20 (FY20) is \$393M and represents the balance of undistributed revenue after Central Services Organization (CSO) operating expenses and Performing Provider System (PPS) partner payments. To date, OneCity Health has received \$787M in revenues from DOH with an additional \$7.5M in high performance revenues. In August, the PPS received a payment of \$68.3M in regular DSRIP revenues. The payment included prior period adjustments due to data reconciliation at the state level. Based on the released scorecard, OneCity Health PPS earned \$79.9M, however payment was reduced by \$11.6M as a result of



the reconciliation. The FY20 CSO expenses were 29% below budget and are expected to ramp up as the fiscal year progresses. Additionally, variances represent timing of services and payment.

During Phase I contracting, the PPS Executive Committee allocated \$55M to partner contracts, in Phase II the amount increased to \$85M. The Phase III allocation was \$162M and Phase IV allocation is \$176M. To date, OneCity Health has distributed \$294M to partners against those contracts. The total includes Revenue Loss payments of \$66.9M made in September of 2019 to hospital partners NYC Health + Hospitals and SUNY Downstate Medical Center.

Mr. Rocha presented a summary of OneCity Health VBP Programs, showing the current status of earned and remaining funds against performance on the same metrics in August 2018. While OneCity Health has demonstrated success earning available State funds for DSRIP and workforce programs (e.g., VBP-QIP and CREP), a significant amount of funding remains within the Capital Restructuring Financing Program.

Following Mr. Rocha's remarks, Dr. Stocker requested an update on PPS funds distribution statewide. Dr. Stocker was particularly interested in the amount of funding distributed to Community-Based Organizations (CBOs) and any remaining funds. Mr. Rocha reflected verbiage from the New York State and CMS Standard Terms and Conditions for the 1115 Waiver stating that "non-qualifying providers are eligible to receive DSRIP payments totaling no more than 5 percent of a project's total valuation<sup>1</sup>". PPS that violate the 5% cap may face corrective action.

Next, Mr. Rocha presented an update to DSRIP performance, comparing statewide and OneCity Health performance on key reductions in hospital use metrics (potentially preventable admissions and readmissions) and associated costs. Overall, the DSRIP program on both a statewide and OneCity Health level has shown a great deal of success towards a reduction in avoidable hospital use. Statewide gains in this area were supported by OneCity Health hospital partner performance gains. Readmission performance lagged behind the State due to the larger proportion of behavioral health readmissions attributed to larger patient panels at NYC Health + Hospitals.

Committee members spoke to the savings generated through DSRIP and additional opportunities for the New York State Department of Health to contain costs by citing models and discussing experiences from other states.

Mr. Rocha then presented key terms from the State's DSRIP extension, which included a continuation of the current DSRIP program for one year, and another 3-year renewal. The proposal outlined a \$16B funding allocation comprised of \$8B from State Shares and a matching \$8 Federal Share. The funding would be allocated among the following

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<sup>1</sup> Page 53, [https://www.health.ny.gov/health\\_care/managed\\_care/appextension/docs/2019-08-02\\_ny1115\\_stc.pdf](https://www.health.ny.gov/health_care/managed_care/appextension/docs/2019-08-02_ny1115_stc.pdf)

funded programs: DSRIP performance, Workforce Development, Social Determinants of Health, and the Interim Access Assurance Fund. \$8B of the \$16B in funding would be front-loaded in the Year 1 of the program.

Other features of the extension proposal are the creation of "Value-Driving Entities" (VDEs), a new and flexible management structure for organizations participating in DSRIP. These VDEs are envisioned to be comprised and governed by PPS (or subset of partners), Managed Care Organizations, CBOs, and Regional Health Information Organizations (RHIOs). Another important feature was the creation of new Social Determinants of Health networks (SDHNs) that would coordinate evidence-based interventions that address housing, nutrition, and transportation among others. More details on the geographical scope and size of both VDEs and SDHNs have yet to be determined.

OneCity Health submitted comments on the State's proposal in early November that supportive of the State's overall vision. OneCity Health also petitioned for pilot projects that would provide housing and supports for behavioral health patients using Medicaid premiums, as was approved recently by CMS in Florida 1115 Waiver application. OneCity Health will continue to bring forward additional information to the Board on the renewal process in subsequent meetings.

#### **NEW BUSINESS**

A motion was made, duly seconded, and unanimously accepted to adopt a resolution, presented by Mr. Rocha.

"Authorizing HHC Assistance Corporation d/b/a OneCity Health Services ("OneCity") to recommend to New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to form an Independent Practice Association (an "IPA") through the formation of a New York not-for-profit corporation to be named NYC IPA consistent with applicable regulations which would be controlled by NYC Health + Hospitals and to negotiate agreements among NYC IPA and providers willing to participate and suitable for an IPA to join such providers together to negotiate favorable reimbursement rates from third party payors, to coordinate care where appropriate, to engage in shared savings programs, structure value based payments or risk sharing agreements provided such agreements be subject to the approval of NYC Health + Hospitals' Board of Directors as well as the Board of Directors of NYC IPA."

#### **ADJOURNMENT**

There being no further business, Mr. Rocha adjourned the meeting at 4:15 p.m.

Thank you for joining us today for the annual meeting of the board of directors of the HHC Insurance Company, which is licensed as a captive insurance company in the state of New York.

The meeting was called to order by Dr. Vincent Calamia, Chair of the HHC Insurance Company.

In attendance are Dr. Vincent Calamia; Dr. Mitchell Katz; Dr. Machelles Allen; Andrea Cohen; and José Pagán - Chair of HHC Board of Directors.

Mr. John Ulberg is unable to attend/is attending via conference call. He is being represented at the meeting today by Tatiana Sette, Deputy Corporate Comptroller.

Also in attendance at this meeting are: Nancy Gray from AON Insurance Managers as well as David Cheung and Mary Boland who will be taking the minutes.

Mary Boland provided a brief overview of both the Captive and PPG subsidiaries

**Action items:**

- A. The **first item** is the approval of the minutes of the November 8, 2018 annual meeting of the board.
- B. The **second item** is the confirmation of the appointment of the following directors by the health + hospitals board:  
*Dr. Mitchell Katz; Andrea Cohen; John Ulberg, jr; Dr. Machelles Allen and Dr. Vincent Calamia.*
- C. The **third item** is the appointment of Dr. Calamia as chairman of the board of directors.
- D. The **fourth item** is the election of officers of the company:
  - *Dr. Vincent Calamia is appointed president*
  - *Dr. Machelles Allen is re-appointed as vice-president*
  - *Andrea Cohen is re-appointed as secretary*
  - *John Ulberg, jr. Is re-appointed as treasurer*
- E. The **fifth item** is the re-appointment of David Cheung as the executive director for the company
- F. The **sixth item** is the re-appointment of Mary B. Boland as the claims director for the company.
- G. The **seventh item** authorizes the issuance of primary professional liability insurance policies to members of the HHC Physicians Purchasing group.
- H. The **eighth item** is the appointment of Dana Wilson of Grant Thornton as the auditor of the company.
- I. The **ninth item** is the re-appointment of Jo Ellen Cockley of AON risk consultants as actuary of the company.

- J. The **tenth item** authorizes the loan-back of premium in an amount up to \$ 3 million to the parent corporation, NYC health + hospitals.
- K. The **eleventh item** is the acceptance of the audited financial statements as of December 31, 2018.

Upon motion made and duly seconded all above action item were unanimously approved.

#### **INFORMATION ITEMS**

The following 7 (seven) information items will be presented by Nancy Gray of AON.

*Are there any other items or new business to be discussed?*

There being no further business, the meeting was adjourned.

**HHC PHYSICIANS PURCHASING GROUP - SUBSIDIARY - November 7, 2019**  
**As Reported by - Dr. Vincent Calamia**

Thank you for joining us today for the annual meeting of the board of directors of the HHC Physician Purchasing group. Today's meeting is officially called to order.

The meeting was called to order by DR. VINCENT CALAMIA - Chair of the HHC Physicians Purchasing Group

In attendance are Dr. Vincent Calamia; Dr. Mitchell Katz; Dr. Machelles Allen; Andrea Cohen; and José Pagán - Chair of HHC Board of Directors; Mr. John Ulberg is unable to attend/is attending via conference call. He is being represented at the meeting today by Tatiana Sette, Deputy Corporate Comptroller

Also in attendance at this meeting are: Nancy Gray from AON Insurance Managers as well as David Cheung and Mary Boland who will be taking the minutes

#### **ACTION ITEMS:**

- A. The **first item** is the approval of the minutes of the November 08, 2018 annual meeting of the board.
- B. The **second item** is the confirmation of the appointment of the following directors by the health + hospitals board:

Dr. Mitchell Katz; Andrea Cohen; John Ulberg, Machelles Allen, Vincent Calamia

- C. The **third item** is the appointment of dr. Calamia as chairman of the board of directors.

- D. The **fourth item** is the election of officers of the company:
- o Dr. Vincent Calamia is appointed as president
  - o Dr. Machelles Allen is re-appointed as vice-president

- o Andrea Cohen is re-appointed as secretary
- o John Ulberg, is re-appointed as treasurer

Upon motion made and duly seconded all above action item were unanimously approved.

Information items

There are 2 information items which will be presented by Nancy Gray of AON.

Are there any other items or new business to be discussed?

There being no further business, the meeting was adjourned.

<b>MetroPlus Health Plan, Inc.</b> Board of Directors Meeting - October 29, 2019 <b>As reported by Ms. Sally Hernandez-Piñero</b>
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#### **ADOPTION OF THE MINUTES**

The minutes of the meeting of the Board of Directors held July 9, 2019 were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

#### **CHAIRPERSON'S REPORT**

Ms. Hernandez-Piñero welcomed everyone to the MetroPlus Board meeting of October 29th and stated that it would start with the Chief Executive Officer's report presented by Dr. Schwartz, followed by four resolutions for approval including one for MetroPlus' Information Security Program.

Ms. Hernandez-Piñero moved to appoint Dr. Theodore Long as a member of MetroPlus' Quality Assurance Committee, pursuant to Article VII, section 1(C) of the by-laws. The motion was seconded and unanimously approved by the Board.

Then Ms. Hernandez-Piñero moved to appoint Mr. Christopher Roker as the Chair of the MetroPlus Finance Committee, pursuant to Article VII, section 1(D) of the by-laws. The motion was seconded and unanimously approved by the Board.

Ms. Hernandez-Piñero asked Dr. Schwartz to present the CEO report.

#### **CHIEF EXECUTIVE OFFICER'S REPORT**

Dr. Schwartz's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Dr. Schwartz reported that the first page of her report was to make sure that there is alignment with the Board on the Plan's strategic focus for 2020. There are two focus areas for MetroPlus for 2020. One is focusing on care for the underserved population of NYC and the other is stronger collaboration and integration with the H+H system. Dr. Schwartz informed the Board of the priority initiatives for 2020 which was broken into two categories enhancing customer experience and H+H partnership along with one-stop-shop operational enhancements. To better serve its members, the Plan must become a one-stop-shop for health, which includes addressing Social Determinants of Health. Members life and health goals are integrally intertwined. To achieve individual and population health and wellness, impediments to daily living must be reduced or eliminated. MetroPlus has committed to this work on behalf of its members.

Dr. Schwartz stated that the ongoing assessment and reorganization of MetroPlus' organizational structure to support the unified goals of H+H and MetroPlus Health Plan continued this quarter with the shared objective of improved member experience through effectiveness and efficiency. Changes continue to be phased in thereby minimizing disruption. Recruitment of team members with experience and knowledge critical to the Plan's success is ongoing. Mr. Williams advised the Board that there was a full report to the Customer Service and Marketing Committee regarding the changes to the Customer Service Department.

Dr. Schwartz reported, through the second quarter of 2019, MetroPlus has been performing well financially, although growth in expenses is outpacing growth in revenue. Revenue is up in the second quarter of 2019 over the second quarter of 2018 by 1.9% as compared to medical expense increases of 3.7%, creating a 1.8% variance that negatively effects net income. Increase in medical expenses is driven by an increase in inpatient utilization, higher case mix index and an increase in contractual rates. Some of this increase in cost is expected as MetroPlus has also experienced an increase in its CRG acuity scores for the Medicaid line of business and a projected increase in Medicare HCC acuity scores based on current claims data. MetroPlus administrative expense remains under 8% but is up 8.3% due to a one-time \$3 million prior year catch up payment related to employee fringe benefit health expenses, which affected current period net income.

Currently for the non-Medicaid lines of business MetroPlus has reinsurance to minimize medical expense losses. Our private reinsurance covers losses beyond \$500,000 per member in any one calendar year with 80% coinsurance. There is a reinsurance limit of \$1 million per member per contract year, with a \$2 million per member lifetime max. Since MetroPlus has over \$3 billion in revenue and comfortably maintains reserve requirements, it may want to reconsider if reinsurance coverage is needed. Zurich American Insurance Company has been the Plan's reinsurance carrier since January 2017. The termination date of the contract is 12/31/2019. We have the option to

renew the contract for one-year effective January 1st, 2020, but rate-setting will not be completed until Nov/Dec 2019. Based on the chart presented in the report, Dr. Schwartz stated that reinsurance premium expenses outweigh collections. The net deficit for the two contract years is \$1.3 million. Reinsurance coverage reduces risk and stabilizes fluctuations in premium rates. Given the Plan's financial strength and position, it may already have similar advantages without needing to incur the reinsurance expense. The Board supported the decision to not renew its reinsurance agreement with Zurich.

Dr. Schwartz stated that MetroPlus has experienced a large increase in Medicare medical expenses which is significantly driven by increase in in-patient medical expenses. Inpatient expense is up \$97 PMPM over year end, totaling \$4,573,485 over a member base of a little less than 8,000. The Plan analyzed this increase and found that H+H increased utilization by 27% and non-H+H increased by 13%. Part B drug spend (injectables) is also up over \$24 PMPM, totaling \$1,130,688, and MetroPlus is reviewing details and considering additional utilization management. Several operational issues, negatively impacting the Plan's financial standing, were identified and are being addressed internally and with its core systems vendor.

Dr. Schwartz stated that the Plan's membership for September of 2019 was 518,277, close to 4,000 members more than September of 2018. Additionally, MetroPlus' Medicaid market share continues to increase slowly.

The State is now permitting plans to process applications by phone through January 31st, 2020, this includes new and renewal applications. Dr. Schwartz advised the Board that MetroPlus is in the midst of open enrollment season. While certain lines of business are open for enrollment year-round, some lines of business are limited to an open enrollment period for Plan selection. Medicare's open enrollment period is October 15th to December 7th, Qualified Health Plan (QHP) is November 1st to December 15th, MetroPlus Gold is November 1st to November 30th and GoldCare I & II is October 14th to October 25th.

MetroPlus is rolling out a new advertising campaign which intends to communicate its essence as THE New York Health Plan. The Plan targets local populations is the communities it is dedicated to serve and is best suited to serve the people of this City. Additionally, the campaign addresses the common misconception about the small size of MetroPlus' expansive provider Network.

#### **ACTION ITEMS**

The first resolution was introduced by Dr. Sanjiv Shah, MetroPlus' Chief Medical Officer.

***Recommend that the Board of Directors of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") amend the***

***Bylaws of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to rename the Quality Assurance Committee as the Quality Assurance/Performance Improvement Committee and to revise Article VII, Section 5 to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include "overseeing performance improvement activities to foster sharing of performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices."***

Dr. Shah stated the amendment will recognize that performance improvement is a key driver in improving processes and outcomes in care.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

The second resolution was introduced by Ms. Hernandez-Piñero.

***Authorizing the Executive Director of MetroPlus Health Plan, Inc. to negotiate and execute a contract with Marwood Group to provide healthcare marketing consulting services for a term of one hundred and eighty (180) days with one (1) option to renew for a sixty (60) day term solely exercisable by MetroPlus for a total amount not to exceed \$575,000.***

Ms. Hernandez-Piñero gave the Board a brief overview of the services Marwood would be providing MetroPlus. Dr. Schwartz stated that the Plan is looking for some intelligent input on how to address certain demographics that the Plan has had trouble reaching. Mr. Siegler asked for an explanation of why only 3 vendors submitted proposals for this project. Mr. Joseph Dicks replied that it was a combination of the limited scope, short time frame and having a small budget.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

The third resolution was introduced by Dr. Shah.

***Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals Corporation authorizing the Executive Director of MetroPlus Health Plan, Inc. to negotiate and execute an extension to the existing contract with Beacon Health Options, to provide Behavioral Health Management services for an additional five months past the current termination date of January 31, 2020. The extension will not run past June 30, 2020 and will be for an amount not to exceed \$10.25 million in total.***

There was a brief discussion regarding administrative cost and medical cost.



The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

The fourth and final resolution was introduced by Mr. Robert Micillo, MetroPlus' Interim Chief Information Officer.

*MetroPlus Health Plan Inc. ("MetroPlus") seeks the Board of Directors approval for the Plan's Cybersecurity Program*

Mr. Micillo gave the Board a detailed presentation on the Plan's Cybersecurity program.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

#### **EXECUTIVE SESSION**

The Board of Directors convened in Executive Session. The session took place from 4:23 P.M. to 4:31 P.M. In the Executive Session the Board discussed matters of potential litigation.

When the meeting reconvened in open session, Ms. Hernandez-Pinero inquired if there was any new or old business to be discussed.

There being no further business Ms. Hernandez-Piñero adjourned the meeting at 4:35 P.M.

**Mitchell H. Katz, MD**  
**NYC HEALTH + HOSPITALS**  
**PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**November 21, 2019**

**CITY/STATE/FEDERAL UPDATE**  
**City**

- On Wednesday, November 20, NYC Health + Hospitals Senior Vice President and Chief Information Officer Kevin Lynch testified at a City Council oversight hearing on electronic health records, convened by the Committee on Hospitals chaired by Council Member Carlina Rivera and the Committee on Technology chaired by Council Member Robert Holden. The purpose of the hearing was to allow NYC Health + Hospitals to update the Council on the implementation of our new electronic health records system and to highlight our successes and opportunities.
- On Thursday, November 21, Mayor de Blasio announced Outreach NYC - an integrated outreach effort to better serve homeless New Yorkers. NYC Health + Hospitals plays a key role in this work. Over the last 90 days, we have participated in both a review and a case conferencing process with various City partner agencies to identify where additional outreach is needed and have reviewed existing intensive treatment models. Through this process, we can identify current gaps that may lead our patients to move between our emergency rooms, shelters, and jails. This will remain a critical area of focus for our health system and our City partners.

**State**

- As news reports have indicated, the State is facing a potential significant Medicaid funding gap for SFY 20-21. We expect to know more details when State Department of Budget releases its mid-year update at the end of this month. We have already begun discussions with the State, which will continue as specifics of the situation emerge. We will keep the Board updated.
- On November 12, Dr. Wendy Wilcox represented NYC Health + Hospitals at a New York State Senate roundtable on maternal mortality. Dr. Wilcox joined state and city Department of Health representatives, as well as community-based organizations and other healthcare providers to discuss efforts to address maternal mortality in central Brooklyn.

**Federal**

- Congress is expected to again delay the pending Medicaid DSH cuts through a Continuing Resolution (CR) before midnight on November 21. The existing CR expires at that point, and negotiations continue this week. Conventional wisdom is that Congress will reach agreement for a short-term CR through December 20.

Regardless of the timing, NYC Health + Hospitals will continue its advocacy for a long-term agreement on Medicaid DSH relief.

#### **NYC CARE UPDATE**

Earlier this week I was joined by the Mayor's Office of Immigrant Affairs Commissioner Bitta Mostofi and our NYC Care leadership team to meet with representatives from our community based partner organizations who are helping to get to word out conducting culturally appropriate outreach to prospective NYC Care members in the Bronx. Our CBO partners - BronxWorks, Emerald Isle Immigration Center, Mekong NYC, Northwest Bronx Community and Clergy Coalition, and Sauti Yetu Center for African Women - have been instrumental in helping us enrolled more than 7,500 NYC Care members so far. Those who attended the meeting this week shared their experiences on the ground. They were particularly thankful for this program and reported that many of their clients had been offered an appointment with their new primary care doctor in two weeks or less. In fact, all new members have been offered an appointment in two weeks or less. They also underscored the importance of having outreach workers who are trusted in the community and language appropriate materials to help communicate our message. Thanks in great part of their help, we expect to meet our goal of 10,000 NYC Care members in the Bronx much sooner than the six month target timeline we had set for ourselves.

We are on track to launch NYC Care in Brooklyn and Staten Island early next year. We received strong proposals from CBOs in those boroughs in response to the RFP for outreach partners who can replicate the same great work our Bronx CBO partners have achieved. We look forward to announcing the new CBOs soon.

#### **HEALTH SYSTEM NEWS**

##### **Why I Switch to MetroPlus Gold**

When I joined NYC Health + Hospitals as President, I knew I would want to get all my health care by our own great doctors and nurses and other health professionals and support staff. I have been very well cared for by a primary care doctor, a podiatrist and a physical therapist in our health system. However, I did not initially join our health insurance plan MetroPlus because my family was still in California, and, as with all local health plans, coverage out of the geographic service area is limited. Now that my husband and daughter have move to New York City (my son is still in Los Angeles finishing his last year of high school), I have taken advantage of this Open Enrollment period - which runs through November 29 -- and switched to MetroPlus Gold - the best plan for NYC employees.

I believe that health care dollars should all go to patients, and I am bothered with how private insurance companies have large administrative expenses and hurdles for getting care. In the case of for-profit plans, they are also earning money for Wall Street shareholders, instead of their beneficiaries.

While I am glad that we have choices among public and private plans, and among providers inside and outside our health system, I would recommend MetroPlus Gold to anyone who works for the City of New York. With all the talk about creating public insurance options, I am glad I already have one.

#### **Courts Praised for Halting President's Proclamation Regarding Visas for Immigrants**

I signed on to a joint statement with NYC Mayor's Office of Immigrant Affairs Commissioner Bitta Mostofi, DC37 Executive Director Henry Garrido, NYSNA President Judith Cutchin and Doctors Council President Dr. Frank Proscia to commend the court for halting the President's Proclamation regarding visas for immigrants from going into effect this month. Denying visas to low-income immigrants, based on their ability to obtain health insurance upon arrival to the United States, flies in the face of the values of our city and our nation. Not only would the Proclamation have acted to separate families, it would have functioned as a wealth test to keep hundreds of thousands of immigrants from entering our country. The President's mean-spirited and unworkable policy is part of a coordinated strategy to not only minimize immigration to the United States, but to confuse and intimidate immigrant families from accessing public programs and services for which they qualify under the law.

Our joint statement stressed that in New York City and at NYC Health + Hospitals, our doors are open to everyone. We won't be swayed from our mission to deliver quality health care to all New Yorkers no matter their insurance status, their income, or where they come from. We urged Congress to continue to fight to protect immigrant families and to support an American healthcare system that makes quality health care accessible and affordable for all patients.

#### **NYC Health + Hospitals Marks 5 Year Ebola Anniversary with a Call for Continued Federal Funding and a Thank You Letter from Barack Obama**

NYC Health + Hospitals marked the five year anniversary of the treatment and recovery of NYC's only confirmed Ebola patient, Dr. Craig Spencer, and urged federal officials to continue funding for hospital preparedness around Ebola and other special pathogens. Dr. Spencer joined us at NYC Health + Hospitals/Bellevue to advocate for the continuation of the Hospital Preparedness Program Ebola funding that expires next year. Our health system receives \$11.1M for health care and first responder training and regional coordination between public health, health care, EMS, and law enforcement to ensure our ability to respond quickly to an infectious disease emergency and keep patients and the public safe. The continuity of this funding is necessity if we are to be ready for the next deadly pathogen that comes through our doors.

A highlight of this anniversary event included a thank you letter from Barack Obama addressed "to the folks at NYC Health + Hospitals" and said:

*"As you well know, just five years ago, we were working hand-in-hand with our partners in West Africa to fight the deadliest Ebola outbreak the world had ever seen. Thousands of military members, civil responders and health care providers stepped up including, in a really crucial way, each of you. Thanks to your courage and expertise, your grit and your ingenuity, Dr. Craig Spencer, the first Ebola patient in New York, was cured. As you gather to celebrate this milestone and to reflect and to reenergize, please know you have my heartiest congratulations and enduring gratitude."*

#### **Community Art Murals Unveiled**

The beautiful, bright colors of our health system's Community Murals Project are officially on display. Last week, our Arts in Medicine program helped unveil the first three community murals, made possible through the Laurie M. Tisch Illumination Fund and the Mayor's Fund to Advance New York City. NYC Health + Hospitals/McKinney in Brooklyn, NYC Health + Hospitals/Metropolitan in East Harlem and NYC Health + Hospitals/Carter in Harlem all held events to show off the artwork produced as collaborations between a renowned artist, patients, staff and community members. Each mural tells a story of the individuals and their diverse cultures represented by its community, as well as the history behind the NYC Health + Hospitals facility, such as the depiction of Dr. Susan McKinney and her legacy as a trailblazer. The collaborative mural-making process has been a positive experience for our patients, residents, staff and community we serve. In the coming weeks, five additional murals will be unveiled at NYC Health + Hospitals Coney Island, North Central Bronx, Kings County, Queens and Bellevue.

#### **NYC Health + Hospitals/Gouverneur Receives US News "Best Nursing Homes" Recognition**

For the second year in a row, NYC Health + Hospitals/Gouverneur received an overall 5 out of 5 rating in the U.S. News "Best Nursing Homes" list. The 295-bed skilled nursing facility ranked as "high performing" in both short-term rehabilitation and long-term care. U.S. News rated more than 15,000 nursing homes across the country to help consumers choose the most appropriate care for their loved ones. Less than 3,000 make the best nursing home list and even fewer receive a perfect score of 5 out of 5 for their quality of care, safety and caring staff. Just last month, NYC Health + Hospital/Gouverneur also made Newsweek best nursing home list, along with three other post-acute care facilities in our health system. This recognition is well deserved and I want to thank the team at Gouverneur for their tireless efforts to provide the kind of safe, quality and compassionate care we would want for any member of our own family.

#### **NYC Health + Hospitals/Jacobi Acquires New Mammography Machines**

NYC Health + Hospitals/Jacobi installed two new, state-of-the-art mammography imaging machines -- the Hologic Affirm Prone 2D/3D stereotactic biopsy machine and the Hologic 2D/3D 3Dimensions Mammogram machine. These new machines visualize more tissue and

pinpoint subtle lesions and faint calcifications that may not be visible with older technology. Greater precision not only allows for improved visibility of cancerous cells but also diminishes the number of patients recalled for screening mammograms due to "false positive" test results. As a result, the new equipment is expected to increase patient satisfaction, reduce wait times, and enhance patient experience. Special thanks to Councilmember Mark Gjonaj who contributed \$400,000 and the Bronx Borough President Ruben Diaz Jr. who contributed \$249,582 to help fund the new equipment.

# # #

# Overview on Outposted Therapeutic Housing Units (OTxHU)

NYC Health + Hospitals Board of Directors  
December 19, 2019

Patsy Yang, DrPH  
Senior Vice President  
Correctional Health Services



## Why OTxHU?

- There are patients in custody with complex chronic conditions who need higher levels of care than can be provided in the jails, but don't need inpatient hospitalization.
- Patients currently have to be transported out of jails and brought to specialty and subspecialty care in NYC H+H community-based, acute care facilities.

## What is OTxHU?

- OTxHUs will be secured, clinical units sited within NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Woodhull but operated by CHS with DOC providing custody management.
- The units will bridge the gap between care provided in jail and inpatient hospitalization, with decisions regarding admission to and discharge from the OTxHUs made by CHS according to a patient's clinical needs.





# Site Selection

- Six sites were assessed for feasibility; **NYC Health + Hospitals/Bellevue** and **NYC Health + Hospitals/Woodhull** were selected.
- Both hospitals have a configuration that permit the control of flow to and from the OTxHU, separate from the public.
- Minimal relocation of hospital patient care services is required.
  - NYC Health + Hospitals/Bellevue: Shell space
  - NYC Health + Hospitals/Woodhull: Relocation of respiratory therapy and administrative space
- Subject to design, approximately 250 beds between NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Woodhull will serve patients with complex medical, mental health, and substance use needs.



# Patient Care Benefits

- Is a pioneering approach that will help meet the health care needs of patients in custody in a safer, more humane way that can lead to stronger positioning for successful reentry.
- Offers a therapeutic and more normalized environment for those patients with more complex chronic care needs.
- Increases safe access to specialty and subspecialty services for patients who need them on a regular basis.
- Improves continuity of care between CHS and NYC H+H, and providers in inpatient, outpatient, and OTxHU services.
- Reduces visitation barriers for families, friends and community providers.



# Hospital Benefits

- Will be self-contained units with little or no negative impact on hospital operations and surrounding community.
- May benefit the local community through the infusion of staff and visitors.
- Capital investment of \$325M including funding for prerequisite infrastructure improvements in the hospitals, outside the NYC H+H capital program dollars.
- Repurposes underutilized hospital space for patient care, at no additional cost to NYC H+H.
- Will reimburse hospitals for supporting operations, such as food service, environmental services, and plant maintenance and operations.



## **RESOLUTION - 2**

Approving the New York City Health and Hospitals Corporation Annual Board Committee Assignments Effective January 1, 2020, as set forth in the attachment hereto as mandated by Article VI, section 1(C) of the By-Laws.

**WHEREAS**, Article VI. Section 1(c) of the bylaws of New York City Health and Hospitals Corporation provides that the Chairperson of the Board shall annually appoint, with the approval of the majority of the Board, the members of the standing committees of the Board; and

**WHEREAS**, the Chairperson has proposed the appointments set forth in the attachment hereto.

**NOW, THEREFORE**, be it

**RESOLVED** that the New York City Health and Hospitals Corporation Board of Directors hereby approves the appointments of the members to the standing committees of the Board as reflected in the attachment, which appointments shall be effective from January 1, 2020 until such time as any changes are approved by the Board.

**Standing Committees**  
**Committee Assignments**

<b>STANDING COMMITTEES OF THE BOARD</b>	
<b><u>Executive</u></b>	Chair: José Pagán Members: Steven Banks Vincent Calamia, MD Mitchell Katz, MD Gordon Campbell Feniosky Peña-Mora Raul Perea-Henze
<b><u>Audit</u></b>	Chair: Helen Arteaga Landaverde Members: Feniosky Peña-Mora Freda Wang Mitchell Katz, MD Anita Kawatra José Pagán
<b><u>Capital</u></b>	Chair: Feniosky Peña-Mora Members: Sally Hernandez-Piñero Gordon Campbell Mitchell Katz, MD José Pagán Freda Wang Robert Nolan
<b><u>Community Relations</u></b>	Chair: Robert Nolan Members: Helen Arteaga Landaverde Mitchell Katz, MD José Pagán Anita Kawatra
<b><u>Equity, Diversity and Inclusion (EDI)</u></b>	Chair: Helen Arteaga Landaverde Members: Feniosky Peña-Mora Oxiris Barbot, MD Mitchell Katz, MD José Pagán
<b><u>Finance</u></b>	Chair: Freda Wang Members: Gordon Campbell Sally Hernandez-Piñero Mitchell Katz, MD Barbara A. Lowe, RN José Pagán Feniosky Peña-Mora
<b><u>Governance</u></b>	Chair: José Pagán Members: Ms. Helen Arteaga Landaverde Vincent Calamia, MD Gordon Campbell Mitchell Katz, MD

## STANDING COMMITTEES OF THE BOARD *(cont'd)*

<u>Information Technology (IT)</u>	<p>Chair: José Pagán</p> <p>Members: Steven Banks Vincent Calamia, MD Mitchell Katz, MD Barbara Lowe, RN Feniosky Peña-Mora</p>
<u>Medical &amp; Professional Affairs (M&amp;PA)</u>	<p>Chair: Vincent Calamia, MD</p> <p>Members: Mitchell Katz, MD Barbara Lowe, RN José Pagán Hillary Kunins</p>
<u>Quality Assurance/Performance Improvement (QAPI)</u>	<p>Chair: Mitchell Katz, MD</p> <p>Members: Helen Arteaga Landaverde Oxiris Barbot, MD Barbara Lowe, RN Sally Hernandez-Piñero José Pagán</p>
<u>Strategic Planning</u>	<p>Chair: Gordon Campbell</p> <p>Members: Oxiris Barbot, MD Sally Hernandez-Piñero Mitchell Katz, MD Anita Kawatra José Pagán Freda Wang</p>

## ASSIGNMENTS BY MEMBER (COMMITTEE & SUBSIDIARY)

<p style="text-align: center;"><u><b>José A. Paqán</b></u> <u><b>Chair of the Board</b></u></p> <p>Member to All Committees Chair: Executive – Governance – Information Technology</p> <p>Member: HHC Capital Corporation (subsidiary)</p>	<p style="text-align: center;"><u><b>Mitchell Katz, MD</b></u> <u><b>President and CEO</b></u></p> <p>Ex-officio Member to All subsidiary boards and Committees Except Governance and is a Member of Audit and serves as ex-officio</p> <p>Chair: Quality Assurance HHC ACO (Accountable Care Organization (Subsidiary))</p>
<p style="text-align: center;"><u><b>Helen Arteaga Landaverde</b></u></p> <p>Chair: Audit – Equity, Diversity and Inclusion (EDI) Member: Community Relations Governance Quality Assurance/Performance Improvement</p>	<p style="text-align: center;"><u><b>Steven Banks</b></u></p> <p>Member: Executive Information Technology (IT)</p>
<p style="text-align: center;"><u><b>Oxiris Barbot, MD</b></u></p> <p>Member: Equity, Diversity and Inclusion Quality Assurance/Performance Improvement Strategic Planning</p>	<p style="text-align: center;"><u><b>Hillary Kunins, MD, MPD, MS</b></u></p> <p>Member: Medical and Professional Affairs</p>
<p style="text-align: center;"><u><b>Vincent Calamia, M.D.</b></u></p> <p>Chair: M&amp;PA HHC Capital Corporation (subsidiary) HHC Insurance Company / Physicians Purchasing</p> <p>Member: Governance IT Executive</p>	<p style="text-align: center;"><u><b>Gordon Campbell</b></u> <u><b>Vice Chair of the Board</b></u></p> <p>Chair: Strategic Planning Member: Capital Finance Governance Executive</p>
<p style="text-align: center;"><u><b>Anita Kawatra</b></u></p> <p>Member: Audit Strategic Planning Community Relations</p>	<p style="text-align: center;"><u><b>Barbara A. Lowe, MS, RN</b></u></p> <p>Member: Finance IT Quality Assurance/Performance Improvement M&amp;PA</p>
<p style="text-align: center;"><u><b>Feniosky Peña-Mora</b></u></p> <p>Chair: Capital Member: Executive Finance HHC Capital Corporation (subsidiary) Audit Equity Diversity and Inclusion Information Technology</p>	<p style="text-align: center;"><u><b>Robert F. Nolan</b></u></p> <p>Chair: Community Relations Member: Capital Committee HHC Capital Corporation (subsidiary)</p>
<p style="text-align: center;"><u><b>Raul Perea-Henze</b></u></p> <p>Member: Executive</p>	<p style="text-align: center;"><u><b>Sally Hernandez-Piñero</b></u></p> <p>Chair: MetroPlus Health Plan, Inc. (subsidiary) Member: Quality Assurance/Performance Evaluation Finance Strategic Planning Capital Capital Corporation (subsidiary)</p>
<p style="text-align: center;"><u><b>Freda Wang</b></u></p> <p>Chair: Finance HHC Capital Corporation (subsidiary)</p> <p>Member: Capital Audit Strategic Planning</p>	

## Subsidiary Board Assignments

### SUBSIDIARY BOARD MEMBERS

<u>HHC Capital Corporation</u>	<p>Chair: Freda Wang</p> <p>Members: José Pagán Feniosky Peña-Mora Dr. Mitchell Katz Robert Nolan Sally Hernandez-Piñero</p>
<u>MetroPlus Health Plan, Inc.</u>	<p>Chair: Sally Hernandez-Piñero</p> <p>Members: Dr. Arnold Saperstein Lloyd Williams Dan H. Still Dr. Eric Wei Matthew Siegler Christopher Roker Sara Gillen Nella Lewis Tamira Boynes</p> <p><small>r. 02/28/2019</small></p>
<u>HHC Insurance Company/Physicians Purchasing Group</u>	<p>Chair: Dr. Vincent Calamia</p> <p>Members: Dr. Mitchell Katz Dr. Machele Allen Mr. John Ulberg Ms. Andrea Cohen</p>
<u>HHC Accountable Care Organization (HHC / ACO)</u>	<p>Chair: Dr. Mitchell Katz</p> <p>Members: Dr. Dave Chokshi, CEO John Ulberg, Treasurer Israel Rocha, Secretary Jessica Diamond Andrea Cohen Dr. Gary Kalkut Dr. Warren Seigel Dr. Jasmin Moshirpur Hyacinth Peart Dr. Luis Marcos</p>
<p><u>HHC Assistance Corporation</u> <u>(Centralized Service Organization – CSO)</u></p> <p><u>One-City Health Services</u></p>	<p>Chair: Israel Rocha</p> <p>Members: Dr. Mitchell Katz John Ulberg Sheldon McLeod Jeremy Berman Dr. Michael A. Stocker Matthew Siegler</p>



### **AMENDED – RESOLUTION - 3**

Authorizing the Executive Director of **MetroPlus Health Plan, Inc. (“MetroPlus”)** to negotiate and execute an extension to the existing contract with **Beacon Health Strategies, LLC (“Beacon”)**, to provide behavioral health management services through June 30, 2020; and

Authorizing additional funding of \$10.25M to cover the extension period.

**WHEREAS**, MetroPlus, a subsidiary corporation of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”), is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York; and

**WHEREAS**, Beacon is the current contractor performing behavioral health services under a contract which is to expire January 31, 2020; and

**WHEREAS**, MetroPlus intends to transition behavioral health care administrative services in-house and not delegate them to a third-party vendor; and

**WHEREAS**, MetroPlus seeks to extend the Beacon agreement to permit additional time to build the necessary operational infrastructure to provide behavioral health care administrative services and ensure a smooth transition while protecting MetroPlus’ interests and those of its members; and

**WHEREAS**, on October 29, 2019 the Board of Directors of MetroPlus approved a resolution for the proposed extension of the agreement with Beacon for a cost not to exceed \$10.25 million; and

**WHEREAS**, under the MetroPlus Certificate of Incorporation, NYC Health + Hospitals has the authority to approve the execution of the proposed contract extension due to its size; and

**WHEREAS**, an extension of the existing agreement is being requested in compliance with the MetroPlus’ contracting policies and procedures.

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. is hereby authorized to negotiate and execute an extension to the existing contract with Beacon Health Strategies, LLC, to provide behavioral health management services through June 30, 2020; and it is further

**RESOLVED**, that MetroPlus Health Plan, Inc. may add additional funding to the contract of \$10.25M to cover the extension period.

## **EXECUTIVE SUMMARY**

### **EXTENTION OF CONTRACT BETWEEN METROPLUS HEALTH PLAN, INC. AND BEACON HEALTH STRATEGIES LLC FOR BEHAVIORAL HEALTH MANAGEMENT**

- BACKGROUND:** MetroPlus is transitioning behavioral health vendor services from the incumbent, Beacon Health Strategies LLC (“Beacon”), to MetroPlus. MetroPlus initially intended to transition the services to Community Care Behavioral Health Organization (“CCBHO”), which was selected through a Negotiated Acquisition process. The contract negotiations with CCBHO have been ongoing pursuant to authorization by the MetroPlus and NYC Health + Hospitals’ boards of directors. During the negotiation process MetroPlus gained the technical feasibility to transition those services to the Plan. With the goal of better integration of medical and behavioral health to provide improved services to patients with behavioral health needs, MetroPlus intends to provide the services to its members directly and not through a third-party vendor. The Beacon contract is scheduled to terminate January 31st, 2020. However, the Plan requires additional time to build the necessary operational infrastructure. To ensure uninterrupted services, MetroPlus seeks to extend the Beacon contract through June 30, 2020. We anticipate that an additional extension, will be needed post June 30, 2020 with a more limited scope.
- COST:** MetroPlus’ existing contract with Beacon for Behavioral Health Administrative services is for an amount not to exceed \$76 million over the five-year life of the contract, which ends on January 31st, 2020. The cost of extending the Beacon contract for an additional five months to June 30, 2020 will not exceed \$10.25 Million. This change will bring the total cost of the Beacon contract to an amount not to exceed \$86,250,000.
- PROGRAM:** The proposed contract extension will allow for the implementation of the Children’s Behavioral Health carve-in (effective July 1, 2019).
- LITIGATION:** Beacon protested the award of the contract to CCBHO and sued to nullify the contract award. The Beacon suit was dismissed by the New York Supreme Court on July 25, 2019. On August 20, 2019 Beacon filed an appeal. The appeal is pending.

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Beacon Health Options, LLC

Date: December 16, 2019

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Pending

**EEO**

Pending

**MWBE**

Full waiver

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



# MetroPlus Health Plan

## Behavioral Health Vendor Extension

NYC Health + Hospitals Board of Directions

December 19, 2019

Talya Schwartz, MD

President & CEO

MetroPlus Health Plan



**500,000 MEMBERS STRONG**

# MetroPlus Delegated Behavioral Health Services

- Mental Health and Substance Use Disorder Services have been delegated to Beacon Health Options since February 2015
- In 2014, the MetroPlus and H+H Boards approved a resolution for a contract with Beacon not to exceed \$76 million for life of the agreement (5 years)
- Delegation initiated in 2015 to meet the New York State Behavioral Health (BH) and HARP requirements
- Delegated Behavioral Health services include:

Utilization Management	Case Management
Clinical Programs	Customer service
Claims processing and payment	Reporting
Behavioral Health Network	Credentialing
Aspect of quality work	Back Office Operations



# Behavioral Health Vendor Extension

- Beacon's current contract term expires January 31, 2020.
- Through a negotiated acquisition a new vendor (CCBHO) was selected to administer BH services.
- After a period of contract negotiations, MetroPlus Health Plan and CCBHO decided not to move forward with contracting.
- MetroPlus' goal is to administer BH services in-house to assure better integration of medical and behavioral care, thereby benefitting patients with behavioral health needs.
- The Plan will be building infrastructure which supports operations enabling a transition from a delegated structure.
- The Plan is seeking to extend the Beacon agreement term with current scope of services through June 30<sup>th</sup>, 2020.
- Starting July 1<sup>st</sup>, 2020, a limited scope of services (TBD) will be administered by Beacon until full transition is achieved.



# Extension Terms

- The cost of this extension, through June 30<sup>th</sup>, 2020, will be priced at the current contractual rates, plus the cost for the new Children's Behavioral Health Services carve-in.
  - In July 2019, New York State carved-in services to Managed Care for Children's Behavioral Health Services
  - Costs associated with the Children's implementation and servicing of these benefits included:
    - A one-time \$950K implementation cost to Beacon, which includes additional mandated staffing and management cost
    - A per member per month increase, starting in July 2019, to the populations impacted by this carve-in



# Extension Pricing

- The Beacon extension, including implementation of the Children's Program will cost \$10.25 million from February – June 2020. Children's Program increase will result in \$990,000 of the \$10.25 million through June 2020
  - Beacon will maintain current staffing, including 56 clinical FTEs to support BH services through June 30, 2020





## RESOLUTION - 4

Authorizing the amendment of the By-Laws of MetroPlus Health Plan, Inc. (“MetroPlus”) amending Section 2 of Article VII of the Bylaws of MetroPlus to read as follows:

“Section 2. Standing Committees. The following committees shall be designated as standing committees: Executive Committee, Finance Committee, **Quality Assurance/Performance Improvement Committee**, Audit & Compliance Committee, Customer Services and Marketing Committee”

And further authorizing the amendment of Article VII, Section 5 of the MetroPlus Bylaws to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include:

“overseeing performance improvement activities to foster sharing of performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices.”

**WHEREAS**, a resolution approved by the Board of Directors of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) on October 29, 1998 authorized the conversion of MetroPlus from an operating division to a wholly owned subsidiary of NYC Health + Hospitals; and

**WHEREAS**, the Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the sole power with respect to amending the Bylaws of MetroPlus; and

**WHEREAS**, the MetroPlus Board of Directors is empowered to oversee the business operations of MetroPlus; and

**WHEREAS**, the MetroPlus Board of Directors has determined that the MetroPlus Bylaws must be modified to better enable MetroPlus to conduct its business; and

**WHEREAS**, an expansion of the scope of the MetroPlus Quality Assurance Committee would align with current best practices that view performance improvement as a key driver in improving processes and outcomes of care; and

**WHEREAS**, the MetroPlus Quality Assurance/Performance Improvement Committee would continue quality assurance related activities but also expand the Committee’s scope to include oversight and integration of performance improvement best practices into all of MetroPlus’ quality activities; and

**WHEREAS**, on October 29, 2019 the Board of Directors of MetroPlus duly considered and approved the proposed modifications to the MetroPlus Bylaws.

**NOW THEREFORE**, be it

**RESOLVED** that modifications shall be made to the text of the Plan’s Bylaws amending

Section 2 of Article VII of the Bylaws of MetroPlus to read as follows:

“Section 2. Standing Committees. The following committees shall be designated as standing committees: Executive Committee, Finance Committee, **Quality Assurance/Performance Improvement Committee**, Audit & Compliance Committee, Customer Services and Marketing Committee”

**AND BE IT FURTHER RESOLVED** that Article VII, Section 5 of the Bylaws be modified to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include

“overseeing performance improvement activities to foster sharing of performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices.”

## **EXECUTIVE SUMMARY**

### **AMENDMENT OF METROPLUS BY-LAWS**

To better enable MetroPlus to conduct its business, MetroPlus seeks approval to amend its Bylaws to rename the Quality Assurance Committee as the Quality Assurance/Performance Improvement Committee, with oversight over the Plan's quality assurance activities and performance improvement efforts.

While quality assurance should inform performance improvement activities, it should not be the sole focus of a quality program. Over the years, there has been much more emphasis placed on performance improvement. While quality assurance is critical to ensure that regulations are adhered to and metrics are monitored, performance improvement is the key driver in improving processes and outcomes of care.

The Quality Assurance/Performance Improvement Committee would expand the current Quality Assurance Committee's duties and responsibilities by overseeing plan-wide strategies in the following key areas:

- Present system performance improvement prioritized projects;
- Share other performance improvement priorities;
- Identify new areas of opportunity for performance improvement; and
- Spread performance improvement best practices.



# MetroPlus Health Plan

## Behavioral Health Vendor Transition

Talya Schwartz, MD

CEO MetroPlus Health Plan

NYC Health + Hospital Board of Directors Meeting

December 19, 2019



**500,000 MEMBERS STRONG**

# MetroPlus Delegated Behavioral Health Services

- Mental Health and Substance Use Disorder Services have been delegated to Beacon Health Options since February 2015
- IN 2014, the MetroPlus and H+H Boards approved a resolution for a contract with Beacon not to exceed \$76 million for life of the agreement (5 years)
- Delegation initiated in 2015 to meet all of the New York State Behavioral Health and HARP requirements
- Behavioral health services delegated include:

Utilization Management	Case Management
Clinical Programs	Customer service
Claims processing and payment	Reporting
Behavioral Health Network	Credentialing
Aspect of quality work	Back Office Operations



# Behavioral Health Vendor Transition

- Negotiated Acquisition was initiated based on multiple areas of concern identified with Beacon, as well as contract term expiring in January 31<sup>st</sup>, 2020
- MetroPlus selected Community Care Behavioral Health Organization (“CCBHO”) as the winning proposer
- MetroPlus and H+H Board approvals to move ahead with CCBHO have been obtained on September 13<sup>th</sup>, 2018 and October 25<sup>th</sup>, 2018, respectively.
- In order to implement a smooth transition, we have identified the need to extend the Beacon agreement term, as well as to engage Beacon for post-termination services



# Need for Beacon Extension

- MetroPlus is in the process of transitioning Behavioral Health administration to CCBHO
- However, there are several new programs being brought into place by New York State, which will have an impact on the management and care of members, including children with severe mental illness
- In order to ensure a smooth transition for these members, and in order to ensure that reporting and administrative functions are carried out through the end of a quarter, MetroPlus is seeking to transition vendors as of the beginning of the 3<sup>rd</sup> quarter - July 1st, 2020.
- This will require an extension of the Beacon agreement through June 30, 2020





# Need for Beacon Extension

- In the coming months, a number of new Behavioral Health related services will be brought into the MetroPlus Benefit package. Extending the Beacon agreement will assist in ensuring a smooth transition for these members

## January 1, 2020

- Children & Family Treatment & Support Services (CFTSS)
- Youth Peer Support & Training
- Crisis Intervention
- Medically Fragile Children (BH Service Component)

## February 1, 2020 (changed to July 1, post extension decision)

- Foster Care Children services



# Extension Terms

- The extension will be priced at the current contractual rates, plus an increase for the new children's behavioral health services
  - In July 2019, New York State carved-in services to Managed Care for Children's Behavioral Health Services
  - Costs associated with the Children's implementation and servicing of these benefits included:
    - A one-time ~\$1M implementation cost to Beacon, which includes additional mandated staffing and management cost
    - A per member per month increase to the populations impacted by this carve-in



# Key Beacon Run-Out Services

- Beacon will need to provide services post contract termination for up to one year
- This is due to ongoing operational and regulatory reporting needs:

## Claims Payment and Processing

- For claims processed for dates of service prior to 7/01/2020
- Includes payments, denials, appeals, reviews, and reprocessing

## Data interface exchanges and encounter reporting

- To ensure accuracy and completeness of information
- Ensure continuing sharing of information in required formats with MetroPlus and New York State

## Regulatory reporting requirements

Ongoing Beacon support for future regulatory reviews and external audits



# Extension and Run-Out Pricing

- The Beacon extension, including implementation of the Children's Program will cost \$10.25 million from February – June 2020. Children's Program increase will result in \$990,000 of the \$10.25 million through June 2020
  - Beacon will maintain current staffing, including 56 clinical FTEs to support BH services through June 30, 2020
- One year of run-out pricing will cost an additional \$1.68 million based on a tiered PMPM methodology



## **RESOLUTION - 5**

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a ten year lease with 2356 Partners LLC (the "Landlord") for the use and occupancy of approximately 2,100 square feet of ground floor space at 2356 Nostrand Avenue, Brooklyn to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program"), managed by NYC Health + Hospitals/Kings County Hospital Center (the "Facility") at a rent of \$108,000 per year, or \$51.43 per square foot to be escalated by 3% per year for a total of \$1,238,099 over the ten year term with an option to terminate after four years exercisable only by the System if funding is reduced.

**WHEREAS**, the System had operated a WIC Program servicing this area of Brooklyn since 1996 at a nearby site on Nostrand Avenue but was forced to close the site due to the expiration of its lease; and

**WHEREAS**, the proposed new site is in the same zip code as the former site thereby allowing the WIC Program to serve the same catchment area; and

**WHEREAS**, the System operates 27 WIC sites throughout the System of which 6 are in rented locations and 21 are in facilities controlled by the System;

**WHEREAS**, the Facility currently operates two WIC sites serving the Facilities' patients and the community and, with the proposed additional site, will operate three such sites; and

**WHEREAS**, like other WIC programs, the Facility's WIC Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income; and

**WHEREAS**, WIC Programs are funded by New York State Department of Health ("DOH") grants and DOH approves of each site and its lease terms in advance and that practice was followed at the proposed new site.

**NOW, THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a 10 year lease with 2356 Partners LLC for use and occupancy of approximately 2,100 square feet of ground floor space at 2356 Nostrand Avenue, Brooklyn to operate a Supplemental Food Program for Women, Infants and Children, managed by NYC Health + Hospitals/Kings County Hospital Center at a rent of \$108,000 per year, or \$51.43 per square foot to be escalated by 3% per year for a total of \$1,238,099 over the 10 year term with an option to terminate after four years exercisable only by the System if funding is reduced.

## EXECUTIVE SUMMARY

### KINGS COUNTY HOSPITAL CENTER SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN 2356 NOSTRAND AVENUE, BROOKLYN

- OVERVIEW:** New York City Health and Hospitals Corporation (the "System") seeks authorization from its Board of Directors to execute a ten year lease with 2356 Partners LLC (the "Landlord") for use and occupancy of space at 2356 Nostrand Avenue, Borough of Brooklyn, to operate a Women, Infants and Children Program (the "WIC Program"), managed by NYC Health + Hospitals/Kings County Hospital Center ("Kings County").
- NEED/PROGRAM:** The WIC Program had been providing services to the surrounding community at a nearby site at 2266 Nostrand Avenue since 1996. The System had to close the WIC Program at its prior site about a year ago because the lease expired and the landlord did not wish to renew. The new site is located in the same zip code as the former site thereby allowing the WIC Program to serve the same catchment area. The program provides comprehensive WIC services to eligible pregnant, breastfeeding and postpartum women, infants and children less than five years of age, who are determined to be at nutritional risk.
- UTILIZATION:** The WIC Program's caseload is approximately 2,500 clients.
- TERMS:** The System will occupy approximately 2,100 square feet of ground floor space, and will pay base rent in the amount of \$108,000 per year, or \$51.43 per square foot to be escalated by 3% per year for a total of \$1,238,099 over the ten year term. The landlord will build out the space at no cost to the System. The System will have the right to cancel the lease upon completion of the fourth year of the term if DOH funding is reduced. The System will be responsible for payment of separately metered gas, electricity and water. The System will pay its share of real estate tax increases above a base year. The landlord will be responsible for all interior and exterior maintenance and structural repairs on the premises. The System will be responsible for non-structural maintenance and repairs.
- FINANCING:** DOH funds both rent and operating expenses at WIC sites.

## SUMMARY OF ECONOMIC TERMS

<b>SITE:</b>	2356 Nostrand Avenue Borough of Brooklyn Block 7575, Lot 11, 77
<b>LANDLORD:</b>	2356 Partners LLC 4815 Avenue N Brooklyn, N.Y. 11234
<b>FLOOR AREA:</b>	Approximately 2,100 square feet of ground floor space
<b>TERM:</b>	10 years
<b>CANCELLATION:</b>	Tenant shall have the right to cancel the lease after four years if DOH funding is reduced.
<b>RENT:</b>	The System will pay a base rent in the amount of \$108,000 per year, or \$51.43 per square foot. The rent escalated by 3% per year over the term totals \$1,238,099.
<b>UTILITIES:</b>	The System will be responsible for the payment of separately metered electricity, gas, and water.
<b>MAINTENANCE/ REPAIRS:</b>	The Landlord will be responsible for all interior and exterior maintenance and structural repairs. The System will be responsible for non-structural maintenance and repairs.
<b>CONSTRUCTION:</b>	The Landlord will build out the space at no additional expense to the System.
<b>TAXES:</b>	The System will be responsible for the payment of its share of real estate tax increases above the base year.
<b>FINANCING:</b>	WIC programs are fully funded by DOH grants which cover rent, personnel and other operating costs. There are generally no costs to the System for the operation of a WIC Program.



## 2356 Nostrand Ave. Comparables

<u>Address</u>	<u>Floor Area (sq. ft.)</u>	<u>Rent (per sq. ft.)</u>
2147 86th St., Brooklyn, NY 11214	6,000	\$56.00
400 Atlantic Ave., Brooklyn, NY 11217	1,800	\$56.00
428 Atlantic Ave., Brooklyn, NY 11217	2,200	\$60.00
1222 Ave. U, Brooklyn, NY 11229	1,000	\$54.00
766 Flatbush Ave., Brooklyn, NY 11226	2,000	\$51.50
1172 Fulton St., Brooklyn, NY 11216	2,500	\$50.00
1567 Fulton St., Brooklyn, NY 11216	3,125	\$56.00
523 Halsey St., Brooklyn, NY 11233	2,551	\$42.50
894 Nostrand Ave., Brooklyn, NY 11225	2,958	\$56.00
3674 Nostrand Ave., Brooklyn, NY 11229	3,000	\$38.00
2178 Pitkin Ave., Brooklyn, NY 11207	3,800	\$51.50

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: 2356 Partners, LLC

Date: November 25, 2019

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

NA

**EEO**

NA

**MWBE**

NA

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



**Supplemental Food Program for Women, Infants and  
Children (“WIC” Program)  
Lease Agreement – 2356 Nostrand Ave., Brooklyn, N.Y.**

**Board of Directors Meeting  
December 19, 2019**

**Sheldon McLeod, Executive Director, Kings County  
Presented by Christine Flaherty, Senior Vice President  
Jeremy Berman, Deputy Counsel**

**NYC H+H Kings County**

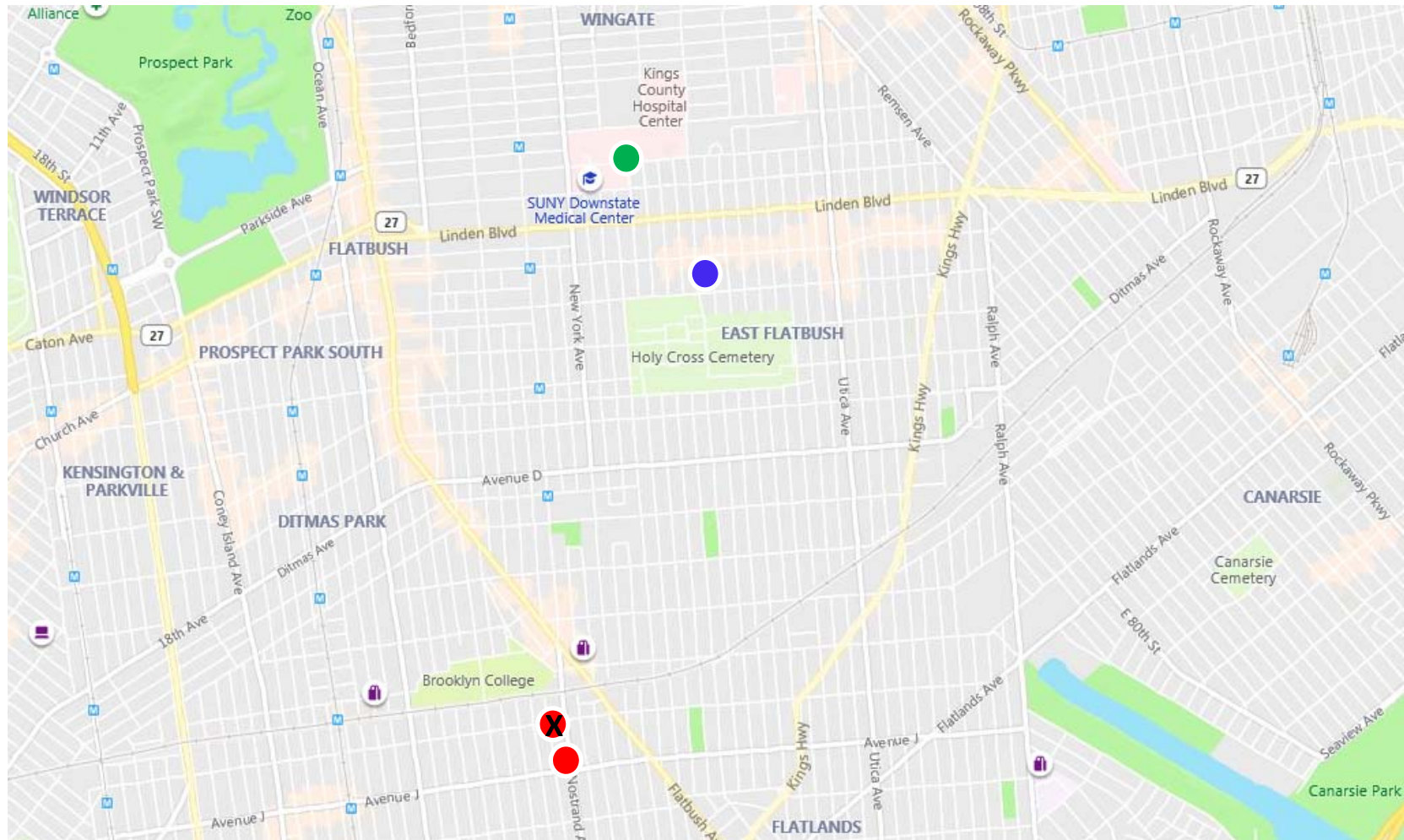


## Current State

- The NYC Health + Hospitals System operates 27 WIC sites throughout the System, 6 are in rented locations and 21 are in facilities controlled by the System.
- A WIC Program has been providing services to the surrounding community from a Nostrand Ave. site since 1996. The program provides comprehensive WIC services to eligible pregnant, breastfeeding and postpartum women, infants and children less than five years of age. The program is funded by the New York State Department of Health.
- The program has been operating from a site located at 2266 Nostrand Ave. but the landlord would not extend the lease. The 2356 Nostrand Ave. space was deemed a suitable replacement site.
- The projected caseload for Nostrand Ave. is approximately 2,500 clients.
- Kings County also operates WIC programs at sites on Church Ave. and in the “T” Building on the hospitals campus. The combined caseload of these two sites is approximately 7,500 clients.



## NYC Health + Hospitals / Kings County WIC Sites



● NYC H+H / Kings County “T” Building

● 4302 Church Avenue

● 2356 Nostrand Avenue (new site)

✗ 2266 Nostrand Avenue (site closed 5/2019)



# Rent Schedule

Year	Annual Rent	Monthly Rent	PSF
1	\$108,000	\$9,000	\$51.43
2	111,240	9,270	52.97
3	114,577	9,548	54.56
4	118,015	9,835	56.20
5	121,555	10,130	57.88
6	125,202	10,433	59.62
7	128,958	10,746	61.41
8	132,826	11,069	63.25
9	136,811	11,401	65.15
10	<u>\$140,916</u>	\$11,743	\$67.10
	\$1,238,099		
floor area: 2,100 rsf			



# Board of Directors Approval Request

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a ten year lease with 2356 Partners LLC (the “Landlord”) for the use and occupancy of approximately 2,100 square feet of ground floor space at 2356 Nostrand Avenue, Brooklyn to operate a Supplemental Food Program for Women, Infants and Children (the “WIC Program”), managed by NYC Health + Hospitals/Kings County Hospital Center (the “Facility”) at a rent of \$108,000 per year, or \$51.43 per square foot to be escalated by 3% per year for a total of \$1,238,099 over the ten year term with an option to terminate after four years exercisable only by the System if funding is reduced.



## RESOLUTION - 6

Amending the resolution adopted in September 2019 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") authorizing the execution of a 30 year lease with Camelot of Staten Island, Inc. ("Camelot") with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View (the "Facility") on land including the Administration Building with such amendment increasing the initial term to 50 years with Camelot holding a ten year renewal option thereby yielding rental income to the System over the initial term of \$24,371,087 at \$12.50 per sq. ft. escalated by 2.5% per year.

**WHEREAS**, the term of the proposed lease established in the September resolution had been approved by Camelot's funder, the New York State Office of Alcohol and Substance Abuse Services ("OASAS"), and was similar to the term of Camelot's pre-existing lease at the Facility; and

**WHEREAS**, after the adoption of the September resolution, it and certain funding and construction documents were presented to the OASAS Capital Budget Office for approval; and

**WHEREAS**, the OASAS Capital Budget Office objected to the length of such term because they feared that either the Office of the Attorney General of the State of New York or the State Comptroller would object that the term is too short to allow the full amortization of the State's planned investment; and

**WHEREAS**, most of the ground leases given by the System to third parties to occupy space on land controlled by the System are for terms of 99 years; and

**WHEREAS**, the System wishes to accommodate the State's desire for a longer lease term.

**NOW, THEREFORE**, be it

**RESOLVED**, that the resolution adopted in September 2019 by the Board of Directors of New York City Health and Hospitals Corporation authorizing the execution of a 30 year lease with Camelot of Staten Island, Inc. ("Camelot") with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder program on the campus of NYC Health + Hospitals/Sea View on land including the Administration Building be and the same hereby is amended to increase the initial term of the lease to 50 years with Camelot holding a ten year renewal option thereby yielding income to the System over the initial term of \$24,371,087 at \$12.50 per sq. ft. escalated by 2.5% per year



## EXECUTIVE SUMMARY

### AMENDMENT OF SEPTEMBER 2019 RESOLUTION AUTHORIZING LEASE WITH CAMELOT OF STATEN ISLAND, INC. NYC HEALTH + HOSPITALS/SEA VIEW TO INCREASE THE INITIAL TERM

#### OVERVIEW:

In September 2019 the Board of Directors of the New York City Health and Hospitals Corporation (the "System") adopted a resolution authorizing a lease with Camelot of Staten Island, Inc. ("Camelot"), for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View ("Sea View") in the approximately 20,000 square foot Administration Building. The September resolution approved an initial term of 30 years with Camelot holding a 19 year renewal option.

In the course of gathering necessary approvals for Camelot's planned State financed renovation of the Administration Building, the OASAS Capital Budget Office objected to the length of such term as being too short to allow the full amortization of the State's planned investment. OASAS objected on the grounds that it feared that the State Attorney General or the State Comptroller would raise the issue. Such objection was surprising because OASAS had not raised such objection previously and because the term of the proposed lease is identical to the term of Camelot's pre-existing lease at the Facility which also involved the extensive renovation of a building financed by the State through DASNY. OASAS' Capital Budget Office asked that the initial term be not less than fifty years.

#### TERMS:

Under the proposed amended resolution the terms of the lease will remain the same except as to the duration of the lease. As before, Camelot will pay annual rent of \$250,000, or \$12.50 per square foot to be escalated by 2.5% per year. Whereas, under the September resolution the initial term of the lease was to be thirty years with Camelot holding an option to extend such term for nineteen additional years, under the proposed amendment, the initial term will be for fifty years with Camelot holding an option to extend such term for ten additional years. The total rent payable over the original thirty year term was \$10,975,676 and the total rent payable over the proposed fifty year term will be \$24,371,087. Under the proposed amendment, the term of the renewal option is ten years instead of the nineteen year renewal term originally provided. As before, the annual base rent for the option term will be set at 95% of the property's appraised value.

## SUMMARY OF ECONOMIC TERMS

<b>SITE:</b>	NYC Health + Hospitals/Sea View 460 Brielle Avenue Borough of Staten Island Block 955, Lot 1
<b>TENANT:</b>	Camelot Counseling, Inc. 4442 Arthur Kill Road, Suite No. 4 Staten Island, N.Y. 10309
<b>BUILDING SIZE:</b>	Approximately 20,000 square feet
<b>PARCEL SIZE:</b>	Approximately 24.080 square feet
<b>TERM:</b>	50 year initial term
<b>RENEWAL OPTIONS:</b>	One 10 year option. The annual base rent for the option term will be set at 95% of the property's appraised value and will escalate at 2.5% thereafter.
<b>RENT:</b>	\$250,000 per year in the first year of the term
<b>ESCALATION:</b>	2.5% per year
<b>UTILITIES:</b>	The cost of all utilities will be the tenant's responsibility.
<b>MAINTENANCE:</b>	The tenant will responsible for all interior and exterior structural and non-structural maintenance and repairs to the facility.
<b>FINANCING:</b>	Funding will be provided by the New York State Office of Alcohol and Substance Abuse Services.

## RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a 30 year lease with Camelot of Staten Island, Inc. ("Camelot") with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View (the "Facility") on land measuring approximately 24,080 sq. ft. including the approximately 20,000 sq. ft. Administration Building at an annual rent of \$250,000, or \$12.50/sq. ft. to be escalated by 2.5% per year for a total rent over the 30 year initial term of \$10,975,676.

**WHEREAS**, Camelot is a not-for-profit formed in 1971, licensed under Article 32 of the Mental Hygiene law to operate outpatient and intensive residential rehabilitation programs; and

**WHEREAS**, Camelot operates 2 intensive residential programs – 1 for adolescent males, and 1 for adult males; and 4 out-patient programs – one on Staten Island and 3 out-patient clinics located in Homes for the Homeless Inc. Tier II Family Shelters in Queens and the Bronx; and

**WHEREAS**, since 2012 Camelot has operated a 35-bed adult male residential program on the Facility's campus in the Camelot-renovated "Group Building;" and

**WHEREAS**, the proposed 25-bed residential SUD program will treat women only because research indicates that gender-responsive rehabilitation is more effective; and

**WHEREAS**, the program will be housed in the now vacant Administration Building to be renovated by Camelot at its own expense; and

**WHEREAS**, there is an acute need for SUD programs on Staten Island and SUD programs for women, in particular; and

**WHEREAS**, the New York State Office of Alcohol and Substance Abuse Services (OASAS) confirms that Camelot complies with OASAS program requirements, which includes medication and monitoring; and

**WHEREAS**, Camelot provides Methadone and Buprenorphine-based treatments to all patients with opioid use disorder and connects patients to maintenance treatment with medication following completion of residential treatment; and

**WHEREAS**, Camelot also provides out-patient intensive counseling and family treatment programs to which the System will refer

**WHEREAS**, a Public Hearing was held on February 27, 2018, in accordance with the requirements of the System's Enabling Act, and, prior to lease execution, the proposed sublease is subject to the approval of the City Council and the Office of the Mayor.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a 30 year lease with Camelot of Staten Island, Inc. with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder program on the campus of NYC Health + Hospitals/Sea View on a parcel of land measuring approximately 24,080 sq. ft. including the approximately 20,000 sq. ft. Administration Building at an annual rent of \$250,000, or \$12.50 per sq. ft. to be escalated by 2.5% per year for a total rent amount over the 30 year term of \$10,975,676.

## EXECUTIVE SUMMARY

### LEASE WITH CAMELOT OF STATEN ISLAND, INC. NYC HEALTH + HOSPITALS/SEA VIEW

#### OVERVIEW:

The New York City Health and Hospitals Corporation (the "System") seeks authorization from its Board of Directors to execute a lease with Camelot of Staten Island, Inc. ("Camelot"), for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View ("Sea View") in the approximately 20,000 square foot Administration Building. A Public Hearing was held on February 27, 2018, in accordance with the requirements of the System's enabling act. Prior to lease execution, the proposed sublease is subject to the approval of the City Council and the Office of the Mayor.

Camelot is a not-for-profit corporation formed in 1971 and licensed under Article 32 of the Mental Hygiene law to operate outpatient and intensive residential rehabilitation programs. Camelot currently operates two intensive residential programs – one for adolescent males, and one for adult males; and four outpatient programs – one on Staten Island and three outpatient clinics located in Homes for the Homeless Inc. Tier II Family Shelters in Queens and the Bronx. Since 2012, Camelot has operated a 35-bed adult male residential program on Sea View's campus in the Camelot-rehabilitated "Group Building."

#### PROGRAM/ NEED:

According to the NYS Department of Health, SUD are found on Staten Island at rates higher than the rest of New York City. Individuals with SUD represent approximately 33% of Medicaid beneficiaries on Staten Island and 32% of these are hospitalized at least once each year, which is twice the rate of those without SUD. Roughly 30% of these are women. There are no residential treatment programs on Staten Island for women with SUD. The proposed 25-bed residential SUD program will treat women only because research indicates that gender-responsive rehabilitation is more effective. It will be housed in the now vacant Administration Building to be renovated by Camelot at its own expense.

Camelot maintains that acute detoxification services either alone or in combination with short-term 21 day inpatient rehabilitation is effective for less than 25% of patients and ongoing outpatient treatment is also effective for only a limited percentage of patients. Thus, longer duration programs are necessary. Women entering the Camelot program will remain as long as nine months.

The Camelot facility will accept referrals from the System and from a range of health and social service agencies on Staten Island including members of the Staten Island DSRIP PPS. Each Camelot patient will have a primary counselor and will receive treatment for SUD, mental health issues, trauma-related experiences and post-discharge planning with respect to employment and housing. Each resident will receive a medical and psychiatric evaluation and medications will be prescribed for any chronic conditions. Camelot projects that 80% of its patients will achieve recovery.

Page Two – Executive Summary  
Sublease Agreement – Camelot of Staten Island

**PROCUREMENT:** Camelot responded to an RFP issued by OASAS on February 13, 2017 for developers/operators of residential SUD treatment facilities in Bronx, Kings and Richmond County and was awarded funding and a contract to develop the Administration Building and operate the program. Also during this time period, the New York City Economic Development Corporation ("EDC") issued a Request for Expressions of Interest in the development of portions of the Sea View campus not being used for the operation of the facility. Camelot responded to the RFEI on April 24, 2017 with support, from among others, the Borough President, James Oddo. Although the Camelot proposal does not provide a comprehensive plan for the entire Sea View campus, EDC concluded that the proposed use of the Administration Building would complement the other proposed plans and that Camelot's independent funding would help to anchor either of the other two leading proposers.

**TERMS:** Camelot will lease a parcel of land measuring approximately 24,080 square feet including the Administration Building which is approximately 20,000 gross square feet over two floors and a cellar. The building is currently not in use. The renovation work for the Administration Building will include installation of a new elevator, new interior finishing, new windows, doors, roofing, mechanical and fire protection systems. The construction will be managed by the Dormitory Authority of the State of New York and will be entirely funded by OASAS at an estimated cost of approximately \$9 million. The term of the lease will be 30 years. Camelot will pay annual rent of \$250,000, or \$12.50 per square foot to be escalated by 2.5% per year for a total rent over the thirty year term of \$10,975,676. The sublease will contain one nineteen year renewal option. The annual base rent for the option term will be set at 95% of the property's appraised value. Camelot will be responsible for its operating expenses associated with the Administration Building including utilities, interior and exterior maintenance, and structural and non-structural repairs

Camelot will indemnify and hold harmless the System and the City of New York from any and all claims arising by virtue of its use of the property, and will also provide appropriate insurance naming each as additional insured.

## SUMMARY OF ECONOMIC TERMS

<b>SITE:</b>	NYC Health + Hospitals/Sea View 460 Brielle Avenue Borough of Staten Island Block 955, Lot 1
<b>TENANT:</b>	Camelot Counseling, Inc. 4442 Arthur Kill Road, Suite No. 4 Staten Island, N.Y. 10309
<b>BUILDING SIZE:</b>	Approximately 20,000 square feet
<b>PARCEL SIZE:</b>	Approximately 24.080 square feet
<b>TERM:</b>	30 year initial term
<b>RENEWAL OPTIONS:</b>	One 19 year option. The annual base rent for the option term will be set at 95% of the property's appraised value and will escalate at 2.5% thereafter.
<b>RENT:</b>	\$250,000 per year in the first year of the term
<b>ESCALATION:</b>	2.5% per year
<b>UTILITIES:</b>	The cost of all utilities will be the tenant's responsibility.
<b>MAINTENANCE:</b>	The tenant will responsible for all interior and exterior structural and non-structural maintenance and repairs to the facility.
<b>FINANCING:</b>	Funding will be provided by the New York State Office of Alcohol and Substance Abuse Services.

# SAVITT PARTNERS

March 2, 2018

Mr. Dion Wilson  
Director of Real Estate  
NYC Health + Hospitals  
125 Worth Street, Rm 527  
New York, NY 10013

Re: Opinion of Value of the vacant Administration Building (Building #6) located within Sea View Hospital Center  
460 Brielle Avenue, Staten Island, New York 10314

Dear Dion,

With regard to the referenced vacant and former Administration Building located within Sea View Hospital for the NYC Health + Hospitals (H+H) for a potential lease to a tenant at this premises, you have asked me to comment on the value of the existing building facility to be renovated for a program to house a 25-bed women's residential inpatient facility for a substance use disorder (SUD) program housed within this location.

NYC H+H plans to lease the entire Administration Building measuring approximately 20,000 usable SF to Camelot of Staten Island to operate a 25-bed residential program providing substance use disorder (SUD) and mental health services to individuals. This will be a program for women only. Camelot, the proposed tenant, will renovate the building at its own cost and expense with capital funded by OASAS. All operating and maintenance expenses during the lease term will be the responsibility of Camelot. H+H will enter into a 30-year long-term lease with the tenant.

Since it is H+H's intention to lease the entire administration building to an outside tenant, you have asked me to comment on the appropriate rent within the contemplated local community. Asking rents for commercial spaces in this area of Staten Island range from \$25-\$37.50/SF, with taking rents averaging \$32/SF in the area. There are several comps with asking rents in the mid-\$40 range but they are purely retail and accordingly are not being considered.

The comparable commercial spaces are not located within the Hospital complex, but have been used in part to evaluate this building. There is little or no loss factor ascribed to those premises. The loss factor, if any, would just consist of internal impediment to the space i.e. column spacing, shaft ways, etc. Further, the landlord would provide little or no additional improvement to the space but may from time to time provide system or building wide upgrades that the tenant would benefit from.

There is, however, a direct comparable for this building and program, as Camelot leases additional space within the Group Building (Wilson Building) where it operates a 35-bed program similar to the contemplated program here, but for male patients. In 2010, Camelot was awarded funding for that program and developed and operates space on similar terms and conditions as this proposed transaction. Camelot, in that instance, was responsible for the initial buildout and for the daily operating costs, as well as maintenance, supplies, repairs, and upkeep, etc. to run that facility. Its rent as escalated is approximately \$11 per SF on a net basis.

The proposed lease contemplates a similar structure. OASAS will be funding \$9 million dollars towards the renovation and buildout of this new facility. This amounts to approximately \$450 per SF, which is consistent with building and renovation costs for this type of buildout and in this type of property. If we consider the comparable rents in the area averaging approximately \$32 per SF as stated above, than an \$11 per SF rent on a net basis for this program is appropriate. We arrive at that conclusion as follows: From the \$32 per SF gross rent we subtract operating expenses of \$20 per SF. These operating expenses consist of, but are not limited to, electric usage, HVAC usage, repairs and maintenance, building equipment, supplies, and periodic upgrades. FF&E would not be considered part of the rent.

According to the facts presented, it would appear that \$11 per SF net rent paid by Camelot for renovating, building, operating and maintaining the Administration Building at Sea View Medical Center, at no cost to H+H, either initially or through a lease term, would be consistent within the market. If at any point during the lease term, H+H would be asked to provide any tenant improvement funding or work, this would permit H+H to increase the rent, subject to an agreed to amount at such time. It would be appropriate, in addition to the base rent, for a 2.50% - 2.75% compounded annual escalation in the rent for the 30-year term proposed. In addition, we understand that there is a lease extension being proposed to Camelot for an additional term of 19 years. The starting rent for any extension should be at 95% of the fair market value of the premises at the time.

If I could provide additional information, please let me know.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Dubin", with a stylized, flowing script.

Michael Dubin  
Partner



**Available Comps for**  
**Sea View Hospital: 460 Brielle Avenue, Staten Island, NY 10314**

<b>Address</b>	<b>Floor</b>	<b>Rent Per SF</b>
3117 Richmond Rd.	2 <sup>nd</sup>	\$25.00
1970-1980 Victory Blvd.	1 <sup>st</sup>	\$36.00
800 Manor Rd.	Ground	\$30.00
1741-1743 Victory Blvd.	2 <sup>nd</sup>	\$20.00
961-965 Jewett Ave.	1 <sup>st</sup>	\$41.76
961-965 Jewett Ave.	1 <sup>st</sup>	\$37.57
961-965 Jewett Ave.	1 <sup>st</sup>	\$39.81
315 Bradley Ave.	1 <sup>st</sup>	\$42.00
774 Manor Rd.	2 <sup>nd</sup>	\$25.00
774 Manor Rd.	2 <sup>nd</sup>	\$25.00
1694-1698 Victory Blvd.	1 <sup>st</sup>	\$30.00
1694-1698 Victory Blvd.	2 <sup>nd</sup>	\$30.00
2048 Victory Blvd.	1 <sup>st</sup>	\$37.50
1757-1761 Victory Blvd.	1 <sup>st</sup>	\$30.00

**Photos of the Former Administrative Building**  
**Located Within Sea View Hospital**



To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Camelot of Staten Island, Inc.

Date: November 25, 2019

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

NA

**MWBE**

NA

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

**LONG TERM LEASE TO  
CAMELOT OF STATEN ISLAND, INC.  
SEA VIEW HOSPITAL  
ADMINISTRATION BUILDING  
FOR CONVERSION TO WOMENS'  
RESIDENTIAL SUBSTANCE ABUSE PROGRAM**

**Board of Directors Meeting  
December 19, 2019**

**Maureen McClusky - Senior Vice President  
Christine Flaherty, Senior Vice President, Capital  
and Design**



## Previous Resolution

- Base Term – 30 year lease, 19 year renewal option
- Base Rent - \$10,975,676
- Option Term – 19 years
- Option Term rent - 95% of appraised value at time of exercising option



## Current Resolution

- Base Term – 50 years
- Base Rent - \$24,371,087
- Option Term – 10 years
- Option Term Rent - 95% of appraised value at time of exercising option



## **RESOLUTION - 7**

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with Johnson Controls Inc. (the "Contractor") to provide Building Management System maintenance services at various facilities throughout the System over a three year term with option exercisable solely by the System, for two one-year extensions, for an amount not to exceed \$15,510,315.

**WHEREAS**, the facilities of the System require Building Management System maintenance services to ensure the building's mechanical and electrical equipment such as ventilation, lighting, power and fire systems function optimally; and

**WHEREAS**, the System has determined that such needs can best be met by utilizing an outside firm, through a maintenance contract; and

**WHEREAS**, the System selected the Contractor through a request for proposals (an "RFP") process for Building Management System maintenance services, which was approved, as required, by the Contract Review Committee; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

**WHEREAS**, the proposed contract will be administered by the Senior Vice President for Facility Administration.

**NOW, THEREFORE**, be it

**RESOLVED**, the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Johnson Controls Inc. to provide Building Management System maintenance services various facilities throughout the System over a three year term with options, exercisable solely by the System, for two one-year extensions, for an amount not to exceed \$15,510,315.

## EXECUTIVE SUMMARY

### BUILDING MAANGEMENT SYSTEMS MAINTENANCE SERVICES

#### JOHNSON CONTROLS INC.

<b>OVERVIEW:</b>	The New York City Health and Hospitals Corporation (the "System") seeks to execute a contract with Johnson Controls, Inc. (the "Contractor") for a term of three years, with System options for two one-year renewals for amount not-to-exceed \$15,510,315, to provide Building Management System maintenance services at various NYC Health + Hospitals facilities. The Contractor previously provided such services to the System at an annual cost of \$2,339, 563. Under the proposed agreement, such services will be provided at an annual cost of \$2,386,354, a 2% increase, in the first year, with subsequent increases of 4% each year thereafter.
<b>NEED:</b>	Throughout the System, Building Management Systems are used to control and monitor the buildings' mechanical and electrical equipment such as ventilation, lighting, power and fire systems. To ensure the operation and full functionality of the Building Management Systems, annual preventive maintenance services are needed.
<b>TERMS:</b>	The maintenance services will be provided under a three year contract with options exercisable solely by the System for two one-year extensions for an amount not to exceed \$15,510,315, including a 20% allowance for repairs and expansion. The System will have the option to add or remove services at an agreed upon rate. If items are removed from the inventory, the System's overall cost will decrease by the labor cost associated with that item and if items are added the System's overall cost will increase by such labor cost. For any new sites that become operational after the proposed contract is executed, a baseline inventory of devices that would be managed by the Contractor will be collected and the agreed upon labor cost will be used to determine the new facility's annual maintenance cost. Any such additional scope is expected to be within the not-to-exceed costs established within the proposed budget.
<b>COSTS:</b>	Not-to-exceed \$15,510,315 over three years and two one year options solely exercisable by the System.
<b>FINANCING:</b>	Operating budget of the System.
<b>MWBE:</b>	Contractor submitted a plan for 12.5% MBE utilization. A waiver of 17.5% of the 30% MWBE goals has been requested. JCI identified several potential MWBE vendors they pledge to utilize for "repairs and expansion".



To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs 

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Johnson Controls, Inc.

Date: December 5, 2019

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

12.5%

Johnson Controls, Inc. has requested a waiver of 17.5% of the 30% MWBE goals based on the scope of work being almost entirely self-performed on proprietary equipment. They have, however, pledged to subcontract to MWBEs for all work performed on a time and materials basis with an expectation that such work will have a 30% MWBE utilization.

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

# **Building Management System (BMS) Maintenance**

**Board of Directors Meeting**

**December 19th, 2019**

**Christine Flaherty  
Sr. Vice President  
Capital Construction & Design**



## Background

- Building Management Systems (BMS) are installed in 15 of our facilities and are used to control and monitor a building mechanical and electrical equipment such as;
  - Heating, Ventilation, Air Conditioning (HVAC)
  - Lighting
  - Power systems
  - Fire systems
  - Security systems
- BMS used to optimize energy usage throughout our facilities
- BMS provide real-time notification and status of critical systems
  - Fire Dampers
  - Pressure Relationships
  - Humidity Controls
- JCI has been providing maintenance for BMS systems at 13 of the 15 facilities. JCI has a proprietary solution in these facilities
- The current JCI contract was extended from the JCI Plant Maintenance Management agreement
- Current contract spend is approximately \$2.3M annually
- Current maintenance contract will expire on December 31, 2019
- Desired outcome of RFP was for a single vendor solution



## RFP Criteria

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➤ **Minimum criteria:**

- 5 years in business in a multi-hospital environment
- New York City presence
- Licensed and certified in NY State to perform requested service

➤ **Evaluation Committee:**

- OFD and Facility Representation

➤ **Substantive Criteria**

- 40% Ability to meet SOW deliverables
- 30% Cost Proposal
- 20% Appropriateness and quality of firm's experience
- 10% Status as and MWBE or MWBE utilization plan



## Overview of Procurement

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- 04/02/19: The CRC approved an application to issue solicitation
- 05/17/19: RFP sent directly to 5 vendors and posted to City Record
- 05/23/19: Mandatory pre-proposal conference
- 06/03/19: Facility walk-throughs commence (15 facilities over 5 days)
- 07/19/19: Proposal deadline, 3 proposals received



## Vendor Selection

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- 3 vendors submitted proposals; 2 of the 3 vendors only provided proposals for 3 of the 15 required sites
- JCI has a proprietary solution in the majority of the facilities and as a result they offered the most comprehensive proposal
- JCI has the most experience and best qualified staff
- JCI had the most cost effective solution
- JCI BMS maintenance performance determined to be satisfactory system-wide



## Contract Terms

PROPOSAL	BASE THREE YEAR CONTRACT WITH TWO ONE YEAR OPTIONS	20% ALLOWANCE FOR REPAIRS & EXPANSION	MWBE COMMITMENT
Negotiated Terms	\$12,925,259	\$2,585,052	12.5%



## Negotiated Contract Schedule

Contract Years*	Current Proposal (4% annual escalation)	Current Allowance for Repair + Expansion	Current Total
2020	\$ 2,386,353.24	\$ 477,270.65	\$ 2,863,623.89
2021	\$ 2,481,807.37	\$ 496,361.47	\$ 2,978,168.84
2022	\$ 2,581,079.66	\$ 516,215.93	\$ 3,097,295.60
2023	\$ 2,684,322.85	\$ 536,864.57	\$ 3,221,187.42
2024	\$ 2,791,695.76	\$ 558,339.15	\$ 3,350,034.92
	<b>\$ 12,925,258.89</b>	<b>\$ 2,585,051.78</b>	<b>\$ 15,510,310.67</b>

\*Reflected as calendar not fiscal years





# MWBE Plan

- JCI has presented a plan to committed 12.5% of contract value to MBE spend by sub-contracting

VENDOR	SERVICE	% MWBE
Building Control Services (BCS)	Labor	JCI requested a waiver of 17.5% of the 30% MWBE goals

- JCI identified several potential MWBE vendors they pledge to utilize for “repairs and expansion” services

VENDOR	SERVICE	MWBE Classification	Certification Status
ASI System Integration	Software, Programming	MBE	Pending
Aventura Technologies	Alarm System Monitoring	WBE	Pending
EDGE Electronics	Antenna Merchant Wholesaler	WBE	NYC Certified
Serendipity Electronics	Electronic Parts Merchant Wholesaler	WBE	NYC Certified
Sunrise Electrical Contractor	Electrical Contractor	WBE	Pending
JVR Electric	Electrical Contractor	WBE	Pending
Weydman Electric Inc.	Electrical Contractor	WBE	NYC Certified
KND Licensed Electrical and Contracting Service	Electrical Contractor	WBE	NYC Certified
Kasselman Electric Co. Inc.	Electrical Contractor	WBE	Pending



# Johnson Controls, Inc. BMS Vendor Performance

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	No
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	No
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
<b>Performance and Overall Quality Rating</b>	<b>Satisfactory</b>

## Board of Directors Approval Request

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- We are seeking approval to enter into contract with Johnson Controls Inc. for Building Management Systems Maintenance
  - Three year base term with two one year options
  - Contract cost increased by 2% the first year, and will increase by 4% annually starting the 2<sup>nd</sup> year
  - 10% discount on labor rates for repairs
  - \$15.5 M contract value over full term
  - 12.5% MBE plan submitted
  - 17.5% waiver requested, (JCI's pledge to utilize MWBE vendors for repairs and expansion is expected to reduce the waiver percentage; utilization documentation will be provided)

