



**COMMUNITY RELATIONS COMMITTEE
OF THE BOARD OF DIRECTORS**

March 3, 2020

5:30 P.M.

Board Room

125 Worth Street, Room 532

JOINT MEETING WITH COUNCIL OF COMMUNITY ADVISORY BOARDS

AGENDA

- | | |
|--|----------------------|
| I. Call to Order | Robert Nolan |
| II. Adoption of January 7, 2020
Community Relations Committee Meeting Minutes | Robert Nolan |
| III. Chairperson's Report | Robert Nolan |
| IV. CEO President's Report | Mitchell Katz, M. D. |
| V. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Coney Island | Rosanne DeGennaro |
| b. NYC Health + Hospitals/Elmhurst | Carlos Cortez |
| c. NYC Health + Hospitals/Sea View | George Marino |
| d. NYC Health + Hospitals/Cumberland | Jacqueline Narine |
| VI. Old Business | |
| VII. New Business | |
| VIII. Adjournment | |

**COMMUNITY RELATIONS COMMITTEE
OF THE BOARD OF DIRECTORS**

January 7, 2020

5:30 P.M.

NYC Health + Hospitals Board Room
125 Worth Street, Room 532

MINUTES

ATTENDEES

COMMITTEE MEMBERS

Robert Nolan, Chairperson

José Pagán, Ph.D., Chair, NYC Health + Hospitals Board of Directors

Dr. Katz, President, NYC Health + Hospitals

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island

Gary Delemonthe, Chairperson, NYC Health + Hospitals/Coler

Anthony Andrews, Ph.D., Chairperson, NYC Health + Hospitals/Queens (excused)

Everett Person Chairperson, NYC Health + Hospitals/Sydenham

Jacqueline Narine, Chairperson, NYC Health + Hospitals/Cumberland

Vere Gibbs, Chairperson, NYC Health + Hospitals/East New York

John Roane, Chairperson, NYC Health + Hospitals/Bellevue

John Breceovich, Chairperson, NYC Health + Hospitals/Metropolitan

Enrique Cruz, Chairperson NYC Health + Hospitals/Gouverneur (excused)

Warren Berke, Chairperson, NYC Health + Hospitals/Kings

Cheryl Alleyne (representing Esme Sattaur-Lowe Chairperson,) NYC Health + Hospitals/NCB

Sylvia Lask, Chairperson, NYC Health + Hospitals/Jacobi (excused)

Carlos Cortez, Chairperson, NYC Health + Hospitals/Elmhurst

Carmen Benitez, representing Roland Lopez, Chairperson) NYC Health + Hospitals/Lincoln

Zorona Hamm (representing William Hamer, Chairperson), NYC Health + Hospitals/Harlem

Jacqueline Narine, NYC Health + Hospitals/ Cumberland

Antoine Jean-Pierre, Chairperson, NYC Health + Hospitals/McKinney (excused)

LaShawn Henry, Chairperson, NYC Health + Hospitals/Henry J. Carter

Jessica Arocho, Chairperson, NYC Health + Hospitals/Woodhull (excused)

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

Ruth Jones, NYC Health + Hospitals/Harlem

Irene Swilley-Wynn, NYC Health + Hospitals/Harlem

Cassandra Vernon, NYC Health+Hospitals/Kings

Digna Campos NYC Health + Hospitals/East New York

Trina Jones, NYC Health + Hospitals/East New York

Donna Gill, NYC Health + Hospitals/Sydenham

Merlene Smith-Sotillo, NYC Health + Hospitals/Queens

William Johnson, NYC Health + Hospitals/McKinney

Eunice C. Sebro, NYC Health + Hospitals/McKinney

Princess Benn James, NYC Health + Hospitals/McKinney

Celloy Williams, NYC Health + Hospitals/McKinney

Gloria Thomas, NYC Health + Hospitals/Kings

Michelle Griffith, NYC Health + Hospitals/Kings

Dian Duke, NYC Health + Hospitals/Kings
Janet Lenghi, NYC Health + Hospitals/McKinney
Pearl Johnson, NYC Health + Hospitals/McKinney
Carmen Martinez, NYC Health + Hospitals/Kings

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

Deborah Brown, Office of Government Relations
Andrea Cohen, General Counsel
Colicia Hercules, Office of Board Affairs
Chris Keeley, Office Ambulatory Care
Manelle Belizaire, Office of Government Relations
Xiomara Wallace, Office of Government Relations

NYC HEALTH + HOSPITALS FACILITY STAFF

Cheryl Jones, CAB Liaison, NYC Health + Hospitals/East New York
Randreta Ward-Evans, CAB Liaison/NYC Health + Hospitals/Sydenham
Angela Cooper, CAB Liaison/NYC Health + Hospitals/McKinney

GUESTS:

Ann Bove, CPHS/NYSNA
Anthony Feliciano, CPHS

CALL TO ORDER:

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 November 12, 2019. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON REMARKS:

Robert F. Nolan

Mr. Nolan announced that Governor Andrew Cuomo would present the State of the State Address on Wednesday, January 8th.

Mr. Nolan informed members of the Community Advisory Boards (CAB) that the Community Relations Committee and the entire Board value their commitment and would like to hear about the CABs' highest priority item or items that they would like for the Committee and the Board to be aware of.

Mr. Nolan concluded his remarks by stating on tonight's agenda we will hear from three (3) of NYC Health + Hospitals' Community Advisory Boards/ Kings County/East New York and Sea View.

Mr. Nolan moved the agenda and invited Dr. Katz to give the President's Report.

PRESIDENTS REMARKS:

Mitchell Katz, M.D.

Dr. Katz reported that the NYC Care program, since being inaugurated in the Bronx August 1st, thanks particularly to our CBO partners, has enrolled 10,000 members two months before the targeted deadline. Dr. Katz added that all are receiving appointments with a primary care physician; 3,000 prescriptions were filled in the first two months of the program during extended hours at pharmacies. Dr. Katz continued and noted that we are now on track to launch NYC Care in Brooklyn and Staten Island early in 2020. He informed all that it had been reported that there are "strong proposals" from CBOs in those boroughs in response to the RFP for outreach partners who can replicate the same great work the Bronx CBO partners have achieved.

Dr. Katz reported that last, November 21st, Mayor de Blasio had announced Outreach NYC an integrated outreach effort of all relevant City agencies that will better serve homeless New Yorkers. He noted that this would remain a critical area of focus for the health care system and City partners.

Dr. Katz concluded his remarks by informing members of the Committee, CAB Chairs and invited guests that, in November he had signed a joint statement with the Mayor's Office of Immigrant Affairs, DC37, NYSNA and Doctors Council commending the federal court for halting the Presidents' Proclamation regarding preventing and denying visas to low-income immigrants based on their ability to obtain health insurance upon arrival to the United States. Dr. Katz continued and stated "NYC Health + Hospitals doors are open to everyone and that we would not 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."

NYC Health + Hospitals/Kings County

Mr. Nolan introduced Mr. Warren Burke, Chairperson of NYC Health + Hospitals/ Kings County and invited him to present the CAB's annual report.

Mr. Burke began his presentation with a warm welcome and commendation for Sheldon McLeod, Chief Executive Officer and introducing Alexis Davis, Associate Director Public Affairs.

Mr. Burke reported that the leadership continues to make positive changes at NYC Health + Hospitals/Kings that meet the needs of the community including: urgent care, re-implementation of home visits, the go-live of the EPIC system and the development of group practices for diabetic patients. These programs and educational services will help improve the patient experience. Mr. Burke added that Kings County was identified as one of the Top 10 Hospitals in US Newsletter Report.

Mr. Burke reported that there is a very high level of transparency at Kings County. Mr. Burke continued and commended NYC Health + Hospitals/ Kings County leadership on their motivation, dedication and innovation. Mr. Burke noted that the leadership at Kings County cares.

Mr. Burke concluded his presentation and reported that currently the Kings CAB is in the process of rebuilding. Mr. Burke added that the CAB mission is to be the conduit for the hospital to listen very carefully to the community stakeholders and hospital personnel. Mr. Burke continued and added that the CAB wants to develop actionable response for challenges faced jointly by the hospital staff and the CAB, and jointly implement these responses. Mr. Burke ended by stating the CAB recruited two (2) new members: a young attorney for the LGBTQ community and a retired nurse.

NYC Health + Hospitals/East New York

Mr. Nolan introduced Ms. Vere Gibbs, Chairperson of NYC Health + Hospitals/ Gotham Health/East New York and invited her to present the CAB's annual report.

Ms. Gibbs began her presentation by acknowledging Trina Jones, CAB member and Cheryl Jones, CAB Liaison.

Ms. Gibbs reported the most significant health care service needs and concerns are HIV, Diabetes, Hypertension, Food insecurities, Asthma and Youth Health. Ms. Gibbs added that Community Board meetings, Community Health Profile Data and Reports from Community Organizations, identified these needs and concerns. Ms. Gibbs continued and noted that the facility leadership is addressing the community needs/concerns by community outreach programs, Treat to Target and collaborating with MetroPlus and other Community Based Organizations.

Ms. Gibbs reported that the facility's priorities includes staff and patient engagement. Ms. Gibbs explained that staff and patients engagement which includes improved communication, training and education opportunities for staff, leads to improved rate of diabetes control among patients and improving patient education. Ms. Gibbs added that the ENY CAB provides input with the development of the facility's strategic priorities.

Ms. Gibbs reported the most frequent complaints raised by patients are wait time to see a provider and the need for new elevators. Ms. Gibbs continued and noted that the most frequent compliment by patients are staff engagement with patients and culturally competent staff.

Ms. Gibbs reported that currently ENY CAB has fifteen (15) members with one (1) vacancy. Ms. Gibbs added that recruitment efforts by the CAB resulted in five (5) new members whose terms began September 1, 2019.

Ms. Gibbs concluded her presentation by reporting the ENY CAB held an Annual Legislative Breakfast, convened an Annual Public Meeting, and participated in the facility's annual Turkey Giveaway, Annual Toy Drive, and Partnership with the local PAL and a joint presentation at the local precinct council and Community Board #5 meetings. Ms. Gibbs commented that the ENY CAB look forward to a continued partnership with the Administration and Community Affairs Department.

Mr. Nolan recommended that the ENY CAB attend and participate at the NYC Board of Directors Annual Public Meeting.

Due to unforeseen circumstances, the Sea View CAB and Staff were unable to be present; therefore, their report will be postponed until the next meeting of the Community Relations Committee.

Old Business:

New Business:

Ms. Rosanne DeGennaro, CAB Chair, introduced Ms. Svetlana Lipyanskaya, newly appointed CEO of NYC Health + Hospitals/Coney Island.

Adjournment: Mr. Nolan adjourned the meeting at 6:05 p.m.

REPORT TO THE COMMUNITY RELATIONS COMMITTEE OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS

NYC HEALTH + HOSPITALS/CONEY ISLAND COMMUNITY ADVISORY BOARD

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

- A. *NYC Health + Hospitals/Coney Island to become a Level one Trauma Center.*
- B. *The need for an interventional Cardiology Cath Lab and Electrophysiology lab.*
- C. *The hospital has made great strides in educating the community on the dangers of drug addiction, but further strides are needed due to the tremendous increase of drug use in our communities.*
- D. *To improve the perception of the hospital to reflect the many advances already achieved over the recent years.*
- E. *Increase access to specialty medical care services for Southern Brooklyn to include services in the areas of heart disease, diabetes, obesity, cancer, smoking and high blood pressure for both geriatrics and juveniles.*
- F. *Continue to provide disease management and health education classes in the community to ensure highest level of care by increasing community outreach.*

2. How were these needs/concerns identified? (Please check all that apply).

- | | |
|--|---|
| <input checked="" type="checkbox"/> Community Board(s) meetings | <input checked="" type="checkbox"/> Other Public Meetings |
| <input checked="" type="checkbox"/> Needs Assessments | <input checked="" type="checkbox"/> Surveys |
| <input checked="" type="checkbox"/> Reports from Community Organizations | <input checked="" type="checkbox"/> Community Health Profile Data |
| <input type="checkbox"/> Other Activities (please list) | |

3. Is your facility leadership addressing these needs/concerns?

☒ yes☐ no

➤ If yes, please give examples of what the facility leadership is doing.

A. *Trauma is the leading cause of death in young adults, and patients with serious traumatic injuries have a significantly improved outcome when treated at a trauma center. Over 1,000 traumatically injured patients were transported by FDNY EMS from the six zip codes closest to CIH in 2018. The closest regional trauma centers are on average 40 minutes distant from these locations. The first hour after the occurrence of a traumatic injury, the Golden Hour, is considered the most critical for successful emergency treatment. Today, on average, 50 minutes is required from on-scene assessment to transfer to the closest regional trauma center. As we continue to service the critical needs of South Brooklyn, CIH and the Department of Emergency Medicine and Department of Surgery have continued to advance trauma care at our hospital. The NYS Department of Health will begin requiring that our hospital submit patient data to the New York State Trauma Registry beginning July 2020.*

- *In November 2019, in order to improve immediate care of the traumatically injured patient, the ED developed an ED Trauma Upgrade process to immediately identify, triage and treat traumatic injuries according to ACS and ATLS guidelines.*
- *In December 2019, a CIR grant provided the Emergency Department with a trauma manikin for simulation training.*
- *In January 2020, Dr. Kindschuh, Chairman of the Department of Emergency Medicine and Dr. Muthusamy, Chairman of the Department of Surgery at CIH and KCHC, agreed to begin a monthly Surgery and EM subcommittee, the Interdisciplinary Trauma QA Committee, to improve all aspects of trauma care at CIH.*
- *In January 2020, Dr. Kindschuh and Dr. Vishesh Chhibber, Chairman of Pathology and Director of the Blood Bank initiated a monthly ED-Blood Bank QA meeting to review all emergency release transfusion and all mass transfusion occurrences.*
- *By August 2020 Dr. Kindschuh will appoint a Director for Trauma and Pre-hospital Care. This director will assist Dr. Kindschuh and Dr. Muthusamy in the development of an on-site American College of Surgeons Advanced Trauma Life Support Course for regular*

annual in-service training of trauma protocols for doctors, physician assistants and nurses. The director will also be responsible for oversight of the CIH submission to the NYS DOH Trauma Registry and will be responsible for EMS call review for Battalion 43.

- B. NYC Health + Hospitals/Coney Island is the major health care provider to much of Southern Brooklyn with an estimated population of 875,000 individuals. The most recent Community Health Needs Assessment have identified diabetes, hypertension and heart disease/high cholesterol/stroke as the top three health care issues affecting our population. Heart disease is the leading cause of death in New York State and the most common form of heart disease is Atherosclerotic Coronary Artery Disease (CAD). Various treatments are available for CAD from lifestyle changes, to medication for hypertension and cholesterol and many times stent placement to keep the arteries open (also known as PCI).*

When a patient is having chest pain from a heart attack, PCI is the treatment of choice to restore blood flow to the heart muscle to prevent it from dying. It is optimal to perform this procedure as soon as possible to save as much heart muscle as possible. There are few other hospitals in mid to northern Brooklyn that perform this procedure, however, they are more than 5 miles away and can take as much as 45 minutes travel time in traffic. "Time is muscle"

Coney Island administration in collaboration with our colleagues at Bellevue Hospital Division of Cardiology, have submitted a CON to expand our diagnostic laboratory into an interventional lab. We received final approval.

- C. The hospital and relevant parties within the Department of Behavioral Health are always available to speak to community groups about the dangers of drug addiction. This is a topic that is very much publicized throughout the city. It remains a question to what degree individuals who use opiates do so from a lack of awareness of the consequences of their actions. Young people, particularly pre-teens and adolescents, are seldom influenced by warnings to not try things that are dangerous because they are attracted to risk taking and are notoriously inaccurate in their assessment of their ability to engage in risk taking behavior without incurring harm to themselves and others. Accordingly, prevention should focus on providing individuals and their families*

information on factors that reduce the risk that a child or adolescent will try drugs.

Parents should know that finding activities for their children that place them in an adult supervised setting, with a peer group who do not use drugs and that engages them in activities that are stimulating and promote healthy risk taking is shown to reduce the risk for drug use. Individuals who perform poorly in academic settings are at high risk for drug use. The department of behavioral health continues to maintain a strong collaboration with neighborhood schools and provides the students of these schools priority access to both assessment and treatment in the ambulatory mental health clinic. Schools refer children and adolescents who engage in behavior that is disruptive in high numbers. Students who quietly suffer from anxiety and depression, many of whom may also have a co-occurring learning disorder, are less easily identified and accordingly often do not receive services or secure them at a later point when the problem is more severe and less easily addressed. Accordingly the department needs to continue to reach out to schools, particularly elementary schools, to be sure that this population is identified and referred for help. Finally, addiction to opiates is strongly correlated with a history of trauma. The entire community needs to be sensitive to signs that children may be experiencing trauma, or to families at risk of engaging in abusive child rearing practices in response to high levels of psychosocial stressors and low levels of support.

The department remains committed to providing treatment to those struggling with addiction. Two consultation liaison services for substance use disorders (SUD) ED Addiction leads and C.A.T.C.H. have been added in the last year to help identify those with SUD. Medication Assisted Treatment is being added as a service in the ambulatory SUD treatment clinic and more physicians are being X waived permitting them to start and continue patients on Suboxone. Additionally the outpatient clinic continues to distribute Naloxone kits anywhere within the hospital where patients struggling with opiate addiction are found. To date this has resulted in over 40 overdose reversals.

The Emergency Department *has also taken strides in educating the community on the dangers of drug addiction.*

Examples of what the facility leadership is doing to address these needs include education of both medical professionals and youth with outreach to schools and civic leaders.

- *The Department of Emergency Medicine continues to lead the education of emergency physicians in in the critical subspecialty area of Addiction Medicine. Dr. Michael Radeos, Program Director of the Emergency Medicine Addiction Medicine Fellowship has applied for ACGME accreditation for this new one-year fellowship.*
- *Our departmental outreach program has visited local schools. For example, leaders in emergency medicine and addiction medicine from NYC Health + Hospitals/Coney Island shared insights, anecdotes and information on addiction prevention and substance abuse with more than 400 eighth graders on Thursday, June 13, 2019 at I.S. 98 Bay Academy.*
- *Our outreach team has encouraged support from civic leaders. Dr. Kindschuh and emergency medicine leadership met with the healthcare policy team of Brooklyn Borough President Eric Adams on September 25, 2019 to discuss strategies to reduce vaping addiction among youth.*
- *Our outreach team has been recognized for its work. On October 24, 2019 at a benefit for the Shorefront Coalition, Dr. Kindschuh received on behalf of the Addiction Prevention Outreach Team at Coney Island Hospital, a Proclamation from Brooklyn Borough President Eric Adams naming this day "Coney Island Hospital Drug Use Awareness & Prevention Medical Team Day" in Brooklyn, USA. The Coney team was recognized for their work hosting outreach events in schools and in our community to increase awareness and decrease drug abuse among our youth.*

D. NYC Health + Hospitals/Coney Island serves a growing community. With construction on every street and high-rise buildings sprouting on every street corner, the healthcare needs of the community are changing and growing, and Coney Island Hospital is evolving to meet those needs.

Although many advancements have been achieved over the past few years, NYC Health + Hospitals/Coney Island is also battling against an undesirable perception, ingrained in the minds of community members over the course of its history. Changing perceptions takes a considerable amount of time and thoughtfulness. Although the departments of Public Affairs and Community Affairs plays a significant role in achieving a positive perception change, it takes all employees in every department (patient-facing or not) to improve experience and change the narrative.

Over the past year, NYC Health + Hospitals/Coney Island has engaged local community members through a mix of paid advertising, public relations/media relations, social media, government relations, and community involvement. We have:

- Year-long paid media contracts with the two largest newspaper groups: Schneps Media and eBrooklyn Media. Notably, the two groups produce the Brooklyn Paper and the Brooklyn Daily Eagle, although it includes 14 additional newspapers published by the groups. This includes full page ads weekly and bimonthly respectively, and guarantees consistent editorial coverage throughout the year.*
- Secured key speaking opportunities for our physicians and healthcare providers at Senior Care Expos and Senior Living and Health events with our chairs of Urology, Gastroenterology, Cardiology and Emergency Medicine. With these opportunities, we have premium booths where we have distributed information about the hospital and its services, and have shared giveaways with attendees.*
- Engaged elected officials through regular meetings with senior leadership, press conferences highlighting their contributions, and open dialogue about the needs of the community.*
- Grown our social media presence on Twitter, highlighting the work of our staff members, internal celebrations and engaging with elected officials and community groups.*
- Attended and supported major community events, involving community groups such as BayFest, Shorefront Toys for Tots, APNA Adult Centers, the Alliance for Coney Island, JCCGCI, etc.*

E. The 2019 CNHA report identified access to primary care mental health support, services for the aging population and those and housing issues as some of the major concerns facing the Coney Island community. The Community served by Coney Island Hospital serves a diverse new immigrant population requesting care in multiple languages including Spanish Russian, Uzbek, and Urdu. It has among the highest rates of aging population citywide. Routine primary care, preventive and chronic disease management as well as dental care are some of the most common reasons why patients seek care at CIH. This community is also impacted by issues of social determinants related to substance use disorder and behavioral health. Access to care, immigration issues and housing are among the major challenges facing this community.

In order to better address these concerns, the department of ambulatory care will focus on integrating services to improve the Ease of Access and navigation especially for vulnerable and underserved populations;

The following are some examples that illustrate how we will be integrating services into the clinics:

NYC CARE

The public charge and other federal policies have reduced the ability of immigrant patients and others to access needed health care in a timely manner. In January of 2020 CIH became a part of the NYC Care mayoral initiative. This involvement will improved access for primary care and specialty service in addition to expanding access to the pharmacy in the evenings and on and Saturdays. Patients are enrolled in NYC Care, assigned their own provider and are able to have their first appointment within two weeks. This ensures access to care for uninsured or underinsured patients, regardless of immigration status or income.

This program also helps facilitate financial counseling for patients that may identify opportunities for sustainable health coverage.

E Consults

Coney Island Hospital, as part of Health + Hospitals, is expanding its participation in the E Consult process. E Consults will allow for earlier access to specialty services for patient in need of these services. When their primary care provided (PCP) identifies a clinical issue that may require a specialist, the PCP will generate an E consult which allows them to consult with a specialist to discuss next steps for care and prepare all that is needed for the specialty visits. In many cases this will avoid an unnecessary visit to another doctor. The objective of this process is to improve coordination of the visit to the specialist and reduce the wait time for the needed visit. It is projected that by the end of 2020 Coney Island will have over 70 of the specialty departments enrolled in E Consult.

Address Social Determinants of Health

At CIH we are acutely aware of the need to address the broader issues of Social Determinants of Health, such as access to medical care, immigration issues, housing and care of the aging. These issues need to be addressed in partnership with other professional and community based organizations. Patients and their families will be referred directory to the New York Legal Assistance Group through the E Consult process. Due to the Public Charge and other federal policies, we project potential challenges for patients to obtain health care services even when they are eligible. This partnership should help support patients to access health care services.

F. Community outreach events continues to be held at various off-site locations throughout the year. Community health fairs, senior health expos, back to school fairs are included in outreach providing blood pressure screenings, flu inoculations, stroke education, healthy eating tips, and education on asthma, nutrition & addiction prevention. On-site workshops are also held monthly, presented by the Diabetes Support Group.

- *Kingsborough Community College*
- *Borough President's Office*
- *Councilman Treyger's office*
- *Homecrest Community Services*
- *Public School 212*
- *Bay Academy*
- *Kings Bay Y*
- *O'Dwyer Gardens Cornerstone Community Center*
- *Dyker Beach Golf Club*
- *Urban Neighborhood Services*
- *Local community based organizations*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- A. Expansion of Ambulatory Care services*
- B. Interventional cardiology services (preliminary approved)*
- C. Increase colonoscopy and mammography screenings*
- D. Continue to work on development of the new critical services structure*
- E. Diabetes – Registry and Support Group*
- F. Cardiovascular Disease, Hypertension & Cholesterol – management & care transition and a cardiovascular registry*
- G. Expansion of Infusion Center – project bids are being reviewed*

2. Describe how the CAB provides input into the development of the facility's strategic priorities?

The CAB members represent the views of the community in the health care facility's decision making process to ensure access to the best possible medical care in their communities. They provide vital insight on the development of facility plans and programs, as well as keep the community informed of NYC Health + Hospitals' goals and objectives.

- *The CAB has a representative on the hospital's Complaints & Grievance Committee.*

- *The CAB members participated in Advocacy Day in Albany.*
- *The CAB members attended the Annual Public Hearing for Brooklyn. Testimony was given by the CAB Chairperson.*
- *The CAB hosted the annual legislative breakfast.*

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

☒ yes

☐ no

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

☒ Yes

☐ No

2. What are the most frequent complaints raised by patients/residents?

The most frequent complaints raised by patients/residents are the length of time it takes for an appointment at the clinic.

3. What are the most frequent compliments provided by patients/residents?

The most frequent compliment provided by patients/residents are:

- A. The improvement in the operations in the Emergency Department.*
- B. The extended evening and weekend hours in the clinic.*

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

☒ Yes

☐ No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

☒ Yes

☐ No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 27

2. What are current numbers of members? 25 What are current numbers of vacancies? 2

3. What were the membership recruitment activities conducted by CAB this year?

The CAB members canvassed community based meetings and events. Community outreach was made to individuals who represent the demographics of the greater Coney Island community. Some areas include but are not limited to Sheepshead Bay, Brighton Beach, Gravesend and Manhattan Beach. Recruiting is also done at the monthly CAB meetings.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

☒ Yes

☐ No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

The CAB has the following active committees:

- Executive Committee - that acts on behalf of the CAB between meetings, and keeps the CAB abreast of any proceedings.

- Legislative Committee - discusses Hospital legislative priorities and develops strategies to support those priorities.
- Membership Committee - reviews new membership applications and makes recommendations to the BOARD. Also, reviews status of all members to ensure they are in good standing.
- Community Relations Committee - advise Board on issues that pertain to the community outreach activities. In addition, the Committee maintains a positive relationship between the hospital and the community.
- Patient Care/Relation Committee has been established to monitor patient services.
- Nominating Committee – nominates voting members of the Board for each office.

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

☒ Yes

☐ No

a. If yes, please describe actions taken.

All needs and/or concerns are shared with the local elected officials and community leaders and are relayed to the appropriate and responsible parties within local community based organizations.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

☒ Yes

☐ No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

☒ yes

☐ no

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

☒ yes

☐ no

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

☒ yes

☐ no

- If so, were the issues subsequently addressed?

Yes the hospital has addressed all issues.

11. Describe the CAB's involvement in its facility's outreach activities?

Through their contacts at community based organizations, CAB members assist in identifying locations where health screenings and health education can be provided. They help with the coordination of some events as well as participate.

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

☒ yes

☐ no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

☒ yes

☐ no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

☐ not enough

☒ just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB Chairperson:

Rosanne DeGiennaro

Signature:

Rosanne DeGiennaro

Date:

02/18/2020

Chief Executive Officer:

Svetlana Lipyanskaya

Signature:

Svetlana Lipyanskaya

Date:

02/17/2020

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

2018-2019

NYC Health + Hospitals/Elmhurst

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

- *Hospital will continue to provide excellent health & medical service to all regardless of their ability to pay*
- *Cost of medicine for seniors*
- *Breast cancer, stroke, heart, diabetes, mental health, homelessness, language access, domestic violence, substance abuse, maternity issues, alcoholism and subsequent issues*
- *Shortage of nurses*

2. How were these needs/concerns identified? (Please check all that apply).

☒ Community Board(s) meetings

☒ Other Public Meetings

☒ Needs Assessments ☐ Surveys

☒ Community Health Profile Data

☒ Reports from Community Organizations

☒ Other Activities (please list) – *Health fairs, Workshops, community outreach, Newsletter, Forums*

3. Is your facility leadership addressing these needs/concerns?

☒ yes

☐ no

a. If yes, please give examples of what the facility leadership is doing.

- *Expanding Ambulatory Surgery Area*
- *Improve cancer services*
- *Opened new Express Care Clinic, 7 days, 3:30PM to 12:00 AM*
- *Educational outreach at local libraries, parks, senior centers*
- *Comprehensive Stroke Center starting soon*
- *Renewed community engagement regarding domestic violence*
- *Signage regarding language access*
- *Expanding Emergency Room*

- *Town Hall Meeting*
- *Improve staffing – hired more nurses*
- *Increased services to treat cardiovascular diseases*
- *Working closely with elected officials and community leaders to share ideas and plans in order to better serve our diverse community*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - *ED expansion*
 - *Health & welfare of all patients through staff engagement*
 - *Improve communication*
 - *Staff training*
 - *Making all medical services cost effective*
 - *Upgrading technological equipment*
 - *Clinical Excellence, Community Engagement, Growth & Innovation, Optimization, Patient & staff experience & Workforce Development*
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
 - *Shared the needs of the community with leadership at the CAB meeting and followed up on all the problems and needs addressed*
 - *CAB leadership participated in Elmhurst Strategic Planning Retreats*
 - *The joint efforts to work with the community & our elected representatives is ongoing and involves all aspects of the CAB members and the hospital leaders*
 - *Individual CAB members also communicated to Administrators their ideas to improve services*
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

☒ yes ☐ no

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
- ☒ Yes ☐ No

2. What are the most frequent complaints raised by patients/residents?

- *Overcrowded ED and long wait time in the ED. No food is served during the long waiting period*
- *Have to wait a long time for blood to be drawn*
- *Slow service in the Express Care Clinic*
- *Poor communication – Notice are not posted in the patient's language*
- *Shortage of nursing staff*
- *Front of the hospital is dark, not enough lights*
- *Cold meals*
- *Dirty restrooms*
- *Patients are overcharged*

3. What are the most frequent compliments provided by patients/residents?

- *Excellent care from physicians and staff*
- *The ability to use translation services*
- *Efficient, kind and attentive staff and nurses*
- *Overall - Better than thought*
- *Old reputation is wrong, Elmhurst is great!*
- *MPC service has improved*
- *Cleaner hospital*
- *Culturally sensitive*

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

☐ Yes

☒ No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

☒ Yes

☐ No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 25
2. What are current numbers of members? 22 What are current numbers of vacancies? 3
3. What were the membership recruitment activities conducted by CAB this year?
 - Reached out to Community Board, local churches for potential members
 - Word of mouth
 - Members referral
4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

☒ Yes

☐ No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.
 - Patient Care – Monitors patient services and works to address issues concerning patient and medical services. Works with the Patient Experience Officer and reports to CAB any findings or issues that need to be addressed
 - Community Relations/Legislative – Plans Annual Legislative meeting and works with hospital administrators to coordinate legislator lobbying and create community events
 - Finance – Works with Chief Financial Officer if major budget issue arises. Manages the collection of funds for the CAB
 - Membership – Conducts outreach to Community Boards and organizations to recruit members and referrals. Interviews and mentors new members to the Board
 - Women's Health – Coordinates with hospital administrators to run women's Health fair in May. They also work with Shareing & Careing to address Women's cancer issue
 - Nominating (Ad Hoc) – Recruits and nominates Executive Officers for the Board

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

☒ Yes ☐ No

- a. If yes, please describe actions taken.

- *The CAB meeting packets are available to be shared*
- *Elmhurst Staff are invited to be guest speakers at Community Planning Board meetings*
- *Community Planning Board 1 to 6 representatives are invited to our Annual Legislative Forum*
- *Blood Drive coordinated with CB#2*
- *Voter Registration conducted with CB#3*

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

☒ Yes ☐ No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

☒ yes ☐ no

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

☒ yes ☐ no

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

☒ yes ☐ no

- a. If so, were the issues subsequently addressed?

No Substantive issues presented at the Annual Public Meeting

11. Describe the CAB's involvement in its facility's outreach activities?

CAB members participated with ongoing facility outreach by attending public events organized by the hospital. Some of the events are:

- *Pediatric Health Fair*
- *Women's Health Fair*

- *New Year's Day Basket Distribution*
- *Voter Registration Drive*
- *EHC's Green market*
- *Annual Fund-Raising Gala*
- *Annual Red, White, Blue Celebration*
- *LGBTQ Parade & Health Fair*
- *Cultural Food Expo Celebrating cultural diversity*
- *Kick-off ceremony for Emergency Department Expansion*

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

☒ yes

☐ no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

☒ yes

☐ no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

☐ not enough

☒ just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

- 1.
- 2.
- 3.
- 4.
- 5.

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Community Advisory Board Report
Page 1

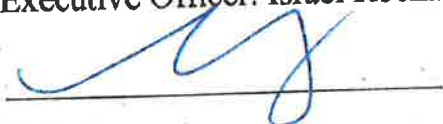
Signatures:

CAB Chairperson: Carlos Cortes



Date: 02/20/2020

NYC Health + Hospitals/Elmhurst
Chief Executive Officer: Israel Rocha



Date: 2/20/20



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

SEA VIEW COMMUNITY ADVISORY BOARD

PRESENTED MARCH 3, 2020

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

Post-Acute Care

Memory Care Services

Wellness Programs

2. How were these needs/concerns identified? (Please check all that apply).

☒ Community Board(s) meetings

☒ Other Public Meetings

☐ Needs Assessments

☐ Surveys

☐ Community Health Profile Data

☐ Reports from Community Organizations

☒ Other Activities (please list)

3. Is your facility leadership addressing these needs/concerns?

☒ yes

☐ no

- a. If yes, please give examples of what the facility leadership is doing.

Leadership is maintaining an "open door" policy for all residents, families and members of the community. Leadership remains available at all times to address community and facility concerns. There is also a suggestion box in the Lobby for staff, residents, and family members.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Improve overall Resident Satisfaction scores.

Maintain CMS 5-Star rating

Provide the highest possible level of quality care to our residents

Maintain our CMS ranking as one of the top ten high performing nursing homes in the nation.

2. Describe how the CAB provides input into the development of the facility's strategic priorities?
We share information with our CAB on an "as needed" basis, as well as during our monthly meetings. Robust discussion with our CAB is consistently maintained.
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?
☒ yes ☐ no

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
☒ Yes ☐ No
2. What are the most frequent complaints raised by patients/residents?
Patients do not always agree when they are being discharged from Rehab or to home. The team goes to great efforts to fully explain clinical rationale in an effort to be as reassuring as possible. Room changes – staff thoroughly explains to family members that room changes and transfers are based on the medical needs of each resident.
3. What are the most frequent compliments provided by patients/residents?
A caring and professional staff continues to be our top positive feedback element. In addition, facility cleanliness and sensitivity to families is very frequently commented upon. Our Food Service and Activities departments also receive many compliments.

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

☐ Yes ☒ N/A ☐ No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

☐ Yes ☒ N/A ☐ No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 14
2. What are current numbers of members? 9. What are current numbers of vacancies? 3
3. What were the membership recruitment activities conducted by CAB this year?
Keeping community groups informed of our involvement with Sea View briefing elected officials on CAB activities, and eliciting feedback from residents and families.
4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

☒ Yes ☐ No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

No

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

☒ Yes

☐ No

a. If yes, please describe actions taken.

CB members serve on CAB. They provide information to all CAB members.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

☒ Yes

☐ No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

☒ yes

☐ no

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

☐ yes

☒ no

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

☐ yes

☒ no

a. If so, were the issues subsequently addressed?

N/A

11. Describe the CAB's involvement in its facility's outreach activities?
CAB members are devoted volunteers. If call upon, they respond willingly.

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

☐ yes ☒ no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

☐ yes ☒ no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

☐ not enough ☒ just right

If not enough, what assistance would you need?

V. **ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. NONE

2.

3.

4.

5.

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

George M. Mena (Chairman)

Date:

12/8/19

Chief Executive Officer:

[Signature]

Date:

12-23-19

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

CUMBERLAND COMMUNITY ADVISORY BOARD 2020

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities? Obesity, Chemical Dependency, Mental Health, Chronic diseases such as Diabetes and Hypertension. Geriatrics and Adolescent Health.
2. How were these needs/concerns identified? (Please check all that apply).
 - ☒ Community Board(s) meetings ☒ Other Public Meetings
 - ☒ Needs Assessments ☒ Surveys ☒ Community Health Profile Data
 - ☐ Reports from Community Organizations ☒ Other Activities (please list)
3. Is your facility leadership addressing these needs/concerns?
 - ☒ yes ☐ no
 - a. If yes, please give examples of what the facility leadership is doing. The facility executive administrator continuously improves or expands on services based on community needs assessments. Examples of this are the development of the Wellness center addressing chronic diseases, expansion of substance abuse screening in primary care through HRSA grant and the opening of our adolescent health center to address Teen needs.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

1. Improve patient Experience
2. Improve Quality of Care
3. Financially sustainability

2. Describe how the CAB provides input into the development of the facility's strategic priorities? The CAB continuously offers recommendations and assessments to facility walk-throughs aligning with the facilities strategic vision such as reaching out to local politicians for support as well as the Cab working closely with administration to achieve the missions and goals.
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

☒ yes

☐ no

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
☒ Yes ☐ No
2. What are the most frequent complaints raised by patients/residents?
External aesthetics of the facility and patient cycle time for seeing the provider.
3. What are the most frequent compliments provided by patients/residents? Cleanliness of the facility, recent upgrades to the aesthetics customer service and provider care.

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

☒ Yes

☐ No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

☒ Yes

☐ No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 21
2. What are current numbers of members? 14 What are current numbers of vacancies? 7
3. What were the membership recruitment activities conducted by CAB this year? Tabling and facility events, public meetings, NYCHA meetings and presentations as well as outreach to Community board 2.
4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

☒ Yes

☐ No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

- Patient Care Committee: Committee has the responsibility of acting as patient care advocates for the community of quality patient care. This Committee monitors the delivery of health care at the facility and makes recommendations to the Executive Director as it relates to the delivery of care.
- Finance- This committee reviews advises and makes recommendations to the Executive Director on proposals relating to the Finances and Capital Projects of the facility.
- Community Relations- The mission of the committee is to help establish priorities within the facility's programs. The committee recommends programs aimed at developing and maintaining good relationships with all of the communities served by the facility. The committee also participates with other groups and agencies in the development of community plans in health care, considers, and advises the facility upon matters concerning the development of plans and programs of the facility.
- Membership Committee: The Committee has the responsibility of recruiting, viewing applications of qualified candidates to recommend to the Executive Director and the Borough President for Board membership.

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

☒ Yes

☐ No

a. If yes, please describe actions taken.

Attendance at the Community Board meetings.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

☒ Yes

☐ No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

☒ yes ☐ no

The CAB will convene their Annual Public/ Community Health
June 2020

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

☒ yes ☐ no

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

☐ yes ☒ no

- a. If so, were the issues subsequently addressed?

11. Describe the CAB's involvement in its facility's outreach activities?
Annual Back to School Event, American Cancer Society, Albany Lobby Day, Behavioral Health events, Go Red, Thanksgiving Turkey giveaway and Annual Legislative Forum

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

☒ yes ☐ no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

☒ yes ☐ no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

☐ not enough ☒ just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. Capital Improvement to Improve façade of the facility
2. Second Phase of External Signage

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:



2/24/20

Executive

Director:



Date:

2/24/20