

CALL TO ORDER - 1:30 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Woodhull
- NYC Health + Hospitals | Metropolitan

2019 Performance Improvement Plan and Evaluation (Written Submission Only)

- NYC Health + Hospitals | Cumberland Diagnostic & Treatment Center- Gotham
- NYC Health + Hospitals | East New York Diagnostic & Treatment Center- Gotham

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Lincoln
- NYC Health + Hospitals | Coney Island
- NYC Health + Hospitals | Sea View
- NYC Health + Hospitals | Gouverneur Skilled Nursing Facility

OPEN PUBLIC SESSION - 3:00 PM

1. Adoption of Minutes: July 30, 2020

Mr. Pagán

Chair's Report

President's Report

Dr. Katz

Informational Item: Out-Side Legal Services Contract Update

Ms. Cohen

>> Action Items<<

2. Approving the **designation of Karyn Leger, Executive Privacy and Security Compliance Officer, as the New York City Health + Hospitals (the "System") Record Management Officer ("RMO")**, as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1(a), to coordinate the development of and oversee the System's records management program in accordance with the requirements set forth under Article 57-A of the New York State Arts and Cultural Affairs Law and the implementing regulations thereof.

Ms. Landaverde

(Being Presented Directly to the Board) **Vendex: NA / EEO: NA**

Mr. Pagán

3. Authorizing New York City Health and Hospitals Corporation (the "System" to renew **17 of its Information Technology ("IT") requirements contracts** previously awarded in 2015, listed on Appendix A to this Resolution (the "Contractors"), for an 18-month period for health information-related staffing professional services on an as needed basis to meet the Systems needs for professional IT services, primarily for staff augmentation, with all necessary funding deriving from approved program budgets and/or budgets to be approved during the Renewal Term for a projected amount of \$85.8M.

(Information Technology 09/10/2020) **Vendex: 15 Approved – 2 Pending (Information Systems Staffing ISS and Soliant Health Inc.) / EEO: Approved: All 17**

Mr. Pagan

4. Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for Fiscal Year 2020** to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").

<p>5. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with BA Global Construction Corporation (the “Contractor”) for an amount not to exceed \$7,143,946 for construction services necessary for the reconstruction of the exterior façade rehabilitation at NYC Health + Hospitals / Woodhull Hospital Center (the “Facility”) with an 8.5% project contingency of \$712,299 for unexpected changes in scope yielding a total authorized expenditure of \$7,856,245. (Capital Committee 09/10/2020) Vendex: Pending / EEO: Approved</p>	Mr. Peña-Mora
<p>6. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with JEMCO Electrical Contractor Inc. (the “Contractor”) for an amount not to exceed \$5,188,300 for electrical upgrade services necessary for the hospital Essential Electrical System at NYC Health + Hospitals / Lincoln (the “Facility”) with a 12% project contingency of \$778,245 for unexpected changes in scope yielding a total authorized expenditure of \$5,966,545. (Capital Committee 09/10/2020) Vendex: Approved / EEO: Approved</p>	Mr. Peña-Mora
<p>7. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment (“CIC”) with the New York Power Authority (“NYPA”) for an amount not-to-exceed \$19,645,521, including a 10% contingency of \$1,449,777, for the planning, design, procurement, construction, construction management and project management services necessary to install new underground storage tanks (the “Project”) at NYC Health + Hospitals/Lincoln (the “Facility”). (Capital Committee 09/10/2020) Vendex: / EEO: NA Public Entity</p>	Mr. Peña-Mora
<p>8. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with the Grace Foundation of New York (the “Licensee”) for its continued use and occupancy of 6,900 square feet of space in the Isolation Building to operate support programs for individuals affected by Autism Spectrum Disorder and their families at the NYC Health + Hospitals/Sea View Hospital Rehabilitation Center and Home (the “Facility”) with the occupancy fee waived. (Capital Committee 09/10/2020) Vendex: / EEO: NA</p>	Mr. Peña-Mora
<p>9. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute requirements contracts with seven Architectural and Engineering (“AE”) consulting firms namely Architectural Preservation Studio, DCP., H2M Architects and Engineers, Hoffmann Architects Inc., Lothrop Associates LLP Architects, Ronnette Riley Architect, Superstructures Engineering and Architecture, Urbahn Architects, DPC, to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed \$10,000,000 for services provided by all such consultants. (Capital Committee 09/10/2020) Vendex: Approved / EEO: Approved</p>	Mr. Pagán
<p>10. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Turner Construction (the “Contractor”) for an amount not to exceed \$5,095,551 for construction services necessary for the Emergency Department Reconfiguration (a.k.a. the buildout of the new “ExpressCare”) at NYC Health + Hospitals / Harlem Hospital Center (the “Facility”) with other contracts associated with this project totaling \$1,882,022 including architectural/engineering services and a 28% project contingency of \$2,659,176 for unexpected changes in scope yielding a total authorized expenditure of \$9,636,750. (Capital Committee 09/10/2020) Vendex: Approved / EEO: Pending</p>	Mr. Pagán
<p>11. Appointing Sherif Sakr as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus. (MetroPlus Board of Directors 09/14/2020)</p>	Mr. Pagán

Committee and Subsidiary Reports

- Capital
- Information Technology
- MetroPlus

>>**Old Business**<<

>>**New Business**<<

>>**Adjournment**<<

Mr. Peña-Mora
Mr. Pagán
Ms. Piñero

Outside Legal Services Contract Update

**Board of Directors Meeting
Thursday, September 24, 2020**

**Andrea Cohen
General Counsel & Senior Vice President
Legal Affairs and Labor Relations**



Background Information

- On June 20, 2018 the Board approved the execution of an agreement with seven vendors for the provision of general Legal Services (**Crowell & Moring, LLP, Epstein Becker & Green, P.C, Fox Rothschild, LLP, Garfunkel Wild, PC, Katten Muchin Rosenman, LLP, Moses & Singer, LLP, and Shepard, Mullin, Richter & Hampton, LLP**) for an amount not to exceed \$65,620,919 for a term of three years with two one-year options to renew.
- The Board also asked for an annual report on the diversity of staffing for H+H matters by these firms and on total spending.
- The report reflects the fiscal Year 2020 (July 2019 – June 2020) utilization information.
- This is the first year of the contract and the information is baseline information. Legal Affairs will be working with the firms to enhance the diversity of staffing on H+H matters over the subsequent years of the contract.

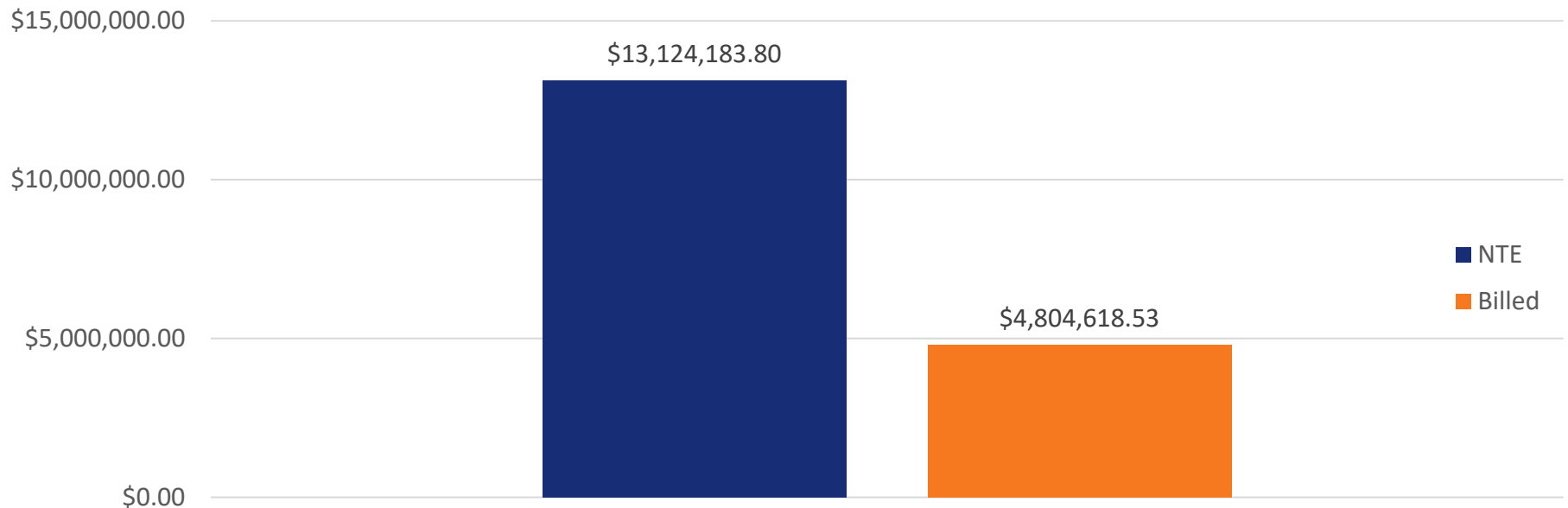


FY20 Legal Services Staff Diversity

# of Firms' Staff Billed to H+H Matters	Diversity Staffing Utilization % of Workforce Billing to H+H Matters	
	Women	Minority
90	45.56%	10%



FY20 Total Billed Versus Annual Not To Exceed (NTE) Amount



Lower than expected spending based on:

- Disruption in demand for outside legal services caused by COVID
- Strategic realignment of General Counsel staffing to reduce reliance on outside counsel for routine matters (e.g., research agreements)



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 30th day of July, 2020, at 1:00 P.M., pursuant to a notice which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Raul Perea Henze - (Represented by Julie Bero from 1:00 p.m. - 2 p.m. and 3 p.m. until the end)
Dr. Oxiris Barbot - Left the Meeting 2:03 p.m.
Mr. Scott French
Ms. Helen Arteaga Landaverde
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra
Ms. Freda Wang
Ms. Barbara Lowe
Dr. Hillary Kunins - Joined the meeting at 3 p.m.

Mr. Pagán, Chair of the Board, called the meeting to order at 1:00 p.m. Mr. Pagán chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board that Julie Bero would be representing Deputy Mayor Henze and Scott French would be representing Steven Banks in a voting capacity.

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information on personnel, medical information of patients and collective bargaining matters.

The Board reconvened in public session at 3:05.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on June 25, 2020, 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 June 25, 2020, copies of which have been presented to this

meeting, be and hereby are adopted.

CHAIR'S REMARKS

Mr. Pagán notified the public that during the Executive Session the Board received and approved governing body oral and written reports from NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals/ Queens.

The Board received and approved the 2019 performance improvement and evaluation governing body reports (written submissions) from NYC Health + Hospitals/Segundo Ruiz Belvis Diagnostic & Treatment Gotham Center.

The Board received and approved semi-annual governing body reports (written submissions) from NYC Health + Hospitals/Kings County and Susan Smith McKinney Rehabilitation Center.

Mr. Pagán noted that the 2020 Annual Public meetings for each borough have been rescheduled. All the meetings will convene at 6:00 p.m., and a determination will be made at a later date whether they will be convene in-person or virtual. The schedule is as follows:

- Manhattan - September 8, 2020
- Brooklyn - September 15, 2020
- Queens - September 22, 2020
- The Bronx - October 13, 2020
- Staten Island - October 20, 2020

VENDEX APPROVALS

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to Vendex approvals. There was one new item on today's agenda requiring Vendex approval, and it does have Vendex approval. There is one item from previous Board meetings pending Vendex approval. Since we last met we have received one vendex approval. The Board will be notified as outstanding Vendex approvals are received.

PRESIDENT'S REPORT

Dr. Katz commenced his remarks by informing the Board and the public that while other parts of the country are now struggling with the COVID-19 pandemic, New York City is doing exceedingly well for the first time since the beginning of the pandemic. The number of infections per day is below 200, despite New York's re-opening, which has been very cautious and appropriate. New Yorkers are also adhering well to rules about wearing face masks and social distancing.

New York City Health + Hospitals is in the process of getting back to a post-COVID normal: allowing limited visitations, surgical volumes returning to normal, and increased televisits with some in-person visits.

The Test and Trace Corps led by Dr. Long has been doing extremely well, operating with a level of transparency not evident in other Cities. \$7.8 million in grant funding has been distributed to Community Based Organization to help with the contact tracing and support efforts.

Dr. Katz stated that New York City Health + Hospital closed the fiscal year with \$680 million cash on hand, which is above the initial target. However, at the end of the fiscal year there was a loss of about \$15 million per week due to declines in volume; as volumes rebound, the System's finances should stabilize.

Medicaid enrollment is up, which could be due to job losses. However, due to the Affordable Care Act, low income people are able to have health care coverage. The System is monitoring the Federal Relief bills and hoping that there will be funding to New York City in the next round of bills.

Emergency Declaration Contracts - Exception to Policy

Dr. Katz informed the Board that he signed an initial declaration of emergency dated March 1, and reissued April 1 that allowed for the use of streamlined procurement processes. A summary report of contracts authorized under the emergency declaration was provided at the April 30, 2020 Board meeting, reporting 68 new contracts to support the COVID-19 response efforts. These contracts included a wide-range of agreements including for staffing, hotels, pharmaceuticals, telemedicine, transportation, and supplies. The April 30th report also included information regarding the Office of Facilities Development's engagement of emergency construction in every facility to increase capacity with existing and new vendors. This work also included the creation of surge facilities at the Roosevelt Island Medical Center, the Billy Jean King Tennis Center, and the Javits Center.

Since the April 30th report Dr. Katz signed a declaration of emergency for May 2020 and a declaration with more limited waivers of the procurement processes for June and July 2020. Since the last report through June 30, the System entered into 14 additional contracts with six staffing agencies, seven contractors for testing and tracing support and one consultant agreement to assist with FEMA reimbursement. He noted that most of the 82 previous contracts executed under the emergency authority are no longer being used with the exception of those for testing and tracing support, laboratory services, consultants for FEMA reimbursement and some supplemental staffing support. Through June 30, 2020, the cost of these contracts is \$623,550,000 million.

The Office of Facilities Development continues to provide support to facilities with a concentration on infrastructure upgrade for patient

staffing and visitors' safety. They have issued 49 additional work orders through June 2020 with a maximum authority to spend \$54,265,316 million for a total maximum authority since March 2020 of \$223,586,174.

Dr. Katz ended his report by noting **contracts issued in the month of July will be reported at the next Board meeting.**

Mr. Pagán thanked Dr. Katz for the report and complimented the work of the Test and Trace Corps.

Ms. Lowe asked a question about "herd immunity," and Dr. Katz noted the high rate of antibodies in some high impact neighborhoods.

Mr. Nolan thanked Dr. Katz and the entire Health + Hospital team for their exemplary performance.

Ms. Wang echoed Mr. Nolan's thanks and asked whether the emergency declaration is expected to extend into July and August. In consultation with Andrea Cohen, General Counsel, Dr. Katz responded that there will be a need for an emergency declaration in August to allow for procurements in preparation for a resurgence of COVID.

Mr. Peña-Mora gave accolades to the staff and requested clarification as to whether Test and Trace Corps contracts with hotels for people not able to isolate at home were authorized under an emergency declaration. Dr. Katz responded that the hotels for the Test and Trace Corps were authorized under an emergency declaration.

ACTION ITEM 2:

Ms. Wang read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with **NorthStar Recovery Services, Inc.** ("NorthStar") to provide as needed emergency incident recovery services to the System over a three-year term with two one-year renewal options exercisable solely by the System.
(Being Presented Directly to the Board)

This item is being presented directly to the Board.

Dr. Eric Wei, Senior Vice President, Chief Quality Officer, Christine Flaherty, Senior Vice President - Office of Facilities Development, Madeline Tavarez, Senior Director Emergency Management, and Joe Wilson, Senior Assistance Vice President - Materials Management presented this item.

Dr. Wei provided a background on NYC Health + Hospitals' need to provide disaster recovery services including Category A Infectious Substances remediation. He further explained that while the Board in June of 2019 approved Belfor for a five-year contract for disaster recovery services, they were unable to meet the August 2019 federal mandates to manage solid waste contaminated with category A infectious waste. Therefore, today the request to the Board is to approve NorthStar Recovery Services, the next highest scoring vendor from the 2019 procurement process, a contract to provide disaster recovery services including Category A Infectious Substance remediation to NYC Health + Hospitals.

Ms. Tavaréz presented on the RFP process and NorthStar Recovery Services's satisfactory history with Health + Hospitals.

Ms. Flaherty provided detailed information on the recent work of NorthStar Recovery Services during the COVID-19 pandemic.

Mr. Wilson explained that while NorthStar did not submit an MWBE plan during the RFP process, during their COVID-19 response they have met the 30% utilization target and have also committed to continue to meet a 30% MWBE utilization target for future engagements.

Upon a 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 sign a revocable 5-year license agreement with **Eyes and Optics, Inc.** ("Licensee") for its continued occupancy of space for optical stores at NYC Health + Hospitals/Harlem ("Harlem"), NYC Health + Hospitals/Lincoln ("Lincoln"), NYC Health + Hospitals/Metropolitan ("Metropolitan"), NYC Health + Hospitals/Bellevue ("Bellevue"), NYC Health + Hospitals/Jacobi ("Jacobi"), NYC Health + Hospitals/Kings ("Kings"), NYC Health + Hospitals/Woodhull ("Woodhull"), NYC Health + Hospitals/Gouverneur ("Gouverneur") and NYC Health + Hospitals/Queens ("Queens") at occupancy rates of \$65.62/ft. at Harlem, \$40.73/ft. at Lincoln, \$82.59/ft. at Metropolitan, \$88.25/ft. at Bellevue, \$75.63/ft. at Jacobi all to be annually escalated by 2.5% and \$35.82/sf at Kings, \$66.65/sf at Woodhull, \$52.16/sf at Gouverneur and \$57.00 at Queens all to be annually escalated by 3% a total annual fee of \$214,852.50 for a 5 year total of \$1,136,474.71.

This item is being presented directly to the Board.

Christine Flaherty - Senior Vice President, Office of Facilities Development, presented the current state of optical stores occupying space within Health + Hospitals facilities to complement patient care. She further explained that the resolution was designed to combine all nine optical sites into a single licenses with Eyes and Optics, Inc. Even under a single license, each facility would be able to terminate the vendor in their own location. The individual lease terms and projected revenue was also presented to the Board.

The Board requested information on whether there is a slide scale fee to zero for Health + Hospitals patients that are unable to afford eyewear and what is the ratio of children served. This information was not readily available.

After discussion and upon motion made and duly seconded, the Board unanimously approved the below amended resolution.

Committee and Subsidiary Reports

Mr. Pagán noted to the Members that the Committee and Subsidiary reports were e-mailed for review and submission into the record, and he asked for questions or comments regarding the reports. Hearing None.

OLD BUSINESS/NEW BUSINESS

Hearing None

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 3:55 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Information Technology Committee - July 16, 2020

As reported by José Pagán

Committee members present: José A. Pagán, Ph.D., Dr. Eric Wei representing Dr. Mitchell Katz in a voting capacity, Scott French, Feniosky Peña-Mora; Barbara Lowe

Mr. José Pagan, called the July 16th meeting of the Information Technology (IT) to order at 11:09 A.M.

Mr. Pagán proposed a motion to adopt the minutes of the Information Technology Committee meeting held on September 12, 2019.

Upon motion made and duly seconded the minutes of the September 12, 2019 Information Technology Committee meeting was unanimously approved.

Mr. Pagán turn the meeting over to Ms. Kim Mendez, Senior Vice President and Chief Information Officer to carry on the agenda, she was joined by Mr. Jeff Lutz, Chief Technology Officer, Dr. Michael Bouton, Chief Medical Information Officer and Sean Koenig, Chief Application Officer.

Ms. Mendez provided an update on the EPIC implementation and technology ecosystem. All of the NYC H + H acute care healthcare facilities, Gotham clinics and Carter LTACH have transitioned to an electronic health record system that communicates with each other. By the end of March 2020 we also went live at the Roosevelt Island Medical Center which was open in response to the COVID-19 response. Currently, all test and trace sites are also being supported by the Epic electronic medical record system.

EITS continues to use the enterprise approach for standardization of new software and applications that can be integrated into EPIC EHR.

Mr. Koenig informed the Committee that in the middle of March an IT taskforce was developed that met frequently to review all the different business needs in response to COVID-19. From March to July 1, 2020, EITS received over 600 requests for changes as a result of the COVID-19 pandemic, ranging from building a new test site, to being able to test for COVID-19 within our system or building an order set to allow emergency and ICU physicians to order tests and medications faster. EITS also supported the creation of the two new field hospitals at Roosevelt Island Medical Center, a 317 bed facility, and the Billie Jean King USDA National Tennis Center a 400 bed facility. This included hardware, wiring, Wi-Fi and enabling EPIC EMR, along

with all the other clinical systems necessary for the care of patients at both sites.

In order to meet the Governor's mandate, that all hospitals increase their patient capacity by at least 50%, Health + Hospitals increased its capacity by about 90 percent, including a larger increase in ICU patients and ICU bed availability during the COVID-19 pandemic. Health + Hospitals were able to expand integrate of technology application systems in order for patients to be cared for appropriately.

Additional work efforts included partnering with NYC Department for Health and Mental Hygiene and EPIC to streamline patient transfers and workflow at the Javits Center. There was also collaboration with the USNS Comfort military hospital ship for transfers and appropriate patient care. In response to community need, a number of hotels that needed EITS support for isolated patients care were equipped with access. Testing field tents were also setup outside of many of our hospital facilities to help relieve the increased census pressure in the emergency departments. Health + Hospitals EITS also supported the City 311 system with the activation of call centers. EITS initiated wireless vital monitoring machines to assist front line workers to safely monitor patients outside of the room that allowed for the extending PPE during extreme shortages.

EITS was integral in the expansion of telemedicine so providers could continue to provide ambulatory patient care during the pandemic. The Team had to ensure security and HIPPA compliance in every step of this work. EITS supported the onboarding over 10,000 individuals to care for patients during the peak of the COVID-19 outbreak, during a two months period, a normal on-board would be about 918 staff for the same time period. The team trained over 8,400 individual staff on the use of EPIC. The team also supported administrative staff working remotely and currently there are over 6,000 remote tele-commuters daily requiring the system support.

Dr. Bouton provided an update on the data utilized to help support critical decision-making. Utilizing system-wide EPIC stats was able to track emergency department's volume, current bed capacity and ICU capacity. Using this information the System was able to have a better understanding of a point in time situation and use that information to transfer patients from one facility to another. Continuous and frequent evaluation of the changing clinic needs allowed ETIS to upgrade and make the necessary changes to ensure appropriate patient care. The team was able to quickly evolve into supporting patients and staff with the necessary wireless capabilities to enable patients to communicate with their family members who were unable to visit.

The evolution of MyChart to assist with telehealth visits and the tracking of PPE were also important and vital roles supported by EITS. Enabling the use of the overhead public address system to support

staff with music or encouraging messages to support their emotional wellbeing was also important.

The EITS is currently working with the T2 initiative to ensure its success. They are also working with the Office of Facilities Development to open testing sites across the city, while continuing to implement the high level prioritized projects for the System.

The Committee commended Ms. Mendez and her team for their work during a very difficult time responding to the COVID-19 pandemic and managing the evolving needs of not just the patients but all the staff and the City as a whole.

There being no old business nor new business, the meeting was adjourn at 11:58 a.m.

Strategic Planning Committee - July 16, 2020

As reported by Feniosky Peña-Mora

Committee members present: José A. Pagán, Ph.D., Dr. Eric Wei representing Dr. Mitchell Katz in a voting capacity, Sally Hernandez-Piñero, Feniosky Peña-Mora; Freda Wang

Mr. Feniosky Peña-Mora, called the July 16th meeting of the Strategic Planning Committee (SPC) to order at 10:16 A.M.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on February 6, 2020.

Upon motion made and duly seconded the minutes of the February 6, 2020 Strategic Planning Committee meeting was unanimously approved.

The meeting was then turned over to Matt Siegler, Senior Vice President for Managed Care and Patient Growth and CEO of the H+H ACO and OneCity Health to present the meeting's agenda as follows:

Mr. Siegler clarified that the data begin presented on the dashboard covers the period from January 2020 through March 2020, which includes the preparation for the surge of COVID-19 patients and the early part of that surge.

He noted that the decline in non-COVID-19 volume and the shift to teleworking of a number of our staff and the overall disruption during that period impacted a number of measures on the dashboard. He further noted that looking forward into FY 21 and the remainder of CY 20, some of this disruption will continue to appear in the data. Of note, is that the operational priorities around tele-medicine, telework, and in-person visits and other priorities necessary in the pre-vaccine period will change some of targets and measures for the System.

Mr. Siegler noted that the system is continuing to closely monitor the City and State budget as changes might have significant impacts on system finances and operations.

INFORMATION ITEM

Dr. Wei reiterated the Systems mission to provide quality care to anyone and everyone, he further explained that in light of the recent unrest in the nation around racism and injustice and systemic racism. Health + Hospitals is proud that our staff demographic is more than half female and 80% are minority in the communities and patients that we treat, which are currently battling the same social injustice and disparities in care.

He noted that the system recently formed an Equity and Access Council that is co-chaired by our Chief Nurse Executive Dr. Natalia Cineas and our Chief Population Officer Dr. Nichola Davis. Dr. Wei proposed that the system re-evaluate the System Strategic Pyramid to incorporate equity explicitly, the suggestions are:

1. Integrate equity or equitable into the vision statement.
2. Integrate into the iCare values, keeping in mind there is already an "E" for excellence and consider replacing excellence with equity.
3. Connecting equity to access to care that is currently included in the strategic pyramid.
4. Since equity is foundational to everything we do, have a circle behind the pyramid around equity or runs below the strategic pillars around social and racial equity.

Dr. Cineas informed the Committee that right now the Council is conducting empowering voice session by listening to over 2,000 employees throughout the system to receive their feedback to develop the strategic plan of the equity and access council.

The members of the committee provided feedback on the different options. They suggested an option to enhance the iCare values of the "E" to the power of 2 to include Equity. They also supported the suggestion of having equity include foundationally in the strategic pillars and mission.

Dr. Wei continued his presentation, which included the fiscal year 2021 strategies, with the goals of allowing the system to be resilient and be able to respond to rapidly changing conditions.

Dr. Wei noted that ambulatory care practices are changing, with a new direction into telemedicine. An evaluation is needed from providers, H+H teams, financial implication, staffing, hours of operations, and technology to ensure the System's success to this drastic shift in care model.

Mr. Siegler discussed strategic priorities for the system including succeeding in value based payment. He noted that growing primary care patient volumes and have good management of each practice, would lead to improved quality and patient care outcomes. He also noted the importance of keeping specialty referrals within the system to improve quality and efficiency.

In response to Ms. Piñero question on the impact of the increase in telemedicine and the financial impact, Mr. Siegler responded that the systems hope is telemedicine will improve access and providers ability manage patients health, with reduced wait-times for visit and easier access to appointments.

The presentation continued with the highlighting of positive trends reflected on the system dashboard. These included growth in e-consults to specialty practices, NYC Care growth in advance of the launch Citywide by the end of 2020 will continue in the positive trend, and patient care revenue growth. Mychart activation is one of the most positive trending metrics, with the system already exceeding its goal of 20% and now setting a new goal of 30%. E-consult has helped increase from 52 to 71 percent on the percentage of specialist appointments that are completed.

FOLLOWUP - Mr. Peña-Mora requested information on how long the overall wait is for specialist visits. Mr. Siegler informed the chairperson that he will have to follow up as there is not currently a meaningful system-wide measure of specialty appointment wait-times given the variety across specialties and facilities.

The update continued with the a highlight of the negative trends for the reported quarter, which are care experience - ambulatory care recommend provider decreased from 84.8% to 84.5% and the % of MetroPlus medical spend at Health + Hospitals 39.2% vs 39.8%.

Next the Committee reviewed the dashboard and engage in discussion on the various metric indicated. This included an explanation by Dr. Wei of the four new measures directly related to Health + Hospitals COVID-19 response with the engagement of the Test and Trace (T2) Corps. Ms. Kenra Ford provided an update on the T2 lab test results turnaround time, which is currently the fastest in the City, with on-site results being available within hours.

There being no old business nor new business, the meeting was adjourn at 11:08 a.m.

SUBSIDIARY REPORT

<p>MetroPlus Health Plan, Inc. Board of Directors Meeting - July 21, 2020 As reported by Ms. Sally Hernandez-Piñero</p>
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ADOPTION OF THE MINUTES

The minutes of the meeting of the Board of Directors held June 2, 2020 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 July 21, 2020. Ms. Hernandez-Piñero stated that Dr. Schwartz and the Executive Team had several updates for 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.

Mr. Ryan Harris stated that MetroPlus started phasing back into the office over the last few weeks. Reporting to the office is voluntary with certain exceptions, including, but not limited to operational needs, the nature of the employee's job, technical challenges/ issues and performance improvement. This excludes staff that qualify under Matilda's Law which would include anyone who is pregnant, over 70 years of age or has an underlying medical condition and/or a compromised immune system. Mr. Harris reported that there are visual cues for employees to follow such as wall and floor markings denoting 6 feet of spacing for social distancing and safety signage posted in common areas. Limits were put on face to face interactions and plexiglass shields were provided for several different departments. MetroPlus also has supplemental cleaning staff in all locations to increase the frequency of cleaning throughout the day. In order to maintain social distancing, staff have staggered and flexible work shifts and there has been a limit on physical gatherings. Mr. Harris stated that the Plan has been communicating with staff daily. There have been weekly updates sent to all staff from the CEO which addressed ongoing regulatory/ advisory changes and company responses. There is a daily electronic health check-in for staff to respond regarding their health status.

Dr. Schwartz reported that the Plan's medical loss ratio (MLR) is slightly down compared to the same period last year. The reason it is only slightly down is because the Plan is in a risk arrangement.

MetroPlus does have a concern in regard to the decrease in the percent of medical dollars being spent at New York City Health and Hospitals (NYC Health + Hospitals). The target was 42 percent and prior to COVID-19, progress was being made to reach that target but due to COVID-19 the Plan is seeing a reverse of that trend. Dr. Schwartz explained that there is no data on the dashboard under the Customer Experience heading due to that function only being active in the last month or so. Also, Information Technology's large project which is for a Customer Relations Management platform has been lagging due to COVID-19.

Dr. Sanjiv Shah, MetroPlus' Chief Medical Officer went through the quality and medical management portion of the dashboard. On the annual adherence measures, MetroPlus has some preliminary data that is not final but was presented at the Quality Assurance Performance Improvement Committee just to demonstrate that, despite COVID and all the other issues that have been occurring, most measures have improved from last year. In terms of utilization management, as the Board is aware, the Plan suspended utilization management in March, ahead of the State's circular instructing plans to do the same.

Ms. Lauren Leverich, MetroPlus' Chief Administrative Officer, provided the Board with a detailed overview of the Plan's current membership by line of business. Ms. Leverich stated that Plan membership as of July 2020 was 560,212, which is an overall growth of 9.2 percent since January 2020. The growth is primarily in MetroPlus' Medicaid line of business which has seen a 41,104-member increase since January of this year. The Essential Plan (EP) has grown just under 5,000 members and the Qualified Health Plan (QHP) has grown by 1209 members. MetroPlus has seen a decrease in its MetroPlus Gold line of business as a result of a New York City policy that all new City employees must be enrolled into one specific health plan option during their first year of employment. In the Managed Long Term Care (MLTC) line of business, the Plan's membership decreased by over 100 members due to COVID deaths in nursing homes. Ms. Leverich stated that since the beginning of 2020 MetroPlus has remained steady in its market share overall condition including a slight increase in the Medicaid line of business.

Mr. John Cuda, MetroPlus' Chief Financial Officer, stated that, MetroPlus is in a more competitive position with its MetroPlus Gold plan. Members will not pay for generic drugs (\$0 copay for generic drugs), the previous \$5 copay has been eliminated. The Plan added reimbursement for weight loss programs, like Weight Watchers or Noom. MetroPlus will reimburse members up to \$100 every six months for participating in a weight loss program, with an additional \$50 for a participating spouse which is up to \$300 a year in savings. The Plan also added access to the CVS Caremark ExtraCare Health

Program, which allows discounts of up to 20% on thousands of items at any CVS/pharmacy or on eligible items online. Ms. Hernandez-Piñero asked when the first year of NYC employees mandated into Emblem ends, would MetroPlus be able to try to entice them to MetroPlus Gold during open enrollment. Mr. Cuda asked Mr. Roger Milliner if he was correct in thinking this July, Dr. Schwartz replied yes.

Mr. Cuda stated that the annual Individual QHP and SHOP rate filings were submitted in May. MetroPlus submitted its Individual QHP rate filing with an average rate increase of 9.6% for Individual and an average increase of 11.5% for SHOP. A review of competitor rate filings has MetroPlus as the 2nd lowest rate in all metal tiers. The average requested increase for all plans was 11.7% for Individual and 11.4% for SHOP. In 2021, MetroPlus will offer non-standard SHOP Plans to mirror its Individual Plans, which will include acupuncture, adult vision & dental, acupuncture is new for 2021.

Mr. Cuda reported that SHOP membership in New York State (NYS) is 939,775, SHOP membership in MetroPlus' service area is 640,039, MetroPlus has less than 800 members. Oxford has the largest market share with 503,803 members in NYS and is 78% of MetroPlus market. The next highest competitor to Oxford is MVP Health Plan with 46,725 members. For 2019, the Federal Risk Sharing payment was \$2.79 million dollars and the estimated annualized 2020 payment will be \$2.65 million dollars. For 2019, this payment was nearly half of the premium collected.

Ms. Leverich stated that, looking forward to 2021, MetroPlus created a strategy where the Plan will be offering expanded benefits under its Medicare Advantage line of business. These benefits include an over the counter (OTC) benefit card for \$125 per month, non-emergency transportation for 14 one-way ride share trips, fitness benefit of \$250 every 6 months, post-hospitalization meals, all with no cost sharing. Beginning 2021, MetroPlus will offer a new plan, MetroPlus UltraCare, which is a fully integrated D-SNP. This plan takes on the full risk covering all Medicare & Medicaid services plus MLTC benefits, except for services excluded per the MAP model contract.

Ms. Leverich stated that the Medicare Advantage program has a 2021 average member forecast of 7,508 members, a target MLR of 87 percent and the net income will be minus 1 million dollars. The Medicare Platinum program has a 2021 average member forecast of 368 members, a target MLR of 87 percent with a break-even net income. The Medicare Advantage Plus program has a 2021 average member forecast

of 292 members, a target MLR of 91.9 percent and a break-even income. Dr. Schwartz stated that the reason that the current MLR is reduced compared to previous experience is because the Plan expects some of the more costly members to move from the top of the Medicare Advantage program into the bottom, the Medicare Advantage Plus program. That shift of the high cost members from one program to another will ultimately yield the same results for the bottom line for the Plan but per line of business it will allow the Plan to decrease the MLR and potentially will allow the Plan to be as aggressive as it can be offering the Medicare Advantage product. Mr. Williams asked Dr. Schwartz what her expectation was of the size of the shift. Dr. Schwartz replied that it will be approximately 300 members.

Mr. Cuda presented the Board with the Plan's financial performance as of May 31, 2020. The Plan's net income is approximately 7.4 million. COVID has a large impact on not only the Plan's medical spend but also on its administrative spend.

Ms. Leverich reported on the 2020 Plan expenses experienced through May. MetroPlus' overall per member per month (PMPM) is lower by 9.3 percent as compared to the same period last year. This is primarily driven through lower outpatient utilization in 2020. Ms. Hernandez-Piñero asked if we break out the urgent care visits between Health + Hospitals and other providers. Ms. Leverich responded that yes, they do have that information and she will send it to Ms. Hernandez-Piñero as a follow up. Dr. Schwartz stated that what is being seen is that the largest player in urgent care business is City MD. Based on Plan experience about 50 percent of urgent care utilization goes to City MD and the other 50 percent is split between everybody else.

Mr. Cuda advised the Board on MetroPlus' administrative expenses. Administrative expenses of \$107.7 million through May were \$12.4 million, or 10 percent under budget. COVID-19 related expenses included personnel services such as staff being reassigned to HRA and various City hotels. In July 2019, the State cut the Plan premium because they are reducing the fee schedule for nursing homes. The claims will be adjusted later so it will be expected to be a net neutral reduction. The October 2019 Fair Drug Pricing requires pharmacy benefit management payments to be limited to actual ingredient costs, a dispensing fee, and an administrative fee: (-\$18.5M) annual estimated impact. Reduction is mitigated by the renegotiated contract and rebates valued at \$9.8M for 2020. Monthly contract savings will outweigh cuts starting January 2021.

Ms. Raven Solon, MetroPlus' Chief Legal and Compliance Officer, reported that the ban on member cost sharing on COVID-19 testing and telehealth visits has been extended through September 9, 2020. This

means the member will not be responsible for partial payment, MetroPlus will pay the provider in full for services. The State extended the Special Enrollment Period for QHP and SHOP until August 15, 2020. The extension has not resulted in membership growth for the Plan. Ms. Solon stated that audio-only telemedicine is now a permanent method of telehealth for New York State.

Ms. Solon stated that Medicaid, Essential Plan (EP) and Child Health Plus (CHP) are set to receive \$200 million in Medicaid funds from the Families First Act, a 6.2%-point increase in the Federal Medical Assistance Percentages (FMAP). The new Medicaid contract is finalized, the most changes are in program integrity. Medicaid, EP, and CHP-subsidized populations are not subject to disenrollment for recertification or failure to pay. Medicaid members with recertification dates from March through August 2020 are extended to March 31st, 2021. Department of Financial Services modifications on previous utilization review restrictions include prior and concurrent authorizations are allowed for non-COVID cases starting June 19, 2020, retrospective reviews for in-network, non-COVID cases began June 19, 2020 and retrospective reviews for OON are allowed.

Dr. Shah stated that Healthplex has managed the MetroPlus dental benefit for 8 years. Historically, primary care general dentists have been reimbursed by MetroPlus through a blended reimbursement methodology. This methodology pays a small PMPM capitation amount plus a per visit, fee-for-service rate. MetroPlus contracted with the Marwood Group to survey dentists' perceptions and concerns around managed care in general and dental reimbursement specifically. Marwood interviewed dentists across five boroughs asking about reimbursement, in particular their influence on their patient's health plan selection. The majority of dentists said they would recommend certain health plans to their patients. The majority of dentists prefer the fee-for-service payment method and there is significant confusion surrounding MetroPlus' current blended payment methodology. On a positive note, when asked to provide feedback on various health plans, the feedback on MetroPlus was generally positive.

Dr. Shah stated that based on this feedback, MetroPlus will be converting the payment model for primary care dentists to fee-for-service and the model will be based on a discounted Medicaid dental fee schedule. The Plan anticipates this change will improve dental provider satisfaction and expects an improvement in member retention as well. Reimbursement conversion is scheduled for 3rd quarter 2020 and will be communicated to dental providers. NYC Health + Hospitals dental providers are currently paid a flat per visit rate and will not be impacted by this change.

Dr. Shah reported that, as the Board is aware, MetroPlus has decided to bring behavioral health services in house. Currently, MetroPlus' project management of the behavioral health transition is underway. Building a provider network is one of the most crucial and most time consuming tasks.

The provider network requires New York State network review and approval of contracting and credentialing. The target date for network completion and SDOH submission is April 2021. The contracting and credentialing staff have been hired to focus solely on behavioral health.

Dr. Shah reported that MetroPlus is promoting COVID-19 testing for its membership. To-date 120,000 members have received a text message prompting them to get tested for COVID-19. Priority was given to members residing in zip codes that were most impacted by the pandemic. The texting campaign will continue until all adult members are contacted.

MetroPlus launched a text message campaign in April targeting parents whose children were less than 2 years of age with a vaccine gap. The Plan also conducted phone outreach calls to the parents of children assigned to non-NYC Health +Hospitals pediatricians with vaccination gaps, resulting in warm transfers to NYC Health +Hospitals to schedule a vaccination appointment. A video was created to educate members on the importance of vaccinations, which will be distributed in texts and is available on MetroPlus' website. The video was played in its entirety for the Board.

Dr. Shah reported that MetroPlus' Chief of Staff, was Meryl Weinberg working along with Comunilife on the Housing Task Force, which uses a "housing first" approach. It is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical like getting a job. MetroPlus identified 73 potentially eligible members, successfully assisted 50 through process (prep & escort to interviews, assistance with gathering documents, coordinating move-in & furniture allowance funds, coordinate with SSI & HRA to pay rent & utility bills).

Dr. Shah stated that the Housing team support continues after members are housed, which includes weekly visits to ensure members transition to new apartments, escorts to new providers in the community, i.e., new PCP offices, mental health clinics, substance abuse outpatient programs, pharmacies. The members also receive assistance with medications, medical equipment, transportation, personal care services, home care, etc.

Ms. Hernandez-Piñero commended Ms. Weinberg on all her hard work and dedication. Mr. Matt Siegler echoed Ms. Hernandez-Piñero's comments

about Ms. Weinberg's great work and asked what more could be done to advertise these efforts and the results. Dr. Schwartz replied that the Plan would like to go back to the members now that they have been housed for a while, and living at the Woodhull location, and do interviews in order to have testimonials about their experiences through their eyes.

Ms. Brindha Sridhar, MetroPlus' Senior Director of Customer Experience, informed the Board of the near-term customer solutions, which includes onboarding support for customer service, member recovery services and utilizing behavioral science to redesigning member experience and retention. The Plan is working to understand how members will behave given certain situations. It will be done across 3 lines of business; Medicaid, EP and QHP to help MetroPlus understand how to improve the member's experience and retain members better. Complaints and appeals will be centralized so that there is a clear line of sight of the solutions and how those solutions will be measured.

There being no further business Ms. Hernandez-Piñero adjourned the meeting at 4:03 P.M.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
July 30, 2020

CORONAVIRUS UPDATE

Our thoughts go out to the southern and western parts of the country who are struggling with COVID-19 surge. It's a sober reminder that while NYC is doing relatively well, we must prepare for potential future surges in NYC. Our readiness includes surveillance for early warning signs of increasing cases, hardwiring our alternative care and ICU surge spaces, incorporating lessons learned into our emergency operations plans, and working closely with local and state partners on improved coordination.

Visitation - Last month we began to safely ease restrictions on visitations in all our 11 acute hospitals for the first time since the COVID-19 peak. Limiting visitors during the surge was a difficult but necessary decision to ensure the safety of our staff, patients, and their loved ones. Following State guidance, visits are limited to just one visitor at a time per patient for four hours a day. Patients in all departments of the hospitals are now allowed visitors. And we are enforcing meticulous hand hygiene, requiring face coverings, and doing symptom and temperature checks to keep everyone safe. We've been excited to welcome people back to provide patients the love and support they need to heal - and we've seen more than 13,000 visitors in the first month of limited visitation.

Surgical Services - As a system we are currently at 92% of pre-COVID surgical productivity. In fact, several facilities have exceeded pre-COVID productivity with surgical volumes at 101% (Bellevue), 113% (Harlem) and 126% (Jacobi) of pre-COVID volumes. While we are re-opening our operating rooms, we are also improving our operational efficiencies by tracking the first case on time starts, surgical case cancellations rates, and the amount of time between cases. Kings County, Coney Island, Jacobi, Lincoln, Metropolitan, Queens and Woodhull all have on time starts better than target. (> 80%). And Kings County leads the system with the lowest case cancellation rate (2%). There is great enthusiasm among all of our facilities to get back to work, increase the volume of cases and transform the entire surgical experience to a high-quality experience for both surgeons and patients alike.

Ambulatory Care Re-opening - Since early March, we have completed greater than 465,000 televisits Enterprise wide. Currently, we are completing 24,000 televisits / week enterprise-wide. At the

present time, 62% of all ambulatory care visits are in-person visits. Throughout the pandemic, Primary Care and General Behavioral Health maintained their pre-COVID productivity.

TEST & TRACE CORPS UPDATE

It's been approximately two months since standing up the nation's largest contact tracing initiative and I'm pleased to report that the NYC Test & Trace Corps is now reaching more than 95% of new coronavirus cases across the City, and we are right at our evidence-based benchmark of having 75% all new cases completing intake, meaning they are isolating at home or at a hotel with our help. We know the importance of our efforts to keep New Yorkers both safe and healthy and currently the rate of new COVID-19 cases and hospitalizations are the lowest since the COVID-19 epidemic began. It's exciting to see that our efforts are working, giving us the reassurance we need to reopen our City safely.

This week we distributed \$7.8 million in grant funding to community-based organizations who will be helping us promote COVID-19 testing and tracing in neighborhood hardest hit by the virus. These 38 community-based organizations selected serve low-income and vulnerable communities across the five boroughs at increased risk of contracting COVID-19 and will help educate the public on how to protect themselves from COVID-19 and the role of the Test & Trace Corps in the City's public health response. As we emerge from the crisis, we are doing everything we can and working with our community partners to deliver care to New Yorkers in the heart of these hard hit communities and ensuring they have the tools they need to protect themselves and their loved ones.

FINANCE UPDATE

- NYC Health + Hospitals closed FY20 with approximately \$680M cash-on-hand, beating our initial target of \$600M.
- We are losing approximately \$15M per week in July due to volume declines. However, there has been an uptick with volume increases of 27% for outpatient and 9% for inpatient since the end of May (OP remains 17% off baseline, IP remains 13% off baseline).
- Medicaid Managed Care enrollment in MetroPlus and Healthfirst has increased by 8.5% since January, which should yield a financial benefit to the system as these members will be enrolled in Value Based Payments arrangements. We expect that there may be some declines in these enrollment figures in the fall as disenrollments are expected to begin again at that time.
- We will finalize our three-phased budget strategy for FY21 by the first week of August. The final budget will include system wide initiatives and facility specific business plans tailored to meet the needs of the community. The major themes of system wide

initiatives include continued move to Value Based Payments, implementation of initiatives endorsed by the MRT II, and increasing access to telehealth services in a post-COVID-19 environment.

- Consistent with our Memorandum Of Understanding, the City will be transferring nearly \$100M to support T2 spending commitments to-date.

Federal Relief

- NYC Health + Hospitals has been informed by OMB and the State that we will receive \$199M within the next two weeks as an advance related to our initial submission of \$650M.
- Our revised FEMA cost estimate could reach an estimated \$1.6B and will be submitting these revised estimates to FEMA. The change encompasses the increased scope that the system undertook including setting up the field hospitals and higher-than-anticipated contracted staffing commitments for nursing and respiratory therapists due to greater levels of staff absences and higher patient volume.
- Thanks to our ongoing advocacy efforts, H+H received an additional \$120M from the CARES Act Provider Relief Fund from the general distribution, high-impact (hot-zone), and safety-net hospital allocations, bringing the total Provider Relief Fund allocation received by the system to \$1.2B. We are continuing to assess the distribution methodology to ensure that we have received the appropriate allocations and is being treated fairly. Furthermore, we continue to review and seek guidance on the interrelation of Provider Relief and FEMA funds, and are strongly advocating for the flexible use of these Provider Relief Funds to allow us to serve our patients full range of needs throughout this pandemic.

COVID-19 EMERGENCY RESPONSE - CONTRACTS, PURCHASE ORDERS AND WORK ORDERS

Background

NYC Health + Hospitals' President issued a Declaration of Emergency dated March 1, 2020, which was reissued April 1, 2020. A summary report was provided at the April 30, 2020 Board meeting, at which time it was reported that NYC Health + Hospitals (the System) had entered into a total of 68 new contracts to support the COVID-19 response effort. It was noted these included a wide range of agreements made, including agency staffing, hotels, pharmaceutical, telemedicine, and transportation. In addition, emergency purchase orders had been issued against existing contracts to obtain additional medical equipment and supplies needed in our hospitals as well as with new vendors, given the need to source scarce supplies more broadly.

The April 30, 2020 summary included that the Office of Facilities Development was managing emergency construction in every one of our hospitals to increase bed capacity through task orders issued against existing contracts and through the award of several key new contracts.

The report also noted that the Office of Facilities Development was managing substantial construction projects at Coler to create Roosevelt Island Medical Center (RIMC) with 320 beds out of available space at NYC Health + Hospitals/Coler and to create 120 ICU beds out of unused or administrative space at NYC Health + Hospitals/North Central Bronx.

Update through June 30, 2020

Since the April 30, 2020 report, the NYC Health + Hospitals' President issued a subsequent Declaration of Emergency for the month of May 2020, and a more limited Declaration of Emergency for the month of June, 2020. Another limited Declaration of Emergency has been issued for the month of July 2020 and any contracts entered into during July will be reported on at the next Board of Directors Meeting.

Since the last report up through June 30, 2020, the System has entered into 14 additional contracts; these include contracts with 6 staffing agencies, 7 contracts for testing and tracing support, and one consultant agreement to assist with FEMA reimbursement. Most of the now 82 contracts executed under the COVID-19 emergency authority are no longer being used, with the exception of Testing and Tracing support, laboratory testing services, the consultants for FEMA reimbursement, and some supplemental staffing support. Through June 30, 2020, the System has paid \$623,550,000 for services under these emergency contracts.

The Office of Facilities Development continues to provide support to the System facilities, concentrating on infrastructure upgrades for patient, staff, and visitor safety, as well as supporting the Testing and Tracing program throughout New York City. There are a total of 49 additional work orders through June 30, 2020, with a total maximum authority to spend \$54,265,116. This brings the total Office of Facilities Development maximum authority, since March 1, 2020, to \$223,586,174.

HEALTH SYSTEM NEWS

- [U.S. News Recognizes NYC Health + Hospitals Facilities as "High Performing"](#)
- [Test & Trace Corps Now Reaching 96% Of All Positive Cases, Surpassing Benchmark Goal](#)

- [Mayor De Blasio Announces \\$7.8M In Funding for CBOs to Promote Covid-19 Testing And Tracing Efforts](#)
- [NYC Health + Hospitals Announces Application Period For Clinical Leadership Fellowship](#)
- [Mayor de Blasio Announces Citywide Testing Capacity of 50,000 Tests Per Day and Updates New Yorkers on the Test & Trace Corps](#)
- [NYC Health + Hospitals Recognized in Washington Monthly's "Best Hospitals for America" Rankings](#)
- [NYC Health + Hospitals Announce New Services for NYers to Safely Separate in Free, Private Hotel Rooms](#)
- [Farmers Market Expands Access to Affordable Healthy Food Options](#)
- [Mayor De Blasio Announces Hyper-Local COVID-19 Response and Community Testing Partnerships](#)
- [Mayor De Blasio Kicks Off COVID-19 Testing Day of Action to Encourage New Yorkers to Get Tested](#)
- [Health System Issues RFP to Partner with CBOs as NYC Care Rolls Out City-Wide](#)
- [FCC Awards Health System with \\$1M Grant to Augment Telehealth Services](#)
- [NYC Health + Hospitals Opens COVID-19 Antibody Testing for All New Yorkers](#)
- [Health System Eases Restrictions on Visitors for First Time Since COVID-19 Peak](#)
- [Health System Re-Engineers Clinic Space to Provide Safe Care After COVID-19 Surge](#)

RESOLUTION - 02

Approving the **designation of Karyn Leger, Executive Privacy and Security Compliance Officer, as the New York City Health + Hospitals (the “System”) Record Management Officer (“RMO”)**, as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1(a), to coordinate the development of and oversee the System’s records management program in accordance with the requirements set forth under Article 57-A of the New York State Arts and Cultural Affairs Law and the implementing regulations thereof.

WHEREAS, § 57.19 of Article 57-A of the New York State Arts and Cultural Affairs Law (Local Government Records Law), and its implementing regulation found at 8 NYCRR § 185.2(a)(1), require the governing body of each local government to designate a RMO who will be responsible for developing and coordinating the local government’s records management program; and

WHEREAS, the System, as a public benefit corporation created under the laws of the State of New York, meets the definition of a local government under New York State Arts and Cultural Affairs Law § 57.17(1); and

WHEREAS, Sheetal Sood, former Senior Executive Compliance Officer within the System’s Office of Corporate Compliance (“OCC”) and former RMO of the System, left the System on July 6, 2020; and

WHEREAS, Ms. Sood’s departure from the System created a vacancy in the RMO position; and

WHEREAS, New York State Education Department regulation 8 NYCRR § 185.2(b)(1) requires that whenever a vacancy shall occur in the position of the RMO, a replacement shall be designated within sixty (60) days; and

WHEREAS, on September 3, 2020, Dr. Mitchell Katz, President and Chief Executive Officer of NYC Health + Hospitals appointed Catherine Patsos to be the Interim RMO; and

WHEREAS, Ms. Leger currently holds the functional title of Executive Privacy and Security Compliance Officer within the System’s OCC, and is charged with senior compliance oversight of the System’s HIPAA privacy and security compliance functions; and

WHEREAS, the Chief Corporate Compliance Officer within the OCC, with the President and Chief Executive Officer’s concurrence, has selected Ms. Leger to be designated as the System’s RMO; and

WHEREAS, System management believes that Ms. Leger is qualified to carry out the functions of the RMO as set forth under applicable law.

NOW, THEREFORE, be it

RESOLVED, that the NYC Health + Hospitals Board of Directors designates Karyn Leger, Executive Privacy and Security Compliance Officer within the OCC, as the System’s RMO, as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1(a).

EXECUTIVE SUMMARY

For the Resolution Appointing Records Management Officer

Pursuant to New York Arts and Cultural Affairs Law §§ 57.17(1) and 57.19, and their implementing regulation found at 8 NYCRR § 185.2(a)(1), all local government public benefit corporations (“public benefit corporations”), which include NYC Health + Hospitals (the “System”), are required to designate a Records Management Officer (“RMO”) who will be responsible for developing and coordinating the public benefit corporation’s records management program. Section 57.19 of the Arts and Cultural Affairs Law calls for the chief executive official of each public benefit corporation to designate a records management officer, subject to the approval of the public benefit corporation’s governing body.

On September 3, 2020, Dr. Mitchell, the System’s President and Chief Executive Officer appointed Catherine Patsos, Chief Corporate Compliance Officer (“CCO”) of the Office of Corporate Compliance (“OCC”), as the Interim RMO. There currently being a vacancy in the permanent ROM position, Ms. Patsos, has selected Karyn Leger, Executive Privacy and Security Compliance Officer (“PSCO”) of the OCC, to serve as the System’s RMO. Dr. Mitchell Katz has concurred with Ms. Patsos’ selection and has designated Ms. Leger to serve as the System’s permanent RMO.

As PSCO, Ms. Leger assists Ms. Patsos, as the System’s Corporate Privacy and Security Officer (“CPSO”), on System-wide privacy and security matters, and provides senior executive compliance oversight of the System’s HIPAA Privacy and Security Program. In this role, Ms. Leger is responsible for information governance, risk and compliance activities related to HIPAA privacy and data security, including conducting annual risk assessments; reviewing and responding to potential compliance issues and complaints; conducting investigations; ensuring completion of compliance training for affected employees; and reporting HIPAA compliance activities to the CCO. Ms. Leger also works closely with the Health Information Management (“HIM”) teams throughout the System in performing her duties.

Prior to joining NYC Health + Hospitals, Ms. Leger served as the Ethics and Compliance Officer at Fresenius Medical Care North America, where she was responsible for collaborating with senior leadership, the Compliance Committee, and Board Committees on government enforcement trends, identifying gaps and risk areas, litigation, and institutional vulnerabilities, as well as partnering with leadership to respond to a broad range of legal and compliance matters involving clinical and operational activities of dialysis clinics, research settings, revenue cycle management and software systems business.

In the past, Ms. Leger has worked as a Program Coordinator for Healthfirst, where she developed a marketing plan for off-site physician offices, budget development for intensivist and hospitalist departments, and provided relationship management for internal and external clients, vendors, and stakeholders, and was the Program Coordinator for Healthfirst’s Critical Care Family Assistance Program. In addition, Ms. Leger has previous experience in the area of records management.

Ms. Leger holds a Bachelor of Science degree in Interdisciplinary Studies for Health, Behavioral and Social Science, and a Master of Business Administration in Project Management. Additionally, she is certified in Certified in Healthcare Privacy Compliance (CHPC), Healthcare Information Security and Privacy Practitioner (HCISPP), and health care compliance (CHC).

Based on Ms. Leger’s qualifications provided herein, she is well qualified to carry out the functions of the RMO as set forth under applicable law. With the approval of the NYC Health + Hospitals Board of Directors, Ms. Leger will be officially designated to serve as the System’s RMO.

Therefore, the OCC requests the approval of the NYC Health + Hospitals’ Board of Directors to appoint Karyn Leger as the System’s RMO, effective September 24, 2020.

Appointment of Records Management Officer

Board of Directors Meeting
September 24, 2020

Catherine Patsos
Chief Corporate Compliance Officer



Background

- New York Arts and Cultural Affairs Law and regulation require local government public benefit corporations, which includes NYC Health + Hospitals (the “System”), to designate a Records Management Officer (“RMO”) who will be responsible for developing and coordinating the public benefit corporation’s records management program.
- Section 57.19 of the Arts and Cultural Affairs Law requires the Chief Executive Officer of the public benefit corporation to designate a RMO to be approved by the Board of Directors.
- New York State Education Department regulation requires that whenever a vacancy occurs in the RMO position, a replacement must be designated within 60 days.



Current Situation

- On July 6, 2020, Sheetal Sood, Senior Executive Compliance Officer within the Office of Corporate Compliance (“OCC”), and the System’s RMO resigned from the System.
- The OCC immediately began a search for her replacement, and an offer was accepted by a qualified candidate, Karyn Leger, on August 31, 2020.
- Because Ms. Leger’s start date was not until September 14, 2020, on September 3, 2020, within 60 days of Ms. Sood’s resignation, Dr. Katz appointed Catherine Patsos as the Interim RMO.
- On September 14, 2020, Ms. Leger joined NYC Health + Hospitals as an Executive Privacy and Security Compliance Officer, replacing Ms. Sood’s position in the OCC.



Karyn Leger's Qualifications

- Ms. Leger served as the Ethics and Compliance Officer at Fresenius Medical Care North America, where she was responsible for:
 - Collaborating with senior leadership, the Compliance Committee, and Board Committees on government enforcement trends, and identifying risk areas and institutional vulnerabilities, and
 - Partnering with leadership to respond to legal and compliance matters involving clinical and operational activities revenue cycle management, and software systems business.
- Ms. Leger was also Program Coordinator for Healthfirst, where she developed a marketing plan for off-site physician offices, budgets for intensivist and hospitalist departments, and provided relationship management for internal and external clients, vendors, and stakeholders, and was the Program Coordinator for Healthfirst's Critical Care Family Assistance Program.
- Ms. Leger also has previous experience in records management.



Board of Directors Request

- Given the statutory and regulatory requirement for NYC Health + Hospitals to have a Records Management Officer, the Office of Corporate Compliance seeks the approval of the Board of Directors to appoint Karyn Leger as the permanent Records Management Officer for the System.



RESOLUTION - 03

Authorizing New York City Health and Hospitals Corporation (the “System” to renew **17 of its Information Technology (“IT”) requirements contracts** previously awarded in 2015, listed on Appendix A to this Resolution (the “Contractors”), for an 18-month period for health information-related staffing professional services on an as needed basis to meet the Systems needs for professional IT services, primarily for staff augmentation, with all necessary funding deriving from approved program budgets and/or budgets to be approved during the Renewal Term for a projected amount of \$85.8M.

WHEREAS, in July 2015, following an RFP process, the Board of Directors approved 20 requirements contracts with contractors selected through such process, to obtain supplemental IT services on an as-needed basis for a two-year term from January 1, 2016 to December 31, 2017 and in November 2017, the Board approved renewing the contracts through December 31 2020; and

WHEREAS, the use of the requirements contracts makes easily and promptly available to the System, IT staff with a wide range of experience and knowledge that is not available within the System, is not available in the necessary numbers or is not required on a long term basis, to support major software implementations, complete required milestones and deliverables, training, and maintenance activities where temporary skilled staff may be needed; and

WHEREAS, the System determined that, during periods of varying demand, it is best to obtain supplemental IT staff and services from contractors rather than by increasing staff to levels that would likely be too high during periods of lower, stable demand; and

WHEREAS, while the System has been rolling out its Epic and Cerner Electronic Medical Records and Laboratory Information systems and while it has been carrying the Capital Restructuring Financing Program (“CRFP”) program associated with DSRIP, its need for the Contractors has been high resulting in extensive reliance on the Contractors, especially for staff augmentation; and

WHEREAS, with most of such projects implemented using them, the System’s need for the Contractors is decreasing and stabilizing; and

WHEREAS, at the same time, the System recently entered into a new contract with RightSourcing to supply temporary staff across a range of job titles and disciplines that increases its ability to temporarily fill positions over what was available through its prior general staffing agency arrangements; and

WHEREAS, in view of the above developments, the System plans to meet more of its staffing needs through permanent hires and to supplement such permanent hires with temporary staff obtained through RightSourcing thereby decreasing its need for the Contractors; and

WHEREAS, while the System transitions to using more permanent staff and developing its relationship with RightSourcing in the IT area, the System wishes to continue the services of the 17 Contractors but only for 18 months; and

WHEREAS, the Senior Vice President for Enterprise Information Technology Services will manage the contracts with the Contractors.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to renew 17 of its Information Technology requirements contracts previously awarded in 2015 listed on Appendix A to this Resolution for an 18-month period for health information-related staffing professional services on an as needed basis to meet the Systems needs for professional IT services, primarily for staff augmentation, with all necessary funding deriving from approved program budgets and/or budgets to be approved during the Renewal Term for a projected amount of \$85.8M.

EXECUTIVE SUMMARY
AWARD OF 17 IT REQUIREMENT CONTRACTS

- BACK-GROUND:** Requirements contracts allow the System to obtain short-term staff augmentation for necessary tasks in a timely and efficient manner with multiple benefits, including, flexibility and agility needed to quickly align to changing technologies and respond to new business needs; ability to ramp-up or scale back staffing to meet changing demands; capability to acquire expertise, experience or knowledge not available within the System, not available in the necessary numbers, or that is not required on a long term basis.
- In July 2015, after an RFP, the Board approved 20 requirements contracts with contractors selected through the RFP, to obtain supplemental IT services on an as-needed basis for a 2-year term from 1/1/2016 to 12/31/2017 and in November 2017, the Board approved renewing the contracts through 12/31/2020.
- NEED:** The System is finishing major work to roll out its Epic and Cerner Electronic Medical Records and Laboratory Information systems and the Capital Restructuring Financing Program (“CRFP”) program associated with DSRIP. As it does so, its need for the Contractors is decreasing and stabilizing. The System plans to increase permanent staff to replace many temporary workers and to augment its permanent staff with staff secured through its new staffing agency, RightSourcing. However, a transition period of 18 months is needed.
- FUNDING:** All necessary funding deriving from approved program budgets and/or budgets to be approved during the Renewal Term. Projected capital Spend – Funded through the CRFP/DSRIP Grant and NYC; Projected Operating Spend – Funded through EITS OTPS budget, Quality OTPS budget and Miscellaneous (Grants, Intra-city, other non-IT departments).
- TERMS:** Work is given out to the Contractors per mini-bids conducted for each project documented in work orders. No work is committed to any Contractors in advance.
- MWBE** Current contracts did not include M/WBE criteria since they were awarded in 2015 before M/WBE requirements were included. 2 vendors are NYC M/WBE certified. 15 vendors have submitted M/WBE Utilization plans to meet the 30% criteria.

Appendix A

	Vendor Name
1	314E CORPORATION
2	COMPUTER TASK GROUP, Inc. (CTG)
3	DYNTEK SERVICES INC
4	EMERGIS SOLUTIONS (GEVITY Inc.)
5	EXPERIS US INC
6	INFORMATION SYSTEMS STAFFING (ISS)
7	INTELLECT RESOURCES INC
8	KFORCE INC
9	LUCCA CONSULTING GROUP INC
10	MEDIANT HEALTH RESOURCES
11	MOMENTUM RESOURCE SOLUTIONS
12	NTT Data
13	SOLIAANT HEALTH INC
14	ORION (TEKMARK GLOBAL SOLUTIONS INC)
15	TEKSYSTEMS
16	THE CJS SOLUTIONS GROUP LLC dba THE HCI GROUP
17	THE CSI COMPANIES INC



Renewal of Requirement Contracts for IT Supplemental Staffing Services

Application to Enter into Contract
Board of Directors Meeting
September 24, 2020

Kim Mendez

Senior Vice President / Corporate Chief Information Officer

Apoorva Karia, Director of Fiscal Affairs

Enterprise IT Services



Background/Overview

- NYC H+H Enterprise Information Technology Services (“EITS”) is seeking to renew **17 of the 20 Requirement Contracts for IT Supplemental Staffing for an 18 month term from January 1, 2021 to June 30, 2022** to enable the System to meet its information technology needs, with all necessary funding deriving from approved program budgets and/or budgets to be approved during the Renewal Term.
- In July 2015, the Board of Directors approved the award of 20 requirement contracts to obtain IT (information technology) supplemental professional services on an as-needed basis for a two-year term from January 1, 2016 to December 31, 2017 with three one-year options to renew. The contracts resulted from a Request for Proposals seeking vendors that had expertise in healthcare information systems.
- In November 2017, the Board of Directors approved the renewal of these contracts for a three-year term of January 1, 2018 to December 31, 2020.
- Types of staff include: Project Based, Supplemental Staff, and Support.

Best Interest Renewal

- The current set of contracts were competitively solicited and offer good pricing, as validated with our enterprise-wide temporary staffing partner, RightSourcing
- The vendors have agreed to keep the pricing flat
- The vendors have consistently provided sufficient well performing supplemental staff with the requisite technical skill and expertise on an as needed basis
- Beginning January 2021, we will be working with RightSourcing to fold these services into the Right Sourcing program
- Therefore, conducting an RFP while planning to transition to RightSourcing will not result in additional benefits to NYC Health + Hospitals.
- We expect that some of the titles offered under these contracts may not fit within the RightSourcing program because of the level of technical expertise required has such titles provided as consultants rather than temp staff
- Extending the agreements will support continuity of business and allow EITS sufficient time to:
 - 1) phase the appropriate titles into the RightSourcing program
 - 2) conduct a solicitation for any titles that do not fall within the RightSourcing program

Benefits of IT Supplemental Staffing Contracts

These contracts allow Health + Hospitals to achieve flexibility to quickly align with changing technologies and respond to new business needs in a cost effective manner.

- Payment is based on actual services performed pursuant to a work order (SOW) signed by Health + Hospitals and the vendor
- No requirement of a minimum payment to the vendors if we do not use the contracts
- Vendors provides as-needed services for a wide array of potential technology expertise needs in a timely and efficient manner i.e. necessary IT skillsets at the required times for the required duration e.g. Our vendors and supplemental staff were instrumental in helping with our timely COVID response
- Secure expertise, experience or knowledge that is either not available in Health + Hospitals or is not required on a long term basis i.e. project based
- Allow for continuity of services, avoid disruptions and delays to on-going projects.



Enterprise Projects

- Capital Grant - Capital Restructuring Financing Program (CRFP)
 - Contact Center
 - Digital Health
 - Population Health
- NYC Capital - Additional H₂O modules to be implemented in next 18 months: e.g. Behavioral Health, Bones, Dialysis.
 - Patient Welcome Kiosks to be implemented in FY21
- H2O Upgrade to Version 2020 - Upgrade 2020 Go Live scheduled for 11/07/2020
- Enterprise Resource Planning (ERP):
 - PeopleSoft Web Time Entry 4Q2020 & Cost Accounting
- Cerner Upgrade: This upgrade will consist of 3 phases: August 2020 go-live, then a hardware upgrade for September 2020, then a final upgrade in February 2021
- T2 (Test and Trace)

IT Requirement Contract Spend

	Actual Spend			Projected Spend			
Funding/ Fiscal Yr	FY18	FY19	FY20	FY21 (June to Dec 2020)	FY21 (Jan to June 2021)	FY22	Est. cost for renewal term
Capital	\$105.2M	\$92.2M	\$43.9M	\$14.4M	\$14.9M	\$14.3M	\$29.2M
Operating	\$44.8M	\$75.1M	\$84.4M	\$26.4M	\$23.4M	\$33.2M	\$56.6M
Total	\$150.0M	\$167.3M	\$128.3M	\$40.9M	\$38.3M	\$47.5M	\$85.8M

- The enterprise H2O rollout was completed in FY20, the projected spend for FY21 is substantially lower.
- The contracts are currently being used by EITS and non-EITS departments.
- Capital Spend – Funded through the CRFP/DSRIP Grant and NYC
- Operating Spend – Funded through EITS OTPS budget, Quality OTPS budget and Miscellaneous (Grants, Intra-city, other non-IT departments)

Due Diligence

- Senior Leadership reviews staffing level every 6 months to ensure we are appropriately staffed.
- There has been no increase in the hourly rates since the original contract was finalized in 2015.
- For the period of July to Dec 2020, we negotiated hourly rates by advising all supplemental staff to work remotely. We project a savings of approximately \$2.5M. We plan to leverage this model going forward.
- M/WBE Status:
 - The current contracts did not include a M/WBE criteria since they were awarded in 2015 (The RFP solicitation did not include a M/WBE requirement)
 - 2 vendors are now NYC M/WBE certified; 15 vendors have submitted their M/WBE Utilization plan to meet the 30% criteria
- EITS will have an ongoing need for flexible, supplemental staff and project based staff. We continually evaluate our staffing needs and strive for a sustainable, steady HR state through a formal proactive recruitment strategy, cross-training staff, addressing fair market value salaries, supporting avenues for professional development and opportunities for telecommuting.

IT Supplemental Staffing Vendor List

	Vendor Name	M/WBE Status
1	314E CORPORATION	NYC M/WBE Certification is in process and M/WBE Utilization plan meets 30% criteria
2	COMPUTER TASK GROUP, Inc. (CTG)	M/WBE Utilization plan meets 30% criteria
3	DYNTEK SERVICES INC	M/WBE Utilization plan meets 30% criteria
4	EMERGIS SOLUTIONS (GEVITY Inc.)	M/WBE Utilization plan meets 30% criteria
5	EXPERIS US INC	M/WBE Utilization plan meets 30% criteria
6	INFORMATION SYSTEMS STAFFING (ISS)	M/WBE Utilization plan meets 30% criteria
7	INTELLECT RESOURCES INC	NYC M/WBE certified
8	KFORCE INC	M/WBE Utilization plan meets 30% criteria
9	LUCCA CONSULTING GROUP INC	NYC M/WBE certified
10	MEDIANT HEALTH RESOURCES	M/WBE Utilization plan meets 30% criteria
11	MOMENTUM RESOURCE SOLUTIONS	M/WBE Utilization plan meets 30% criteria
12	NTT Data	M/WBE Utilization plan meets 30% criteria
13	SOLIANT HEALTH INC	M/WBE Utilization plan meets 30% criteria
14	ORION (TEKMARK GLOBAL SOLUTIONS INC)	M/WBE Utilization plan meets 30% criteria
15	TEKSYSTEMS	M/WBE Utilization plan meets 30% criteria
16	THE CJS SOLUTIONS GROUP LLC dba THE HCI GROUP	M/WBE Utilization plan meets 30% criteria
17	THE CSI COMPANIES INC	M/WBE Utilization plan meets 30% criteria

M/WBE Subcontractor List

Vendor Name	M/WBE Subcontractor Name	Vendor Name	M/WBE Subcontractor Name
THE CSI COMPANIES INC	Amtex Systems Inc.	MOMENTUM RESOURCE SOLUTIONS	HQ Resources
COMPUTER TASK GROUP, Inc. (CTG)	InfoPeople Corporation		US Tech Solutions, Inc.
	IZAR Associates Inc.	ORION (TEKMARK GLOBAL SOLUTIONS INC)	Amtex Systems Inc.
DYNTEK SERVICES INC	Hitorra Technologies LLC		Avenues International Inc.
	ST Consulting International, Inc.		Citadel NY, Inc.
	UTC Associates, Inc.	SOLIANT HEALTH INC	Fair Pattern Corp d/b/a Fair Pattern
EXPERIS US INC	Radiant Resources, Inc.		
	Tetrus Corporation	NTT Data	MVP Consulting Plus, Inc.
EMERGIS SOLUTIONS (GEVITY Inc.)	Fair Pattern		Abrahams Consulting
	The Wellstone Group	MEDIANT HEALTH RESOURCES	W Allen Engineering PLLC
THE CJS SOLUTIONS GROUP LLC dba THE HCI GROUP	ACS Consultancy Services, Inc.		Avani Technology Solutions Inc
INFORMATION SYSTEMS STAFFING (ISS)	Global IT Solutions USI Inc.	TEKSYSTEMS	INTERNATIONAL SOFTWARE SYSTEMS INC
	Hill Data Management		SVAM INTERNATIONAL INC
	eFulgent		ACS Consultancy Services, Inc.
KFORCE INC	System Soft Technologies LLC	314E CORPORATION	Documentation Strategies Inc.
	Techpillars Inc		Bits & Bytes Technology Solutions, Inc.
INTELLECT RESOURCES INC	EHR Concepts		

Board of Directors Approval Request

- NYC H+H Enterprise Information Technology Services (“EITS”) is seeking approval to renew 17 Requirement Contracts for IT Supplemental Staffing Services
 - Term: 18 Months - January 1, 2021 to June 30, 2022
 - Estimated cost for contract renewal term: \$85.8 million
 - No minimum usage requirement
 - Termination for convenience
 - Spending under these contracts derives from existing approved budgets, does not require increased or additional funding
 - Transition to steady state

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: 314e Corporation

Date: September 4, 2020

Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:25:37 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:25:16 -04'00'

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

Vendor: Computer Task Group, Inc.

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe,
Office of Legal Affairs Keith
Date: 2020.09.04
16:24:51 -04'00'

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

Vendor: Dyntek Services, Inc.

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: Emergis Solutions (Gevity, Inc.)

Date: September 4, 2020

Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:24:29 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:24:04 -04'00'

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

Vendor: Expiris US, Inc.

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe, Keith
Office of Legal Affairs Date: 2020.09.04 16:19:34 -04'00'

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

Vendor: Information Systems Staffing

Date: September 4, 2020

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:19:57 -04'00'

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

Vendor: Intellect Resources, Inc.

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

NYC WBE

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: KForce, Inc.

Date: September 4, 2020

Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:23:42 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe,
Office of Legal Affairs Keith
Date: 2020.09.04
16:18:37 -04'00'

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

Vendor: Lucca Consulting Group, Inc.

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

NYC WBE

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: Mediant Health Resources

Date: September 4, 2020

Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:23:08 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:22:44 -04'00'

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

Vendor: Momentum Resource Solutions

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: NTT Data

Date: September 4, 2020

Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:22:22 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:21:45 -04'00'

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

Vendor: Soliant Health, Inc

Date: September 4, 2020

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:21:25 -04'00'

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

Vendor: Tekmark Global Solutions, Inc.

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: Teksystems

Date: September 4, 2020

Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:21:04 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:20:42 -04'00'

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

Vendor: The HCI Group

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe,
Office of Legal Affairs Keith
Date: 2020.09.04
16:20:20 -04'00'

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

Vendor: The CSI Companies, Inc.

Date: September 4, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

RESOLUTION - 04

Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) for Fiscal Year 2020** to Office of the State Comptroller’s Authorities Budget Office (the “ABO”) as required by the Public Authorities Reform Act of 2009 (the “PARA”).

WHEREAS, the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features; and

WHEREAS, the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

WHEREAS, the ABO requires reporting of NYC Health + Hospitals’ mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO; and

WHEREAS, NYC Health + Hospitals will post on its website the Mission Statement as hereby adopted; and

WHEREAS, the attached Mission Statement, Performance Measures and additional information supplied on the required ABO form will, once read, understood and adopted, comply with the requirements of the PARA as stated above and reflect the mission of NYC Health + Hospitals and the performance measures being used to measure its achievement of its mission;

NOW, THEREFORE, be it

RESOLVED that the attached Mission Statement, Performance Measures and additional information supplied on the required Office of the State Comptroller’s Authorities Budget Office form are hereby adopted as required by the Public Authorities Reform Act of 2009.

**AUTHORIZATION TO MAKE ANNUAL FILING
PURSUANT TO THE PUBLIC AUTHORITIES REFORM ACT**

Executive Summary

NYC Health + Hospitals is required by the Public Authorities Reform Act of 2009 (the “PARA”) to adopt and to report to the New York State Office of the State Comptroller’s Authority Budget Office (the “ABO”) each year a mission statement and performance measures to assist NYC Health + Hospitals to assess its success in carrying out its mission. The ABO also requires completion of a specific form as part of the annual reporting. Attached is the Mission Statement, Performance Measures and the responses to complete the ABO form, all of which require the Board’s adoption.

NYC Health + Hospitals has made annual filings in compliance with the PARA since its adoption. There have been minor variations in the Mission Statement over these years but all have been refined versions of the purposes of NYC Health + Hospitals as expressed in its enabling act and in its By-Laws. The Mission Statement on the ABO form is the version that will be posted on the NYC Health + Hospitals’ website.

AUTHORITY MISSION STATEMENT AND PERFORMANCE MEASUREMENTS

To extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect; To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York; To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

ADDITIONAL QUESTIONS:

- 1. Have the board members acknowledged that they have read and understood the mission of the public authority?**

Yes.

- 2. Who has the power to appoint the management of the public authority?**

Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

- 3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**

The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

- 4. Briefly describe the role of the Board and the role of management in the implementation of the mission.**

In addition to standing and special committees which have defined subject matter responsibilities and which meet monthly and or quarterly, the Board of Directors meets monthly to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

- 5. Has the Board acknowledged that they have read and understood the responses to each of these questions?**

Yes.

System Dashboard – July 2020

REPORTING PERIOD – Q3 FY20 (Jan 1st – March 31st | 2020)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
ACCESS TO CARE								
1	Unique primary care patients seen in last 12 months	SVP AMB	Annually	418,000	N/A	—	—	—
2	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	51,544	1.1%	51,379	21,907
3	NYC Care	SVP AMB	Quarterly	10,000	20,000	10,000	11,000	new
FINANCIAL SUSTAINABILITY								
4	Patient care revenue/expenses	CFO + SVP MC	Quarterly	60%	61.60%	1.60%	—	60.80%
5	#Insurance applications submitted/quarter	CFO + SVP MC	Quarterly	22,242	18,146	-18.4%	20,887	20,666
6	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	39.20%	-5.80%	—	40%
7	Total AR days per month (excluding in-house)	CFO	Quarterly	45	68	23	52.8	—
INFORMATION TECHNOLOGY								
8	MyChart Activations	CQO + SVP AMB	Quarterly	30%	21%	new	new	new
9	ERP milestones	CIO	Quarterly	100%	80%	-20%	75.00%	80%
QUALITY AND OUTCOMES								
10	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.50%	65%	1.50%	66.80%	70.90%
11	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66.00%	56.82%	-9.18%	58.20%	58.70%
12	HgbA1c control < 8	SVP AMB + CPHO	Quarterly	66.60%	66.10%	-0.50%	67.20%	63.70%
13	% Left without being seen in the ED	CMO + CQO	Quarterly	4.00%	7.84%	3.84%	6.56%	6.66%
CARE EXPERIENCE								
14	Inpatient care - overall rating (top box)	CQO + CNO	Quarterly	65.40%	63.60%	-1.80%	65.20%	59.00%
15	Ambulatory care (medical practice) recommended provider office (top box)	CQO + SVP AMB	Quarterly	83.60%	84.50%	0.90%	84.80%	82.10%
16	Post acute care - likelihood to recommend (mean) [2016]	CQO + SVP PAC	Semi-Annually	86.30%	—	0.80%	86.70%	87.10%
CULTURE OF SAFETY								
17	Acute care - overall safety grade	CQO + CNO	Annually	76%	64%	-12%	63%	N/A
COVID-19								
18	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	14,415	new	new	new
19	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	8,426	new	new	new
20	Patients Tested for COVID -19	SVP AMB	Quarterly	undefined	13,542	new	new	new
21	Patients Positive for COVID -19	SVP AMB	Quarterly	undefined	8,085	new	new	new



System Dashboard Glossary

REPORTING PERIOD - Q3 FY20 (Jan 1st - March 31st | 2020)

	METRIC	DESCRIPTION
ACCESS TO CARE		
1	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only; N/A due to Epic data definition issue
2	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
3	NYC Care	Total enrollees in NYC Care program
FINANCIAL SUSTAINABILITY		
4	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
5	#Insurance applications submitted/quarter	Top priority initiative and measure of efforts to convert self-pay to insured
6	% of M+ medical spend at H+H	Global measure of M+ efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
7	Total AR days per month (excluding in-house)	Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better)
INFORMATION TECHNOLOGY		
8	MyChart Activations	Number of new patient activations in MyChart
9	ERP milestones	Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design
QUALITY AND OUTCOMES		
10	Sepsis 3-hour bundle	NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score; one quarter lag vs other measures
11	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge.
12	HgbA1c control < 8	Population health measure for diabetes control
13	% Left without being seen in the ED	Measure of ED efficiency and safety
CARE EXPERIENCE		
14	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
15	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
16	Post acute care - likelihood to recommend (mean) [2016]	Press Ganey Survey. Likelihood to recommend (mean)
CULTURE OF SAFETY		
17	Acute care - overall safety grade	Measure of patient safety, quality of care, and staff psychological safety
COVID-19		
18	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
19	COVID-19 Positive Tests	Total number of tests yielding and positive results (some positive results were recorded after March 31 st)
20	Patients Tested for COVID -19	Total number of unique patients tested
21	Patients Positive for COVID -19	Total number of unique patients tested yielding and positive result (some positive results were recorded after March 31 st)



RESOLUTION - 05

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **BA Global Construction Corporation (the "Contractor")** for an amount not to exceed \$7,143,946 for construction services necessary for the reconstruction of the exterior façade rehabilitation at NYC Health + Hospitals / Woodhull Hospital Center (the "Facility") with an 8.5% project contingency of \$712,299 for unexpected changes in scope yielding a total authorized expenditure of \$7,856,245.

WHEREAS, the Main Building and Conference Center were constructed in 1979 and its facades are currently classified as "unsafe" requiring the installation of an extensive side walk shed until the façade work is completed; and

WHEREAS, all of the joint sealants and gaskets between the steel-paneled façades have deteriorated and are in need of replacement; and

WHEREAS, bricks have cracked and mortar joints have deteriorated; and

WHEREAS, Corten steel siding, soffit and column panels have deteriorated; and

WHEREAS, to comply with the requirements of the City's Façade Safety & Inspection Program and to maintain safety for staff, patients and the surrounding community, the above referenced reconstruction must be completed as soon as possible; and

WHEREAS, completion of the exterior façade reconstruction will remove the listed unsafe conditions; and

WHEREAS, this Capital Project for reconstruction of the exterior façade totals \$8,284,866 of which \$7,143,946 is allocated for the proposed contract; and

WHEREAS, the balance of the \$8,284,866 budgeted will be spent on other contracts associated with this project including design, design contingency, construction management and other professional fees; and

WHEREAS, this project will be completed during 2022.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with BA Global Construction Corporation for an amount not to exceed \$7,143,946 for construction services necessary for the reconstruction of the exterior façade at NYC Health + Hospitals / Woodhull Hospital Center with an 8.5% contingency of \$712,299 for unexpected changes in scope yielding a total authorized expenditure of \$7,856,245.

**EXECUTIVE SUMMARY
BUILDING EXTERIOR RESTORATION
NYC HEALTH + HOSPITALS / WOODHULL HOSPITAL**

OVERVIEW:	NYC Health + Hospitals seeks to reconstruct the exterior façade of the Main Building and Conference Center at NYC Health + Hospitals / Woodhull. The exterior façade rehabilitation was designed, estimated and bid in accordance with the NYC Health + Hospitals' Operating Procedure 100-5. The contract is for an amount not-to-exceed \$7,143,946.
NEED:	The main building and Conference Center were constructed in 1979. The facades of the building are currently classified as "unsafe" and an extensive sidewalk shed had been required to be installed and maintained until the façade rehabilitation work is completed. The facades of the Main Building and Conference Center are comprised of steel panels. Completion of the façade rehabilitation will remove the listed unsafe conditions and will meet the requirements of the City's Façade Safety & Inspection Program.
PROCUREMENT:	Publicly bid.
SCOPE:	Work shall consist of: Corten Steel siding, soffit and column panel replacements; sheet-metal coping; bricks replacement and masonry corner reconstruction; pointing of mortar joints; railing restoration, concrete restoration; silicone jointing at steel panel to steel panel, stacked spandrel panels and at brick masonry wall; fluid applied waterproofing membrane; window gasket repair; remove and replace existing netting; remove and replace broken window glass panes.
COSTS:	Total project budget is \$8,284,866. Base bid of \$7,143,946. \$712,299 in project contingency (8.5%).
FINANCING	General Obligation Bonds.
SCHEDULE:	The project is scheduled for completion in 2022.
MWBE:	37.2% subcontractor utilization plan.

**BA Global Construction Corporation
NYC Health + Hospitals / Woodhull
Main Building and Conference Center
Exterior Façade Restoration**

**Board of Directors Meeting
September 24, 2020**

Christine Flaherty, Senior Vice President, Office of Facilities Development



Project Background

- The Main Building and Conference Center was constructed in 1979. The facades of these buildings are currently classified as “unsafe” and an extensive side walk shed has been installed until the façade work is completed.
- All of the joint sealants and gaskets between the steel-paneled façades have deteriorated and are in need of replacement.
- Face bricks have cracked and mortar joints have deteriorated requiring pointing.
- Corten steel siding, soffit and column panels have rusted and cracked.
- There are several windows with broken glass creating unsafe conditions and leading to air and water infiltrations.
- A number of railings have become loose and unsafe and must be restored.



Project Background, cont.

- In order to comply with the requirements of Façade Safety & Inspection Program (FISP), and to maintain a safe environment for staff, patients and the surrounding community, the above referenced reconstruction must be completed as soon as possible
- Completion of the exterior façade reconstruction will remove the listed unsafe conditions



Construction Contract

- Sourced via public bid
- BA Global Construction Corporation was the lowest responsible bidder of 12 bids
- MWBE 100%: 37.2% subcontractor utilization plan presented (+62.8% self-preform)

Subcontractor	Certification	Supplies/Services	Utilization Plan %
N.B.A. Construction	MBE	Services	14.50%
Rashel Construction	WBE	Services	12.90%
AV Steel, LLC	MBE	Services	8.40%
Levest Electrical	WBE	Services	1.40%

- Contract amount is \$7,143,946
- MWBE subcontractor amount is \$2,657,547.91
- Projected completion in 2022
- Evaluation: Excellent (based on three evaluations, with ratings of excellent, provided by prime consultants and one private entity).



Project Budget

Woodhull Façade Restoration	
Architectural/Engineering Design	\$428,621
Construction	\$7,143,946
Project Contingency (8.5%)	\$712,299
TOTAL	\$8,284,866



Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with BA Global Construction Corporation (the “Contractor”) for an amount not to exceed \$7,143,946 for construction services necessary for the reconstruction of the exterior façade rehabilitation at NYC Health + Hospitals / Woodhull Hospital Center (the “Facility”) with an 8.5% project contingency of \$712,299 for unexpected changes in scope yielding a total authorized expenditure of \$7,856,245.
- Total project budget is \$8,284,866 including \$7,143,946 for the subject contract, \$712,299 in project contingency, with the balance to be spent on other contracts associated with the project.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: BA Global

Date: September 4, 2020

Digitally signed by Tallbe, Keith
Date: 2020.09.04
16:29:37 -04'00'

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

NYC MBE

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.

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **JEMCO Electrical Contractor Inc. (the "Contractor")** for an amount not to exceed \$5,188,300 for electrical upgrade services necessary for the hospital Essential Electrical System at NYC Health + Hospitals / Lincoln (the "Facility") with a 12% project contingency of \$778,245 for unexpected changes in scope yielding a total authorized expenditure of \$5,966,545.

WHEREAS, the Building was constructed in 1973 based on NYC building code 1968; and

WHEREAS, the existing Essential Electrical System wiring is not running based on the National Fire Protection Association; and

WHEREAS, the existing Life Safety System includes 120V and 277V circuitry; and

WHEREAS, the existing 120V circuitry is connected to a critical branch via transformers; and

WHEREAS, the panels at the main mechanical room/switch gear room/generator has mixed wiring for life safety, critical and equipment branches;

WHEREAS, to comply with the National Fire Alarm Association requirement which is required by DOH and CMS, the above referenced upgrade must be completed as soon as possible; and

WHEREAS, completion of the EES Type 1 project will remove the listed unsafe conditions; and

WHEREAS, this Capital Project for Essential Electrical System Type 1 work totals \$6,301,682 of which \$5,188,300 is allocated for the proposed contract; and

WHEREAS, the balance of the \$6,301,682 budgeted will be spent on other contracts associated with this project including design, design contingency, construction management and other professional fees; and

WHEREAS, this project will be completed during 2021.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with JEMCO Electrical Contractor Inc. for an amount not to exceed \$5,188,300 for construction services necessary for the upgrade of the Essential Electrical System at NYC Health + Hospitals / Lincoln Hospital with a 12% contingency of \$778,245 for unexpected changes in scope yielding a total authorized expenditure of \$5,966,545.

EXECUTIVE SUMMARY
"Essencial Electrical System Upgrade Type 1
NYC HEALTH + HOSPITALS / Lincoln

OVERVIEW:	NYC Health + Hospitals seeks to upgrade the Essential Electrical System to comply with the National Fire Protection Association (NFPA) requirement at NYC Health + Hospitals / Lincoln. The EES Type 1 project was designed, estimated and bid in accordance with the NYC Health + Hospital. The contract is for an amount not-to-exceed \$5,188,300.
NEED:	<p>The Building was constructed in 1973. The electrical infrastructure of the Building is currently classified as "unsafe" and the specific issue involved is that the separation of the generator branches into life safety, critical and equipment system is not done for the generators and panels on patient floors were not provided for segregating the three branches.</p> <p>The panels at the main mechanical room/switch gear room/generator has mixed wiring for life safety, critical and equipment branches in whatever panel is present in the facility and the wiring for items required to be served by the Emergency System-Life Safety Branch was not independent from wiring for items required to be served by the Emergency System – Critical Branch. 1999 NFPA 99 3-4.2.1.4, 3-4.2.2, NFPA 70: Article 517 and Article 700</p>
PROCUREMENT:	Publicly bid.
SCOPE:	Work shall consist of: replacing circuits from one panel to another, run additional risers since the existing life safety system includes both 120V and 277V circuitry. The existing 120V circuitry is connected to a critical branch via transformers and the only way to solve this issue the work will required additional risers, removal of transformers and re-feeding of existing panels. The work also requires extensive removal and reinstallation of corridor ceilings, both panels and structure, in order to run circuit conduits to new closets. The project also, requires general construction and phasing.
COSTS:	Full project budget is \$6,301,682. Base bid of \$5,188,300. \$778,245 in project contingency (12%). The balance of the full project budget will be spent on other contracts associated with the project.
FINANCING	General Obligation Bonds.
SCHEDULE:	The project is scheduled for completion in 2021.
MWBE:	30% subcontractor utilization plan presented.

Jemco Electrical Contractor Inc.

NYC Health + Hospital - Lincoln

Essential Electrical System - Type 1

Board of Directors
September 24, 2020

Christine Flaherty, Senior Vice President, Office of Facilities Development



Project Background

- The existing electrical system at Lincoln Hospital is not in compliance with the National Fire Protection Association (NFPA) codes 99 3-4.2.2.1 Type I EES and must be upgraded as required by DOH and CMS in order to comply with NFPA requirements.
- EES Type 1 is an emergency Electrical System that provides the separation of the emergency power into three distribution branches: Critical, Life Safety and Equipment branches as is currently required by code for hospital occupancies.
- Critical: such as red outlets for monitors, medical equipment in patient rooms, etc.
- Life Safety: such as exit lights, emergency lighting, etc.
- Equipment: such as medical air pumps, vacuum pumps, HVAC, etc.



Project Background, cont.

The exiting panels at the main electrical rooms/switch gear rooms/generators has mixed wiring for life safety, critical, and equipment branches which causes disruption to the operation of our Emergency Department, Surgery Department and all the hospital Intensive Care Units.



Construction Contract

- Sourced via public bid
- JEMCO Electrical Contractors Inc. was the lowest responsible bidder of 4 bids submitted
- MWBE 30.0% subcontractor utilization plan presented

SUBCONTRACTOR	CERTIFICATION	SUPPLIES/SERVICE	UTILIZATION PLAN %
Park Avenue Building Supplies	MBE	SUPPLIES	7.710
DEUTSCHER & DAUGHTER	WBE	SERVICE	0.578
TURTLE & HUGHES	WBE	SUPPLIES	17.636
GRANT SUPPLIES	MBE	SUPPLIES	4.086

- Contract amount is \$5,188,300.00
- MWBE amount is \$1,557,000
- Projected completion in 2021
- Evaluation: Excellent (based on three evaluations, rated excellent, excellent, and good, submitted to MOCs by H+H and DEP)



Project Budget

Lincoln Type 1 EES	
Design, Testing and Filing	\$335,137
Construction	\$5,188,300
Project Contingency (12%)	\$778,245
TOTAL	\$6,301,682



Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with JEMCO Electrical Contractor Inc. (the “Contractor”) for an amount not to exceed \$5,188,300 for electrical upgrade services necessary for the hospital Essential Electrical System at NYC Health + Hospitals / Lincoln (the “Facility”) with a 12% project contingency of \$778,245 for unexpected changes in scope yielding a total authorized expenditure of \$5,966,545.
- Total project budget is \$6,301,682. Base bid of \$5,188,300. \$778,245 in project contingency. The balance of the full project budget will be spent on other contracts associated with the project, such as design, testing and filing.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe,
Office of Legal Affairs Keith
Date: 2020.08.20
07:21:29 -04'00'

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

Vendor: Jemco, Inc.

Date: August 20, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

RESOLUTION – 07

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment (“CIC”) with the **New York Power Authority (“NYPA”)** for an amount not-to-exceed \$19,645,521, including a 10% contingency of \$1,449,777, for the planning, design, procurement, construction, construction management and project management services necessary to install new underground storage tanks (the “Project”) at NYC Health + Hospitals/Lincoln (the “Facility”).

WHEREAS, in March 2005, the City of New York (the “City”), through the City Department of Citywide Administrative Services (“DCAS”), NYC Health + Hospitals, the City University of New York (“CUNY”), and the Board of Education of the City School District of the City of New York (“BOE, the City, CUNY and Health +Hospitals, the Parties”) entered into the Energy Efficiency-Clean Energy Technology Program (“ENCORE II”) Agreement with NYPA that establishes the framework for NYPA to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, the ENCORE II Agreement expired on December 31st, 2018; and

WHEREAS, the Parties entered into an Energy Efficiency-Clean Energy Technology Program Bridge Agreement (“First Bridge Agreement”) in January 2019, in order to bridge any lapse in service provided by NYPA until a new Master Cost Recovery Agreement (“ENCORE III”) could be finalized and effective between NYPA and the Parties; and

WHEREAS, due to the status of the ENCORE III Agreement, the Parties have entered into the Energy Efficiency-Clean Technology Program Second Bridge Agreement (“Second Bridge Agreement”) in January 2020, in order to bridge any lapse in service provided by NYPA pursuant to the ENCORE II Agreement until the ENCORE III is finalized and effective between the Parties. This contract extension was registered with NYC Comptroller’s Office in December 2019; and

WHEREAS, in September 2015, the State of New York Department of Environmental Conservation inspected and cited the Facility of several violations for underground storage tanks; and

WHEREAS, NYC Health + Hospital is required to correct the violations identified and provide evidence of such compliance; and

WHEREAS, the Project falls within the ENCORE II Agreement scope and so NYPA can manage it; and

WHEREAS, NYPA has bid the Project and has determined that it will cost \$19,645,521; and

WHEREAS, the Project cost in the amount of \$19,645,521 will be funded through City’s General Obligations Bonds; and

WHEREAS, the Project will produce a total annual energy savings to the Facility of 8,845 kilowatts hours and 14,000 therms of natural gas; and

WHEREAS, the overall management of the construction contract will be under the direction of the Sr.

Vice President - Facility Administration.
Page Two – Lincoln Underground Storage Tanks

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation to execute a Customer Installation Commitment with the New York Power Authority for an amount not-to-exceed \$19,645,521, including a 10% contingency of \$1,449,777, for the planning, design, procurement, construction, construction management and project management services necessary to install new underground storage tanks at NYC Health + Hospitals/ Lincoln.

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS/LINCOLN
NEW UNDERGROUND STORAGE TANKS

OVERVIEW: NYC Health + Hospitals seeks to install new underground storage tanks NYC Health + Hospitals/Lincoln. NYPA has fully designed and bid out the Project.

NEED: The Facility has four (4) 50,000-gallon capacity No.2 fuel oil storage tanks and two (2) 10,000-gallon capacity diesel oil storage tanks, which have all far exceeded their useful lives. In September 2015, the State of New York Department of Environmental Conservation inspected and cited the Facility of several violations for the underground storage tanks. One major violation cited was that the tanks had no leak detection system. After an assessment of the antiquated single-wall underground tanks it was determined that, the tanks need to be replaced.

SCOPE: The scope of work for this project includes but is not limited to the following:

- ❖ Remove one (1) 10,000-gallon diesel underground storage tank from Plant A and install a new 25,000-gallon diesel underground storage tank along 149th Street;
- ❖ Install two (2) new 30,000-gallon No. 2 fuel oil underground storage tanks and one (1) new 25,000-gallon diesel underground storage tank in court yard along Park Avenue;
- ❖ Decommissioning of four (4) existing 50,000-gallon fuel oil underground storage tanks and one (1) existing 10,000-gallon diesel underground storage tank in Plant B;

TERMS: NYPA has competitively bid the project and has submitted a final total project cost to NYC Health + Hospitals of \$19,645,521, including \$1,449,777 in contingency. NYPA will be fully responsible for the project.

SAVINGS: **Electrical:**
Energy Consumption Savings (quantity): 8,845 kilowatts-hours (kWh)
Gas Savings (dollars): \$1,238

Fuel:
Gas Use Reduction Savings (quantity): 18,000 therms
Gas Savings (dollars): \$14,400

FINANCING NYC General Obligations Bonds - \$19,645,521.

SCHEDULE: Completion by December 2022.



New York Power Authority NYC Health + Hospitals/Lincoln New Underground Storage Tanks

Board of Directors Meeting
September 24, 2020

Christine Flaherty, Senior Vice President, Office of Facilities Development

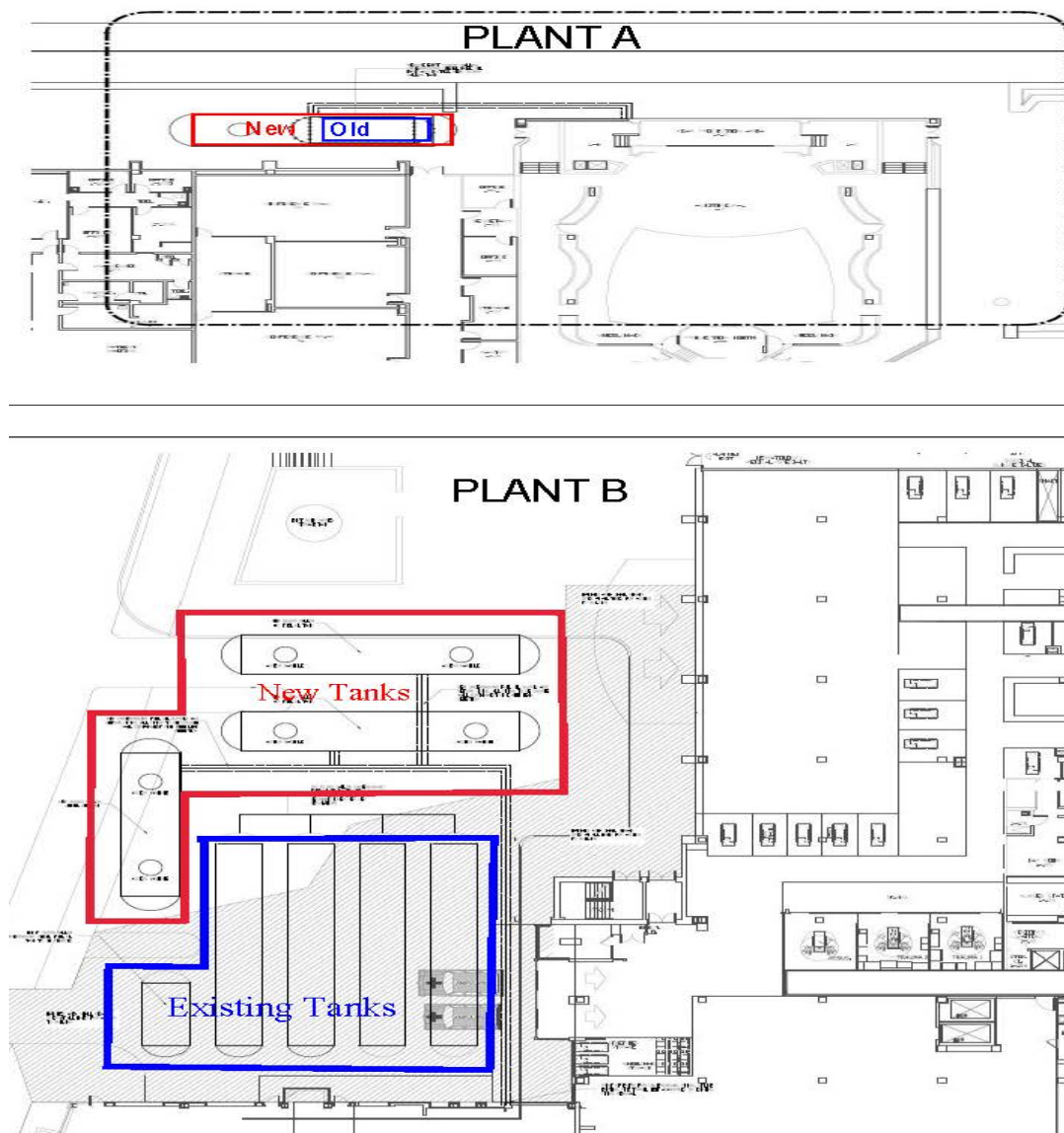


Project Background

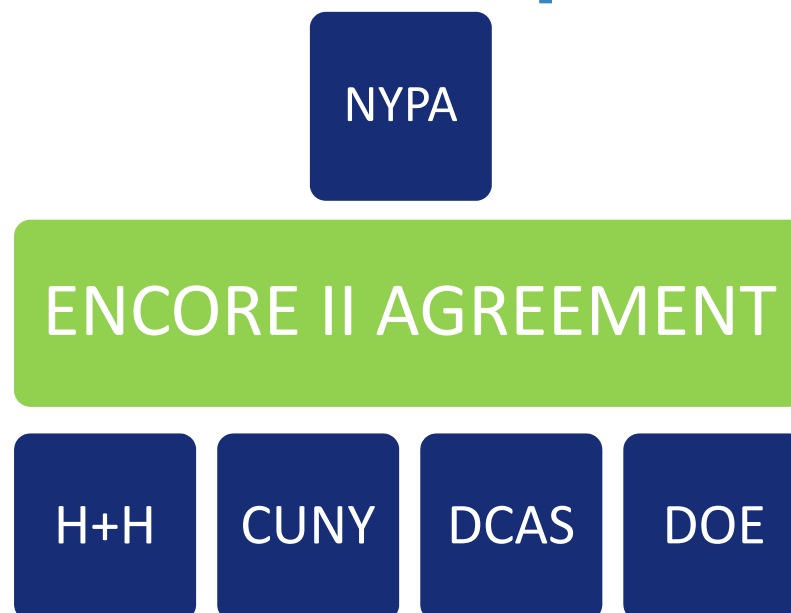
- NYC Health + Hospitals / Lincoln (the Facility) currently has four (4) 50,000-gallon No. 2 fuel oil underground storage tanks (USTs) in Plant B. There are also two (2) 10,000-gallon diesel oil USTs; one in Plant A, and the other in Plant B. These USTs are used as the source of fuel for the facility's generators. The generators are the main source of emergency power for the facility in the event of a power outage.
- The Facility's antiquated single-wall underground storage tanks (USTs) are beyond their useful life of 20 years.
- In September 2015, the State of New York Department of Environmental Conservation (DEC) inspected and cited the Facility of several violations including the tanks not having the required leak detection system or cathodic protection, also the tanks failed tightness tests.
- In order to address these violations the Facility presented a plan to DEC to replace the existing tanks.
- This project which will install two (2) new 30,000-gallon #2 fuel oil USTs and one (1) new 25,000-gallon diesel UST in Plant B. The project will decommission the existing USTs in place in Plant B. In Plant A, the existing 10,000-gallon diesel oil will be removed and a new 25,000-gallon diesel tank will be installed in the same footprint.



Existing & New USTs Location



Our Relationship with NYPA



- Encore II expired on December 31, 2018.
- Two bridge agreements have been executed between the same parties since Encore II expiration to ensure continuity of services.
- Encore III agreement is still being finalized.



NYPA Procurement Path

- NYPA selected Guth DeConzo Construction Management Inc (Guth DeConzo), as construction manager for this project; whose service was acquired through competitive bidding.
- Guth DeConzo oversaw the bid process following NYPA's procurement guidelines.
- Four bidders Boilermatic, Dynamic US, Maric Mechanical, and Skanska, submitted bids for the project. The lowest qualified bidder was Dynamic US Inc.
- NYPA has an active supplier diversity program, and has set forth a 30% MWBE goal to satisfy NYC MWBE guidelines.
- Dynamic US Inc has satisfied the 30% MWBE goal.



MWBE Summary

- Dynamic US is the lowest responsible bidder of 4 bids.
- MWBE 33.6% subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %
REDOSA ENERGY GROUP	MBE	SERVICES	18.06%
OHMS ELECTRIC CORP	WBE	SERVICES	5.65%
TORO CONSTRUCTION SERVICES LLC	WBE	SERVICES	9.89%

- Contract amount is \$14,154,148.00
- MWBE amount is \$4,756,000
- Projected completion December 2022
- Evaluation: Good (based on three evaluations, with ratings of good, good and excellent, submitted to MOCs by DEP)



Project Budget

Lincoln – New Underground Storage Tanks

(1) Design, Testing, Filing	\$ 369,425
(2) Construction	\$ 13,989,200
(3) Payment, Performance, and Bid Bonds	\$ 139,148
(4) Project Contingency (10% of lines 1,2&3)	\$ 1,449,777
(5) Construction Management	\$ 1,116,329
(6) NYPA – Project Management	\$ 1,594,755
(7) Interest During Construction	\$ 986,887
TOTAL	\$ 19,645,521



Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment (“CIC”) with the New York Power Authority (“NYPA”) for an amount not-to-exceed \$19,645,521, including a 10% contingency of \$1,449,777, for the planning, design, procurement, construction, construction management and project management services necessary to install new underground storage tanks at NYC Health + Hospitals/Lincoln.



RESOLUTION – 08

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **Grace Foundation of New York** (the "Licensee") for its continued use and occupancy of 6,900 square feet of space in the Isolation Building to operate support programs for individuals affected by Autism Spectrum Disorder and their families at the NYC Health + Hospitals/Sea View Hospital Rehabilitation Center and Home (the "Facility") with the occupancy fee waived.

WHEREAS, over one million people in the United States have been diagnosed as having Autism Spectrum Disorder ("ASD"), a term used to describe a variety of neurological disorders; and

WHEREAS, the Licensee, a non-profit organization based in Staten Island, was established to improve the lives of individuals and families affected by ASD; and

WHEREAS, in October 2009 and May 2015 the Board of Directors authorized the System to enter into license agreements with the Licensee to allow the Licensee to extensively renovate space within the Isolation Building to prepare it for the Licensee's use and to operate its programs supporting persons with ASD and their families; and

WHEREAS, the Licensee's program located on the Facility's campus has allowed it to expand its community services which include recreation and social skill programs, in-home respite services, support groups, Medicaid services coordination and administrative offices; and

WHEREAS, in consideration of the benefits derived by the community from the Licensee's programs, the occupancy fee will continue to be waived.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a revocable license agreement with the Grace Foundation of New York for its continued use and occupancy of 6,900 square feet of space in the Isolation Building to operate support programs for individuals with Autism Spectrum Disorder and their families at the Sea View Hospital Rehabilitation Center and Home with the occupancy fee waived.

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS/SEA VIEW HOSPITAL REHABILITATION CENTER AND HOME

LICENSE AGREEMENT GRACE FOUNDATION

OVERVIEW: The Grace Foundation, formed in 2002, is a non-profit organization based in Staten Island established to improve the lives of individuals and families affected by ASD (the "Licensee").

In October 2009 and May 2015, the System's Board of Directors authorized five-year revocable license agreements with the Licensee. Pursuant to such licenses, the Licensee has extensively renovated the licensed space and expanded its programs.

**NEED/
PROGRAM:** Over one million people in the United States have been diagnosed as having Autism Spectrum Disorder ("ASD"), a term which is used to describe a variety of neurological disorders. The rate of newly diagnosed children is 1 in 91.

The Licensee has expanded its community services by establishing an operation on the Facility's campus that includes recreation and social skill programs, in-home respite services, support groups, Medicaid Services Coordination, and administrative offices. The Licensee's goal is to enable individuals with ASD to lead independent and productive lives. The Grace Foundation has committed to accepting referrals from Health + Hospitals.

TERMS: The Licensee will be granted the continued use and occupancy of approximately 6,900 square feet in the "Isolation Building" (the "Licensed Space"). The Isolation Building was largely unused by the Facility prior to the 2009 license to the Licensee. The Licensee had, and still has, no current need for the Licensed Space for its own operations.

In October 2009 and May 2015 the Board of Directors authorized the System to enter into license agreements with the Licensee to allow the Licensee to extensively renovate space within the Isolation Building to prepare it for the Licensee's use and to operate its programs supporting persons with ASD and their families.

The occupancy fee will be waived as it was during the prior term of the license in view of the benefit to the community of the program. The Facility will provide electricity and gas to the Licensed Space. The Licensee is responsible for providing maintenance for the Licensed Space and the surrounding grounds.

The Licensee will be required to indemnify and hold harmless the System and the City of New York from any and all claims arising out of the use of the Licensed Space and will provide appropriate insurance naming the System and the City of New York as additional insureds.

The GRACE Foundation of New York

**License Agreement – NYC H+H/Sea View Hospital Rehabilitation
Center and Home**

**Board of Directors
September 24, 2020**

Christine Flaherty, Senior Vice President, Office of Facilities Development



The GRACE Foundation

- The GRACE Foundation of New York is a Staten Island based non-profit organization formed in 2002 with the goal of improving the lives of individuals and families affected by Autism Spectrum Disorder (“ASD”).
 - ASD is a neurological disorder that impacts the development of language and communication skills as well as social interaction and relatedness.
 - Given the complexity of the disorder, each person with an Autism Spectrum Disorder is unique and therefore requires individualized guidance and support.
- Programs include recreation, social skills, performing and creative arts programs, in-home respite services, support groups and Medicaid Services coordination. The program operates M-F, from 8:00 a.m. to 9:00 p.m.
- GRACE Foundation serves 300 children, teens, young adults and their families.
- Their 2017 Form 990 indicates a \$1.5 million annual budget.



The GRACE Foundation - Funding

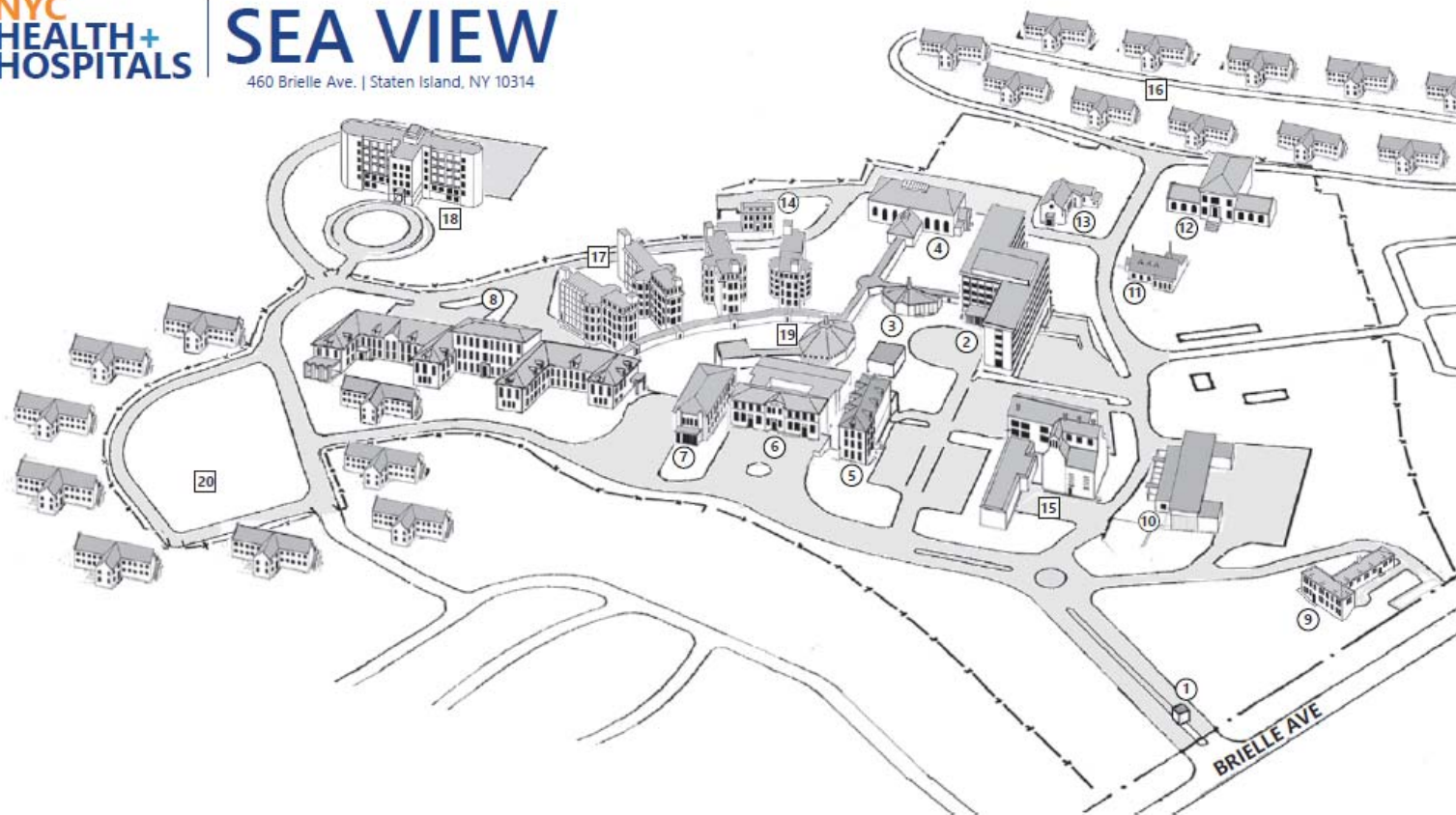
- Funded by New York City and New York State
 - Primary funding from local council members
- Other funding from community organizations and foundations
 - Richmond County Savings Bank
 - Investors Bank
 - Carmine and Robert DeSantis Foundation
- Fundraising collaboration with community partners
 - Susan Wagner High School
 - St. John's University
 - Borough President's Office
 - Staten Island Children's Museum
- Collaborations with other agencies to support autism



GRACE Foundation at Sea View Campus

- In 2009 and 2015, the NYC H+H Board of Directors authorized five year term license agreements with the GRACE Foundation. The current agreement expires December 2020.
- The GRACE Foundation will continue to occupy 6,900 square of space in the Isolation Building (Building W) on the campus of NYC Health + Hospitals/Sea View Hospital Rehabilitation Center and Home
- The GRACE Foundation is committed to taking referrals from Health + Hospitals
- Terms:
 - Occupancy fee will continue to be waived.
 - Sea View will provide electricity and gas.
 - The Grace Foundation will be responsible for housekeeping, maintenance and non-structural repairs of the space it occupies and the surrounding grounds.





OCCUPIED BUILDINGS ○

- | | |
|----------------------------|----------------------------------|
| 1. Gate House | 8. Park Lane |
| 2. Robitzek Building | 9. Grace Foundation |
| 3. Chapel | 10. FDNY / EMS / OCME |
| 4. Colony Hall | 11. Sea View Playwrights Theatre |
| 5. Staff House | 12. Camelot |
| 6. Administration Building | 13. Community Board 2 |
| 7. Surgical Pavilion | 14. Staten Island Ballet |

VACANT BUILDINGS □

- 15. Old Power Plant
- 16. Men's Cottages
- 17. Women's Pavilions
- 18. Children's Hospital
- 19. Old Kitchen Building
- 20. Women's Cottages



Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with the Grace Foundation of New York (the “Licensee”) for its continued use and occupancy of 6,900 square feet of space in the Isolation Building to operate support programs for individuals affected by Autism Spectrum Disorder and their families at the NYC Health + Hospitals/Sea View Hospital Rehabilitation Center and Home (the “Facility”) with the occupancy fee waived.



RESOLUTION - 09

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with **seven Architectural and Engineering ("AE") consulting firms namely Architectural Preservation Studio, DCP., H2M Architects and Engineers, Hoffmann Architects Inc., Lothrop Associates LLP Architects, Ronnette Riley Architect, Superstructures Engineering and Architecture, Urbahn Architects, DPC**, to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed \$10,000,000 for services provided by all such consultants.

WHEREAS, NYC Health + Hospitals facilities require, from time to time, professional AE/MEP design services for exterior envelope and Local Law 11 inspection and filing services and AE design services in connection with Local Law 11 compliance; and

WHEREAS, NYC Health + Hospitals has determined that the needs of its facilities for such services can best be met by utilizing outside firms, on an as-needed basis, through requirements contracts; and

WHEREAS, NYC Health + Hospitals conducted a selection process for such professional services through Request for Proposals processes, and determined that these consultants' proposals best met its needs; and

WHEREAS, the monitoring of these contracts shall be under the direction of the Senior Vice President of Capital Construction & Design.

NOW, THEREFORE, be it

RESOLVED, New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute requirements contracts with with seven Architectural and Engineering ("AE") consulting firms namely Architectural Preservation Studio, DCP., H2M Architects and Engineers, Hoffmann Architects Inc., Lothrop Associates LLP Architects, Ronnette Riley Architect, Superstructures Engineering and Architecture, Urbahn Architects, DPC, to provide professional AE design services related to exterior envelope projects; on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed \$10,000,000 for services provided by all such consultants.

EXECUTIVE SUMMARY

REQUIREMENTS CONTRACTS

Architectural Preservation Studio, DCP., H2M Architects and Engineers, Hoffmann Architects Inc., Lothrop Associates LLP Architects, Ronnette Riley Architect, Superstructures Engineering and Architecture, Urbahn Architects,

- OVERVIEW:** NYC Health + Hospitals seeks to execute seven requirements contracts for three years, with separate options to renew each for two additional one-year periods, for a total cost over five years, not-to-exceed \$10,000,000 to provide AE Professional Services related to exterior envelope and Local Law 11 compliance on an as-needed basis at any facility of NYC Health + Hospitals.
- NEED:** The various facilities of NYC Health + Hospitals from time to time require AE and LL11 Inspection & AE Professional Services. Due to fluctuating demands and the licensing requirements for such services, NYC Health + Hospitals has determined that these needs can best be met by utilizing outside firms on an as-needed basis through requirements contracts.
- TERMS:** Each contract will provide that NYC Health + Hospitals will be under no obligation to use any particular firm. Projects will be given to a particular firm following mini-procurements among the contractors in each class. Then the project will be reflected in work orders each of which will specify total pricing, work schedules and any other relevant terms. The contractors' rates will be as set forth in their master agreements which will be made pursuant to this resolution
- COSTS:** Not-to-exceed \$10,000,000 over five years, for the seven firms.
- FINANCING:** Capital, pending development of specific projects to be funded by bond proceeds, expense or other funds.
- TERM:** Upon contract execution, a base period of three years, with an option to renew for two additional contract periods of one year each, solely at the discretion of NYC Health + Hospitals.
- MWBE:** 30% utilization plans presented by each vendor. Architectural Preservation Studio, DCP and Ronnette Riley Architect are certified MWBE vendors.

Seven Architectural and Engineering Consulting Firms

Exterior Envelope Contracts

Board of Directors Meeting September 24, 2020

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development
Mahendranath Indar, Sr. Director, Office of Facilities Development



Overview

- H+H requires professional architectural, engineering, design, and construction related services on an as needed basis, for projects throughout the system.
Services include:
 - Façade projects
 - Roofing and roofing-related work
 - Window assembly
 - LL11 compliance
- The current contracts in place for similar services (previously referred to as LL11) and will expire December 2020.
- Current spend for Façade services: \$6,284,138 to date.



- The DOB asked H+H to develop a systemic plan to address the historical Local Law 11 Violations and to schedule the Cycle 7&8 required inspections.
- Superstructures had an existing database of H+H buildings and met with the DOB on H+H behalf to update the Local Law 11 universe.
 - Update building addresses
 - Dismiss aged violations
 - Address current violations
- Of the \$6,284,138 spent to date there is \$6,050,298.00 in approved work orders assigned to Super Structures to file, investigate, and do corrective infrastructure work in our facilities.
- With the help of Superstructures and Elizabeth Youngbar, we've reduced our outstanding violations from 250 to 110.



RFP Criteria

- Minimum criteria:
 - MWBE Utilization Plan, Waiver, or MWBE Certification
 - Minimum of five (5) years of satisfactory comparable services in healthcare facilities
 - Licensed professionals must hold New York State licenses in their discipline
- Substantive Criteria
 - 25% - Proposed Approach & Methodology
 - 25% - Appropriateness & Quality of Firms experience
 - 25% - Qualifications of proposers consultants and staffing
 - 15% - Status as MWBE or MWBE Utilization Plan Percentage and Quality
 - 10% - Cost
- Evaluation Committee:
 - 2 representatives from Central Office OFD
 - Metropolitan representative
 - Kings County representative
 - Jacobi representative
 - Enterprise Information Technology Services representative



Overview of Procurement

- 10/15/19: CRC approved an application to issue solicitation.
- 1/09/20: RFP sent directly to vendors and posted to City Record.
- 01/16/20: mandatory pre-proposal conference call, 33 vendors attended
- 01/31/20: proposal deadline, 21 proposals received
 - All proposals had robust MWBE utilization plans with MWBE subconsultants
- 03/12/20: evaluation committee reviewed proposals and conducted proposal-only scoring. Based on the natural break of the scoring, 12 AE vendors were invited in to present to the evaluation committee
 - 2 MWBE shortlisted firms
- 07/13/20: Vendor presentations and evaluation committee scoring occurred



Highlights of Firms Selected

- We are seeking approval to enter into contract for Architectural/Engineering related to exterior envelope;

VENDOR	RATING	DATE OF WORK	TYPE OF WORK	AGENCY PROVIDING RATING
ARCHITECTURAL PRESERVATION STUDIO	Excellent		Local Law 11 (\$10M)	Mt. Sinai Health System
H2M	Good	02/29/2020	Campaign - Architectural & Engineering Design Svcs - Bklyn, Qns	DEPT OF CITYWIDE ADMIN SERV
	Excellent	09/30/2015	PE-826-093015004218-1	DEPT OF ENVIRON PROTECTION
	Excellent	08/14/2014	PE-826-081414001861-1	DEPT OF ENVIRON PROTECTION
HOFFMAN ARCHITECTS, INC	Good	05/01/2018	Hoffman (20151413368) FY17, 7/1/16 to 6/30/17	DEPT OF DESIGN AND CONST
	Satisfactory	05/01/2018	Hoffman (20151413368) FY18, 7/1/17 to 3/1/18	DEPT OF DESIGN AND CONST
	Excellent	06/16/2017	PE-850-060117009503-1	DEPT OF DESIGN AND CONST
LOTHROP ASSOC	Good		Bed Capacity Increase (\$932,000)	North Central Bronx
URBAHN ARCHITECTS	Good		LL 11 (\$18M)	DEPT OF CITYWIDE ADMIN SERV
	Good		Renovation (\$80M)	DEPT OF CITYWIDE ADMIN SERV
RONNETTE RILEY	Excellent	01/23/2020	Campaign - ADA Compliance for DCAS Managed Court Buildings, City	DEPT OF CITYWIDE ADMIN SERV
	Excellent	09/13/2019	Campaign - ADA Compliance for DCAS Managed Court Buildings, City	DEPT OF CITYWIDE ADMIN SERV
	Good	02/03/2005	PE-856-CNV000051770-1	DEPT OF CITYWIDE ADMIN SERV
SUPERSTRUCTURES	Good		LL 11 (\$340,000)	H+H Jacobi Hospital
	Excellent		LL 11 (\$536,000)	Kings County Hospital
	Excellent		LL11 (\$561,000)	Kings County Hospital
	Excellent		LL 11 (\$225,000)	Kings County Hospital

- Three year with two 1-year options to renew
- Effective no later than January 1, 2020
- Total pooled contract value of \$10,000,000
- 30% MWBE utilization plan has been submitted by all vendors (representing 52 MWBE specialty subconsultants)
- * Denotes MBE certified vendor



Architectural/Engineering MWBE Plans

Vendor	Subcontractors	Certification	Service Type	%
Architectural Preservation Studio, DPC	Lakhani & Jordan Engineers, PC KS Engineers Cerami Associates Domingo Gonzalez Associates, Inc. e4, Inc. EChem Consultants Ellana, Inc. JMV Associates	MBE MBE WBE MBE WBE WBE WBE WBE WBE MWBE	Fire Protection Structural Engineering and Surveying Acoustical Lighting Design Sustainable Design, LEED, and Commissioning Special Inspections Cost Estimating Code Consulting and DOB Expediting	30%
H2M	Cerami & Associates, Inc. Domingo Gonzalez Associates, Inc. Jablonski Building Conservation, Inc. JMV Associates, LLC LERA Consulting Structural Engineers, RLLP Mechanical Testing, Inc. Ronnette Riley Architect Toscano Clements Taylor, LLC Via Collective Incorporated VJ Associates Inc. of Suffolk	WBE MBE WBE MWBE MWBE WBE WBE WBE WBE WBE WBE WBE MBE	Acoustical Specialist Lighting Design Historic Preservation/Masonry Conservation & Art Conservation Expediting Structural Engineering & Local Law 11 Inspection LEED Commissioning & Building Envelope Testing Architecture Cost Estimating Wayfinding Cost Estimating	30%
Hoffmann Architects, Inc.	Cerami & Associates, Inc. Lakhani & Jordan Engineers PC JMV Associates, LLC Gayron de Bruin Land Surveying and Engineering, PC ML Studio, Inc. Via Collective, Inc. City Wide Expediting, Inc. Nasco Construction Services, Inc.	WBE MBE MBE WBE MBE WBE WBE WBE WBE WBE WBE WBE MBE	Acoustical Specialist Fire Alarm Specialist Code Consultant Expeditor Survey Engineering Consultant Lighting Specialist Wayfinding Specialist Expediting Estimator	30%



Architectural/Engineering MWBE Plans

Vendor	Subcontractors	Certification	Service Type	Percentage
Lothrop Associates LLP	LERA Consulting Structural Engineers, RLLP Grain Collective JFK&M Consulting Group LLC Lakhani & Jordan, P.C.. W. Allen Engineering, PLLC Ellana, Inc. Nasco Construction Services Inc. Shen Milson & Wilke, LLC Crystal McKenzie, Inc. Conservation, Inc.	MWBE MBE WBE MBE MBE WBE WBE MBE MWBE WBE	STRUCTURAL ENGINEERING / QUALIFIED EXTERIOR WALL INSPECTOR LANDSCAPE/SITE DESIGN MEP/FP ENGINEERING MEP/FP ENGINEERING MEP/FP ENGINEERING COST ESTIMATOR COST ESTIMATOR ACOUSTICAL SPECIALIST WAYFINDING SPECIALIST ARTWORK HISTORIC PRESERVATION SPECIALIST	30%
Ronnette Riley Architect - WBE	Indus Architects Project Cost Associates DGA e4, Inc. Shen Milson & Wilke	MWBE MBE MBE WBE MBE	Roofing/Waterproofing Specialist Cost Estimator Lighting Design LEED Specialist Acoustics	30%
SuperStructure	Watts Architecture and Engineering KS Engineers P.C. Goldstick Lighting Design, Ltd. SoundSense LLC Via Collective Incorporated Sharan Builders, Inc.	MBE MBE MWBE WBE WBE MBE	Environmental / Hazardous Materials Consultant and Fire Alarm Specialist Surveyor and Geotechnical Engineer Lighting Specialist Acoustical Specialist Wayfinding Specialist Probes Contractor	30%
Urbahn Architects	LERA Consulting Structural Engineers JFK&M Consulting Group Jablonski Building Conservation, Inc. Matrix New World Engineering Cost Concepts, Inc. Conversano, Inc.	WBE MBE MBE MBE MBE MBE	Structural Engineering MEP/FP Engineering Masonry Conservation & Historic Resources Hazmat, Geotech, Survey Cost Estimating Expediting	30%



Board of Directors Approval Request

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute requirements contracts with seven Architectural and Engineering (“AE”) consulting firms namely Architectural Preservation Studio, DCP., H2M Architects and Engineers, Hoffmann Architects Inc., Lothrop Associates LLP Architects, Ronnette Riley Architect, Superstructures Engineering and Architecture, Urbahn Architects, DPC, to provide professional AE design services related to exterior façade projects; on an as-needed basis at various facilities throughout the Corporation. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed \$10,000,000 for services provided by all such consultants.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: Architectural Preservation Studio DPC

Date: August 31, 2020

Digitally signed by Tallbe, Keith
Date: 2020.08.31
12:24:55 -04'00'

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

NYC WBE

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: H2M Architects Engineers Land Surveying & Landscape Arch DPC

Date: August 31, 2020

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.08.31
08:46:11 -04'00'

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

Vendor: Hoffman Architects

Date: August 31, 2020

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

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

Vendor: Lothrop Associates

Date: August 31, 2020

Digitally signed by Tallbe,
Keith
Date: 2020.08.31
08:44:29 -04'00'

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

30% Utilization Plan

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.08.31
12:22:28 -04'00'

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

Vendor: Ronnette Riley

Date: August 31, 2020

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

NYC Certified WBE

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe, Keith
Office of Legal Affairs Date: 2020.08.31 08:44:53 -04'00'

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

Vendor: Superstructures

Date: August 31, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

RESOLUTION - 10

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Turner Construction (the "Contractor")** for an amount not to exceed \$5,095,551 for construction services necessary for the Emergency Department Reconfiguration (a.k.a. the buildout of the new "ExpressCare") at NYC Health + Hospitals / Harlem Hospital Center (the "Facility") with other contracts associated with this project totaling \$1,882,022 including architectural/engineering services and a 28% project contingency of \$2,659,176 for unexpected changes in scope yielding a total authorized expenditure of \$9,636,750.

WHEREAS, many patients present to the Emergency Department who do not require emergency care; and

WHEREAS, to ensure that these patients are getting the right level of care, as quickly and conveniently as possible, and in the most appropriate setting; and

WHEREAS, OneCity Health and NYC Health + Hospitals launched ExpressCare, an Urgent Care Center model that allows lower acuity patients as well as patients transported by 911 ambulance providers to access the appropriate level outside the ED; and

WHEREAS, as an extension of the hospital's ambulatory care practice, but managed by the Emergency Department (ED); and

WHEREAS, ExpressCare will help NYC Health + Hospitals to meet the New York State Delivery System Reform Incentive Payment (DSRIP) goal of reducing avoidable hospital use by 25 percent;

WHEREAS, to comply with the requirements of the State's Grant expiration of March 31, 2021, the above referenced construction must be completed as soon as possible; and

WHEREAS, this Capital Project for ExpressCare work totals \$9,636,750 of which \$5,095,551 is allocated for the proposed contract; and

WHEREAS, the balance of the \$9,636,750 budgeted will be spent on other contracts associated with this project totaling \$1,882,022 and a 28% project contingency of \$2,659,176 for construction; and

WHEREAS, this project will be completed during 2021.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Turner Construction (the "Contractor") for an amount not to exceed \$5,095,551 for construction services necessary for the Emergency Department Reconfiguration (a.k.a. the buildout of the new "ExpressCare") at NYC Health + Hospitals / Harlem Hospital Center (the "Facility") with other contracts associated with this project totaling \$1,882,022 including architectural/engineering services and a 28% project contingency of \$2,659,176 for unexpected changes in scope yielding a total authorized expenditure of \$9,636,750.

EXECUTIVE SUMMARY
“EXPRESSCARE” BUILDOUT
NYC HEALTH + HOSPITALS / HARLEM HOSPITAL CENTER

OVERVIEW:	NYC Health + Hospitals seeks to buildout a new ExpressCare in the vacant space where the former Emergency Department was housed at NYC Health + Hospitals / Harlem Hospital Center. The ExpressCare project was designed, estimated and bid in accordance with the NYC Health + Hospitals' Operating Procedure 100-5. The contract is for an amount not-to-exceed \$5,095,551.
NEED:	Many patients present to the Emergency Department who do not require emergency care. To ensure that these patients are getting the right level of care, as quickly and conveniently as possible, and in the most appropriate setting OneCity Health and NYC Health + Hospitals launched ExpressCare, an Urgent Care Center model that allows lower acuity patients as well as patients transported by 911 ambulance providers to access the appropriate level outside the ED. As an extension of the hospital's ambulatory care practice, but managed by the Emergency Department (ED), ExpressCare will help NYC Health + Hospitals to meet the New York State Delivery System Reform Incentive Payment (DSRIP) goal of reducing avoidable hospital use by 25 percent.
PROCUREMENT:	Publicly bid.
SCOPE:	Work shall consist of: interior architectural fit-out will generally include the following major new components: drywall partitions, finishes, installation of acoustical ceilings, doors and door frames, door hardware and casework. The MEP and Fire Protection will include new ductwork for supply and return air, new sprinkler throughout, new electrical lighting and power, and new plumbing services.
COSTS:	Full project budget is \$9,636,750. Base bid of \$5,095,551. \$2,659,176 for project contingency. \$1,882,022 other contracts associated with this project.
FINANCING:	DSRIP Grant
SCHEDULE:	The project is scheduled for completion in 2021.
MWBE:	42.11% subcontractor utilization plan.

Turner Construction, Inc.

NYC H+H Harlem Hospital Center

“ExpressCare” Buildout

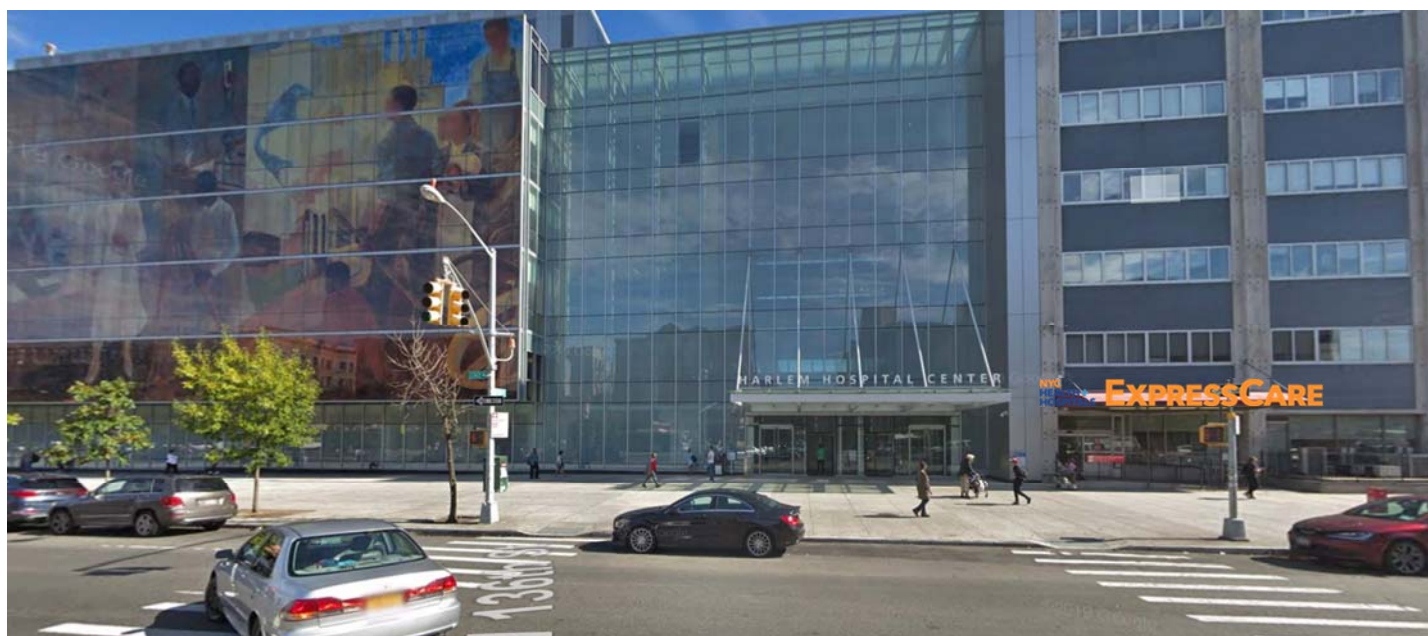
Board of Directors Meeting
September 24, 2020

Christine Flaherty, Senior Vice President, Office of Facilities Development
Ebony Carrington, Executive Director, NYC Health + Hospitals / Harlem



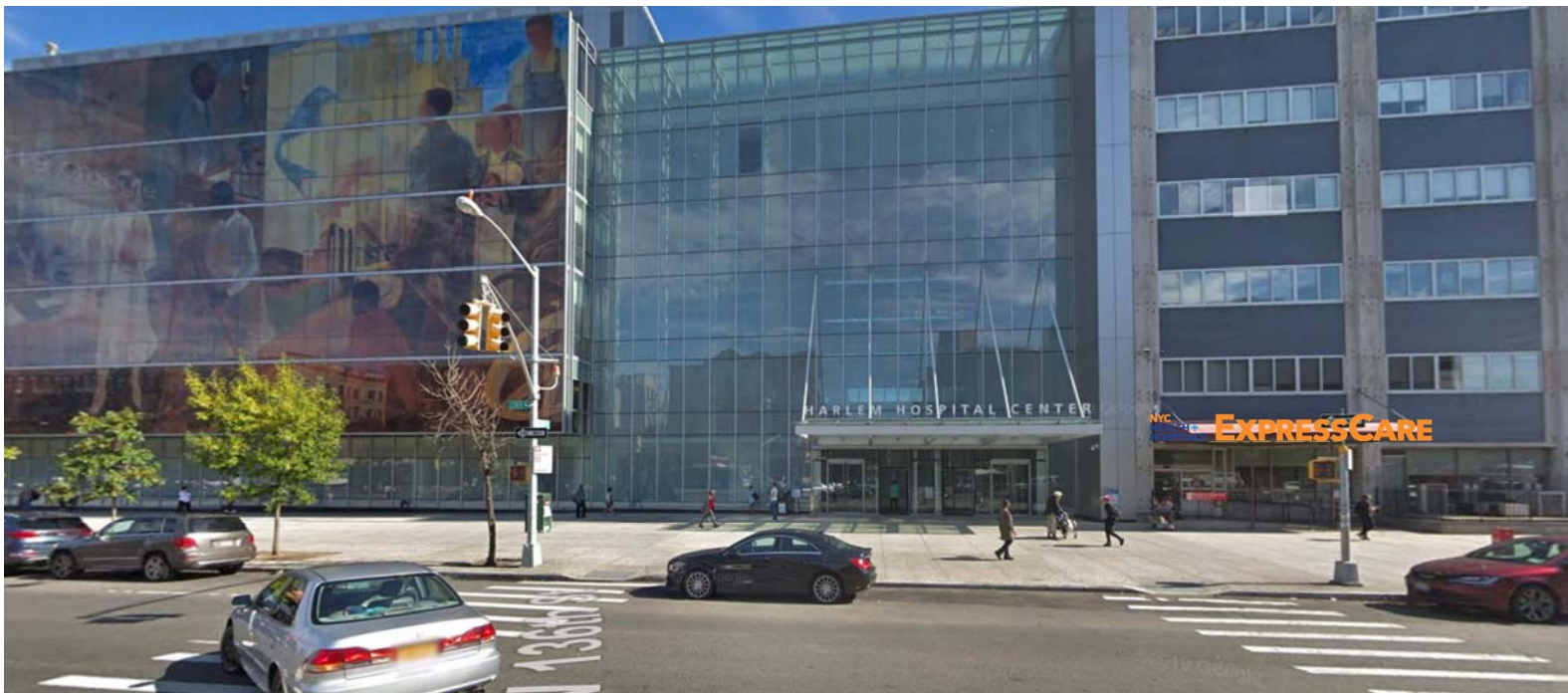
Project Background

- Many patients present to the Emergency Department who do not require emergency care.
- To ensure that these patients are getting the right level of care, as quickly and conveniently as possible, and in the most appropriate setting OneCity Health and NYC Health + Hospitals launched ExpressCare
- An Urgent Care Center model that allows lower acuity patients as well as patients transported by 911 ambulance providers to access the appropriate level outside the ED.



Project Background, cont.

- As an extension of the hospital's ambulatory care practice, but managed by the Emergency Department (ED)
- ExpressCare will help NYC Health + Hospitals to meet the New York State Delivery System Reform Incentive Payment (DSRIP) goal of reducing avoidable hospital use by 25 percent.



Construction Contract

- Sourced via public bid
- Turner Construction Inc. was the lowest responsible bidder of 17 Bids submitted
- MWBE 42.11% subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %
COMMODORE CONSTRUCTION	WBE	Services	1.46%
CURTIS PARTITION	MBE	Services	12.26%
CARDOZA PLUMBING	MBE	Services	4.34%
UNIQUE DUCT WORK	MBE	Services	24.05%

- Contract amount is \$5,095,551
- MWBE amount is \$2,145,955
- Projected completion in 2021
- Evaluation: Excellent (based on three evaluations, rated excellent, good and excellent, submitted to MOCs by DDC.



Project Budget

Harlem ExpressCare	
Design, Testing, Filing	\$571,735
Construction Management	\$414,107
Construction	\$5,095,551
IT, Equipment, FF&E	\$896,180
Project Contingency (28%)	\$2,659,176
TOTAL	\$9,636,749



Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Turner Construction, Inc. (the “Contractor”) for an amount not to exceed \$5,095,551 for construction services necessary for the Emergency Department Reconfiguration (a.k.a. the buildout of the new “ExpressCare”) at NYC Health + Hospitals / Harlem Hospital Center (the “Facility”) with other contracts associated with this project totaling \$1,882,022 including architectural/engineering services and a 28% project contingency of \$2,659,176 for unexpected changes in scope yielding a total authorized expenditure of \$9,636,750.
- Total project budget is \$9,636,750, including \$5,095,551 for the subject contract, \$2,659,176 in project contingency, with the balance to be spent on other contracts associated with the project.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe, Keith
Office of Legal Affairs Date: 2020.09.09 11:28:29 -04'00'

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

Vendor: Turner Construction Company

Date: September 9, 2020

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

42.11% Utilization Plan

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.

RESOLUTION - 11

Appointing Sherif Sakr as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

WHEREAS, a resolution approved by the Board of Directors of NYC Health + Hospitals on October 29, 1998, authorized the conversion of MetroPlus Health Plan from an operating division to a wholly owned subsidiary of the NYC Health + Hospitals; and

WHEREAS, the Certificate of Incorporation designates NYC Health + Hospitals as the sole member of MetroPlus; and

WHEREAS, the Bylaws of MetroPlus authorize the Chairperson of NYC Health + Hospitals to select three directors of the MetroPlus’ Board subject to election by the Board of Directors of NYC Health + Hospitals; and

WHEREAS, the Chairperson of NYC Health + Hospitals has selected Mr. Sakr to serve as a member of the Board of Directors of MetroPlus; and

WHEREAS, on September 14, 2020 the Board of Directors of MetroPlus approved said nomination.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health + Hospitals Board of Directors appoint Mr. Sherif Sakr to the MetroPlus Board of Directors to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

EXECUTIVE SUMMARY

Pursuant to the Certificate of Incorporation of MetroPlus, New York City Health and Hospitals (“NYC Health + Hospitals”) has the sole power with respect to electing members of the Board of Directors of MetroPlus. The Bylaws of MetroPlus authorize the Chairperson of NYC Health + Hospitals to select three directors of the MetroPlus Board subject to election by the Board of Directors of NYC Health + Hospitals.

The Chairperson of NYC Health + Hospitals has nominated Sherif Sakr to serve as a member of the MetroPlus Board of Directors.

Sherif Sakr is a partner in Deloitte’s US member firm and the Chief Operating Officer of Deloitte & Touche LLP with responsibilities spanning bridging strategy and operations, monitoring strategy execution, optimizing capital allocation and overseeing day-to-day business operations. He serves as member of the Executive Committee, co-chair of the Management Committee and member of the firm’s Operating Committee. In addition to his firm leadership responsibilities, Sherif also serves as the global lead client service partner for Mastercard where his responsibilities include overseeing the entire global relationship and bringing the breadth and depth of Deloitte to Mastercard while overseeing service delivery and quality of execution across the relationship globally. Sherif, who is a Certified Public Accountant, is a member of the American Institute of Certified Public Accountants and a member of the New York State Society of Certified Public Accountants. Sherif serves as the Chair of the Accounting Committee of the Loan Syndications and Trading Association (LSTA), member of the Accounting Committee of the International Swaps and Derivatives Association (ISDA) and member of the Accounting Committee of the Structured Finance Industry Group (SFIG) and member of the Harvard Business Review (HBR) Advisory Council. Sherif is an author of several publications on topics related to global capital markets, structured transactions, securitization, consolidation, derivatives and hedging activities, fair value measurements, treasury operations and IPOs; he is a frequent speaker on these topics in front of national and international conferences on these topics. Sherif is the Recipient of the President’s Volunteer Service Award from the President of the United States in recognition for his global volunteer activities while working with the United States Agency for International Development (USAID) leading educational workshops on different topics related to global capital markets to local standard setters, exchange commissioners and central bankers in several emerging markets. Sherif is involved with different community initiatives in NYC Metro Area in addition to his active involvement with several global non-for-profit organizations with particular focus on education and health in developing countries.

Mr. Sakr has extensive experience and MetroPlus is very pleased that he has agreed to serve on the Board and are particularly interested in the perspective that he will bring to our Board.