

**CALL TO ORDER - 2:00 PM**

Mr. Pagán

**Executive Session | Facility Governing Body Report**

- NYC Health + Hospitals | Harlem

Mr. Pagán

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

- NYC Health + Hospitals | Metropolitan

**OPEN PUBLIC SESSION - 3:00 PM**

1. Adoption of Minutes: October 28, 2021

Mr. Pagán

**Chair's Report**

**President's Report**

Dr. Katz

2. Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest five-year renewal agreement with **Coordinated Behavioral Care IPA, Inc.** ("CBC") for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600 (Presented to the Medical and Professional Affairs Committee: (11/01/2021)  
**VENDEX: Pending / EEO: Approved**

Dr. Calamia

3. Authorizing New York City Health and Hospitals Corporation (the "System") to sign a 10-year lease with **Coney Island Associates Retail 2 LLC** ("Developer") for approximately 2,500 sq. ft. on the 1st floor of a to-be-constructed building at 1607 Surf Avenue, between W. 17th and 16th Streets in Coney Island (the "Premises") to house the Ida G. Israel Community Health Clinic (the "Clinic") operated by NYC Health + Hospitals/Coney Island (the "Facility") now operating on an adjacent lot for a yearly rent of \$30/sq. ft to be escalated by 10% every 5 years plus a share of increases in Developer's operating costs; provided that Developer will build out the Premises to the System's specifications within a budget of \$250/sq. ft., rent will not be payable until 18 months after construction is completed and the System shall hold two 5-year options to renew the lease at 95% of fair market value with the rent over the initial term totaling \$787,500.  
(Presented to the Capital Committee: (11/15/2021)  
**VENDEX: NA / EEO: NA**

Mr. Pagán

4. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to increase the Not-to-Exceed amount for requirements contracts with **8 architectural and engineering consulting firms, namely Array Architects, P.C., E/F/H Architects, P.C., Gensler Architecture, Design & Planning, P.C., Gertler & Wente Architects LLP, Lothrop Associates LLP Architects, Moody Nolan, Inc., NK Architects, P.A. (a/k/a Nadaskay Kopelson), Perkins Eastman Architects, DPC, to provide professional architectural and engineering design services (the "AE Firms"); and with 5 mechanical, engineering, and plumbing consulting firms, namely Greenman-Pedersen, Inc., MG Engineering, D.P.C. (f/k/a Kallen & Lemelson, LLP), Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to provide professional mechanical, engineering, and plumbing design services (the "MEP Firms")** on an as-needed basis throughout NYC Health + Hospitals by an additional \$60,000,000 above the original \$30,000,000 for a cumulative amount not to exceed of \$90,000,000.  
(Presented to the Capital Committee: (11/15/2021)  
**VENDEX: 10 Approved – 3 Pending / 10 Approved – 3 Pending**

Mr. Pagán

5. Authorizing New York City Health and Hospitals Corporation (the "System") to sign a contract with **Consigli Construction Co., Inc.** (the "CM") to serve as construction manager under a guaranteed maximum price ("GMP") structure for the construction and construction management of the System's Outposted Therapeutic Housing Unit ("OTxHU") project at NYC Health + Hospitals/Bellevue ("Bellevue") for a cost of \$109,925,530 which, when added to 10% project contingency yields a cost not-to-exceed \$120,918,083.  
(Presented to the Capital Committee: (11/15/2021)  
**VENDEX: Approved / EEO: Pending**

Mr. Pagán

6. Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding by \$6,087,369 for its agreement with **AECOM USA, Inc.** ("AECOM") to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Unit ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") in Bellevue and Woodhull such that the funding is increased from \$9,039,198 to \$15,136,567.

(Presented to the Capital Committee: (11/15/2021)

**VENDEX: Approved / Approved**

Mr. Pagán

7. Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding by \$1,814,880 for its previously executed agreement with **Array Architects, PC** ("Array") to provide architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") over a five year term in connection with the System's Correctional Health Unit ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") such that the funding is increased from \$8,663,000 to \$10,477,880.

(Presented to the Capital Committee: (11/15/2021)

**VENDEX: Approved / Approved**

Mr. Pagán

**Committee and Subsidiary Reports**

- Medical and Professional Affairs Committee
- Equity Diversity and Equity Committee
- Strategic Planning Committee
- Community Relations Committee
- Capital Committee
- HHC Physician Purchasing Group/Insurance Company (Subsidiary)

Dr. Calamia  
Mr. Peña-Mora  
Mr. Peña-Mora  
Mr. Nolan  
Mr. Peña-Mora  
Dr. Calamia

>>Old Business<<

Mr. Pagán

>>New Business<<

>>Adjournment<<

**EW YORK CITY HEALTH AND HOSPITALS CORPORATION**

A meeting of the Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 28<sup>th</sup> day of October, 2021, at 2:00 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 - In Person  
Dr. Mitchell Katz - In Person - joined at 2:24  
Dr. Vincent Calamia - joined at 2:16  
Dr. Chinazo Cunningham  
Dr. Michelle Morse  
Mr. Phillip Wadle  
Mr. Scott French  
Ms. Barbara Lowe  
Mr. Robert Nolan - In Person - joined at 2:21  
Ms. Sally Hernandez-Piñero - In Person  
Ms. Freda Wang  
Mr. Feniosky Peña-Mora  
Ms. Anita Kawatra

Jose Pagán, Chair of the Board, called the meeting to order at 2:07 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board that Scott French would be representing Steven Banks, Phillip Wadle would be representing Deputy Mayor Melanie Hartzog and Dr. Michelle Morse would be representing Dr. Dave Chokshi - all in a voting capacity during the executive session.

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 regarding personnel, patient medical information and collective bargaining.

The Board reconvened in public session at 3:09

Mr. Pagán notified the Board that Mr. French would be representing Mr. Banks, Dr. Morse would be representing Dr. Chokshi and Mr. Wadle would be representing Deputy Mayor Hartzog - all in a voting capacity.

**ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on September 30, 2021, were presented to the Board. Then on motion made and duly seconded,

the Board adopted the minutes.

**RESOLVED**, that the minutes of the meeting of the Board of Directors held on September 30, 2021, copies of which have been presented to the Board be, and hereby are, adopted.

**INFORMATIONAL ITEM - EXECUTIVE COMMITTEE REPORT - CONTRACT APPROVAL**

Mr. Pagán notified the Board, as permitted by Section 3(B) of the Bylaws, that the Executive Committee met on October 4, 2021 and approved a contract with:

**LIC Com LLC** to provide home delivery of emergency meals for food insecure New Yorkers in COVID quarantine and isolations, not to exceed \$10 million for the period November 1, 2021 to June 30, 2022.

Dr. Theodore Long, Senior Vice President - Ambulatory Care and Population Health, shared a brief description of the work being done by Test and Trace Corp to assist New Yorkers with or exposed to COVID through the quarantining process, with the delivery of food being a critical resource to ensure the program's continued success.

The minutes of the Executive Committee meeting held on October 4, 2021, were presented to the Board. Then on motion made and duly seconded, the Board adopted the minutes.

**RESOLVED**, that the minutes of the Executive Committee meeting held on October 4, 2021, copies of which have been presented to the Board be, and hereby are, adopted.

**CHAIR'S REPORT**

Mr. Pagán advised that during the Executive Session, the Board received and approved governing body oral and written reports from NYC Health + Hospitals/Coney Island and NYC Health and Hospitals/Sea View Nursing and Rehabilitation Center.

The Board received and approved the governing body written submission of the NYC Health and Hospitals/Renaissance, Diagnostic and Treatment Gotham Center 2020 Performance Improvement Plan and Evaluation.

The Board also received and approved the semi-annual governing body report and written submission from NYC Health and Hospitals/Coler Nursing Facility, NYC Health and Hospitals/Henry J. Carter Specialty Hospital and NYC Health and Hospitals/Henry J. Carter Nursing Facility.

In the interest of time, the meeting advanced to the presentation of the action items.

**ACTION ITEM 5:**

Mr. Pagán read the resolution on behalf of Mr. Peña-Mora

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a revocable five year license agreement with **Newtown Dialysis Center, Inc.**, of New York (the "Licensee") for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst (the "Facility") at an occupancy fee rate of \$71.00 per square foot or \$426,426 per year to be escalated by 2.75% per year for a total of \$2,252,666.58 over the five-year term  
(Presented to the Capital Committee: (10/18/2021))

Christine Flaherty, Senior Vice President of Facilities Development and Helen Arteaga, Executive Director at NYC Health and Hospital/Elmhurst presented the background, license terms and existing services being provided by Newton Dialysis Center at Elmhurst and other Health and Hospital Facilities.

Dr. Katz responded to the Board's question regarding the use of mixed models for the provision of dialysis services across the System. Services are provided in-house or through a vendor based on patient needs and the Facility's ability to meet those needs.

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

**ACTION ITEM 3:**

Ms. Hernandez-Piñero read the resolution

Adopting the New York City Health and Hospitals Corporation's (the "System") **revised Principles of Professional Conduct ("POPC")**, which sets forth in the System's compliance expectations and commitment to comply with all applicable Federal and State laws. The POPC serves at the System's code of conduct, as required by 18 NYCRR § 521.3(c)(1), and as recommended by the U.S. Department of Justice Criminal Division "Evaluation of Corporate Compliance Programs," updated June 2020. The revised POPC also updates the System's gift policy as detailed in Operating Procedure 50-3 "Policy on Gift Exchange and Receipt".

(Presented to the Audit Committee: (10/18/2021))

Catherine Patsos, Chief Corporate Compliance Officer explained that the POCP sets forth compliance expectations and commitment to all applicable Federal and State laws, it describes the System's standards of professional conduct and our efforts to prevent fraud, waste, and abuse. It also serves as the System's code of conduct for workforce members and business partners.

Ms. Patsos discussed some of the changes and updates to the language.

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

**ACTION ITEM 4:**

Ms. Wang read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a contract with **Creative Snow By Cow Bay, Inc** (the "Vendor") for three years with two one-year renewal options at the discretion of New York City Health and Hospitals Corporation to provide snow removal services for a total amount not to exceed \$6,920,000 for the period November 1, 2021 through October 31, 2026. (Presented to the Finance Committee: (10/18/2021)

Joe Wilson, Senior Assistant Vice President of Strategic Sourcing, presented the background and the current state of the snow removal services, an overview of procurement, the RFP criteria, vendor performance, vendor selection, a review of vendor performance and current MWBE spend.

In response to questions from the Board members regarding the vendor's ability to increase service and their pay schedule in the event of lighter winter conditions Mr. Wilson explained that the vendor provides large-volume services to other companies and is confident the vendor can meet the System's needs. Mr. Wilson also explained that the rationale for the not-to-exceed amount of \$6,920,000 is based on aggregate historical snowfall and payments in addition to the base fees are solely based on volumes of snow removal for the season.

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

**CONTINUATION OF THE CHAIR'S REPORT**

Mr. Pagán said he participated in the Joint Commission Survey at NYC Health + Hospitals/Kings County on October 8<sup>th</sup> and NYC Health + Hospitals/Coney Island on October 15<sup>th</sup>. He commended the leadership and staff at both Facilities for the successful surveys and positive feedback

received from the surveyors.

### **VENDEX APPROVALS**

Mr. Pagán noted that since NYC Health + Hospitals began the process of approving some contracts prior to Vendex approval there is one new item on the agenda requiring Vendex approval and it has been approved. There are nine items from previous Board meetings pending Vendex approval. Since the last Board meeting, one Vendex approval was received. The Board will be notified as outstanding Vendex approvals are received.

### **PRESIDENT'S REPORT**

Dr. Katz opened his remarks by noting that his written report was included in the materials provided to the Members and proceeded to highlight key items from his report.

Dr. Katz said that he approved two contracts under his authority to depart from standard procedure and explained that these contracts were not brought to the Board for approval due to time sensitivity, but would have otherwise have been presented to the Board for approval.

The first exception was an extension of our contract with Procor, an agency which specializes in reviewing the invoices of contractors, to ensure the complete documentation of their charges and that the invoices are in a form acceptable for Federal reimbursement. Procor was initially contracted July 1, 2020. We have extended the term of the agreement through June 30, 2022 with the not-to-exceed amount of \$6,395,400.

The second exception was a contract amendment with Optum Insight Inc. that provides call center support for COVID contract tracing, vaccination scheduling and services supporting those with COVID-19, along with Optum's subcontractor, McKinsey, who provides operational support and leadership for the Trace Contract Center and the vaccination campaign. This contract amendment is to extend their support through December 2021, at an additional cost of \$6.6M as part of our community testing program. Funding for these services is provided through OMB.

Dr. Katz then indicated that in response to the State staff vaccination mandate the percentage of vaccinated staff across the System is over 94 percent, which led to an early termination of the System's contract for emergency nurses. The number of unvaccinated nurses is relatively low, with a few having obtained medical and religious exemptions. We continue to work with our labor union partners to respectfully part ways with anyone who does not want to get vaccinated.

Dr. Katz further indicated that we are looking forward to the

approval of Pfizer's vaccine for children age five and older. The System is well prepared to administer the vaccine to that population.

The Board requested clarification on the terms for the contract exception authorization for Optum call center in response to the COVID pandemic.

Dr. Katz responded that this contract started during the pandemic and has been extended through December 2021.

#### **COMMITTEE AND SUBSIDIARY REPORTS**

Mr. Pagán noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. He welcomed questions or comments regarding the reports.

#### **OLD BUSINESS/NEW BUSINESS**

#### **ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:37 P.M.



Colicia Hercules  
Corporate Secretary



## COMMITTEE REPORTS

### AUDIT COMMITTEE TALKING POINTS - October 18, 2021 - VIRTUAL MEETING

As Reported by: Sally Hernandez-Piñero

Committee Members Present: Ms. Sally Hernandez-Piñero, Jose Pagán, Matthew Siegler representing Dr. Mitchell Katz; Dr. Mitchell Katz joined at 10:02, Feniosky Peña-Mora, Freda Wang

The meeting was called to order by Ms. Sally Hernandez-Piñero at 9:34 A.M.

Ms. Hernandez-Piñero informed the Committee that Matthew Siegler will be representing Dr. Mitchell Katz in a voting capacity until he is able to join later in the meeting.

Ms. Hernandez-Piñero asked for a motion to convene an executive session to discuss confidential and privileged matters that may be related to anticipated or actual litigation, as well as certain personnel matters. A motion was made and seconded with all in favor.

The Committee reconvene in open session at 10:07

Ms. Hernandez-Piñero reported that during the executive session the Committee reviewed and approved the fiscal year 2021 Corporate Compliance Workplan.

Ms. Sally Hernandez-Piñero asked for a motion to adopt the minutes of the Audit Committee meeting held on July 12, 2021. A motion was made and duly seconded with all in favor to adopt the minutes.

Ms. Hernandez-Piñero introduced the first action item by asking that Ms. Catherine Patsos will read a proposed resolution.

Ms. Patsos read the resolution:

**Resolution Adopting the New York City Health and Hospitals Corporation's (the "System") revised Principles of Professional Conduct ("POPC"), which, sets forth in the System's compliance expectations and commitment to comply with all applicable Federal and State laws. The POPC serves at the System's code of conduct, as required by 18 NYCRR § 521.3(c)(1), and as recommended by the U.S. Department of Justice Criminal Division "Evaluation of Corporate Compliance Programs," updated June 2020. The revised POPC also updates the System's gift policy as detailed in Operating Procedure 50-3 "Policy on Gift Exchange and Receipt"**

Ms. Patsos provided a summary of the proposed revisions with an introduction of the Federal and State applicable laws, substantive changes to the POPC core objectives, responsibilities of NYC Health + Hospitals workforce members under the POPC, examples of unprofessional conduct, how to report issues or violations and technical changes to the POPC

After discussion and upon motion made and duly seconded the Committee voted unanimously to accept the revisions.

Ms. Hernandez-Piñero introduced the information item regarding the Fiscal Year 2021 Draft Financial Statements and Related Notes. Mr. Jay Weinman, Corporate Comptroller and James Linhart, Deputy Corporate Comptroller, reported on the results of the Financial Statements.

Grant Thornton LLC was represented by Tami Radinsky, Lead Engagement Partner and Steven Dioguardi, Lead Audit Senior Manager.

Ms. Radinsky provided an overview of the responsibilities of Grant Thornton and Health and Hospitals during the auditing process.

Ms. Radinsky presented the Audit Scope as follows: perform audits of financial statements as prepared by management, with your oversight, conducted under US Generally Accepted Auditing Standards (GAAS) and, where applicable, under Government Auditing Standards. Perform audits, as applicable, of cost reports for the year ended June 30, 2021 and issuance of certifications and attestation reports. She discussed the draft management letter describing significant deficiencies and material weaknesses identified during the audit.

Mr. Dioguardi explained the audit approach, planning, risk assessment, evaluation and testing of controls, substantive testing, conclusion and reporting. Mr. Dioguardi concluded his presentation by noting the other areas of focus will be the performance of substantive testing on key account balances as of June 30, 2021, EITS systems review, and COVID-19 pandemic accounting considerations.

Ms. Radinsky also outlined the phases of the Technology Support as part of the audit process, which included: Assess IT Risks, Identify IT controls that support audit objectives and Test technology-related controls.

After discussion and upon motion made and duly seconded the Committee voted unanimously to accept the Fiscal Year 2021 Financial Statement.

Ms. Patsos, Chief Compliance Officer provided an Audit update and informed the Committee that:

1. An oversight audit by the NYC Comptroller's Office of NYC Health + Hospitals Auxiliaries, Final Report was issued on June 16, 2021. Dr. Katz received a letter dated August 12, 2021 from the NYC Comptroller's Office requesting a status report on the progress made in implementing the recommendations in the report. The response is due November 15, 2021.
2. The NYC Comptroller's Office review of the NYC Health + Hospitals controls over nursing homes was received on August 13, 2020 - this audit is ongoing
3. An update on the dissolution of Friends of North Central Bronx Hospital Auxiliary Inc, and Sea View Hospital and Home Auxiliary Inc,

was included along with a status update on the 2018, 2019, and 2020 auxiliary audits.

Ms. Patsos also provided an update on the monitoring of excluded providers, privacy incidents and related reports, the Office of Civil Rights reports regarding HIPAA incidents, compliance reports, Principles of Professional Conduct (POPC), OP 50-3 Policy on Gift Exchange Receipt, OP 250-22 HIPAA Security Policy, Status Update HHC ACO, FY-2022 Risk Assessment and HIPAA Risk Analysis and Security Assessment.

There being no other business, the meeting adjourned at 10:58 A.M.

**Capital Committee VIRTUAL Meeting - October 18, 2021**

**As reported by** Feniosky Peña-Mora

**Committee Members Present:** Feniosky Peña-Mora, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, and Freda Wang

Mr. Peña-Mora called the meeting to order at 12:08 p.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on July 26, 2021 were unanimously approved.

**Senior Vice President's Report**

Mrs. Flaherty, Senior Vice President, Office of Facilities Development presented her report.

Mrs. Flaherty informed the Committee that on Sunday, October 17<sup>th</sup>, she and a number of coworkers from Facilities Development joined forces with Harlem Hospital in participating in the American Cancer Society Making Strides Against Breast cancer walk in Central Park. The office looks forward to working with Ms. Carol Robinson Edison on growing our team's participation in the event next year.

OFD continues to work to initiate funded projects across the system in collaboration with the facilities and identifying needs for further advocacy. She thanked the Capital Committee and multiple members of the Board for participating in educational sessions on real estate and the capital delivery process and noted that the team was looking at prioritization and selection of capital projects as discussed and requested. She noted that under separate cover, she will be sharing the breakdown between strategic/clinical projects, infrastructure/life safety and decarbonization/energy - these three pillars are all important to ensure our environment of care for patients, staff and the community.

Mrs. Flaherty provided a status update of our bond portfolio, noting; one project in construction, 12 projects in the procurement phase, 22 projects in the design phase and only 2 projects left going through the design selection process. Based upon timing, one project was redirected to City Capital funding. She noted that the team was carefully watching the supply chain backlog due to the COVID pandemic to determine if certain projects require adjustments to their schedules based upon potential material shortages.

She explained that the team was working closely with Supply Chain and had received proposals both for project management information system and facility management information system. They were embarking upon the evaluation process as those two systems will allow the opportunity to secure the system of record, like EPIC for our body of work.

Mrs. Flaherty advised that the facility management team had successfully supported two recent joint commission visits and were standing at the ready to support colleagues at Lincoln Hospital later in the month.

Mrs. Flaherty announced that the Housing for Health team was participating in the Citywide initiative to permanently house individuals and families who are homeless and at risk of homelessness. The U.S. Department of Housing and Urban Development (HUD) had awarded a limited number of Emergency Housing Vouchers (EHV) to the New York City Housing Authority (NYCHA) and the NYC Department of Housing Preservation & Development (HPD). A rental subsidy voucher offers the ability for low income New Yorkers to be permanently housed. The team was working with Ambulatory Care, Community Care and MetroPlus to identify eligible patients. Housing for Health is overseeing all program operations to assure that patients are supported throughout their application and housing search process. The team will also work collaboratively to make sure patients have continuity of care after they are permanently housed.

Mrs. Flaherty added that the team was also feverishly working with HRA, Ambulatory Care and MetroPlus to prioritize eligible patients for the 75 supportive housing units at the T-Building at the Queens Hospital Campus. She noted this would be a wonderful adaptive reuse of the historically significant former tuberculosis hospital. The entire mixed income 200-unit building would be ready for new residents in November. The team looks forward to the ribbon cutting.

Sally Hernandez-Piñero asked about a system to track capital projects and Mrs. Flaherty explained that the RFP was in process, proposals had been received and were being reviewed to select a vendor that could provide that system. Mrs. Flaherty hoped that award would be complete within the next calendar year.

That concluded Mrs. Flaherty's remarks.

Ms. Flaherty read the resolution:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a revocable five year license agreement with Newtown Dialysis Center, Inc., of New York (the "Licensee") for its continued use and occupancy of 6,006 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Elmhurst (the "Facility") at an occupancy fee rate of \$71.00 per square foot or \$426,426 per year to be escalated by 2.75% per year for a total of \$2,252,666.58 over the five-year term.**

Ms. Flaherty was joined by Helen Arteaga, Executive Director, NYC Health + Hospitals / Elmhurst to present the license agreement. Together they narrated a presentation providing overview of the partnership.

Ms. Arteaga provided background. Mrs. Flaherty outlined similar relationships throughout the system, and the details of the agreement being presented.

Mrs. Hernandez-Piñero asked whether the demand for Dialysis treatment meant that the system could be doing more and whether Mrs. Flaherty was aware if there were Dialysis related projects within the current Capital plan.

Mrs. Flaherty said there were a number of projects identified to expand service areas and/or capabilities for Dialysis. It was a clinical area that certain facilities had identified for expansion but it varied by site.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 12:25 pm.

**Finance Committee VIRTUAL MEETING - October 18, 2021**

**As Reported By: Freda Wang**

**Committee Members Present:** Freda Wang, Matthew Siegler representing Mitchell Katz in a voting capacity, Mitchell Katz - joined at 11:07, Sally Hernandez-Piñero, Feniosky Peña-Mora, Barbara Lowe, José Pagán

**HEALTH + HOSPITALS Attendees:** John Ulberg, Krista Olson, Paul Albertson (online), Michline Farag, Colicia Hercules, Linda DeHart, James Cassidy, Marji Karlin, Sonya Rubin, Inger Dobson, Jay Weinman, James Linhart, Joe Wilson (online)

**CALL TO ORDER**

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:05 a.m.

Upon motion passed and duly seconded the minutes of the Finance Committee meeting held on July 21, 2021 were adopted.

**ACTION ITEM: Creative Snow by Cow Bay, Inc.**

Mr. Ulberg introduced the Creative Snow by Cow Bay Inc. action item by reading the Resolution.

Authorizing New York City Health and Hospitals Corporation (the "**System**") to sign a contract with Creative Snow by Cow Bay, Inc (the "**Vendor**") for three years with two one-year renewal options at the discretion of New York City Health and Hospitals Corporation to provide snow removal services for a total amount not to exceed \$6,920,000 for the period November 1, 2021 through October 31, 2026.

Mr. Wilson presented on the action item background. NYC Health + Hospitals conducted a solicitation via RFP for professional snow removal services during the winter season. The current contracts in place for snow removal services expired on October 14<sup>th</sup>, 2021. The existing contracts are with NAC Industries and Creative Snow by Cow Bay Inc. The current vendors also perform landscaping in addition to snow removal. Landscaping will be bid separately in the spring. Creative Snow by Cow Bay Inc. currently provides snow removal services for 74% of the H+H enterprise. NAC Industries covers the remaining 26%.

Mr. Wilson informed that the scope of services includes acute care, Gotham Health, and Long-term care facilities. The previous fiscal year spend was \$1,193,853. The proposed contract term for this agreement is 5 years (three base years, two one-year options at the discretion of NYC Health + Hospitals).

Mr. Wilson reviewed the procurement process. A request to issue an RFP was approved by the Contract Review Committee and subsequently posted in the City Record. Minimum requirements included MWBE utilization plans, New York City presence with NYC customers, \$3 million in annual gross sales, multiple commercial references and five years' business experience.

Mr. Wilson continued to review the procurement and selection process. Five vendors responded to the solicitation request. The evaluation committee recommended Creative Snow by Cow Bay, Inc. Creative Snow by Cow Bay, Inc. leverages its construction business for supplementary resources for deployment as needed, has prior experience serving a large bank with over 180 locations, utilized GPS technology for equipment and labor tracking, and has a track record of success with an existing New York City Health + Hospitals facility base, and meets the 30% MWBE utilization plan with partners for equipment and labor.

Mr. Wilson requested the Finance Committee's approval to enter into a contract with Creative Snow by Cow Bay, Inc. for snow removal services in an amount not to exceed \$6,920,000 for a contract term of three years with two, one-year renewal options at the discretion of New York City Health + Hospitals.

Ms. Wang polled the members for questions.

Ms. Sally Hernandez-Piñero asked what was the service area filled by Creative Snow by Cow Bay, Inc. and if it has always been large.

Mr. Wilson replied that yes, it has. The vendor is accustomed to servicing large clients, including LaGuardia Airport. Further, this contract presents an opportunity for standardization and a faster emergency response. Several New York City Health + Hospitals facilities currently using Creative by Cow Bay, Inc. feel very confident with it as a resource.

Mr. Feniosky Peña-Mora had no questions.

Ms. Barbara Lowe had no questions.

Ms. Wang called for a vote to approve the snow removal services contract with Creative Snow by Cow Bay, Inc. for a period term of three years, with two, one-year renewal options at the discretion of New York City Health + Hospitals. Upon motion made and was duly seconded, the Committee unanimously approved the resolution for presentation to the Board.

Ms. Freda Wang concluded the action item and introduced the financial update.

#### **FINANCIAL UPDATE**

Mr. John Ulberg commenced his presentation by informing the Committee of Ms. Krista Olson's departure from New York City Health + Hospitals. On behalf of the Committee, Ms. Wang expressed appreciation and thanked Ms. Olson for her service at OMB and New York City Health + Hospitals.

Mr. Ulberg continued by providing an overview on system highlights, reporting the financial/programmatic highlights for fiscal year end 2021. A thorough plan for fiscal year 2022 will be presented in December.

Noted among the highlights were the achievement of over \$1B in recurring revenue-generating and expense-reducing initiatives, the system wide implementation of Epic, and the implementation of NYC Care citywide with enrollment exceeding 80,000 to date with plans to expand in the coming year.

Mr. Ulberg also presented highlights on the COVID-19 response/Test and Trace Corps. Achievements included providing ongoing telehealth and remote patient monitoring to our patients, administering over 4M PCR tests at over 100 sites, and administering over 1.1M vaccinations, providing more vaccinations to communities of color than any other provider in NYC.

Mr. Ulberg reviewed the fiscal year-end close-out highlights, which included a closing cash balance of \$737M, a net budget variance that was close to planned value, higher than planned patient care receipts and meeting or exceeding targets in several strategic initiatives. Key investments in clinical staffing were also made with the addition of 486 registered nurses and 257 other nursing positions, clinical growth initiatives, revenue cycle stabilization NYSNA/Doctors' Council contract agreements, including COLA increases.

Mr. James Cassidy presented the cash projections through September. Due to \$410M received in DSH funds, the system expects to close September with approximately \$700M. Entering fiscal year 2022, second quarter, major revenue streams are still expected and needed to maintain a sustainable cash balance, which includes \$350M in FEMA funds, \$500M in UPL/UPL conversion, and \$100M in VBP QIP funds. Due to the delay of these state/federal revenues, we have continued to delay our remaining fiscal years 2020 and 2021 obligations to the City.

In COVID-19 federal relief, New York City Health + Hospitals paid out approximately \$2.4B on direct COVID-19 expenses, with current commitments nearing \$3B. We have received \$266M in FEMA advances to-date with an expectation of additional \$354M in the coming months associated with

temporary surge staffing for cumulative reimbursement totaling \$620M. The system is preparing a subsequent FEMA reimbursement package for PPE. To this end, we will provide the reimbursement package as soon as the temp staffing process finalizes.

To date, H+H has received \$1.2B thus far, largely from the High Impact (\$754M), Safety-Net (\$359M), and General Allocation Provider Relief Fund (\$69M). Lastly, we are in the process of submitting our required financial reporting to HRSA for Provider Relief Fund (PRF) Phase 1 for revenues/expenses through June 30<sup>th</sup>, 2021. An update on our application will be presented post the October 26<sup>th</sup> deadline.

Mr. Cassidy reviewed the external risks, which included State, City, and New York City Health + Hospitals Medicaid initiatives and the vaccine mandate. For the latter, we acted to ensure readiness by hiring contract staff. The impact of this action will be reported in December.

Ms. Michline Farag reported on net budget variance. H+H ended fiscal year 2021 close to target with a net budget variance of -\$22.8M (0%). Receipts exceeded the budget by \$729M (\$636M in patient care) largely due to the higher acuity of COVID patients, Medicare rates, and risk payment catch-up and better performance. Disbursements exceeded budget by \$752M, \$653M of which was OTPS which included \$690M spend associated with COVID some of which was offset at the start of FY-22 as part of the FEMA payment.

Further, Ms. Farag presented the revenue performance for fiscal year end 2021. FY-21 patient care revenue is \$811M higher than FY20 actuals. Patient revenue improvements year-over-year can be attributed to a combination of increased patient acuity including COVID patients, increased rates, continued improvement on strategic initiatives, and MetroPlus risk payment timing.

Continuing, Ms. Farag reported on staffing growth, and the shift from temp to full-time. Global Full-Time Equivalents (GFTEs) decreased by 48 through FY-21. Temp staffing has been reduced by 126 FTEs in FY-21 (not including COVID temps). There is a reduced reliance on OT and shifting to FT hires where appropriate, FY21 OT dropped by 89 FTEs.

There were also increases to affiliates by 134 as we continue to invest in clinical business plans (such as OR Services expansion, Comprehensive Stroke Centers certification and expanded cardiology services) and NYC CARE. Kings County hospital also had a staff shift from H+H to Affiliates. Current efforts also include recalibrating staffing mix to support clinical and revenue generating investments and temp conversions. H+H staff growth since FY-19 is in line with NYC H+H Strategic Direction, with significant investments in clinical and revenue cycle staff as well as support services.

Ms. Marji Karlin presented the revenue cycle initiatives, which resulted in the achievement of \$392M outperforming a target of \$324M. This included a focus on denials performance for authorizations, timely filing,



eligibility, and administrative denials. This focus yielded a 30% reduction in authorization denials.

Mr. Matthew Siegler spoke to the system wide strategic initiatives for fiscal year 2021. Of these initiatives, H+H beat the targets across all categories. The highlights include a 98% achievement of line of sight projection, 93% realization of ROI on the 340B Contract Pharmacy initiative, exceeding revenue cycle operations initiatives internal target by 21%, surpassing the system wide primary care membership target, and outperforming the HARP conversion goal by nearly 200% (includes both MetroPlus and HealthFirst members).

The budget strategy that supported the fiscal year 2021 strategic focused on several key areas; however, the primary focus on revenue cycle and managed care were part of the foundation for our financial turnaround.

Ms. Sonya Rubin presented the Test and Trace report. H+H incurred \$1.4 billion of fiscal year 2021 Test and Trace expenses. OMB provided H+H with revenue through the Test and Trace MOU to cover fiscal year 2021 committed expenses. Test and Trace will continue operations into fiscal year 2022 to meet citywide COVID response needs. The timeline of programmatic ramp downs will continue to evolve as COVID trends remain unpredictable.

Currently, Test and Trace is operating various programming including pop-up sites, facility testing sites, mobile testing units, at home testing teams, contact tracing, school testing for students and situation room for public school contact tracing, isolation hotels, and 24/7 vaccine sites. Through the MOU, the City provided Test and Trace with sufficient funding for fiscal year 2022 programming to date. Funding sources include ELC grants, FEMA, American Rescue Plan funds, CTL and third-party billing revenue.

Ms. Wang opened the floor to questions from the Committee.

Mr. José Pagán asked if the resignation rate seen in other industries is being experienced in H+H too.

Dr. Katz has asked Ms. Yvette Villanueva to look at our number of retiring employees. We are one of the few companies that retirement benefits are tied to years of service. This keeps our retirement numbers low collectively. Once confirmed, Dr. Katz will report this number to the Committee.

Ms. Sally Hernandez-Piñero asked what was the additional personnel costs for the transition of employees to create the Test and Trace Corps and what kind of roles are envisioned for them later.

Mr. Ulberg responded that the City allocated funds which include standing up the Test and Trace Corps. As the number are being finalized; however as of now the funds include \$300M over three to four years. H+H will be looking to have this group subsumed into general staff as part of savings. Each year costs approximately \$40M. Dr. Katz has focused on

connecting patients in clinical settings back to their homes. Health workers will be the glue to their successful transition.

Ms. Hernandez-Piñero then inquired as to how \$1.2B mentioned in the October 18, 2021 compliance report is factored into the funding.

Mr. Ulberg replied that the funding is a flow-through.

Ms. Hernandez-Piñero asked why the Kings County physician staff are being shifted to the affiliates.

Mr. Ulberg replied that the Kings County physician transition is an ongoing effort to shift staff to PAGNY.

Ms. Barbara Lowe asked how will President Biden's budget and FEMA reimbursement affect New York City Health + Hospitals.

Mr. Siegler replied that the Biden budget is broad and covers a lot. Given that New York state is one of the States that expanded Medicaid, we anticipate good outcomes for New York. As for FEMA reimbursement, it sits outside of the Biden budget.

#### **ADJOURNMENT**

There being no further business the meeting was adjourn at 12:01 p.m.

## SUBSIDIARY REPORT

**MetroPlus Health Plan, Inc. - VIRTUAL MEETING**

Board of Directors Meeting - Tuesday, October 5<sup>th</sup>, 2021

**As Reported By: Ms. Sally Hernandez-Piñero**

Draft minutes subject to adoption at the next MetroPlusHealth Board of Directors meeting on Tuesday, December 14<sup>th</sup>, 2021.

Ms. Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 2:07 P.M.

### **ADOPTION OF THE MINUTES**

The minutes of the meeting of the Board of Directors held August 3, 2021 were presented to the Board. Board Members requested an amendment to the minutes to list Board Members that joined via video teleconference, thus did not count towards quorum under the rules then in effect. Board Members agreed and the minutes will be amended.

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

Ms. Sally Hernandez-Piñero asked Dr. Talya Schwartz, President & Chief Executive Office of MetroPlus, to begin with the Chief Executive Office report.

Dr. Schwartz reported on the COVID-19 mandate issued September 27<sup>th</sup>. The mandate applied to all public facing employees; those who are either exclusively remote or working in the office and never public facing fall under the City mandate of weekly testing.

Dr. Schwartz reported on the Plan's current job vacancy rate.

Board Members, Dr. Schwartz, and Mr. Ryan Harris, Chief Human Resource Officer, engaged in discussion on the vacancy rate.

Dr. Schwartz addressed Governor Hochul's Executive Order allowing facilities to suspend utilization review as needed to replace loss of clinical staff due to COVID vaccine related terminations, with staff currently deployed with obtaining authorizations from managed care plans.

Board Members asked questions about utilization review and recertification.

Dr. Sanjiv Shah addressed the questions.

Dr. Schwartz added the recertification and moratorium has been extended to the end of 2021. She also said the State's 1115 Waiver was submitted to CMS.

Ms. Sally Hernandez-Pinero requested to move on to New Business.

## **NEW BUSINESS**

Dr. Sanjiv Shah, Chief Medical Officer, presented the Behavioral Health (BH) Transition Update.

Dr. Shah introduced Head of Behavioral Health, Colleen Chesney.

Dr. Shah reported that as of Friday, October 1, 2021 the Plan is now live with providing BH services in house.

Dr. Shah reported on Network Statistics, Credentialing, Continuity of Care, Claims Processing, BH staff hiring and advised that the Children BH Medical Director position is in the process of being filled. He discussed the newly Medicaid-covered benefit, Applied Behavioral Analysis (ABA) and discussed some nuances around this benefit.

Dr. Shah advised that the BH team is meeting regularly with all other effected departments regarding the BH Transition to get ahead of any issues that may arise. Specially, to monitor production levels of all business and areas related to Claims, Call Center, Contracting and Credentialing.

Dr. Schwartz added to Dr. Shah's presentation by discussing the first 5 days of BH being live and the steps taken to ensure a smooth transition.

Board Members asked if the Plan has controls in place to monitor the adjudication process of claims.

Dr. Shah addressed the question.

Dr. Schwartz added to the explanation of the process of claims, billing, and payment.

Board Members asked if there are billing workshops in place and if providers were informed of the new claims adjudication process since the Plan took over.

Ms. Chesney addressed the question.

Dr. Shah discussed the next steps that will be taken to establish a strong foundation for BH through engagement, promotion, and integration.

Dr. Shah requested feedback from the Board Members regarding how to optimize collaboration between the Plan and NYC Health + Hospitals regarding BH.

Board Members asked a question regarding Phase 2 of BH hiring.

Dr. Shah addressed the question and spoke to some of the hurdles faced with onboarding.

Dr. Schwartz addressed the Board regarding the advantages of managing BH directly to develop a fruitful collaboration with the patients.

Board Members inquired about the key differences between MetroPlus and the previous BH services vendor in approach to improve relationships with providers.

Dr. Schwartz addressed the question and informed the Board Members on how the Plan intends to build and incentivize relationships and partnerships with providers.

Dr. Shah advised that the Plan recently started a collaboration with Lincoln Medical Center by placing a BH Health Care Manager to manage clients who are making repeated visits to the Emergency Department (ED). Dr. Shah reported that the Plan is engaging in provider conversations to partner to address the needs of the homeless population.

Board Members spoke to Dr. Shah's points and advised on improving collaboration between BH physicians and Primary Care Physicians (PCP), specifically regarding adverse health side effects of medication prescribed.

Ms. Hernandez-Piñero requested to move on to the COVID-19 Vaccine Update.

Dr. Shah spoke to this presentation and provided a brief update regarding the Plan's member vaccination rates.

Dr. Shah advised that currently the best way to encourage vaccination among the un-vaccinated is to have their trusted medical provider speak to them. The Plan is participating in the City's Vaccine Outreach Counseling Program (VOCP); Dr. Shah introduced this program to the Board Members.

Board Members and Dr. Shah engaged in conversation on the VOCP reimbursement process, the tracking and evaluation of the program's success rate, and further addressed the steps the Plan is taking to reach out to encourage members to get the vaccine.

Board Members asked if the Plan sends information out to their members regarding the COVID-19 vaccines.

Dr. Shah explained the text campaign and strategy.

Board Members commented on the difficulties in combating the misinformation circulating on social media regarding the vaccines.

Ms. Hernandez-Piñero asked Mr. Ryan Harris, Chief Human Resource Officer, to discuss the Testing and Vaccination Policies for the Plan's staff.

Mr. Harris explained the vaccination mandate which went into effect for most on September 27th and others on October 7th. He reported on the staff vaccination rate. Mr. Harris added that the Executive Order 75 issued by Mayor De Blasio states that all those newly hired to the City are required to show proof of receiving at least one dose of the vaccination so the Plan anticipates its vaccination numbers will increase as new employees are onboarded.

Board Members asked about the New York City data on vaccination around the % breakdown by race.

Dr. Shah addressed the question.

There being no further questions, Ms. Hernandez-Piñero requested the resolution be presented.

#### **ACTION ITEMS**

The resolution was introduced by Ms. Vallencia Lloyd, Chair of Customer Experience & Marketing Committee.

**Authorizing the Executive Director of MetroPlus to negotiate and execute a contract with AT&T ("the integrator") to provide Interactive Virtual Agent (IVA) and Computer Telephony Integration (CTI) services for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$1,752,530 for the total 5-year term.**

Mr. Ganesh Ramratan, Chief Information Officer, spoke to the presentation of the slides.

Board Members asked questions regarding who uses the application and if there is a more enhanced system available.

Mr. Ramratan addressed the question.

Board Members asked about how and if this service will allow for the Plan to repurpose employees in the call center.

Mr. Ramratan addressed the question and advised this system will be used beyond the call center.

Dr. Schwartz added that the Plan's membership grew but the Call Center staff was not increased.

Board Members spoke to the benefits of the IVA/CTI service.

Dr. Schwartz and Mr. Ramratan described the process, service, and benefits.

There being no further questions or comments, on motion by the Chairman of the Board and duly seconded, the Board unanimously approved the resolution.

#### **COMMITTEE APPOINTMENT**

Ms. Sally Hernandez-Piñero proposed a motion to **appoint Dr. Eric Wei to the Executive Committee**, and duly seconded, the Board unanimously approved the appointment.

#### **INFORMATIONAL ITEM**

Ms. Sally Hernandez-Piñero reminded the Board Members about the Annual Compliance Training, which spans from October 1 to October 31, 2021 and impressed upon them the importance of the training being completed within the indicated timeframe.

Dr. Schwartz provided an update about the contract with AArete that was initially approved at the March 30, 2021 MetroPlusHealth Board of Directors meeting.

Dr. Schwartz advised the Board that due to time sensitivity, it was in the best interest of the Plan that she grant an exception to process for a contract expansion with AArete for an additional \$250,000 over the 10-week period of October 11<sup>th</sup> through December 17<sup>th</sup>, 2021 to expand the scope of the agreement to include professional services for implementing Value Based Payment (VBP) contracts for selected providers that will take effect on January 1st, 2022. Dr. Schwartz wanted to inform the Board of this decision.

Board Members asked about the original cost of the contract.

Dr. Shah responded that the original AArete contract was for a term of three years with two 1-year options to renew, for an amount not to exceed \$2,000,000 for the total 5-year term.

Board Members asked if AArete will be assisting with developing value-based payment VBP strategy with providers.

Dr. Shah addressed the question.

Dr. Schwartz advised that the AArete contract update was presented to the Board for informational purposes. In situations where a time sensitive decision needs to be made, as the MetroPlusHealth Executive Director, she has the authority to sign off on this exception to policy and provide the update to keep the Board informed.

Dr. Schwartz advised the Board that Ms. Jessica Bauer is moving into a new role and introduced Ms. Angela Minerva as the new Board Liaison.

There being no further business, Ms. Hernandez-Piñero adjourned the meeting at 3:23 PM.

<b>HHC ACO INC. BOARD OF DIRECTORS (Virtual) October 07, 2021</b>
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The Board of Directors of HHC ACO Inc. (the "Board"), NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on October 07, 2021 to go over the results from Performance Year 2020 and to approve the Proposed 2020 Performance Payment Allocation.

The meeting of the Board was called to order by Matthew Siegler at 2:02 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the February 26, 2021 meeting without correction or modification.

Among other matters, the Board discussed the following:

- Introduction of Richard Becker, M.D.;
- The ACO's Performance Year 2021 Performance Projection; and
- The ACO's 2021 Quarter 4 Clinical Approach.

The Board approved the following resolutions:

- Authorizing the Chief Executive Officer of the ACO to negotiate and execute an amendment to the ACO Participation Agreements and Collaborator Agreements consistent with the distribution methodology set forth in the Proposed 2020 Performance Payment Allocation (Exhibit B), and distribute the 2020 Performance Payment in accordance with such Agreements as amended.

There being no further business, Matthew Siegler adjourned the meeting at approximately 2:39 PM.



**Mitchell H. Katz, MD**  
**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**October 28, 2021**

#### **CORONAVIRUS UPDATE**

COVID-19 cases - Positive COVID-19 cases, hospitalizations and deaths continue to decline across the City. In fact, the number of citywide cases have been recategorized by the CDC -- from a "high" level of transmission to a "substantial" level of transmission -- a sign things are going in the right direction. At NYC Health + Hospitals, our COVID-19 hospitalizations and ICU admissions have also declined and have remained steadily low in the last few weeks.

Vaccine - Our health system has administered nearly 1.3 million total doses and over 650,000 first doses across all our 21 vaccine hubs. We expanded COVID-19 booster program on October 26<sup>th</sup> to offer Moderna and Johnson & Johnson booster doses in addition to Pfizer, and created education and marketing materials in multiple languages to support communication to staff, patients, and community members. We also updated our online appointment scheduler to allow our patients and the public to make appointments online. We expect approval next week of the Pfizer vaccine for 5 to 11-year-olds and will be ready to begin vaccinating our youngest patients once the vaccine for children goes through the full approval process.

Staff vaccine mandate - Following the State mandate requiring vaccines for health care workers, we have experienced and great response from our staff and have reached 95 percent vaccination rates among our workforce.

NYC Test & Trace - the team continues to reach an incredibly high proportion of all new cases, currently reaching 88% of all new cases Citywide. We have identified nearly 1.2 million close contacts to date as well. We also just surpassed completing over 300,000 referrals for resources for cases and close contacts in NYC, which is something unique that we do - connect cases and contacts to the resources that they need in order to quarantine or isolate. These services include food delivery, hotel stay, home vaccine, home testing, monoclonal antibody treatment, navigation of cash assistance and paid sick leave. This is all is done through the big front door of contact tracing.

#### **PREPARING FOR THE FLU SEASON**

It is that time of year again -- the 2021 - 2022 flu season is upon us. With COVID-19 and flu season occurring together. It is more important than ever to protect ourselves and loved ones from getting sick. We really need to avoid what some are referring to as the possibility for a 'twindemic.' Flu vaccines are available at all NYC Health + Hospitals acute care hospital sites and Gotham Health centers. I got my flu shot and I know many of you got yours this morning. We all need to be at our healthiest so that we can together take care of each other and our most vulnerable.

The flu vaccine is safe and efficient in preventing the influenza (flu) virus and can be safely taken together with the COVID-19 vaccine, COVID-19 3rd dose or booster shots to reduce risk of illness, hospitalization and even death. It is safe to get the flu vaccine at the same time that you get a second COVID-19 vaccine, or COVID-19 3rd dose, or a booster shot. So please, get vaccinated for influenza to protect your health and for those around you.

#### **JOINT COMMISSION SURVEYS**

The Joint Commission (JC) Triennial surveys that were postponed for an extended period due to the COVID-19 pandemic, finally occurred at two of our hospitals. NYC Health + Hospitals/Kings County was surveyed October 4 - 8, and NYC Health + Hospitals/Coney Island was surveyed October 12-15. The JC's lead surveyor, Tom Barton, a former emergency department nurse, was truly inspired by how committed our staff are to each other and to the communities we serve. Both surveys were successful. Various clinical services were praised, including but not limited to dialysis, ambulatory care sites, intensive care units, emergency departments, and behavioral health. Additionally, each survey's specific administrative function sessions were highly regarded, including human resources, infection prevention and control, data and quality improvement, and emergency management, all critically important aspects within the overall hospital infrastructure.

Thank you to NYC Health + Hospitals Board Chair José Pagán for participating in-person in the two hospital Leadership Sessions. These sessions focused predominantly on ways in which each hospital weaves health equity into the overall organizational framework, as well as how they institute a culture of safety from leadership to front line staff members. The participation of our Board members in these sessions is always instrumental and further generates positivity and inspiration, contributing to successful surveys.

#### **NYC HEALTH + HOSPITALS, CUNY EXPAND NURSING PARTNERSHIP**

NYC Health + Hospitals and the City University of New York (CUNY) finalized an agreement to expand our partnership to strengthen our nursing relationship by employing CUNY graduates, while also working with their expert faculty to offer ongoing professional development opportunities to our existing nurse workforce. CUNY Nursing Grads and highly trained nurses will be recruited to our health system from the more than 2,000 CUNY nursing students who graduate each year. Our nurses will have access to over 50 nursing advanced credit-bearing certificate and degree programs across CUNY institutions, including nursing programs at senior and community colleges. Congratulations to our System's Chief Nurse Executive Natalia Cineas for helping us to build on this important partnership.

#### **HISPANIC HERITAGE MONTH RECOGNITION**

The Latino community forms a significant portion of our incredible health system staff, as well as the patient population that we serve. Nearly 8,000 NYC Health + Hospitals employees identify as Hispanic or Latinx, and nearly

27 percent of our patients are Latino. Last year, we provided nearly 1 million Spanish language interpretation requests and Spanish ranks as the top requested language across our health system. To celebrate Hispanic Heritage Month, we hosted a virtual forum entitled, "A Discussion about Health Equity in the Latinx Community" featuring leading experts in Latino studies, health care, and immigrant affairs who discussed community and health equity issues impacting Latinx communities in New York City. Our facilities also hosted a number of staff recognition activities and community forums celebrating Latino culture.

#### **RECOGNIZING OUR PHARMACISTS DURING NATIONAL PHARMACY MONTH**

Each day, approximately 1,000 NYC Health + Hospitals pharmacy professionals make a difference in the lives of countless patients at our acute care facilities, Gotham Health centers, post-acute facilities, and Correctional Health Services sites. Pharmacy staff across the health system have been especially invaluable to our health system during the COVID-19 pandemic. They took on new responsibilities and challenges with confidence, including compounding vital medications from scratch during shortages and managing the delivery, acceptance, storage, preparation, disbursement and, in some cases, administration of the vaccines. They did an exceptional job and I am so thankful to our health system's pharmacists, who worked tirelessly to mobilize with nurses and physicians and save lives. During National Pharmacy Week, October 17- 23, our health system recognized pharmacy teams and departments for their invaluable contributions to patient care in all our health care settings.

#### **2021 HEALTHCARE QUALITY WEEK HIGHLIGHTS CHAMPIONS**

In recognition of National Health Care Quality Week, our health system hosted a Webinar Series entitled *Inclusive & Accessible Performance Improvement: Nurturing New Voices*. The series spotlighted various leaders in quality and performance improvement across the health system, recognized the 2021 Performance Improvement Champions, and feature a keynote speaker from the NYC Department of Health and Mental Hygiene. Six outstanding health system leaders, and our Community Care COVID-19 Isolation Hotel Program team who were recognized as 2021 Performance Improvement Champions. They were among more than 50 health care staff and teams nominated for a quality improvement project that they worked on or led. This year's winners succeeded in making significant improvements in reducing hospital infections, engaging post-acute residents, improving engagement of PrEP patients and promoting safety for guests at COVID-19 Hotel program. We congratulate this year's Performance Improvement Champions, as well as all who were nominated.

- **Mary Deady-Rooney, DNP, RN, CCRN, NEA-BC**, Associate Director of Nursing, Department of Medicine, Intensive Care and Medical/ Surgical Units, NYC Health + Hospitals/Metropolitan
- **Shoshana Marmon, MD, PhD** Attending Physician, Department of Dermatology, NYC Health + Hospitals/Coney Island and NYC Health + Hospitals/Gotham Health, Cumberland

- **Howard Finger, DO** Attending Physician, Department of Internal Medicine, NYC Health + Hospitals/Coler and NYC Health + Hospitals/Carter
- Community Care COVID-19 Isolation Hotel Program Core Team: **Dayo Alalade, Saubirah Hack, KeenFan (Rebecca) Sze, and Tawana Wilson**
- **Angelina Gomes, MD** Attending Physician, Department of Primary Care, NYC Health + Hospitals/Gotham Health, Gouverneur
- **Maria R. Creta, RPH, CCHP** Director of Pharmacy for Clinical Services, NYC Health + Hospitals/Correctional Health Services
- **Albert Belaro, DNP, RN** Senior Director, Professional Practice/Education, NYC Health + Hospitals Office of Patient Centered Care

## **PUBLIC AFFAIRS UPDATE**

**Federal** - Most of you know that activity on Capitol Hill is still very much in flux. Federal funding expires on December 3, and the debt ceiling (federal borrowing limit) must be increased by then as well. This is mixed into the ongoing negotiations on the potential infrastructure plan and significant social spending bill, as well as some well-documented political dynamics. These have really been the priorities for our champions on Capitol Hill, but we continue to stay in good contact with our Senators and Representatives, particularly in regards to the need for stable funding and infrastructure support. We are grateful for their attention and partnership. In particular, I want to continue to thank Majority Leader Schumer and Representative Torres for their strong support for our critical COVID-related FEMA reimbursements.

**State** - On Election Day, there are 2 State special elections for State offices that have NYC Health + Hospitals facilities in their district. One is for Lt. Governor Brian Benjamin's former senate seat, Senate District 30, which has NYC Health + Hospitals/Harlem, Carter, and Sydenham in its district. The other seat is for former Assembly member Victor Pichardo, this seat has the NYC Health + Hospitals/Gotham Health, Tremont Center of Excellence in its district.

**City** - Election Day is November 2. New Yorkers can vote early or on the 2<sup>nd</sup> for the offices of Mayor, City Council, Borough Presidents, and the State special races. We participated in a hearing on 10/27 regarding "NYC Hospitals Preparedness for Weather Emergencies" and were represented by Dr. Laura Iavicoli and Christine Flaherty. City Hall in Your Borough - Manhattan was celebrated this week and a number of our facility teams are joining the Mayor's Resource Fair today.

**Community** - Our health system hosted a Digital Health Forum/ Insurance 101 Workshop with the Centers for Medicare and Medicaid Services (CMS) and the NY State of Health. More than 70 CBOs joined the session.

## **FINANCE UPDATE**

NYC Health + Hospitals closed September with approximately \$700 million, 33 days cash-on-hand. The Net Budget Variance for FY-21 was close to plan, reflecting the timing impact on cash of the delayed COVID-19 Federal

reimbursement received in FY-22. Patient Care Receipts came in \$636M higher than planned, due to the higher acuity of the COVID patients as well as Revenue Cycle and other targeted efforts plus improved timing of risk pool payment. Strategic Initiatives continued to stay on track despite COVID-19. We met or exceeded our target in: Revenue Cycle & Enrolling the Uninsured (\$432M); 340B pharmacy revenue (\$69M); and Value-Based Payment initiatives (\$53M).

We have continued to make key staffing investments since FY-19 including:

- RNs (+486) and other Nursing positions (+257) to ensure quality patient care;
- Targeted clinical growth initiatives to meet patient care needs while ensuring financial sustainability;
- Stabilizing and sustaining Revenue Cycle Operations (+361) to enhance and ensure billing integrity.
- NYSNA/Doctors' Council contract agreements, including COLA increases

## **CONTRACTS**

I have approved 2 contracts, given their time-sensitivity, that would otherwise have been brought to the Board, and I want to take this opportunity to summarize them.

One exception was an extension of our contract with Procor, an agency which specializes in reviewing the invoices of contractors, to assure the documentation of their charges is complete and the invoices are in a form acceptable for Federal reimbursement. Procor was initially contracted July 1, 2020. We have extended the term of the agreement through June 30, 2022 with the not-to-exceed amount of \$6,395,400.

The second exception was a contract amendment with Optum Insight, Inc., who has provided call center support for COVID contract tracing, and a vaccination scheduling campaign, along with Optum's subcontractor, McKinsey, who has provided operational support and leadership for the Trace Contract Center and more recently the Delta variant management strategy. This contract amendment is to extend their support through December 2021, at an additional cost of \$6.6M as part of our community testing program. Funding for these services is provided through OMB.

## **HEALTH SYSTEM NEWS**

- [NYC Health + Hospitals, CUNY Expand Partnership to Advance Nursing Career Pathways](#)
  - [Dr. Wendy Wilcox Appointed NYC Health + Hospitals Chief Women's Health Service Officer](#)
  - [NYC Health + Hospitals/Queens Opens New Total Hip and Knee Replacement Center](#)
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- [Jacobi Hospital Opens New Pride Center for LGBTQ Patients](#)
  - [Woodhull Hospital Marks Emergency Department Expansion Completion](#)
  - [New Yorkers Reminded to Schedule Mammograms this Breast Cancer Awareness Month](#)
  - [NYC Health + Hospitals Physicians Awarded CURE-19 Research Grants](#)
  - [Elmhurst CEO and CFO Named to Crain's "Notable Hispanic Leaders and Executives" List](#)
  - [OASAS Awards Public Health System Nearly \\$2M for Substance Use Disorder Treatment](#)
  - [Street Health Outreach & Wellness Mobile Units Engage Over 50K People](#)
  - [New Yorkers Encouraged to Get Flu Vaccine for Further Protection During Pandemic](#)
  - [Newsweek Recognizes Four Skilled Nursing Facilities on "Best Nursing Homes" List](#)
  - [NYC Health + Hospitals/Bellevue, Metropolitan CEOs Named to City & State's "Manhattan Power 100" List](#)
  - [Mt. Sinai Awards \\$25,000 Research Grant to Help Evaluate Impacts of COVID-19](#)
  - [Mayor de Blasio Launches the NYC Public Health Corps](#)
  - [Test & Trace Engages Over 1 Million Close Contacts through Trace Program](#)
  - [Vanderbilt Celebrates Diabetes Center Grand Opening](#)
  - [NYC Health + Hospitals/Metropolitan, the Government of the Dominican Republic Announce New Partnership Regarding Health Care of Dominican Government Employees in NYC](#)
  - [Vaccine Referral Bonus Program's Organizations Refer Over 20k Vaccinations](#)
  - [Flu Testing Now Available at All Test & Trace Mobile Testing Units](#)
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**RESOLUTION 02**

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest five-year renewal agreement with **Coordinated Behavioral Care IPA, Inc. (“CBC”)** for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600.

**WHEREAS**, New York State Office of Mental Health’s (“**OMH**”) Medicaid Performance Opportunity Program mandates clinical partnerships among payors, healthcare providers and care management agencies to provide intensive care transitions services to manage patients with high acute care utilization and recommends Critical Time Intervention (“**CTI**”), an evidence based and time limited intervention, as a model of care; and

**WHEREAS**, to transition adult System patients with persistent behavioral health needs from frequent Psychiatric Inpatient and/or Emergency Department treatment to ongoing ambulatory behavioral health care in community-based setting, skilled and intensive care transition services are required; and

**WHEREAS**, CBC is a provider-owned and led non-profit Independent Physician Association (an “**IPA**”) consisting of a Medicaid Health Home, an IPA, and an Innovations Hub which develops and incubates new program models, such as Pathway Home™ as well as emerging technologies assisted care solutions; and

**WHEREAS**, the System’s DSRIP program, OneCity Health, executed an agreement for such case management services with CBC in February 2019 expiring December 31, 2021 that grew over time to include 5 System hospitals at a cost of approximately \$4.3M; and

**WHEREAS**, CBC provided valuable services during the term of its OneCity Health contract by reducing use of System Emergency Departments, reducing costs and yielding better clinical outcomes; and

**WHEREAS**, in March 2021 OMH extended its mandate for transition services for patients with persistent behavioral health issues recognizing the need to extend and expand the service to a much larger group of the System’s patients; and

**WHEREAS**, the proposed agreement with CBC will move from a hospital-based model to a borough-based model with CBC playing the role of a single point of access for referrals from all of the System’s hospitals with 24/7 on-call access and the expectation of enrolling more than 90 patients per team per year.

**NOW THEREFORE, IT IS RESOLVED THAT** New York City Health and Hospitals Corporation (the “**System**”) be and it hereby is authorized to execute a five-year best interest renewal agreement with Coordinated Behavioral Care IPA, Inc. (“**CBC**”) for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600.

**EXECUTIVE SUMMARY**  
**BEHAVIORAL HEALTH CARE MANAGEMENT AGREEMENT WITH**  
**COORDINATED BEHAVIORAL CARE IPA, INC.**

- BACK GROUND:** OMH's Medicaid Performance Opportunity Program mandates clinical partnerships among payors, healthcare providers and care management agencies to provide intensive care transitions services to manage patients with high acute care utilization and recommends CTI. To respond to this mandate, the System, through OneCity Health, contracted with CBC for such case transition services. While initially sited only at NYC Health +Hospitals/Bellevue, the program grew to include 5 System hospitals at a cost of approximately \$4.3M. The program was quite successful in improving clinical outcomes, reducing use of acute care resources and saving money. OMH has renewed its mandate for such transition services and indicates that it wishes to expand the System's program to include many more patients from all of its facilities.
- PROCUREMENT:** With the approval of the Contract Review Committee, the proposed contract will be awarded on a "Best Interest" basis under Operating Procedure 100-5. CBC, as an IPA, consists of 50 community based organizations. As such, there are no competitors in the New York downstate catchment area who currently provide similar services. CBC demonstrated the value of its services during its more limited contract with OneCity Health and has been recognized by OMH with supportive grants to develop its Pathway Home™ teams approach.
- PROPOSED PROGRAM:** As proposed, the agreement with CBC will expand into a System-wide program operating on a borough-based structure drawing referrals from all of the System's facilities. The program will be based around 4 CBC Pathway Home™ teams each of which will be expected to enroll more than 90 patients per year. CBC's Pathway Home™ program provides a multidisciplinary and high touch care transition services beginning prior to hospital discharge and continuing into the community for 6 – 9 months after. Each team consists of RNs, SWs, Case Managers and Peers who help address clinical as well as social issues. By beginning engagement before discharge from an acute care setting such as an ED/CPEP visit or hospital admission, this team-based model will provide high risk patient populations with support within the community to connect with outpatient clinical services as well as social services. Pathway Home™ team members meet with patient at least once a week for first 1-3 months, accompany them on the day of discharge and to their subsequent MH, SUD and PC clinic appointments. Visit frequency is based on patient needs. This intensive care management model aims to strengthen community-based care through development of individualized, longitudinal care plans, as well as a focus on skill-building. The program goals are: Strengthening community-based care and improving connection to outpatient services post discharge, reducing avoidable readmissions and emergency department use, shortening lengths of stay, increased enrollment in health home care coordination to maintain ongoing case management post-intervention and increased medication adherence through medication management and reconciliation.
- TERMS:** \$898,880 per team/year; \$832.30 per enrolled patient per month. 73% of the cost is dedicated to direct patient care staff and supervisor (RN, SW, Peers etc.). This amounts to \$3,595,520 for 4 teams/year which extends over 5 years \$17,977,600 for 4 teams/year for 5 years.
- FUNDING:** While the System originally paid for the agreement with CBC using a State OMH grant, the proposed renewal will be funded with the Systems operating funds.
- MWBE:** Because CBC is a not-for-profit corporation, it cannot, itself, be an MWBE. However, the staff at CBC is 85% minority and/or women while the board is 75% minority and/or women.





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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Digitally signed by Tallbe, Keith  
Date: 2021.10.28  
10:11:43 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Coordinated Behavioral Care Independent Practice Association (CBC IPA)

Date: October 28, 2021

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

**Vendor Responsibility**

Pending

**EEO**

Approved

**MWBE**

Exempt: self-performing  
non-profit entity

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.

**Coordinated Behavioral Health - Pathway Home™  
for High Risk Behavioral Health Patients  
Approval Request for Best Interest Renewal Agreement**

**Board of Directors Meeting**

**November 18, 2021**

**Office of Behavioral Health / Medical Professional Affairs:**

**Charles Barron, MD - System Deputy Chief Medical Officer**

**Richard Freeman - Sr. AVP**

**Prajakta Vagal - Senior Director**

**Central Office:**

**Wilbur Yen - Senior Director**

## Background

- Many H+H patients with behavioral health needs are high utilizers of acute care services but are often not engaged in ongoing ambulatory behavioral health care. A successful transition from Psychiatric Inpatient and/or Emergency Department treatment to a community-based setting for adults with serious mental illness requires skilled and intensive care transition services.
- The New York State (NYS) Office of Mental Health (OMH) Medicaid Performance Opportunity Program (POP) mandates clinical partnerships between payors, healthcare providers and care management agencies to provide intensive care transition services to manage behavioral health patients with high acute care utilization. OMH recommends Critical Time Intervention (CTI), an evidence-based and time-limited intervention, as a model of care.
- OMH endorsed and funded a Pathway Home™ pilot program in CY 2018-2019 which was implemented at two New York City hospitals, one of which was NYC H+H/Bellevue, in partnership with the Office of Behavioral Health.

## CBC and Pathway Home

- Coordinated Behavioral Care (CBC) is a provider-owned and led non profit organization consisting of a Medicaid Health Home, an Independent Practice Association (IPA), and an Innovations Hub which develops and incubates new program models, such as Pathway Home™ (PH).
- CBC as a non-profit entities cannot be certified as MWBEs under NYS or NYC law. As CBC is non-profit, they are exempt from MWBE goals. However, the staff at CBC is 85% minority and/or women and the CBC Board of Directors is 75% minority and/or women.
- PH's goal is to ensure uninterrupted and coordinated access to behavioral and physical health services while addressing the social determinants of health. CBC acts as a single point of referral to multidisciplinary teams at care management agencies in CBC's broader IPA network. These teams maintain small caseloads and offer flexible interventions where frequency, duration and intensity is tailored to match the individual's community needs and have the capacity to respond rapidly to crisis.
- The PH program meets OMH's recommended CTI model requirements by providing multidisciplinary and high-touch care transition services beginning prior to hospital discharge. These services continue into the community for six–nine months after the initial engagement.
- PH is the winner of numerous awards, including Crain's Heritage Innovation in Healthcare Delivery Award (2019) and the Case Management Society of America (CMSA) Case Management Practice Improvement (2019).

## H+H and CBC Partnership

- Based on the experience of the OMH pilot at NYC H+H/Bellevue, OneCity Health, a subsidiary of NYC Health + Hospitals, entered into a 15-month agreement with CBC beginning in June of 2019 to extend PH services to four additional H+H BH services at NYC H+H/Metropolitan, NYC H+H/Harlem, NYC H+H/Lincoln and NYC H+H/Coney Island.
- The agreement was approved by the OneCity Health Executive Committee and OneCity's Board of Directors with a not-to-exceed amount of \$4,294,476 funded through the Delivery System Reform Incentive Payment (DSRIP) program. This contract was further extended through December 31, 2021 with H+H funding approved by the Clinical Services Planning Committee.
- In March 2021 OMH declared an extension to the POP mandate. With this extension OBH recognizes the need to not only extend the service, but also to expand the service to a larger group of eligible patients from H+H risk pool.
- The program will move from a hospital-based to a borough-based model with CBC playing the role of single point of access for referrals as well as 24/7 on-call access.
- If approved, the service will reach POP eligible H+H risk pool members who will be discharged from ALL 11 NYC H+H Behavioral Health inpatient services.
- CBC will be expected to enroll at least 90-100 patients per team per year

# Best Interest Renewal Agreement

Under OP 100-05, the system can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the system's best interest to do so

- CBC and the Pathway Home™ teams have provided significant value to H+H's patients and inpatients clinical teams in transitioning high-risk patients into the community and engaging them into outpatients clinical services as well as community-based supportive
- There are no competitors in the New York downstate catchment area who currently provide similar services. Initiating an RFP or new service provider would require undoing the work done over the past three years and would present significant service gaps for this vulnerable patient population
- To meet these goals, OBH is requesting a best interest renewal of the current agreement for the period January 1, 2022 – December 2026 with a not-to-exceed amount of \$17,977,600. The pricing for the proposed best interest renewal has no increase in unit cost.
  - H+H funding (supported by DSRIP earnings) was approved for the best interest renewal by both H+H's Clinical Services Planning Committee and the Contract Review Committee
- Cost Detail:
  - \$898,880 per team/year
    - \$832.30 per enrolled patient per month / (approximately \$9,987.60 annualized)
    - 90 – 100 patients per team/year
    - 73% cost is dedicated to salaries for the multidisciplinary care team.
    - Each team consists of: 1.0 Team Leader, 1.0 RN, 2.0 Senior MH Clinicians, 2.0 Case Managers, 2.0 Peers, 0.2 Contract Manager
  - \$3,595,520 for four (4) teams/year; total for 360-400 patients per year
  - \$17,977,600 for four (4) teams, over (5) years (serving approximately 1800 – 2000 patients over 5 years)

## Accomplishments at H+H

- **689** unique patients received PH services between February 2019 and June 2021
  - Patient engagement rate of 68%

Of the 689 unique patients,

- 30-Day follow up after hospitalization (FUH) HEDIS/VBP metric rate – 81%
  - System-wide comparison: 47.4%
- Reconnection to primary care and specialty services post discharge – 90%
- Connection to long-term community-based care coordination services such as Health Home – 56%
- Significant difference in ED and inpatient visits between program participants when compared to the control group
  - The CTI group in the retrospective cohort design study averaged 5.3 visits within 9-months post program enrollment while the control group averaged 10.5 visits during the same look-back period.
  - Similar findings have been reported in other published studies on Pathway Home programs.

A recent CBC study of Pathway Home members (non-H+H) using Medicaid/PSYCKES data of patients enrolled in the Pathway Home program, indicated a net savings of \$41,296 per member over the course of 18-months.

- Per member savings over 18 months: \$41,296
- Per member savings applied to 12 months: \$27,530.67
- 400 members served a year \* 5 years: 2,000 members
- **TOTAL SAVINGS:** \$27,530.67 \* 2,000 = **\$55,061,333.33**
- **ROI** (Total savings minus contract cost) : \$55,061,333.33 - \$17,977,600 = **\$37,083,733.33**

# Pathway Home™ Program Overview

## ***Distinguishing features***

- By beginning *engagement before discharge* from an acute care setting such as an ED/CPEP visit or hospital admission, this team-based model will provide high risk patient populations with support within the community to connect with outpatient clinical services as well as social services.
- PH team members *meet with patient at least once a week* for first 1-3 months, *accompany them on the day of discharge* and to their subsequent Mental Health, Substance Use Disorder and Primary Care clinic appointments. Visit frequency is always based on patient needs. This intensive care management model aims to strengthen community-based care through development of *individualized, longitudinal care plans*, as well as a focus on *skill-building*.

## ***Program Goals***

- Strengthening community-based care and improving connection to outpatient services post-discharge
- Reducing avoidable readmissions and emergency department use
- Shortening length of stay
- Increased enrollment in health home care coordination to maintain ongoing case management post-intervention
- Increased medication adherence through medication management and reconciliation



# Referral Criteria to Pathway Home Program

- Target population for delivery of services. The target population enrolled by CBC will be individuals identified by H+H who are being discharged from psychiatric inpatient units to the community. Clients being discharged from Emergency Departments will also be eligible. Minimum eligibility criteria include:
  - Identified and referred from an H+H facility.
  - Significant challenges or disabilities, or difficulty in engaging in community care due to an SMI diagnosis;
  - 18 years of age or older;
  - Candidates with serious mental illness who are high utilizers of acute mental health (MH) services (3+ Mental Health admission and/or 4+ ED in the prior 12 months)
  - Flagged as OMH-POP High User in PSYCKES under both the “High Need Population” and the “Quality Flag” filters;
  - Not enrolled with another program that offers duplication of services (e.g. Assertive Community Treatment);
  - Do not have dementia, neurocognitive disorder, primary diagnosis of substance use disorder, or primary diagnosis of personality disorder;
  - Emphasis will be on patients with Metroplus, Healthfirst, or no insurance/self-pay.

## Board of Directors Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest five-year renewal agreement with **Coordinated Behavioral Care IPA, Inc. (“CBC”)** for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600.

**RESOLUTION - 03**

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a 10-year lease with **Coney Island Associates Retail 2 LLC** (“Developer”) for approximately 2,500 sq. ft. on the 1<sup>st</sup> floor of a to-be-constructed building at 1607 Surf Avenue, between W. 17<sup>th</sup> and 16<sup>th</sup> Streets in Coney Island (the “Premises”) to house the Ida G. Israel Community Health Clinic (the “Clinic”) operated by NYC Health + Hospitals/Coney Island (the “Facility”) now operating on an adjacent lot for a yearly rent of \$30/sq. ft to be escalated by 10% every 5 years plus a share of increases in Developer’s operating costs; provided that Developer will build out the Premises to the System’s specifications within a budget of \$250/sq. ft., rent will not be payable until 18 months after construction is completed and the System shall hold two 5-year options to renew the lease at 95% of fair market value with the rent over the initial term totaling \$787,500.

**WHEREAS**, in 2012, Hurricane Sandy destroyed the Clinic’s rented space in the Coney Island neighborhood forcing its urgent relocation; and

**WHEREAS**, in 2013, New York City Department of Housing Preservation and Development (“**HPD**”) licensed the Clinic’s current location to the System for the Clinic’s operation with the information that the location was slated for the development of affordable housing as part of a three-phase development plan with an unspecified schedule; and

**WHEREAS**, Phase I of HPD’s development plan is completed, Phase II is scheduled to begin in January 2022 with the construction of the 2<sup>nd</sup> building that will house the Clinic and with Phase III to start in the future with the construction of the 3<sup>rd</sup> building on the current site of the Clinic; and

**WHEREAS**, when it becomes necessary to move because of the construction of the 3<sup>rd</sup> building in the HPD plan or when space is ready both at the Premises and also at the Facility, the Clinic, as currently operated, will likely relocate its Behavioral Health, Substance Use Disorder and Dentistry programs to the Health & Wellness Institute at the Facility and with Family Medicine, to move to the Premises; and

**WHEREAS**, the proposed lease offers a below market opportunity for the System to secured now a future home for part of the Clinic ensuring that the Facility will retain a presence in the neighborhood; and

**WHEREAS**, the Premises will be leased to the System at a lower rent than is being charged to the NYC Human Resources Administration for approximately 30,000 square feet in Phase I building; and

**WHEREAS**, the administration of the proposed lease will be the responsibility of the Executive Director of the Facility.

**NOW THEREFORE, IT IS RESOLVED THAT** New York City Health and Hospitals Corporation be and it hereby is authorized to execute a 10-year lease with Coney Island Retail 2 LLC for approximately 2,500 sq. ft. on the 1<sup>st</sup> floor of a to-be-constructed building at 1607 Surf Avenue

(Block 7062 -- Surf Avenue, between W. 17<sup>th</sup> and 16<sup>th</sup> Streets) in to house the Ida G. Israel Community Health Clinic operated by NYC Health + Hospitals/Coney Island now operating on an adjacent lot for a yearly rent of \$30/square feet to be escalated by 10% every 5 years plus a share of increases in Developer's operating costs; provided that Developer will build out the Premises to the System's specifications within a budget of \$250/sq. ft., rent will not begin to be payable until 18 months after construction and the System shall hold two 5-year options to renew the lease at 95% of fair market value with the rent over the initial term totaling \$787,500.

**EXECUTIVE SUMMARY**  
**LEASE OF 2,500 SQ. FT. FOR**  
**IDA G. ISRAEL COMMUNITY HEALTH CENTER**

**BACKGROUND**

Ida G. Israel Community Health Clinic (the “**Clinic**”) has been in a 13,000 sq. ft. refabricated structure on an otherwise vacant lot in Coney Island licensed by NYC Housing Preservation and Development (“**HPD**”) since 2013 after having to urgently relocate from its prior rented space that was destroyed by Hurricane Sandy in 2012. The current site is part of a three-block assemblage that HPD has designated for a mixed-use affordable housing with ground floor retail. NYC Human Resources Administration (“**HRA**”) has already taken occupancy of about 30,000 sq. ft. in the first of the three phases, which was recently completed. Upon the completion of construction of the 2<sup>nd</sup> building, the Clinic will have to relocate to make way for the eventual construction of the 3<sup>rd</sup> building which will be constructed on the current site of the Clinic. By signing a proposed lease now for space in the 2<sup>nd</sup> building, the Clinic will secure a place to move when necessary or before and is therefore certain to be able to maintain a presence in the community.

**PROPOSED PROGRAM:**

Currently the Clinic offers the following services: Behavioral Health, Substance Use Disorder, Dentistry, Family Medicine. NYC Health + Hospitals/Coney Island (the “**Facility**”) will likely relocate the Clinic’s Behavioral Health, Substance Use Disorder, and dentistry services to the Coney Island campus. The smaller part of the Clinic’s programs, those focused on Family Medicine, will be relocated to the new space to be rented on the first floor of the 2<sup>nd</sup> building in 2,500 sq. ft. (the “**Premises**”). These plans may change during the next two-three years. As the current space occupied by the Clinic is 13,000 sq. ft. and the Premises is only 2,500 sq. ft., it is evident that most of the Clinic’s operations will be removed to the Facility, while retaining a smaller footprint at the Premises.

**TERMS:**

The proposed lease will be with Coney Island Retail 2 LLC (“**Developer**”). HPD selected the Developer to develop Phase II (Block 7602). The lease will have an initial 10-year term. The System will hold two 5-year options to renew. The initial rent for the Premises will be at \$30/sq. ft. and will increase by 10% every 5 years. The rent during each of the option terms will be at 95% of fair market value but not less than the prior rent. Rent will be abated for the first 18 months of the lease. The Developer will construct the premises in accordance with the System’s plans up to a budget of \$250/ft. The Clinic will pay for its own electricity to the local utility. In addition to rent, the System will pay its percentage of any increases in the Developer’s operating costs however, because the Developer has only limited operating obligations, this amount is not expected to be material.

Retail and commercial are new to this neighborhood and there are no comparable new buildings of similar size within the vicinity. Therefore, it is difficult to establish fair market value. It should be noted, however, that HRA is paying at \$32/ft for more than 30,000 sq. ft. in the Phase I building, adjacent to this development site II. Because it is typical for tenants renting large blocks of space to pay at lower rates than tenants renting smaller blocks, it seems that the System will benefit from a below market rent.

**New Ida G. Israel Community Health Center– NYC  
Health and Hospitals/Coney Island Hospital  
Lease with Coney Island Associates Retail 2 LLC**

**Board of Directors Meeting  
November 18, 2021**

Svetlana Lipyanskaya, Chief Executive Officer, NYC Health + Hospitals / Coney Island  
Christine Flaherty, Senior Vice President, Office of Facilities Development



# Background: Ida G. Israel on Surf Ave

- Hurricane Sandy destroyed the Ida G. Israel Community Health Center on Neptune Ave.
- Since July 2014, the Board of Directors has authorized license agreements with NYC HPD for the occupancy of seven lots on Block 7061 for the re-fabricated temporary clinic.
- In May 2021, the Board of Directors approved a renewal with NYC HPD for one year with five successive terms with no occupancy fee.



- Block 7061 is Phase 3 of HPD Coney Island redevelopment. No projected development date at this time.

# Opportunity: New Ida G. Israel at 1607 Surf Ave (Block 7062)

- In December 2021, the developer will finance Phase 2 of the Coney Island redevelopment of City owned land (Block 7062).
- ~\$182 Million investment to create 376 units of mixed use and affordable housing financed by HPD and HDC.
- 11,000 SF of retail space and 9,000 SF of community facility space.



- Opportunity to secure future space for Ida G. and maintain community presence.
- Local stakeholder support for 2,500 SF new ground floor space for projected occupancy 2024.



# Tentative Plan for Clinical Services at Ida G. Israel Community Health Center

## Current Temporary City Site

(Block 7061)

✓ \*Family Medicine\*

FY21 Visits = 4,050

✓ \*\*Chemical Dependency

FY21 visits = 13,070

✓ Dental FY21 visits = 9,422

Note: \*Family Medicine  
includes: Adult & Pediatric  
Primary Care and Women's  
Health (GYN-Only).

\*\* Chemical Dependency  
includes ambulatory detox.

## Main Campus

(2601 Ocean Pkwy -

1.5 miles away from current site)

- ✓ Dental (2023)
- ✓ Chemical Dependency (*pending discussion with OASAS*)



## 1607 Surf Avenue

(Block 7062-City to Private ownership-  
Adjacent to current site)

- ✓ Family Medicine (2024)

# Lease Terms

- NYC Health and Hospitals/Coney Island Hospital will occupy 2,500 SF at 1607 Surf Avenue, Brooklyn, NY.
- The Initial Base Rent shall be \$30/square foot and shall increase at 10% every 5 years. Rent payment will commence 18 months after building completion allowing the first 18 months to be free.
- The term of the lease is 10 years with two five year options.
- The total annual occupancy fee over the 10 year term will be \$787,500
- Landlord will build out the clinic up to a cost of \$625,000 to include six exam rooms with sinks, two utility rooms, offices, supply closets, waiting room, restrooms and other work.
- Lease represents a below market chance for the System to secure newly constructed space to maintain a presence in the neighborhood. HRA has leased 30,000 square feet in adjacent building for \$32/square foot.

## Board of Directors Approval Request

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a 10-year lease **Coney Island Associates Retail 2 LLC (“Developer”)** for approximately 2,500 sq. ft. on the 1<sup>st</sup> floor of a to-be-constructed building at 1607 Surf Avenue, between W. 17<sup>th</sup> and 16<sup>th</sup> Streets in Coney Island (the “**Premises**”) to house the Ida G. Israel Community Health Clinic (the “**Clinic**”) operated by NYC Health + Hospitals/South Brooklyn Health (the “**Facility**”) now operating on an adjacent lot for a yearly rent of \$30/sq. ft to be escalated by 10% every 5 years plus a share of increases in Developer’s operating costs; provided that Developer will build out the Premises to the System’s specifications within a budget of \$250/sq. ft., rent will not be payable until 18 months after construction is completed and the System shall hold two 5-year options to renew the lease at 95% of fair market value with the rent over the initial term totaling \$787,500.

**RESOLUTION - 04**

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to increase the Not-to-Exceed amount for requirements contracts **with 8 architectural and engineering consulting firms, namely Array Architects, P.C., E/F/H Architects, P.C., Gensler Architecture, Design & Planning, P.C., Gertler & Wente Architects LLP, Lothrop Associates LLP Architects, Moody Nolan, Inc., NK Architects, P.A. (a/k/a Nadaskay Kopelson), and, Perkins Eastman Architects, DPC, to provide professional architectural and engineering design services (the “AE Firms”); and with 5 mechanical, engineering, and plumbing consulting firms, namely Greenman-Pedersen, Inc., MG Engineering, D.P.C. (f/k/a Kallen & Lemelson, LLP), Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to provide professional mechanical, engineering, and plumbing design services (the “MEP Firms”)** on an as-needed basis throughout NYC Health + Hospitals by an additional \$60,000,000 above the original \$30,000,000 for a cumulative amount not to exceed of \$90,000,000.

**WHEREAS**, in July 2020 the Board of Directors authorized the issuance of requirements contracts to the AE Firms and the MEP Firms with a not-to-exceed amount for the combined pool of \$30,000,000; and

**WHEREAS**, of the AE Firms listed in the July 2020 resolution, MJCL Architect has ceased operations and NYC Health + Hospitals was unable to reach agreement with Francis Cauffman, Inc. resulting in the reduction of the pool to the 8 listed above; and

**WHEREAS**, since the authorization of the contracts with the AE Firms and the MEP Firms, NYC Health + Hospitals has secured additional capital through its bond offering and through the assignment of additional substantial projects that came with funding from the City; and

**WHEREAS**, NYC Health + Hospitals’ capital program has grown significantly; and

**WHEREAS** of the original \$30,000,000 of Board approved funding \$8,000,000 has been spent and another \$10,000,000 is subject to pending work orders; and

**WHEREAS**, the remaining Board authorized funding for the AE Firms will not be sufficient for the work planned and anticipated and, in fact is projected to be exhausted by approximately April 2023; and

**WHEREAS**, NYC Health + Hospitals anticipates issuing a further RFP within the next year to bring on additional architectural and engineering firms to constitute an additional pool to enlarge the number of firms available to perform NYC Health + Hospitals’ work at which time additional funding may be sought; and

**WHEREAS**, the monitoring of the contracts with the AE Firms and the MEP Firms shall be under the direction of the Senior Vice President of the Office of Facilities Development.

**NOW, THEREFORE**, be it

**RESOLVED**, Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to increase the Not-to-Exceed amount for requirements contracts with 8 architectural and engineering consulting firms, namely Array Architects, P.C., E/F/H Architects, P.C., Gensler Architecture, Design & Planning, P.C., Gertler & Wente Architects LLP, Lothrop Associates LLP Architects, Moody Nolan, Inc., NK Architects, P.A. (a/k/a Nadaskay Kopelson), and, Perkins Eastman Architects, DPC, to provide professional architectural and engineering design services (the “**AE Firms**”); and with 5 mechanical, engineering, and plumbing consulting firms, namely Greenman-Pedersen, Inc., MG Engineering, D.P.C. (f/k/a Kallen & Lemelson, LLP), Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to provide professional mechanical, engineering, and plumbing design services (the “**MEP Firms**”) on an as-needed basis throughout NYC Health + Hospitals by an additional \$60,000,000 above the original \$30,000,000 for a cumulative amount not to exceed of \$90,000,000.

**EXECUTIVE SUMMARY  
REQUIREMENTS CONTRACTS  
AE CONSULTING SERVICES  
MEP CONSULTING SERVICES**

- OVERVIEW:** NYC Health + Hospitals seeks to increase the funding for the combined AE and MEP requirements contracts pool consisting of the eight AE Firms and the Five MEP Firms both listed in the Annex to the Resolution by \$60,000,000. Pursuant to authorization of the Board of Directors, NYC Health + Hospitals given in July 2020, entered into contracts with the AE Firms and the MEP Firms for three years, with options to renew for two additional 1-year periods, for a total cost over five years, not-to-exceed \$30,000,000 to provide AE/MEP professional services on an as-needed basis at any facility of NYC Health + Hospitals. The July 2020 resolution also included MJCL Architect which has since ceased operations and NYC Health + Hospitals was unable to reach agreement with Francis Cauffman, Inc. resulting in the reduction of the pool to the eight referenced herein.
- NEED:** The size of the NYC Health + Hospitals capital program has increased substantially. Already, \$18,000,000 of the originally authorized \$30,000,000 has been committed. To meet the anticipated need, it is necessary to increase the funding for the pool of AE Firms and the MEP Firms.
- TERMS:** Nothing will be changed in the previously approved contracts except for making available additional funding to enable additional projects to be taken on.
- COSTS:** Not-to-exceed \$90,000,000 over five years, for the fifteen 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 the Corporation.
- MWBE:** 30% utilization plans presented by each vendor. Moody Nolan is a certified MWBE vendor.



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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor responsibility, EEO, and MWBE status

Vendor: AE and MEP Requirements Contractors

Date: November 15, 2021

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Digitally signed by  
Tallbe, Keith  
Date: 2021.11.15  
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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

<u>Vendor Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE UP</u>
Array Architects, PC	Approved	Approved	30%
E/F/H Architects PC	Approved	Approved	30%
Gensler Architecture Design & Planning, P.C.	Approved	Approved	40%
Gertler & Wentz Architects LLP	Approved	Approved	40%
Lothrop Associates LLP	Approved	Approved	31%
Moody Nolan Inc.	Approved	Approved	82%
N.K. Architects, P.A.	Approved	Pending	50%
Perkins Eastman Architects DPC	Approved	Pending	29%
Greenman-Pedersen, Inc.	Pending	Approved	34%
MG Engineering, D.P.C. (formerly Kallen & Lemelson)	Approved	Approved	23%
Lakhani & Jordan Engineers, P.C.	Approved	Approved	63%
Lizardos Engineering Associates, PC	Pending	Pending	25%
Loring Consulting Engineers, Inc.	Pending	Approved	4%

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.

# **Increase in NTE for Architectural/Engineering (AE) and Mechanical Electrical Plumbing Engineering (MEP) Pool for Professional Design Services**

**Board of Directors Meeting  
November 18, 2021**

**Christine Flaherty, Senior Vice President, OFD  
Oscar Gonzalez, Assistant Vice President, OFD**

# Higher Volume of Capital Work

- Since the time of selection, H+H secured additional capital to invest in the System
  - H+H Bond refinance \$98M
  - Secured \$1.2B in Mayoral funds for FY22-FY26
  - Secured \$30M in Borough President and City Council funds for FY22
  
- The system has secured additional funding to move forward on a number of critical clinical & high priority projects
  
- Additional DCAS & carbon/energy reduction grant funded projects & mechanical, electrical & plumbing (“MEP”) life safety upgrades
  
- H+H requires professional architectural, engineering, design, and construction phased professional services on an as needed basis, for projects throughout the system. Services include, but are not limited to:



Coney island ambulatory expansion

**Design and planning services**

**Preparation of construction documents**

**Construction administration services**

**Pre-schematic design & feasibility**

**Facility master plans & assessments**

**Independent Cost Estimating**



# Overview

- In June 2020 the Board approved contract for Architecture/Engineering (“AE”) & Mechanical Electrical Plumbing (“MEP”) pools of contracts to support this work.

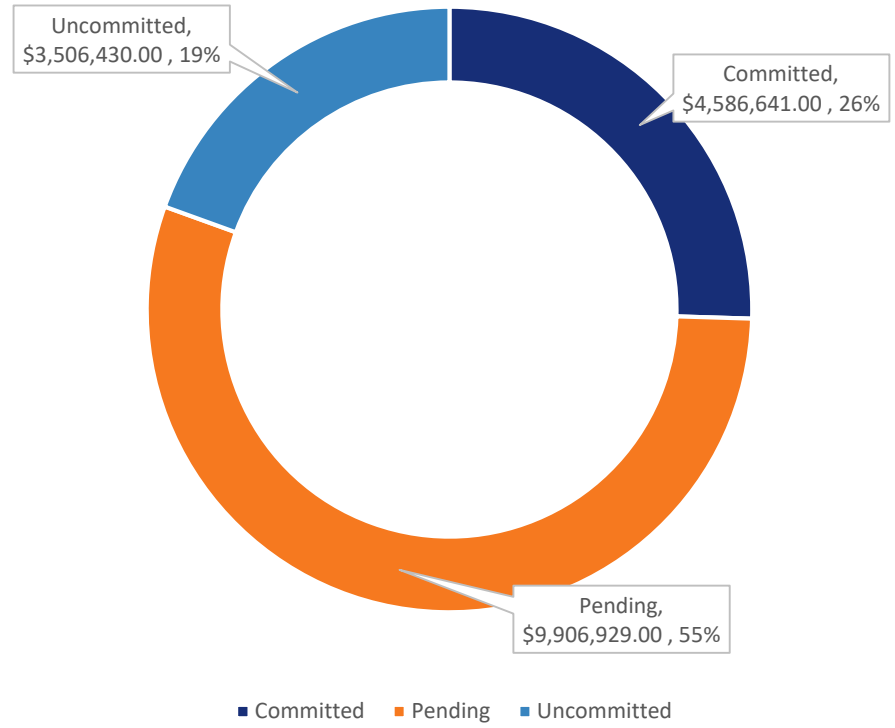
POOL	# OF FIRMS SELECTED	# OF FIRMS CONTRACTED	TERM	OPTION YEARS	ORIGINAL NTE	INCREASE REQUESTED	NEW NTE
AE	10	8	3	2	\$18M	\$36M	\$54M
MEP	5	5	3	2	\$12M	\$24M	\$36M
<b>TOTAL</b>	<b>15</b>	<b>13</b>			<b>\$30M</b>	<b>\$60M</b>	<b>\$90M</b>

- Total pooled contract value of \$30,000,000
- AE Pool - 30% MWBE utilization plan has been submitted by all vendors (representing 47 MWBE specialty subconsultants and one prime MWBE AE)
- MEP Pool - 30% MWBE utilization plan has been submitted (representing 38 MWBE specialty subconsultants and one prime MBE firm)



# Current AE Pool Commitment

AE Pool Current NTE Commitment



# MWBE Utilization AE Pool

Architectural / Engineering	MWBE Plan	No. WO's	\$ Awarded	\$MWBE	%MWBE
Array Architects **	30%	-		-	-
Environments for Health Architecture (E4H)**	30%	-		-	-
Gensler	30%	2	\$296,925.00	\$118,770.00	40%
Gertler & Wentz Architects***	30%	13	\$1,628,340.00	\$651,336.00	40%
Lothrop	30%	3	\$299,546.00	\$92,859.26	31%
Moody Nolan *	30%	1	\$88,120.00	\$88,120.00	100%
NK Architects, P.A. (a/k/a Nadaskay Kopelson)	30%	4	\$1,306,833.00	\$640,348.17	49%
Perkins Eastman	30%	5	\$966,877.00	\$280,394.33	29%
<b>AE POOL TOTAL</b>	<b>30%</b>	<b>28</b>	<b>\$4,586,641.00</b>	<b>\$1,871,828.00</b>	<b>41%</b>

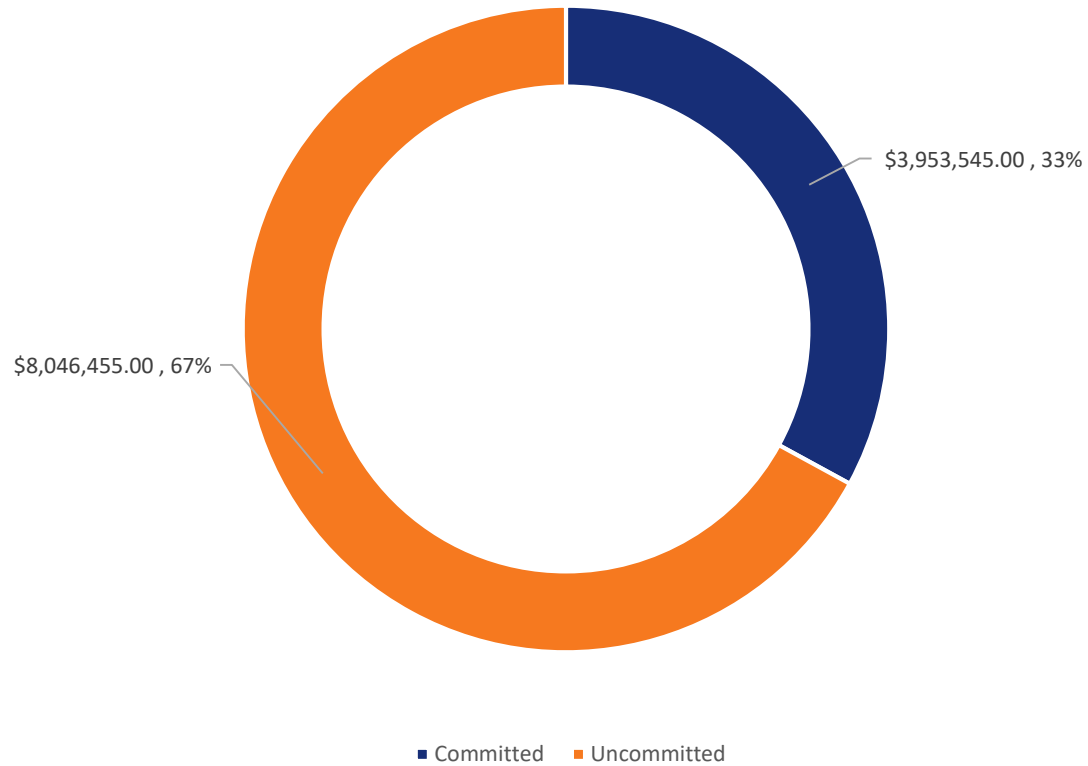
\*MWBE Firm

\*\* Firms currently working on OTxHU program declined competing due to limited capacity at the moment

\*\*\* Gertler & Wentz worked with H+H to assume assignments under 7 WO's from a small A/E firm that closed due to the pandemic.

# Current MEP NTE Pool Commitment

MEP Pool Current NTE Commitment



# MWBE Utilization MEP Pool

MEP	MWBE Plan	No. WO's	\$ Awarded	\$MWBE	%MWBE
Greenman-Pedersen, Inc.	30%	11	\$636,209.00	\$216,311.06	34%
Lakhani & Jordan *	30%	1	\$161,700.00	\$161,700.00	100%
Lizardos	30%	7	\$650,311.00	\$162,578.00	25%
Loring Consulting Engineers**	30%	3	\$1,444,700.00	\$57,788.00	4%
MG Engineering (f/k/a Kallen & Lemelson, LLP)	30%	14	\$1,060,625.00	\$238,641.00	22.5%
<b>MEP POOL TOTAL</b>	<b>30%</b>	<b>36</b>	<b>\$3,953,545.00</b>	<b>\$837,019.00</b>	<b>21%</b>

\*MWBE Firm

\*\* H+H is meeting with Loring to discuss their MWBE participation

# Board of Directors Request

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Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to increase the Not-to-Exceed amount for requirements contracts with **8 architectural and engineering consulting firms, namely Array Architects, P.C., E/F/H Architects, P.C., Gensler Architecture, Design & Planning, P.C., Gertler & Wentz Architects LLP, Lothrop Associates LLP Architects, Moody Nolan, Inc., NK Architects, P.A. (a/k/a Nadaskay Kopelson), and, Perkins Eastman Architects, DPC, to provide professional architectural and engineering design services (the “AE Firms”); and with 5 mechanical, engineering, and plumbing consulting firms, namely Greenman-Pedersen, Inc., MG Engineering, D.P.C. (f/k/a Kallen & Lemelson, LLP), Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to provide professional mechanical, engineering, and plumbing design services (the “MEP Firms”)** on an as-needed basis throughout NYC Health + Hospitals by an additional \$60,000,000 above the original \$30,000,000 for a cumulative amount not to exceed of \$90,000,000.

**RESOLUTION - 05**

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a contract with **Consigli Construction Co., Inc.** (the “CM”) to serve as construction manager under a guaranteed maximum price (“GMP”) structure for the construction and construction management of the System’s Outposted Therapeutic Housing Unit (“OTxHU”) project at NYC Health + Hospitals/Bellevue (“Bellevue”) for a cost of \$109,925,530 which, when added to 10% project contingency yields a cost not-to-exceed \$120,918,083.

**WHEREAS**, the System’s Correctional Health Unit (“CHS”) is leading the pioneering OTxHU initiative to house and treat its patients who require higher levels of care that will include residential units at Bellevue to better meet their needs for specialty and subspecialty care by avoiding the need to transport such patients from the jails to a hospital and to afford them the benefits of a therapeutic environment; and

**WHEREAS**, OTxHUs will be secured, clinical units, operated by CHS with DOC providing custody management; and

**WHEREAS**, OTxHU will launch at Bellevue in approximately 64,700 gross sq. ft on the 2<sup>nd</sup> floor of Bellevue’s H Building with approximately 114 patient bed residential units for males and female patients; and

**WHEREAS**, design for the OTxHU is well underway such that preparatory enabling work and the purchase of long-lead items will begin with the New Year and the project is expected to take not more than a year due to extensive acceleration of work; and

**WHEREAS**, the System proposes to structure its agreement with the CM as a GMP which is an industry standard contracting/procurement approach by which a construction manager commits to a price and divides with the owner any amount by which the final cost is less than the contract price thereby incentivizing the construction manager to control costs and find economies; and

**WHEREAS**, in September the System advertised a request for expression of interest which, after review of the submittals received by an evaluation committee resulted in the prequalification of four firms; and

**WHEREAS**, under the authority of the Contract Review Committee, notification to the shortlisted firms, a pre-submission walkthrough, a pre-submission conference and a request for proposals was provided to the four pre-qualified firms in October 2021 which responded with written proposals and, after negotiations, the Evaluation Committee gave the CM the highest rating; and

**WHEREAS**, the administration of the proposed agreement will be the responsibility of the Senior Vice President for the Office of Facilities Development.

**NOW THEREFOR IT IS RESOLVED** that New York City Health and Hospitals Corporation (the “System”) is authorized to sign a contract with **Consigli Construction Co., Inc.** (the “CM”) to serve as construction manager under a guaranteed maximum price (“GMP”) structure for the construction and construction management for the System’s Outposted Therapeutic Housing Unit (“OTxHU”) project at NYC Health + Hospitals/Bellevue (“Bellevue”) for a cost of \$109,925,530 which, when added to 10% project contingency yields a cost not-to-exceed \$120,918,083.

**EXECUTIVE SUMMARY**  
**CONSTRUCTION MANAGEMENT AGREEMENT WITH**  
**CONSIGLI CONSTRUCTION CO., INC.**  
**OTxHU AT BELLEVUE HOSPITAL**

- BACK GROUND:** The System plans to launch CHS' OTxHU program to house in special therapeutic units at certain system facilities including Bellevue, persons in DOC custody who require higher levels of care than can be provided in DOC jails. Considerable work will have to be done at Bellevue to prepare the spaces. In June 2020, the System's Board authorized contracts with Array to be the project architect and AECOM to be the Project Manager or Owner's Representative. In November 2021 the Board approved increases to the funding of such contracts. Work will start first at Bellevue where OTxHU will be constructed in approximately 64,700 gross sq. ft. on the 2<sup>nd</sup> floor of the H Building where approximately 114 of patient bed residential housing units will be built. The space to be used is currently vacant. The project will be managed and constructed by the CM.
- TERMS:** The proposed contract will be structured as a GMP. This will be the first time the System has used this contract structure which, while standard in the industry, is normally not available to governmental units in New York State. However, due to a provision in the System's enabling act, the System can depart from such rules to award a contract on a "best value basis" if the Mayor of the City makes a finding of a "Special Case" where the public interest is served by such a departure. The Mayor made such a finding in view of the urgency of the situation at Rikers Island. Under a GMP contract, if the project is brought in under budget, the construction manager and the owner share the savings. The System hopes to benefit from GMP in that with the incentive of sharing in cost savings, the CM will be incentivized to complete the project under budget. One of the best ways to control the budget of a construction project is by staying on schedule because delays are expensive. Thus, the System hopes to achieve both price and schedule certainty through the use of GMP.
- The contract cost is \$109,925,530. With a 10% project contingency, the not-to-exceed cost of the contract is \$120,918,083. The scheduled occupancy is prior to the end of the calendar year 2022. The proposed agreement includes penalties for delay and unusually robust provisions to protect against costly change orders. The CM will procure and be party to the contracts with all the construction trades used on the job.
- PROCUREMENT:** The System issued an RFQ to establish a pre-qualified pool of four qualified construction managers. Thereafter an RFP was issued to the four firms Proposers' conferences, a tour of the site, proposers' presentations and revised proposals all followed. After intense deliberations the evaluation committee found the CM to have the highest rating.
- MWBE:** Consigli has committed to a 30% M/WBE Utilization Plan. Consigli has experience in delivering similar scale projects with 30% M/WBE utilization. Consigli has identified two primary NYC Certified M/WBE partners: Entech Engineering, P.C. (WBE) and Padilla Construction Services Inc. (MBE). Additional M/WBE utilization will be identified as the project progresses and include the following scopes of work.





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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: Consigli Construction Co., Inc.

Date: November 15, 2021

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Digitally signed by  
Tallbe, Keith  
Date: 2021.11.15  
09:59:51 -05'00'

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Approved	Pending	30%

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.

# **Outposted Therapeutic Housing Units (OTxHU) CM Guaranteed Maximum Price (GMP) for Bellevue Program**

## **Contract with Consigli Construction Co., Inc.**

**Board of Directors Meeting  
November 18, 2021**

**Christine Flaherty, Senior Vice President, Office of Facilities Development  
Patricia Yang, Senior Vice President, Correctional Health Services**

# Program Overview

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- Currently, there are patients in custody who need higher levels of care than can be provided in the jails, but whose clinical conditions are not so acute as to warrant inpatient hospitalization.
- These patients have to be transported out of jails and brought to specialty and subspecialty care in NYC Health + Hospitals community-based, acute care facilities.
- Outposted Therapeutic Housing Units (OTxHU) is a pioneering approach that will help meet the health care needs of patients in custody in a safe, more humane way.
- OTxHU are beds within the acute care facilities of NYC Health + Hospitals that will be secured, clinical units, operated by CHS with DOC providing custody management.
- Decisions regarding admission to and discharge from the OTxHUs will be made by CHS according to a patient's clinical needs.

## Benefits of OTxHU

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- Offers a therapeutic and more normalized environment for those patients with more complex clinical needs.
- Increases safe access to specialty and subspecialty services for patients who need them on a regular basis.
- Improves continuity of care between CHS and NYC Health + Hospitals, and providers in inpatient, outpatient, and OTxHU services.
- Repurposes underutilized hospital space for patient care, at no additional cost to NYC Health + Hospitals.
- Capital infusion for prerequisite infrastructure improvements in the hospitals, with City dollars.



# Background

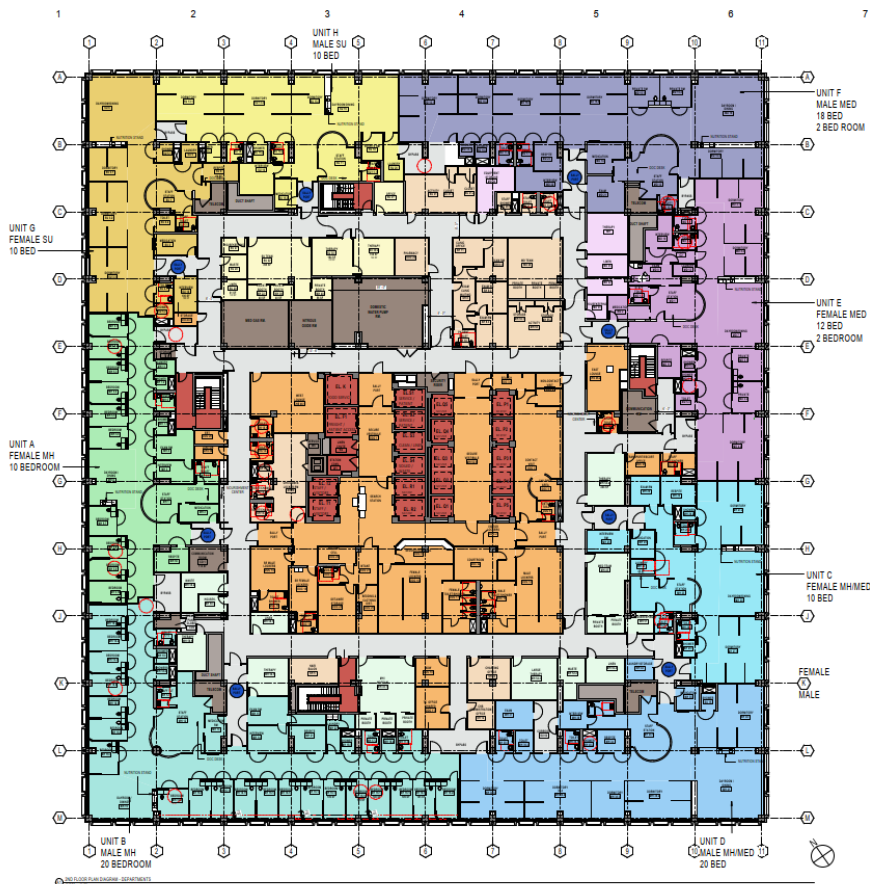
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- The OTxHU project was publicly announced by the Mayor in a press release on November 26, 2019, marking official approval that the project could move forward
- During COVID, OFD & CHS progressed securing contracts to start designs for Bellevue & Woodhull. The Board approved contracts in June 2020:
  - Design services for OTxHU for Array
  - Program Management services for AECOM
  - Design services for Enabling Projects at Woodhull Hospital
- OTxHU design is underway at both sites
  - Bellevue: 114 patient beds (70 male & 44 female)
  - Woodhull: 160 patient beds (all male)
- Bellevue design is close to completion and this fall H+H advertised an RFQ for a GMP contract with a CM to deliver the construction completion of Bellevue by 2023
- Based upon conditions at Rikers Island, the City has identified the imperative to accelerate Bellevue's OTxHU unit to be completed by the end of 2022
- Capital funding for schedule compression and a new roof was added to the project during September Plan



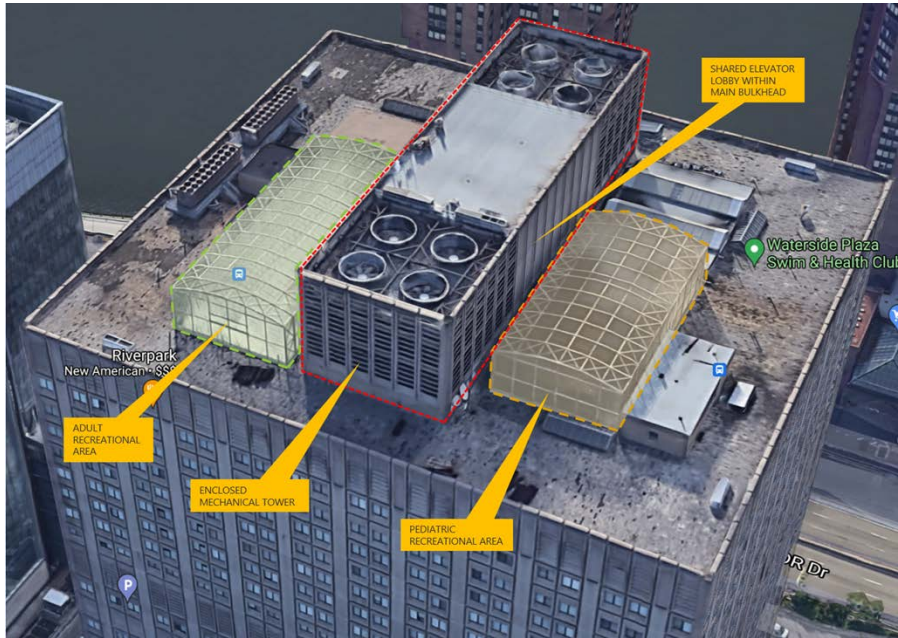


# Bellevue OTxHU Project



- ~114 patient beds:
  - Dedicated Medical, Mental Health and Substance Use units
  - Treatment and support areas located throughout the program
- H Bldg, 2nd Floor, OTxHU
  - 64,705 GSF)
  - 45,856 SF Clinical spaces
  - 9,554 SF Circulation/Core
  - 9,295 SF Admin spaces
- Upgrades to Mechanical, Electrical and Plumbing systems
- Uses existing separate elevator banks to mitigate impact to the overall facility
- Creates efficient, normative environments for patients and staff

# Outdoor Recreation Area



- Full Replacement of the roof and existing rooftop outdoor recreation area to provide patients with daily access to fresh air and exercise.
- Active and passive recreation areas will be provided.



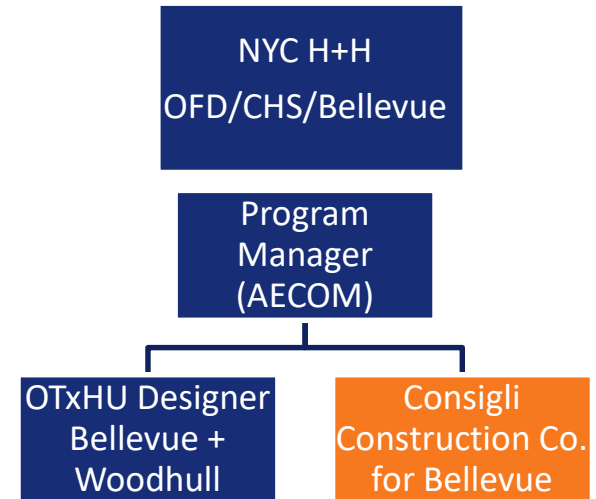
# GMP Builder Scope of Services

■ The GMP will provide the following features:

- Make recommendations on constructability and bid strategy to provide the most efficient delivery of the work
- Procure, enter into contracts and manage all construction contracts (subcontractor trades), per H+H policy
- Act on H+H's behalf, responsible to perform or contract for the resources needed to execute this major capital project
- Pay all construction subcontractors in a timely manner to ensure project progresses per schedule
- Ensure MWBE program meets or exceeds 30% MWBE participation for subcontractors and total contract value
- Coordinate with trade subcontractors Overall project and facility coordination
- Cost and schedule management of subcontractors
- Control Scope & Negotiate Change Orders
- Ensure successful project execution
- Establish logistics plan that reduces impact to patients & staff

■ H+H/AECOM role during project

- Approve monthly payments, change orders and schedule
- Provide PM and facilitate documentation in PMIS





# Contract Terms

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- Funding for this contract will come from City Capital
- Total anticipated contract value not to exceed \$120,918,083 million
  - \$109,925,530 for expected CM cost
  - \$10,992,553 contingency
- Contract duration is anticipated to be 13 months for occupancy no later than 12/31/22
  - Warranty period 1 to 2 years
  - Total time of contract approximately 3 years

# RFQ & RFP Timeline

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- 07/20/21: CRC approved an application to issue RFP / RFQ
- 09/03/21: RFQ posted on City Record
- 09/08/21: RFQ sent directly to 17 vendors
- 09/14/21: RFQ pre-proposal conference call; 11 vendors attended
- 10/04/21: Proposal deadline, 5 proposals received
- 10/06/21: Evaluation committee reviewed RFQ proposals and finalized scoring. Four firms identified for shortlist and RFP distribution
- 10/12/21: Shortlisted firms attended walkthrough of Bellevue Hospital
- 10/14/21: RFP issued to shortlisted firms; pre-proposal conference held
- 10/29/21: Proposal deadline, three proposals received (one firm dropped out)
- 11/03/21: Evaluation Committee interviewed proposers
- 11/05/21: Evaluation committee reviewed proposals and finalized scoring. Consigli Construction Co., Inc. was the highest rated proposer.

# RFP Criteria

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- Minimum criteria:
  - A combination of seven years of satisfactory CM services in healthcare and correctional facilities for projects over \$75 million
  - Experience holding construction subcontracts for public owners
  - MWBE plan, waiver, or certification (30% Min)
- Substantive Criteria
  - 35% Proposed Approach & Methodology
  - 35% Appropriateness & Quality of Firms Experience
  - 15% MWBE Utilization
  - 15% Cost
- Evaluation Committee:
  - 2 Members from Bellevue
  - 1 Member from EITS
  - 2 Members from OFD
  - 1 Member from Supply Chain
  - 1 Member from CHS

# Vendor Background

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- Consigli Construction is an employee-owned construction manager with more than 1,500 employees, nine regional offices, \$1.8 billion in annual revenue across various markets and over 100 years of experience.
- They derive 25% of their revenue from Healthcare, currently work with over 40 healthcare clients, and have built or renovated over 1000 patient beds
- They have demonstrated the ability to meet the compressed schedule, possess the requisite expertise in healthcare, correctional, and behavioral health construction, and are committed to partnership with the Design Team and H+H's MWBE target
- Successful reference checks with Northwell Health, SUNY Stony Brook University Medical Center, and Albany Medical Center.

# MWBE Utilization Plan

- Consigli has committed to a 30% M/WBE Utilization Plan
- Consigli has experience in delivering similar scale projects with 30% M/WBE utilization
- Consigli has identified two primary NYC Certified M/WBE partners: Entech Engineering, P.C. (WBE) and Padilla Construction Services Inc. (MBE)
- Additional M/WBE utilization will be identified as the project progresses and include the following scopes of work

## M/WBE Scopes of Work

General Conditions	Resinous Flooring
Temporary Protection	Specialties
Masonry	Plumbing
Door Frames & Hardware	HVAC
Drywall & Ceilings	Electric & Lighting
Painting	Plumbing

# Resolution

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Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a contract with **Consigli Construction Co., Inc.** (the “**CM**”) to serve as construction manager under a guaranteed maximum price (“**GMP**”) structure for the construction and construction management of the System’s Outposted Therapeutic Housing Unit (“**OTxHU**”) project at NYC Health + Hospitals/Bellevue (“**Bellevue**”) for a cost of \$109,925,530 which, when added to 10% project contingency yields a cost not-to-exceed \$120,918,083.

**RESOLUTION - 06**

Authorizing New York City Health and Hospitals Corporation (the “System”) to increase the funding by \$6,087,369 for its agreement with **AECOM USA, Inc.** (“AECOM”) to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”) in connection with the System’s Correctional Health Unit (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull such that the funding is increased from \$9,039,198 to \$15,136,567.

**WHEREAS**, in June 2020 the System’s Board of Directors authorized a five-year agreement with AECOM provide program management services for the preparation of space at Bellevue and Woodhull to serve as sites for the OTxHU program; and

**WHEREAS**, the original resolution and the contract it authorized covered both Bellevue and Woodhull, the current request for additional funding pertains only to the portion of the work to be performed at Bellevue; and

**WHEREAS**, since the approval of the subject agreement in June, the scope and cost of the OTxHU program at Bellevue has grown due to additional program requirements and the requirement that the progress of the program be substantially accelerated; and

**WHEREAS**, the cost of AECOM’s services is projected to have increased from the originally authorized sum of \$9,039,198 by \$6,087,369 to a new projected total of \$15,136,567; and

**WHEREAS**, the subject agreement will be managed by the Office of Facilities Development.

**NOW THEREFORE BE IT:**

**RESOLVED**, the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to increase the funding for its agreement with AECOM USA, Inc. (“**AECOM**”) to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”), and NYC Health + Hospitals/ Woodhull Hospital (“**Woodhull**”) in connection with the System’s Correctional Health Unit (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) in Bellevue, and Woodhull such that the funding is increased from \$9,039,198 to \$15,136,567.

**EXECUTIVE SUMMARY  
ARCHITECTURAL AND ENGINEERING SERVICES  
FOR THE OTxHU PROGRAM  
AECOM USA, INC.**

**OVERVIEW:** The System plans to launch CHS' OTxHU program to treat more clinically complex patients within secured units located at Bellevue and Woodhull hospitals. Considerable work will have to be done at Bellevue and Woodhull to prepare the space. In June 2020 the System's Board of Directors authorized an agreement with AECOM to provide program management services for an amount not to exceed \$9,039,198. Since the approval of the AECOM contract in June 2020 the cost of the OTxHU program at Bellevue has grown and with it the scope and cost of AECOM's services has also increased. The proposed resolution seeks the additional funding.

**NEED:** Additional funding is needed for AECOM under the previously approved agreement. One cause of increase costs is the System's adoption of a Guaranteed Maximum Price ("GMP") structure for its procurement and eventual award of a contract with a Construction Manager for the project at Bellevue. With a GMP structure, there is much more work to do in the first phase of a project while the "Owner" and the CM work with the architect to refine the project design to find improvements, efficiencies and cost saving modifications. The other primary cause of the increase in cost is the acceleration of the project at Bellevue. Because the project will be operated 24/7, AECOM will need to field an additional team to provide construction oversight. With the CM converting to a fully at-risk model, AECOM will support the Corporation in the management of the designer, oversight and approval of the physical work, cost management decisions, negotiations of changes and direct management of the CM.

**BUDGET:** The System's Board of Directors had authorized a contract with AECOM with a cost not to exceed \$9,039,198 over the five-year term. \$6,087,369 in additional funding is sought to increase the cost limitation to \$15,136,567.

**FUNDING:** The proposed contract expenses will be paid with City Capital Funds.





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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: AECOM USA, Inc.

Date: November 15, 2021

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Digitally signed by Tallbe,  
Keith  
Date: 2021.11.15 09:56:32  
-05'00'

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Approved	Approved	30%

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 New York City Health and Hospitals Corporation (the “System”) to increase the funding by \$1,814,880 for its previously executed agreement with **Array Architects, PC (“Array”)** to provide architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/ Woodhull Hospital (“**Woodhull**”) over a five year term in connection with the System’s Correctional Health Unit (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) such that the funding is increased from \$8,663,000 to \$10,477,880.

**WHEREAS**, in June 2020 the System’s Board of Directors authorized a five-year agreement with Array to provide architectural/engineering services for the renovation of space at Bellevue and Woodhull to serve as sites for the OTxHU program; and

**WHEREAS**, the original resolution and the contract that it authorized applied to both Bellevue and Woodhull, the current request for additional funding applies only to Bellevue; and

**WHEREAS**, since the approval of the subject agreement in June, 2020 the scope and cost of the OTxHU program at Bellevue has grown due to additional program requirements and the requirement that the progress of the program be substantially accelerated; and

**WHEREAS**, the cost of Array’s services is projected to have increased from the originally authorized sum of \$8,663,000 by \$1,814,880 to a new projected total of \$10,477,880; and

**WHEREAS**, the proposed agreement will be managed by the of Office of Facilities Development.

**NOW THEREFORE BE IT:**

**RESOLVED**, the New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding for its previously executed agreement with Array Architects, PC (“**Array**”) to provide architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/ Woodhull Hospital (“**Woodhull**”) over a five year term in connection with the System’s Correctional Health Unit (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) such that the funding is increased from \$8,663,000 to \$10,477,880.

**EXECUTIVE SUMMARY  
ARCHITECTURAL AND ENGINEERING SERVICES  
FOR THE OTxHU PROGRAM  
ARRAY ARCHITECTS, PC**

**OVERVIEW:** The System plans to launch CHS' OTxHU program to treat more clinically complex patients within secured units located at Bellevue and Woodhull hospitals. Considerable work will have to be done at such hospitals to prepare the space. In June 2020 the System's Board of Directors authorized an agreement with Array to provide architectural/engineering services for the renovation of space at Bellevue and Woodhull for an amount not to exceed \$8,663,000. Since the approval of the Array contract in June 2020 the cost of the OTxHU program at Bellevue has grown and with it the scope and cost of Array's services has also increased. The proposed resolution seeks the additional funding.

**NEED:** Additional funding is needed for Array under the previously approved agreement. The primary cause of the increase in cost is the acceleration of the project at Bellevue. To compress the schedule, a greater design presence and faster turn around time of design reviews, approvals of submittals and responses to RFI's is required. Because the project at Bellevue will be operated 24/7, Array will be providing increased onsite presence and requiring additional staff time during construction administration. An additional reason for an increase in costs is that the scope at expanded to include the full design of a roof replacement at Bellevue due to the existing condition of the roof. The scope also increased to include the design of a new, required roof-top exercise area dedicated to the OTxHU patients.

**BUDGET:** The System's Board of Directors had authorized a contract with Array with a cost not to exceed \$8,663,000 over the five-year term. \$1,814,880 in additional funding is sought to increase the cost limitation to \$10,477,880.

**FUNDING:** The proposed contract expenses will be paid with City Capital Funds.



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

From: Keith Tallbe      Tallbe, Keith  
Senior Counsel      Digitally signed by  
Office of Legal Affairs      Tallbe, Keith  
Date: 2021.11.15  
09:57:55 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Array Architects, P.C.

Date: November 15, 2021

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Approved	Approved	30%

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.

# **Increased Funding for Bellevue Schedule Compression with AECOM & Array**

## **Outposted Therapeutic Housing Units (OTxHU) Program Management & Design**

**Board of Directors Meeting  
November 18, 2021**

**Christine Flaherty, Senior Vice President, Office of Facilities Development  
Patricia Yang, Senior Vice President, Correctional Health Services**

# Overview

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- Currently, there are patients in custody who need higher levels of care than can be provided in the jails, but whose clinical conditions are not so acute as to warrant inpatient hospitalization.
- These patients have to be transported out of jails and brought to specialty and subspecialty care in NYC Health + Hospitals community-based, acute care facilities.
- Outposted Therapeutic Housing Units (OTxHU) is a pioneering approach that will help meet the health care needs of patients in custody in a safe, more humane way.
- OTxHU are beds within the acute care facilities of NYC Health + Hospitals that will be secured, clinical units, operated by CHS with DOC providing custody management.
- Decisions regarding admission to and discharge from the OTxHUs will be made by CHS according to a patient's clinical needs.

## Benefits of OTxHU

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- Offers a therapeutic and more normalized environment for those patients with more complex clinical needs.
- Increases safe access to specialty and subspecialty services for patients who need them on a regular basis.
- Improves continuity of care between CHS and NYC Health + Hospitals, and providers in inpatient, outpatient, and OTxHU services.
- Repurposes underutilized hospital space for patient care, at no additional cost to NYC Health + Hospitals.
- Capital infusion for prerequisite infrastructure improvements in the hospitals, with City dollars.



# Background

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- The OTxHU project was publicly announced by the Mayor in a press release on November 26, 2019, marking official approval that the project could move forward
- During COVID, OFD & CHS progressed securing contracts to start designs for Bellevue & Woodhull. The Board approved contracts in June 2020:
  - Design services for OTxHU for Array
  - Program Management services for AECOM
  - Design services for Enabling Projects at Woodhull Hospital
- OTxHU design is underway at both sites
  - Bellevue: 114 patient beds (70 male & 44 female)
  - Woodhull: 160 patient beds (all male)
- Bellevue design is close to completion and this fall H+H advertised an RFQ for a GMP contract with a CM to deliver the construction completion of Bellevue by 2023
- Based upon conditions at Rikers Island, the City has identified the imperative to accelerate Bellevue's OTxHU unit to be completed by the end of 2022
- Capital funding for schedule compression and a new roof was added to the project during September Plan





## **Increased Funding for Contract with AECOM**

# **Outposted Therapeutic Housing Units (OTxHU) Program Management**

# Scope of Services & Schedule

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- Program Management (PM) Consulting Services to oversee all aspects of the program delivery including designs and construction.
  - Planning, coordination, constructability reviews, schedule management, budget management, cost management, contract management, etc.
  - Oversee all operations of both designs and construction of all locations as extension of H+H.
- With schedule compression of Bellevue OTxHU from Fall of 2023 to December 2022 AECOM is required to provide additional services & staff to oversee the CM GMP firm 24/7
  - AECOM overseeing the procurement and implementation of the early demolition & abatement starting in November as CM is awarded
  - Anticipating double shift oversight of construction management activities at Bellevue
  - Increased staff size to oversee compressed activities and ensure coordination and highly collaborative design & stakeholder resolution based on compressed schedule
  - Cost and budget management reviewing of pricing, project entitlement against the CM GMP contract, timely resolution to avoid compensable relief events
  - Review and recommendation for approval monthly payments, change orders and utilization of contract allowances

- We are seeking approval to increase the funding for the contract with AECOM:
  - 14 month duration (October 2021- February 2023)
  - Increase in NTE contract value of \$6,097,369
  - MWBE spend of \$1,983,080 for amended value (32.5%)
  - Total contract value of \$15,136,567
  - Funding will be capital (CP request forthcoming)
  
- AECOM original MWBE utilization plan was 30%
  
- 10% of AECOM's invoices to date are to MWBEs
  
- AECOM has provided a 32.5% utilization plan for this increased funding
  
- AECOM effective MWBE % with new contract value is 31%

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to increase the funding by \$6,097,369 for its agreement with **AECOM USA, Inc. (“AECOM”)** to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/ Woodhull Hospital (“**Woodhull**”) in connection with the System’s Correctional Health Unit (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) in Bellevue and Woodhull such that the funding is increased from \$9,039,198 to \$15,136,567.

## **Increased Funding for Contract with Array Architects**

### **Outposted Therapeutic Housing Units Architectural / Engineering Design Services**

# Scope of Services & Schedule

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- Original Scope: AE/MEP Design Consulting Services for both Bellevue and Woodhull for OTxHU program
  - Schematic design, Design development, Contract documents, Procurement, and construction administration.
  - To design towards full build out of Bellevue 2<sup>nd</sup> Floor, Woodhull 9<sup>th</sup> & 10<sup>th</sup> Floor (75% of space)
  - The design is to adhere to SCOC regulations with secure access areas and outdoor space.
  - The goal is to provide health care to those incarcerated within our facilities in a secure environment.
- With schedule compression of Bellevue OTxHU from Fall of 2023 to December 2022 Array Architects is required to provide additional services & staff to complete design documents
  - Design new roof and roof top exercise/recreation area
  - Additional staff to be co-located at construction site to meet accelerated schedule
  - Applying emergency best practices needed on integrated streamlined delivery teams

# Fee Proposal & MWBE Utilization Plan

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- We are seeking approval to amend contract with Array:
  - Original length of assignment for Bellevue was 36 months
  - New length of assignment for compressed schedule is 26 months
  - Total contract value of \$10,477,880 after an increase of \$1,814,880
  - Fee proposal for increase based on accelerated schedule and scope increase
- Array Architects original MWBE utilization plan was 36.47%
- 42.5% of Array's Architects invoices to date are to MWBEs
- Array Architects anticipates a 17% MWBE for the additionally funded work
- Array Architects effective MWBE with new contract value is 33.1%

## Board of Directors Request

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Authorizing New York City Health and Hospitals Corporation (the “**System**”) to increase the funding by \$1,814,880 for its previously executed agreement with **Array Architects, PC (“Array”)** to provide architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/ Woodhull Hospital (“**Woodhull**”) over a five year term in connection with the System’s Correctional Health Unit (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) such that the funding is increased from \$8,663,000 to \$10,477,880.