

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

Mr. Pagán

**Executive Session | Facility Governing Body Report**

Mr. Pagán

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

**2021 Performance Improvement Plan and Evaluation (Written Submission Only)**

- NYC Health + Hospitals | Gouverneur Diagnostic & Treatment Center- Gotham

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

- NYC Health + Hospitals | Harlem

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

Adoption of Minutes: April 28, 2022

Mr. Pagán

**Chair's Report**

**President's Report**

Dr. Katz

2. Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute an extension of its affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Coney Island (the "Affiliation Agreement") through December 31, 2023, total not-to exceed \$13,310,191 which includes a 10% contingency.

Dr. Calamia

**VENDEX: NA / EEO: NA**

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute three-year agreements with each of the **17 law firms listed in Annex A attached (the "Med Mal Firms")** for defending the System in medical malpractice cases on as-needed basis with the System holding two 1-year options to renew for an amount not to exceed \$86,000,000 over the entire potential five-year term.

Ms. Wang

(Presented to the Finance Committee: 05/09/2022)

**VENDEX: 10 Approved - 7 Pending / EEO: 2 Approved – 15 Pending**

4. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **Federal Bureau of Investigation of the United States Department of Justice** (the "Licensee") for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and the 14<sup>th</sup> Floor Mechanical Room to house communications equipment at Coney Island Hospital (the "Facility") at an annual occupancy fee of \$10,466 or \$69.77 per square foot to be escalated by 3% per year for a five year total of \$55,564.

Mr. Peña-Mora

(Presented to the Capital Committee: 05/09/2022)

**VENDEX: NA / EEO: NA**

5. Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding of its 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")** from the \$120,918,083 approved by the Board in November, 2021 (based on a contract price of \$109,925,530 and a 10% project contingency) to \$127,581,541, which when add to a 10% project contingency of \$12,758,154 yields a cost not-to-exceed of \$140,339,695.

Mr. Pagán

(Presented to the Capital Committee: 05/09/2022)

**VENDEX: Approved / EEO: Approved**

## Committee and Subsidiary Reports

- Community Relations Committee
- Audit Committee
- Capital Committee
- Equity Diversity and Inclusion Committee
- Finance Committee

>>Old Business<<

>>New Business<<

>>Adjournment<<

Mr. Nolan  
Ms. Piñero  
Mr. Peña-Mora  
and Mr. Pagán  
Mr. Peña-Mora  
Ms. Wang  
  
Mr. Pagán

## **NEW 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 April, 2022 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 in person or via teleconference/videoconference:

Mr. José Pagán - In Person  
Dr. Mitchell Katz - Joined at 2:12, In Person  
Ms. Anne Williams-Isom - Virtual, Left at 3pm  
Ms. Erin Kelly - Virtual, Joined at 3pm  
Dr. Vincent Calamia -Virtual  
Mr. Gary Jenkins, Virtual, Joined at 2:18  
Dr. Patricia Marthone - Virtual  
Dr. Michael McRae - Virtual - left at 3:54 PM  
Dr. Michelle Morse - Virtual  
Mr. Robert Nolan - In Person  
Ms. Barbara Lowe- In person  
Ms. Anita Kawatra - Virtual  
Ms. Sally Hernandez-Piñero - In Person

José Pagán, Chair of the Board, called the meeting to order at 2:10 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted Dr. Michelle Morse would be representing Dr. Ashwin Vasani in a voting capacity.

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

The Board reconvened in public session at 3:06 p.m.

Mr. Pagán noted Erin Kelly would be representing Deputy Mayor Anne Williams-Isom and Dr. Michelle Morse would be representing Commissioner Ashwin Vasani - both in a voting capacity.

### **ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on March 31, 2022 were presented to the Board. Then on motion duly made and seconded, the Board adopted the minutes.

**RESOLVED**, that the minutes of the meeting of the Board of Directors held on March 31, 2022 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 a governing body oral and written report from NYC Health + Hospitals/Queens.

The Board received and approved the 2021 performance improvement plan and evaluation (written submission) from East New York Diagnostic and Treatment Center - Gotham Center.

The Board also received and approved a semi-annual governing body written report from NYC Health + Hospitals/Coney Island and NYC Health + Hospitals/Elmhurst.

In accordance with Article VI- section 3B - "At each meeting of the Board the Executive Committee shall make a report of all action taken by it since its last report to the Board" - Mr. Pagán reported that the Executive Committee convened on April 5, 2022 at 4:00 p.m. and approved two items:

1. Authorized the execution of a contract with **Jemco Electrical Contractor** for construction services necessary for the decanting of the sections of Woodhull Hospital Center to facilitate the Out-Posted Therapeutic Housing Unit for an amount not to exceed \$30,690,760 which includes an 8% contingency of \$3,130,858.
2. Authorized an increase for funding for seven construction management consulting firms **AECOM USA Inc, Armand Corporation, Gilbane Building Company, Jacobs Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC** (together, the "Vendors"), to provide professional construction management services on an as-needed basis by \$40 Million to bring the limit for all Vendors to a new amount not to exceed of \$50 Million.  
(Both items were presented to the Capital Committee: 03/14/2022)

Mr. Pagán noted that the Fiscal Year 2022 Annual Public Meetings for the boroughs of Queens and the Bronx are scheduled for May 10<sup>th</sup> and May 17<sup>th</sup>. All relevant information is listed on the public website.

#### **VENDEX APPROVALS**

Mr. Pagán noted there are five items on the agenda requiring Vendex approval, of which four have approval. There are ten items from previous board

meetings pending Vendex approval. No approvals were received since the Board last met.

The Board will be notified as outstanding Vendex approvals are received.

**ADOPTION OF MINUTES – EXECUTIVE COMMITTEE MEETING – APRIL 5, 2022**

The minutes of the Executive Committee meeting held on April 5, 2022 were presented to the Board. Then on motion duly made and seconded, the Board adopted the minutes.

**RESOLVED**, that the minutes of the meeting of the Executive Committee held on April 5, 2022 copies of which have been presented to the Board be, and hereby are, adopted.

**INFORMATIONAL ITEM:**

**MATERNAL MORTALITY AND MORBIDITY REDUCTION PROGRAM**

Dr. Machelle Allen, Senior Vice President of Medical and Professional Affairs introduced Dr. Wendy Wilcox who led the presentation accompanied by Dr. Jennifer Havens and Dr. Mary McCord. Pregnancy-associated and pregnancy-related mortality ratios in New York City from 2001-2018 were discussed, and Dr. Wilcox highlighted a 34% drop in pregnancy-related maternal mortality since 2001.

Training in hemorrhage, OB life support and severe hyper-tension in obstetrics has been completed through the simulation labs. Virtual Reality OB simulation is a cutting-edge technology in simulation that Health + Hospitals co-developed with HealthScholars.

The Maternal Home program, which started in 2018, has been implemented in 11 System hospitals and provides services for pregnant persons who have need for this support due to clinical, behavioral health or factors related to social determinants of health. This program has served over 3,000 patients, 75% of whom are Black or Hispanic.

Drs. Mary McCord and Jennifer Havens, presented on 3-2-1 Impact (*Model for Parents and Children Together*). This program integrates women health, behavioral health, and pediatrics to support health, social, emotional and developmental outcomes in children and their families. Drs. McCord and Havens discussed the financial sustainability of the program looking specifically at the alternative payment models, billing and reimbursement. 50-60% of services are non-billable and sustained currently through NYC Health + Hospitals' capital funds and public-private partnership grants. Much effort is being made on State policy program and advocacy in support of this program.

Dr. McCord responded to questions from the Board regarding how NYC Department of Health and Mental Hygiene programs, such as early intervention and

nurse family, work with the 3-2-1 Impact model. Connecting to those DOHMH programs are critical to this model and it is an area of focus for Maternal Medical Home.

The Board congratulated Drs. Wilcox, McCord, and Havens for their extraordinary work and progress in this field.

**ACTION ITEM 4:**

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "**System**") to execute an affiliation agreement with Physician Affiliate Group of New York, P.C. ("**PAGNY**") for the provision of general care and behavioral health services for a period to commence on July 1, 2022 and to end on June 30, 2026 at NYC Health + Hospitals/Coney Island, NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Jacobi (including North Central Bronx as a division of Jacobi), NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/Kings, and certain NYC Health + Hospitals/Gotham Health sites (the "**PAGNY FY23-FY26 Affiliation Agreement**") for an overall total not to exceed amount of \$3,800,390,000 including a 10% contingency.

(Presented Directly to the Board: 04/28/2022)

Matthew Siegler, Senior Vice President Managed Care and Patient Growth, shared an overview of the renewal of the NYC Health + Hospitals affiliate arrangement with PAGNY. The negotiations with all affiliates are driven by the System's guiding principles. Mr. Siegler discussed the key governance and management terms. The key financial elements for fiscal year 2023 include the transition to a workforce plan-based budget and the implementation of faculty practice plan.

Mr. Siegler explained the PAGNY 4-year affiliate rolling not-to-exceed maximum value of \$816 million for fiscal year 2023 and \$909 million for fiscal year 2026.

Dr. Allen discussed the 2020 NYC Health + Hospitals percentage of patient/provider diversity and the proposed approach to increase the diversity of providers under the new contract terms. \$3.5 million dollars was allocated for recruitment of which, \$1 million or more will be focused on recruiting underrepresented minority physicians.

The Board requested clarification about the PAGNY credentialed providers. Dr. Allen confirmed that in addition to physicians, PAGNY employs nurse practitioners, nurse midwives and nurse anesthetists.

The Board asked about recruitment and retention of younger doctors. John Ulberg, Senior Vice President and CFO explained that the System is exploring different incentives such as the Mosaic program, loan repayment grants and

scholarship programs to incentivize younger doctors to pursue a career at NYC Health + Hospitals.

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

**ACTION ITEM 5:**

Dr. Calamia read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year contract with **EAC Network** ("EAC") for services to operate the Community Reentry Assistance Network ("CRAN") program to assist persons detained by the New York City Department of Correction as they leave detention and reenter the community with the System holding two 1-year options to renew for an amount not to exceed \$25,000,000 over the entire potential five-year term.

(Presented to the Medical and Professional Affairs Committee: 04/11/2022)

Mr. Pagán noted for the record that he received and approved two requests from Ms. Amanda Lugg - Interim Co-Executive Directors of African Services Committee and Ms. Chris Norwood - Executive Director Health People and Co-Founder of Committee for Driving Recovery to present to the Board regarding this item. Each presenter was allotted 3 minutes to present their remarks and that time is not transferable. The electronic timer on the screen notify speakers when their time expired and they will be asked to wrap-up their remarks. The speakers gave their testimony.

**PUBLIC TESTIMONY**

1. Amanda Lugg - Interim Co-Executive Directors of African Services Committee. Ms. Lugg stated that the EAC Network Contract is an example of a missed opportunity to continue the ground-breaking work of NYC Health + Hospital's successful partnership with City grassroots community-based organizations that have been employed throughout the COVID pandemic on the Test and Trace/Treat contracts.

African Services Committee (ASC) assists African immigrant refugees and asylees, with a range of health, legal, and social services, and reaches over 6000 individuals each year.

ASC's T2 contract was extended again to the end of June, and has been granted a reduction in oversight given the consistent completion of required milestones for in-person encounters. ASC expects to continue exceeding many targets.

In their recent preliminary budget report, the NYC Council asked that \$50 million be allocated towards Public Health Corps to focus on COVID outreach

and recovery efforts and other chronic disease screening. ASC can be a partner in these efforts.

2. Chris Norwood, Executive Director, Health People and Co-founder of Communities Driving Recovery informed the Board that, EAC is a large organization which provides most of its services in Nassau and Suffolk Counties.

Ms. Norwood stated that it is inappropriate to allocate up to \$25 million dollars to non-New York City organizations for services, in this case re-entry Services, which can be provided by New York City's own community groups. At this time of painful community grief, wide hopelessness and high unemployment, it is unacceptable. NYC Health + Hospitals currently, through its T2 program, has contracts with some 35 community groups to undertake COVID-19 prevention and vaccine linkage.

Many of the outreach workers contracted through T2 are people with criminal records and are also the first scheduled to be unemployed and de-contracted from the Public Health Corps. Part of EAC's multi-million-dollar assignment would be to get re-entry people jobs, dozens of re-entry people who helped save the city will be left jobless.

T2 represents a major step where for the first time, there was an infrastructure which enabled NYC Department of Health and Mental Hygiene, NYC Health + Hospitals and community groups to work together. NYC Health + Hospitals was key to that and led a historic accomplishment.

Ms. Norwood asked the Board to consider suspending the EAC contract and leave T2 infrastructure in place.

Communities Driving Recovery is a citywide CBO coalition and they wish to work with NYC Health + Hospitals, as they did during the worst of the pandemic to deliver chronic disease education to the community. NYC Health + Hospitals needs to continue chronic disease education in all communities. Ms. Norwood stated, you need real care entry and linkage, nutrition services, low threshold mental health services—and, yes, re-entry services in the community. Most of all, especially given NYC Health + Hospitals' accomplishments during the pandemic, let us go forward on a new road of community partnership that works, that creates health, local jobs and healing.

Mr. Pagán thanked the speakers and asked Ms. Yang to proceed with the presentation.

Patricia Yang, Senior Vice President of Correctional Health introduced Ellie Epstein, Sr. Director of the Reentry and Transition services program, who proceeded with the presentation.

Ms. Epstein provided background information including a description of services and the early iteration of the program. She reviewed the current



contract summary where on average 1,790 clients are served each year and the historic budget from fiscal year 2018 through 2021. Lessons learned and revision to the contract were discussed. Ms. Epstein provided an overview of the procurement summary, vendor selection and MWBE/Workforce diversity, highlighting that EAC network is a 501(c) (3) organization and therefore they are exempt from the MWBE requirements.

The Board complemented the great work of the staff.

Hearing no questions from Board Members - upon motion duly made and seconded, the Board unanimously approved the resolution.

**ACTION ITEM 6:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year contract **Derive Technologies LLC** ("Derive") for services to maintain workstations on wheels and medical carts with the System holding two 1-year options to renew for an amount not to exceed \$6,500,000 over the entire potential five-year term.  
(Presented to the Information Technology Committee: 04/11/2022)

Kim Mendez, Senior Vice President, Chief Information Officer introduced Jeff Lutz, Senior Assistant Vice President and Chief Technology Officer who provided background and current state information and an overview of the procurement process. Mr. Lutz explained the RFP criteria and the MWBE closed pool solicitation. Derive technology is a certified MBE vendor.

In response to a question from the Board, Mr. Lutz clarified that the carts were purchased under a separate contract, however the maintenance is done through third party vendors.

The Board also congratulated the team for the advancement in leveraging technology to facilitate care and timely documentation.

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

**ACTION ITEM 7:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **T-Mobile Northeast LLC** (the "Licensee") to operate a mobile cellular communications

system on an approximately 1,600 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the "Facility"), located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 to be escalated by 3% per year for a five-year total of \$265,457.

(Presented to the Capital Committee: 04/11/2022)

Christine Flaherty, Senior Vice President, Office of Facility Development, shared background information on the vacant former Neponsit Health Care Center and the terms of the agreement.

Hearing no questions from Board Members - upon motion made and duly seconded, the Board unanimously approved the resolution.

#### **ACTION ITEM 8:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with **Titan Industrial Services, Corp.** ("Titan") to raze the former Neponsit Hospital, restore the site to a grass field and erect a lifeguard facility for use by the Department of Parks at NYC Health + Hospitals / Neponsit Hospital Center with a 20% project contingency of \$3,816,000, for unexpected scope changes due to unknown site and concealed building conditions, yielding a total authorized expenditure not to exceed \$22,896,000.

(Presented to the Capital Committee: 04/11/2022)

Ms. Flaherty discussed background of the site, its existing conditions and the project background. She also discussed the scope of work, the future state of the completed project site and its budget. Ms. Flaherty explained that the project contingency of 20% is due to potential unknown conditions. Ms. Flaherty shared an overview of the procurement process and an MWBE utilization plan of 30%.

Ms. Flaherty responded to Board members' questions regarding future community engagement that would benefit a growing youth population in the community. She informed the Board there is a collaboration with the Parks Department and continued exploration of the community needs. She also clarified that there is a prior Capital Plan approval and approximately \$11 to \$12 million dollars has been secured. Currently, the System is in the Capital Plan approval process for the larger amount, being that the final project cost is now known.

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

#### **ACTION ITEM 9:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year agreement with **CBRE Group, Inc.** ("CBRE") for various facility management support services with the System holding two 1-year options to renew for an amount, over the potential five-year term, not to exceed \$100,000,000.

(Presented to the Capital Committee: 04/11/2022)

Ms. Flaherty, introduced background information, including the current spend. Ms. Flaherty acknowledged Manuel Saez, Assistant Vice President, for his work and focused effort to increase MWBE spend, noting that their department held an MWBE fair with all the directors of engineers and staff.

Mr. Saez provided an overview of the RFP criteria, scope of services, an overview of procurement, vendor performance evaluation and the CBRE's MWBE utilization plan with an overall goal of 37.20%.

The Board requested clarification on whether the RFP criteria was so detailed that only a few vendors were able to respond. Ms. Flaherty responded that the Supply Chain unit conducted due diligence in the market space to ensure there were not exclusions.

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

#### **PRESIDENT'S REPORT**

Dr. Katz informed the Board that his full report is included in the materials, however he would like to provide some brief highlights.

#### **COVID-19 UPDATE**

New York City is experiencing a slight increase in cases and transmission rates, but COVID-19 hospitalizations remain low and some of the System's hospitals had their first days with zero cases.

The hotel program, which helped 33,000 guests to safety isolate throughout the epidemic, and universal contract tracing both ended this month. The COVID-19 hotline will continue to operate.

NYC Test & Trace Corps team is distributing 6.3 million at-home tests this month and collaborated with 226 houses of worship and faith-based groups in New York City to further expand the network of at-home test distribution locations.

Dr. Katz encouraged New Yorkers who test positive for COVID-19, to call the 212-COVID19 hotline to be immediately connected to a doctor who can prescribe Paxlovid and arrange to have the treatment delivered to their home. To support

this effort, the System launched a social media advertising campaign in multiple-languages to remind New Yorkers that NYC Health + Hospitals continues to provide free COVID-19 vaccine, first booster and second booster shot.

#### SYSTEM UPDATE

##### EARLY-CAREER PSYCHIATRY LEADERSHIP PROGRAM

This month, the System launched a training program that will provide psychiatrists with the additional support, mentorship, and education they need to function effectively in public health settings. The System is currently seeking applications from practicing psychiatrists. Applications are due May 18, 2022 and the program begins July 2022.

##### NYC HEALTH + HOSPITALS ELIMINATES - SIX-MONTH RESIDENCY REQUIREMENT FOR NYC CARE

Dr. Katz announced the elimination of the six-month residency eligibility requirement for our health System's NYC Care program, which guarantees low-cost and no-cost services to New Yorkers who do not qualify for or cannot afford health insurance across the five boroughs.

#### DIVERSITY AND INCLUSION

Four hospitals in our health system have been ranked among the "50 Most Racially Inclusive Hospitals in America" by the 2021 Lown Institute Hospitals Index for Social Responsibility. Metropolitan, Harlem, Queens, and Lincoln Hospitals received high marks for how well they serve people of color in their surrounding communities.

Nearly one in three patients has limited English proficiency. In recognition of NYC Immigrant Heritage Week, we announced that limited English proficient (LEP) patients can now access MyChart in Simplified Chinese. The patient portal is already available in Arabic, French, and Spanish. These four languages make up 80 percent of the over one million interpretation requests the System received in FY-2021. We plan to include additional languages in the patient portal later this year.

The System's work to improve the health of LGBTQ+ New Yorkers has garnered the System national recognition. For the sixth time, 18 of the System's patient care facilities across all five boroughs received the "LGBTQ+ Healthcare Equality Leader" designation from the Human Rights Campaign Foundation for our commitment to providing expert, culturally-competent care to LGBTQ+ patients.

#### EXTERNAL AND COMMUNITY AFFAIRS UPDATE

**City** - NYC Health + Hospitals recently participated in two City Council hearings. One on the topic of the Impact of COVID on Immigrant New Yorkers, and the other about City and State Coordination in the Provision of Mental Health Services. Executive Budget hearings begin next week. The NYC Health + Hospitals Executive Budget Hearing is scheduled for May 18th at 10am. The System looks

forward to continuing its work with the Council and OMB as the budget details develop.

**State** - The New York State Department of Health released its proposed 1115 waiver amendment request this month. The State is requesting \$13.5 billion over five years to fund the new 1115 Waiver amendment that addresses the health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic. The waiver is structured around goals that align with the System's focus on advancing value-based payment care delivery models for special populations, including individuals experiencing homelessness, individuals leaving City or State correctional systems, and children in the foster care system and families receiving City prevention services. The Systems is encouraged by the State's ongoing commitment to advancing health equity across Medicaid populations and expanding efforts in areas including housing support and social services. The System looks forward to working with the State to effectuate these goals for health care transformation and is grateful for this partnership.

**Federal** - The System is working with our Representatives and Senators on earmarks requests for consideration in the FY-23 Appropriation Bills. The System continues to be incredibly grateful for their support and partnership.

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

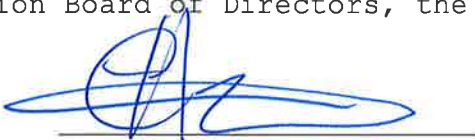
Mr. Pagán noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. He welcomed questions or comments regarding the reports.

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

Mr. Nolan thanked Mr. Pagán for agreeing to Chair the Community Relations Committee meeting the following Tuesday on his behalf.

#### **ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:38P.M.

A handwritten signature in blue ink, appearing to read 'Colicia Hercules', is written over a horizontal line.

Colicia Hercules  
Corporate Secretary

**Virtual - Executive Committee - April 5, 2022**

**As Reported by José Pagán**

**Committee Members Present in a voting Capacity** - José Pagán, Dr. Mitchell Katz (**in-person**), Dr. Vincent Calamia, Freda Wang, Dr. Michelle Morse representing Commission Ashwin Vasan and Erin Kelly representing Deputy Mayor Anne Williams-Isom

**Other Members Present:** Dr. Patricia Marthone; Sally Hernandez-Piñero and Karen St. Hilaire representing Commissioner Gary Jenkins

A meeting of the Executive Committee of Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 5<sup>th</sup> day of April, 2022, at 4:00 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.

In accordance with the By-Laws section 3(B) - *"at each meeting of the Board the Executive Committee shall make a report of all action taken by it since the last report to the Board."*

The following Directors participated via teleconference/video- conference or in person

José Pagán, Chair of the Board, called the meeting to order at 4:06 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

**Action Item 1:**

Ms. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Jemco Electrical Contractor** (the "Contractor") for an amount not to exceed \$27,559,902 for construction services necessary for the decanting of NYC Health + Hospitals / **Woodhull Hospital Center** with an 8% project contingency of \$3,130,858 for unexpected changes in scope yielding a total authorized expenditure of \$30,690,760.

(Presented to the Capital Committee: (03/14/2022)

Patsy Yang, Senior Vice President - Correctional Health Services provided background information on the Out-Posted Therapeutic House Unit Program (OTxHU) and Oscar Gonzalez, Assistant Vice President Facility Development presenting the current state of funding for OTxHUs construction, with Gregory Calliste, Chief Executive Officer of Woodhull, presenting the enabling and decanting process. Ms. Gonzalez presented an overview of the procurement, the construction contract, and project budget.

After discussion and upon motion made and duly seconded the motion was

unanimously approved by the Committee.

**Action Item 2:**

Ms. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to increase the funding for seven Construction Management ("CM") consulting firms namely **AECOM USA Inc, Armand Corporation, Gilbane Building Company, Jacobs Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC** (together, the "Vendors"), to provide professional construction management services on an as-needed basis by \$40 Million to bring the limit for all Vendors to a new amount not to exceed of \$50 Million.

(Presented to the Capital Committee: (03/14/2022))

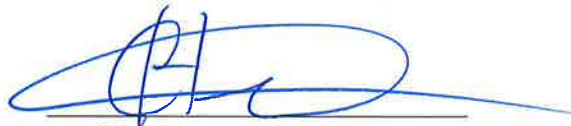
Oscar Gonzalez, Assistant Vice President Office of Facility Development explained the high volume of funded capital work System- wide since the approval of this contract in November 2020, he also provided an overview of the \$10,000,000 approval. He further, explain the current construction management pool commitment, MWBE utilization, and the Mayor's Office of Contracts evaluation of the proposed vendors

After discussion and upon motion made and duly seconded the motion was unanimously approved by the Committee.

**OLD BUSINESS/NEW BUSINESS**

**ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Executive Committee, the meeting was adjourned at 4:35 P.M.



Colicia Hercules  
Corporate Secretary

**Virtual - Medical and Professional Affairs Committee - April 11, 2022**  
**As Reported by Dr. Vincent Calamia**

**Committee Members Present-** José Pagán, Dr. Vincent Calamia, Sally

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:01AM. On motion made and seconded, the Committee adopted the minutes of the November 1st, 2021 Medical and Professional Affairs committee.

**ACTION ITEM:**

Ellis Epstein, Senior Director, Correctional Health Services presented the resolution to the committee -

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year contract with EAC Network ("EAC") for services to operate the Community Reentry Assistance Network ("CRAN") program to assist persons detained by the New York City Department of Correction as they leave detention and reenter the community with the System holding two 1-year options to renew for an amount not to exceed \$25,000,000 over the entire potential five-year term.**

CRAN provides reentry services for individuals who are previously incarcerated in New York City jail system with a particular emphasis on those receiving mental health treatment. Ms. Epstein provided background information on the services currently being provided and a current contract summary, lessons learned, contract requirements, a summary of the procurement, the vendor selection process, information on the MWBE and workforce diversity of the vendor.

The Committee requested clarification on if the number of people being served is under the current budget, how you will handle the increase of patient with the same budget. Ms. Ellie Epstein responded: The budget is staff and rent, the Brad H agreement requires an office location in prime spots in all 5 boroughs that is the significant expense of the contract that does not change depending on the number of clients served. The staff does not fluctuate from year to year because we anticipate and account for the possibility that clients will; come in and ask for services and do not want to be in a position to turn them away. Even though the numbers dropped because of COVID, they have the capacity to serve far more than they did and with broadening the eligibility, the staff will be able to serve many more without a change in the budget.

The Committee recommended in the future to maybe they can consider getting a breakdown on how we manage, and how much of a difference it is making in this client population.

The Committee raised a question: With concerns on women returning to society given all their trauma, what is the intervention after their release that you are providing? Ellis responded: the patients are coming out of a difficult environment and are experiencing tremendous instability as they transition from a partial setting back to the community. It is one of reasons and challenges of the program there aren't requirements placed on patients. We recognize they are coming from a place where their autonomy has been significantly limited, they have not been able to make choices for themselves. It is a patient driven service program. The contract includes a number of psychologists and psychiatrists on staff, in order to help support the case managers and clients in the event they are in the middle of a crisis. All case manager and staff go through trauma informed care training, and are very sensitive to the reality



of their patients' experience. The case managers' clients start meetings prior to their release from jail.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

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

Machelle Allen MD, Systems Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs reported to the committee a full report is included in the materials, she highlighted the following.

##### *Clinical Service Lines:*

Clinical service lines are charged with implementing system wide initiatives. In critical care there is an artificial intelligence support of diagnosing status epilepticus, there is an initiative for teleICU consults, under internal medicine they're implementing high value care, specifically looking at decreasing the utilization of unnecessary test. Peri-Op, we've been working for a couple of years under the leadership of Dr. Manish Parikh to improve our OR operational efficiency and increase revenue. Five major pillars, Critical care their Ceribell initiative and their teleICU would fall under quality and outcomes. High valued care implementation would be care experience. Peri-Op would be increasing financial stability.

*Maternal Mortality and Morbidity Reduction Program Update and maternal medical:* Dr. Wendy Wilcox, Chief Women Health Officer, presented on Maternal Mortality and Morbidity Reduction Program Update and maternal medical home. In 2018, the former mayor asked NYC Health + Hospitals to devise a multi-point program to reduce maternal morbidity and mortality in New York City. At the time, more than 3,000 women experienced a life-threatening event during childbirth, and about 30 women die each year in New York City. Black, non-Hispanic women were 8 times more likely to die in childbirth than white women in New York City. Black, non-Hispanic women are still 3 times more likely to suffer a life-threatening event in pregnancy than white women. NYC Department of Health has not released an updated report, those numbers have decreased, which is great news. There was a four-point program, our simulation program built six mini labs in six of our acute care maternity hospitals, especially the ones that have trauma centers. We offered three courses, the first one, cardiovascular collapse and acute life-threatening blood lost. The second was Material Medical Home and we successfully integrated questions to our epic EMR to optimize interval pregnancies, and most of our sites have integrated a maternal mother baby coordinated care. The courses that were developed and offer are OB Life Support, more than 85 percent of our staff was trained, and are all multidisciplinary, multi-specialty teams, and the same with the obstetric hemorrhage. Severe hypertension in pregnancy course has developed and the training has started. We added counteracting unconscious bias in substance use disorder, and that course has developed and pilot has started at Bellevue. The course was recognized by a proprietary company, called Health Scholars. They have partnered with us to create a virtual simulation course which will be released and be offered to our providers. The goal is to train all of the providers that we have across our system. This work was nationally recognized and will be present at the 2022 national ACOG conference in May. Maternal home: the purpose of the Maternal Home is to provide support and comprehensive wrap-around services for pregnant persons who have need for this support due to clinical, behavioral health or factors related to social determinants of health. Maternal Home now employs 9 licensed social workers, 1 in the pipeline and to be hired, 6 maternal care coordinators and 3 directors responsible for

programming, administration and clinical oversight. This was an important program to help H+H patients throughout the COVID-19 pandemic. The initial aim was to reach 2,000 high risk women in 5 years, we have exceeded that goal. Ten out of our eleven maternity hospital were active due to staffing, we are recruiting. We reached 16.4 percent of total H+H births. Brooklyn was the largest segment of that population. The end of 2018 we started the planning, 2019 we developed it and hired people to start, curated our epic screens, and had the pilot program at Kings County Hospital. 2020 was the first full year of the program working. Last year we served over 2000 unique patients, and made over 6000 referrals. 1596 referrals were made to community-based organizations in 2021. Medical support management, and dental had the largest number of referrals, for pregnancy and parenting, we referred 22 percent to doula services. Nurse Family Partnership had 13 percent of the referrals as well as lactation support, social determinants of health had eleven percent of referrals for mental health services, and we increased our WIC referrals.

### 3-2-1 Impact:

Drs. Jennifer Havens, and Mary McCord, presented on 3-2-1 Impact. The acronyms for 3-2-1 is *Integrated Model for Parents and Children Together*. The idea which emerged at the same time as the maternal medical home was being developed, was to bring together women health, behavioral health, and pediatrics in a real two generation model. The goal was to integrate those disciplines and support health outcomes and social emotional outcomes in children and their families. The start of the program was with New York State Department of Health, it was called the first thousand days of Medicaid initiative. The initiative had a ten-point program for how Medicaid can support children in the early phases of life, and one of those ten points were to come up with an advance primary care model that supports families, 3-2-1 IMPACT is the same exact model. This program is intended to implement that model. Drs. McCord and Haven were active on the committee, Dr. McCord was the Co-Chair. Robin Hood showed interest and asked for Health + Hospitals to be the brain building organization, with the funding from Robin Hood/FUEL, NYC Health + Hospitals and, Mayors Office NYC Opportunity. The program was able to start at 3 sites, Bellevue, Queens, and Gouverneur. Those sites began in 2019, then COVID hit, it was on hold and launched in October 2020. The program has multiple components: the key is generational model; mother and child are both supported- link to women health. The women health was key to getting what needs are identified and support is started in women health. Prior to this program, it was usual for the child to come to Peds to a medical team that would have no knowledge of what support was in place for the family. All Primary care patients 0-3yo receive services. There is a Risk Tiered Approach to Care, where a Clinical assessment and Universal Screening is done. They are connected to social workers and community health services. The primary care team is involved in assessing the results of the screening. All parents get support and education using an evidence-based model that has been shown to improve cognitive and social emotional outcomes in kids. One of the unmet needs and most important is parental mental health and dyadic mental health between the mother and child. It is almost impossible to get the people service since there is limited availability, also young mothers, and young depressed mothers can't get to services, having services Integrated is important. It is key for the valued based care to be recognized. There is a State-wide coalition towards Value Based Payment model. If you look at value based care as being short term return on investment for high risk, high cost people you won't spend any money on children, there is a tiny number of children that fit the bill. We are developing a value based payment model with partners across the State.

The seamless connection to prenatal care is key steps, the video interaction project, and reach out and read are the evidence based support programs that are available for all children, especially healthy steps intensified services with higher risk. A lot of time was spent on the hand off between women's health and Peds, tools were built into epic to support that, so when you are in Peds you can see information from the mother's chart, which is important to know the integrated behavioral health services on both sides screening and then care coordination.

Initial 6 months performance data: This data is essential number of touches we've had with patients in the first 6 months. We can now see what percentage of children engaged in welfare or in prenatal care have received services, and what percentage are tiered or are they considered people getting more services. It is coming out in the current data that we have reached a lot of children. October 2020 - March 2021 6,430 unique patients were seen in the IMPACT population. In that same period, IMPACT had over 12,995 patients touches. *H+H, City and State Wide: Impact.* This is an emerging model of care in early childhood, not just in H+H, elsewhere as well. We are further along than most, in terms of having a model and making it generational. It began with DOH first thousand days initiative. We have active work going on with NYU, and Montefiore through Robin Hood funding to expand Early Intervention referral model and the Early Childhood Community Health Worker model to other Health Systems. We are also expanding, we have 3 primary sites where we piloted the full program, we found that many components of the program are scaling up. Rather than trying to put in sites as a whole, we have the community health workers now in every Health + Hospitals primary care practice. The screening is up and running, using a tablet base system that we're piloting in Peds. The Manage care partners, MetroPlus and Healthfirst are active partners in VBP model development and New York State is engaged - goal is to have a payment model in place by 2023. Ripple effects: IMACT across H+H, the early intervention pilot has been going well, and working with Department of Health division of Early Intervention, they are interested in this and expanding it to other systems. Because there are community health workers and an epic based system that we can track the referrals, we're able to intervene earlier when the referrals fall through the cracks, so far, we have 80 percent engaging successfully in services of referrals. Together the system is moving from reactive to proactive. Proactive is important, as a child adolescents' psychiatrist who ran Bellevue inpatient service for eleven years, we see as a regular practice in the child mental health field we wait to a child gets old before we intervene. Being proactive is important, we know who these kids are early in life, particularly in primary care. Supporting kids and families like this does have a profound potential to reduce mental illness in kids and adolescents. It's hard to move the system in that direction, there is a lot of financial barriers, but this has been transformational for our system. When the RFP went out internally to our system when we received the Robin Hood grant, eight sites applied, we picked the three that were the furthest along with integrating women's health, Peds and behavioral health. There is huge interest across the system and the State. An example was given, Dr. McCord could see a child 15 times in the first year of life for a well-child visit, you can't do a bill for a mental health intervention unless there is a diagnosis, this is being addressed with DOH and OMH. Things can be done early before people get sick and get the families the support they need. Work is being done aggressively with the State on adapting models that California and Massachusetts are using where you can use risk coding and Z coding instead of actual psychiatric diagnosis, preventive work with families. Work is being done to expand the women health model, which will focus on higher risk moms. Future endeavors are to interface, things like depression prevention in women's health.

The roll out of depression screening across the system was a little concerning being that a pediatrician nor OBGYNs weren't going to treat the mothers because their finish. How would you get the mother behavioral health service, they will not go to a mental health clinic, and adult psychiatry aren't going to have the capacity to deal with pregnant or just delivered women. Building a model is important to help support these families as early as possible.

The committee commended the team on the work they have done, and has ask that they come to the full Board meeting and present on their topic. Question raised, when you go to the State and present the work that is being done, what is the biggest issue that they bring up? Dr. McCord responded: The issue is with the behavioral Health billing, it is extremely difficult for social workers to bill and they recently have been allowed to bill, and are licensed under article 31 settings, they bill all the time independently. It was set up for pregnant women only or kids under 21 and for the postpartum it was sixty days and you had to have a diagnosis of postpartum depression. We have been able to get them to extend that up to a year, Postpartum should be three years. We have to have our social workers in our primary care systems be able to generate revenue for the work they do. The coding and paying for it is part of the problem as well. A lot of the work is delivered by people that are non- billing providers, the community health workers are a prime example.

## **SYSTEM CHIEF NURSE EXECUTIVE REPORT**

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee a full report is included in the materials, she highlighted the following.

### **Social Work Champion Luncheon help April 1, 2022**

Celebrated the end of Social Work Recognition Month and awarded 42 Social Workers Champion Awards. Two hundred and ninety me members came out to support NYS Staffing Committee has been launched at 11 Acute Care Hospitals and LTACH

### **Directors of Nursing Training**

- Training including educating new Directors of Nursing Quality Best Practices, Infection Prevention, technology utilization and NDNQI data submission.

### **CUNY & H+H Academic Practice Partnership (CHAPP)**

#### **CUNY & H+H Academic Practice Partnership (CHAPP) Annual Health Equity Forum**

Successfully launched CUNY & H+H Academic Practice Partnership (CHAPP's) first annual health equity forum:

- **Topic:** Health Equity: Implications for Nursing Practice during COVID
- **Attendance:** > 190 members from CUNY and H+H o **Breakout Sessions:**
  - Race Matters in Healthcare Matters by Juliette Blount, NP
  - The Future is You: Sharing Knowledge and Experience by Dr. Jamesetta Newland.

### **Nurse Leader Workgroups**

The Nurse Leader Workgroup was launched successfully with twelve different workgroups identified. The vision is to lead and establish a nurse leader best practice infrastructure at NYC Health + Hospitals.

Phase 1 Workgroup includes:

- Nurse Leader Orientation
- Nurse Leader Academy
- Nurse Leader Annual Competencies
- Nurse Leader Job Descriptions, Evaluations, & Recruitment
- Nurse Leader Continuing Education, Development & Certifications
- Nurse Leader Mentoring and Succession Planning
- Nurse Leader Diversity, Inclusion, Equity and Access Opportunities

Phase II Workgroup includes:

- Nurse Leader Conferences
- Nurse Leader Research & Grants
- Nurse Leader Organizational Memberships
- Nurse Leader Networking Opportunities
- Nurse Leader Recognition

#### **METROPLUS HEALTH PLAN, INC.**

Sanjiv Shah, MD, Chief Medical Officer, MetroPlus Health Plan reported to the committee, a full report is included in the materials, he highlighted the following.

#### **Regulatory Highlights**

Recertification for Medicaid, Essential Plan, and Child Health Plus are still in a moratorium status, but NYS is using the working timeline of July 2022 to commence instituting their plans for recertifying the entire population within the 14-month window allotted by CMS. If the Federal PHE is extended beyond July, the 14 months will begin at the end of the PHE. CMS has indicated that all recertification processes must have commenced by the 12-month mark and conclude by the end of the 14<sup>th</sup> month.

The proposals for the NYS FY 2022-23 budget contain a significant number of coverage expansions. These include expanding income levels for Essential Plan eligibility from 200% to 250% FPL; extending postpartum coverage in Medicaid to 1 year following the last day of pregnancy; eliminating the CHP premium for households with income below 222% FPL; and funding coverage for low-income immigrant's ineligible for other government programs, known as Coverage4All. Both houses in the legislature, the governor's office, health plan trade associations, and MetroPlus are in favor of these coverage expansions, and they look very likely to pass into law

#### **New Federal Laws Impacting Information Access for Members**

Two new Federal rules, Transparency in Coverage Act and No Surprises Act, are both designed to increase obligations on health plans to provide information about how much services cost a Plan to provide. The Transparency rules require group health plans and insurers in the group and individual markets to provide self-service tools to members to allow them to know what plans are paying their in-network providers. This includes providing machine readable files and a price comparison tool where members can see how much their out-of-pocket costs would vary by provider by June 2022 and a list of 500 shoppable services for out-of-pocket costs by January 2023.

The price comparison tool is impactful to any MetroPlus line of business where

members may have cost-sharing rather than a set co-payment, such as QHP and Gold.

### **Telehealth**

In February, MetroPlus Health implemented a new Virtual Visit telehealth platform powered by NYC Health + Hospitals / ExpressCare. Previously our Virtual Visit Platform was managed by AmWell. Upon reviewing and assessing our telehealth needs, we made the decision to partner with NYC Health + Hospitals / ExpressCare to provide services to our members. The partnership is just one way in which we leverage our relationship with NYC Health + Hospitals and the tools and services that they have available. To date, we are pleased to report that the implementation of the new platform has been successful, and we continue to focus on refining our operational process. The service has seen approximately 200 calls per week, of those about 80% requested to be connected to a provider and of those approximately 20% were looking for a BH provider.

### **2020 HIV Special Needs Plan (SNP) Managed Care Quality Incentive Award**

The New York State Department of Health (NYS DOH), Office of Health Insurance Programs (OHIP), announced that \$17.4M has been made available for an HIV Special Needs Plan (SNP) Quality Pool. By virtue of the performance scores each plan achieved during 2019 on various quality, satisfaction, and compliance measures, each plan is entitled to receive a portion of the quality pool. The amount earned by MetroPlus was \$6,507,164 and was received by the Plan in February 2022.

There being no further business, the meeting was adjourned 10:02AM.

### **Capital Committee VIRTUAL Meeting - April 11, 2022**

**As reported by** Feniosky Peña-Mora

**Committee Members Present:** Dr. Mitchell Katz, Feniosky Peña-Mora, José

Mr. Peña-Mora called the meeting to order at 10:07 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on March 14, 2022, were unanimously approved.

### **Senior Vice President's Report**

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

Mrs. Flaherty advised that the Office of Facilities Development was actively managing the system's growing capital portfolio. She said that NYC H+H had received an additional \$1.2 billion in Mayoral and City capital for Fiscal Year 2022. Currently, in the capital portfolio, there were 330 active projects in various phases valued at approximately \$3.8 billion. Work on the bond portfolio continued and designs had been completed for every project in the bond portfolio.

The latest update was that 15 projects were in the construction procurement phase, 15 projects had started construction and 6 projects had been completed.

The Decarbonization & Sustainability team worked to get H+H \$40.5 million in funding from the Department of Citywide Administrative Services' Accelerated Conservation and Efficiency (DCAS ACE) 11 grants. The team was working to revitalize a number of H+H facilities to ensure patients are cared for in a comfortable and safe environment. At North Central Bronx (NCB) they would be investing \$354 million in NCB revitalizations including clinical renovations, energy efficiency projects, and life safety infrastructure such as sprinklers, fire alarms and emergency power in addition to the Outposted Therapeutic Housing Unit (OTxHU) project.

Additional projects include; modernizing elevators at Kings County Hospital, upgrading lighting at Bellevue Hospital, improving the exterior façade at Cumberland, renovating OR's at Jacobi and Kings and a number of other critical capital projects. Mrs. Flaherty said she'd be happy to arrange another educational session to delve into greater detail on the capital portfolio.

Mrs. Flaherty said that the Capital Budget, Capital Accounting and Contracts teams had been very busy compiling CPs for funding approval, issuing bids to ensure the best pricing is obtained, and registering contracts and processing payments for all vendors. The Capital Budget team processed CPs to receive funding approval for 101 new capital projects.

The Contracts team issued bids and awarded 25 contracts worth \$99.3 million through fiscal year to date. Approximately 48% of the contract awardees were MWBE vendors. The Capital Accounting team registered \$160 million in construction contracts fiscal year to date and were forecasted to register an additional \$130 million by the end of the fiscal year. Also, this team processed \$214 million in capital payments fiscal year to date. Mrs. Flaherty thanked each and every one of the members on these teams for their continued efforts to ensure the System receives the maximum funding possible and was working to commit those dollars as efficiently as possible.

Our Facilities Maintenance and Operations team continued to ensure that facilities could operate safely and maintain a safe environment to deliver care to patients. With the support of this team the office was focused on Joint Commission readiness for Metropolitan, Harlem and Jacobi/NCB and getting ready for the upcoming cooling season.

Throughout the pandemic the team worked tirelessly to quickly adapt facilities to the more current safety standards for patients and employees, installing 974 protect barriers, 576 mobile HEPA filters, and 661 dialysis quick connects System wide. This team also oversees 15 system wide preventive maintenance contracts for which they process approximately \$21 million in payments annually.

The housing team had been busy working with partners to secure housing for the most vulnerable patients. To date they secured 51 interim beds for housing insecure patients who required additional care not provided in a shelter and 700 units of affordable/supportive housing on H+H land. Using a combination of 200 section 8 vouchers and partnerships with Community Based Organizations, this team was successful in permanently housing 200 patients to date, and are on target to house an additional 300 patients in 2022.

Finally, throughout the pandemic the team had done tremendous work to enhance our facilities air processing systems to ensure they met the requirements set forth by organizations such as ASHE and the CDC. The American Council of

Engineering Companies of NY would be recognizing the H+H team for their great work with the Air Quality Program by honoring them with their highest award, the Diamond Award for Excellence in Building/Technology Systems at their annual awards event.

That concluded Mrs. Flaherty's remarks.

Ms. Wang asked if there were additional DCAS grant opportunities for decarbonization efforts Mrs. Flaherty has mentioned.

Ms. Flaherty and Oscar Gonzalez, Assistant Vice President, Office of Facilities Development, said conversations with DCAS were ongoing and there were some ongoing studies underway that would tie to current and future opportunities.

Mrs. Hernandez-Piñero asked if housing placements were mostly H+H patients. Mrs. Flaherty said there were a variety of sources, MetroPlus, H+H clinics and Skilled Nursing Facilities and she could provide a full list if desired.

Mr. Peña-Mora asked if it would be possible to share a master plan of the energy and sustainability projects. Mrs. Flaherty said that could be shared during an educational session. Mr. Peña-Mora said that would be very interesting and he would like that.

Mr. Peña-Mora asked if a master plan for capital investment for the system could be shared as well, perhaps at the educational session.

Mrs. Flaherty said yes. She added that Coney Island was continuing their master plan efforts, with FEMA projects and their new Ambulatory Care building underway, Elmhurst had kicked off efforts and the team would be moving forward for the system-wide master planning.

Mrs. Flaherty read the resolution:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with T- Mobile Northeast LLC (the "Licensee") to operate a mobile cellular communications system on an approximately 1,600 square foot parcel of land located on the campus of the former Neponsit Health Care Center (the "Facility"), located at 67 Rockaway Beach Boulevard, Queens, at an occupancy fee of \$50,000 to be escalated by 3% per year for a five- year total of \$265,457.**

Mrs. Flaherty narrated a presentation providing background information, and terms moving forward.

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

Mrs. Flaherty read the resolution:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with Titan Industrial Services, Corp. ("Titan") to raze the former Neponsit Hospital, restore the site to a grass field and erect a lifeguard facility for use by the Department of Parks at NYC Health + Hospitals / Neponsit Hospital Center with a 20% project contingency of \$3,816,000, for unexpected scope changes due to unknown**



**site and concealed building conditions, yielding a total authorized expenditure not to exceed \$22,896,000.**

Mrs. Flaherty narrated a presentation providing a project background information, existing conditions, scope of work, description of the completed project site, project budget, and MWBE plan.

Ms. Wang asked what the annual spend for security at the site had been. Mrs. Flaherty said it was approximately \$200,000 - \$300,000 per year for security and some landscaping, recognizing the property is directly adjacent to approximately 15 residential homes.

Ms. Wang asked if parks would be assuming the care of the land or would remain under H+H control and responsibility or whether there was an agreement underway for monetary compensation. Mrs. Flaherty said there were ongoing discussions with the Parks Department but the immediate concern was addressing the unsafe conditions.

Ms. Wang asked where the funds for this project were coming from. Mrs. Flaherty said it was funded by City Capital Mayoral funds.

Ms. Wang asked for the timeline of the work. Mrs. Flaherty said there would be some pre-work completed during the next few months and completion was expected prior to next summer season.

Ms. Wang asked if the T-Mobile tower discussed in the prior resolution would be affected. Mrs. Flaherty said no, there was coordination between H+H and T-Mobile to ensure no disruption.

Mrs. Hernandez-Piñero said she was glad this was being addressed and believed that this would result in being a worthwhile investment for the System.

Mr. Nolan asked where the nearest H+H facility was located. Mrs. Flaherty said Coney Island hospital was approximately 8 miles away.

Mr. Nolan asked if there had been any discussion about using the land for a healthcare facility. Mrs. Flaherty said she did not believe so. She did not believe she had heard of a need for additional services.

Dr. Katz said there were ongoing discussions about some type of service in the Rockaways but not in this location. It would most likely be in a heavily foot-trafficked area more similar to the new Bedford-Stuyvesant facility. He said it would be nice to make some money from a deal but he was happy just to no longer need to spend the money each year for upkeep and to return to a natural space.

Mr. Nolan said he understood. He asked if the elected officials in the area were aware and in support of the project. Mrs. Flaherty said yes.

Dr. Katz added that there was conversation on adding services to the Rockaways but it would not be in this location.

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

Mrs. Flaherty read the resolution:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year agreement with CBRE Group, Inc. ("CBRE") for various facility management support services with the System holding two 1-year options to renew for an amount, over the potential five-year term, not to exceed \$100,000,000.**

Mrs. Flaherty was joined by Manuel Saez, Assistant Vice President, Office of Facilities Development, to present the agreement. Together they narrated a presentation providing background information, including current spend FY-22 year to date, RFP criteria, scope of service, procurement overview, non-participating vendor feedback, vendor evaluation and MWBE plan, noting the previous contract had an MWBE waiver.

Ms. Wang asked if personnel costs were decreasing in the current contract as a result of CBRE providing fewer staff. Mrs. Flaherty said yes.

Ms. Wang asked if the current contract has a 7% mark-up as well. Mahendranath Indar, Senior Director, Office of Facilities Development, said the 7% would remain for the business services but negotiations were ongoing for other proposed mark-ups.

Mrs. Hernandez-Piñero asked how the work was taken in-house and whether it had presented any issues to date. Mrs. Flaherty explained that the System had been directly hiring the Directors of Engineering and Assistant Directors of Engineering where positions were previously under JCI/CBRE.

Mr. Peña-Mora noted that MWBE growth over the course of contracts was very impressive. Previous discussion on the prior contracts had MWBE waivers and/or very little MWBE commitment rates and this new contract now has a goal that exceeds the 30% minimum. He wanted to acknowledge that if you work diligently with vendors to increase that number it can pay off and you see the results of that here with a very extensive list, for services and supplies, to a large number of MWBE firms. It is good to know that the companies performing work for the System also reflect our patient population.

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 11:10 a.m.

**INFORMATION TECHNOLOGY COMMITTEE - VIRTUAL - APRIL 11, 2022**

**AS REPORTED BY: FENIOSKY PEÑA-MORA**

**COMMITTEE MEMBERS PRESENT:** Feniosky Peña-Mora, Dr. Mitchell Katz, José A. Pagán, Karen St. Hilaire representing Commissioner Gary Jenkins in a voting capacity - join at 11:10 and left at 11:30

Mr. Feniosky Peña-Mora, Chair of the Committee, called the April 11th meeting of the Information Technology (IT) Committee to order at 11:05A.M.

Mr. Peña-Mora proposed a motion to adopt the minutes of the joint Medical and Professional Affairs / IT Committee meeting held on February 7th, 2022.

Upon motion made and duly seconded the minutes of February 7th, 2022 IT Committee meeting was unanimously approved.

Dr. Mendez read the resolution:

**Authorizing New York City Health + Hospitals Corporation to execute a 3-year contact with Derive Technologies LLC for services to maintain workstations on wheels and medical carts, with 2 1- year options to renew an amount not to exceed \$6,500,000 over the entire potential 5-year term.**

Jeff Lutz, Chief Technology Officer, presented background and current state information of maintenance of the systems medication and documentation carts. Mr. Lutz also provided a procurement summary of the maintenance contract process, an overview of the procurement, the RFP criteria, and MWBE closed pool solicitation process.

Mr. Pagán asked who currently provides services and Mr. Lutz clarified that Derive currently provided the maintenance services.

Mr. Peña-Mora noted for the record that Karen St. Hilaire will be representing Gary Jenkins, in a voting capacity. No further questions were presented by the board.

Upon motion made and duly seconded the approval of the resolution was unanimously approved for consideration by the Board.

Mr. Peña-Mora made a correction to the record with a clarification that the February 7th meeting was not a joint committee meeting with the Medical and Professional Affairs Committee.

#### **EITS Update**

Dr. Kim Mendez continued with the IT Update presentation and turned the conversation over to Dr. Bouton for a Clinical Informatics update.

Dr. Bouton provided a detailed review of the Systems effective use of the EPIC system. He provided an update on the Epic Gold Star program and NYC H+H's achievements to date. Our System is currently at a Level 8 this year, which puts us within 20%percentile of national EPIC users. Dr. Bouton went on to discuss the Epic (vendor) Honor Roll program and the overall impact of a better patient experience when leveraging Epic electronic health record functionality as well as the positive financial incentive of \$670,000 from Epic.

Dr. Bouton provided an update regarding two initiatives that will be going live April 2022, which includes the new functionality that supports the patient registration team know that they are there without going to the registration desk. The second initiative is that if a patient sees their primary care doctor and they want to be seen next week and there is no appointment available for three weeks, the patient can be placed on a wait-list and a text message or Mychart message is sent to the patient when an appointment opens up. Dr. Bouton went on the discuss the goal where although improvement was made, the goal was not met for this year which is the turnaround time on in-basket messages. Current goal is to respond within 48 hours. Improvement has been made from 50% to 60% this year. He then stated this is a cultural change that we need to drive through and there are technical things that have been done to make the process easier.

Dr. Bouton presented graphical information displaying the biomedical integration initiative. The graphs showed the revised target goal for the year was to integrate new devices into our System. By integrating these devices, the information automatically flows from the machine into Epic and is verified by a provider inside of Epic, this has improved patient safety and provides our staff the most up to date and timely information

Dr. Bouton provided an update on the Systems MyChart activation rate. We are firmly in the top 10 percentile nationally, with the Epic median at right around 50%. Our System is currently at 72%, which is an increase from 60% at the beginning of the year.

Dr. Bouton provided an update on the status of languages in MyChart. Dr. Bouton stated English and Spanish are currently being shown and simplified Chinese is actively being launched.

Dr. Bouton further emphasized that NYC H+H EITS is pushing Epic to develop expanded languages in MyChart that align and support our patient needs.

Dr. Katz stated he was interested in the metrics, not just the logins, but the number of times people are with someone. It would be a valuable indicator of the interaction with patients. Dr. Bouton stated it was part of the patient engagement metric and will provide follow up.

Mr. Pagan asked how do we compare to other Systems on how fast things get answered from the in-basket? Dr. Bouton stated the Epic threshold for hitting the honorable status is 75% and acknowledged our System is below the average. There are work groups e.g. MyChart Steering Committee, which includes ambulatory care and patient engagement leadership who are focusing on this area of improvement.

It was noted to be one of our metrics for the past year and a half or two years. Currently there are site specific MyChart steering committees set up at 8 of our sites with initiative to turn that metric around. Dr. Bouton stated he would provide updates in the future.

Dr. Mendez provided an update on the Data Center Migration project. The overall project timeline is between May 2021 and May 2023. There are two current data centers that are at end of life and EITS is in the midst of transitioning to two new data centers. The Infrastructure team has been installing new storage, testing the foundation components for the 1<sup>st</sup> wave move which is taking place April 2022. The 2nd Data Center at Cyrus One is currently in the pre-planning stages. As of April, the project is at approximately 40% complete, with a goal of being 50% completion by the end of May 2022. The project is currently on target and budget.

Dr. Mendez then shared an update on the Application Learning Department, which is the educational arm of Epic. As the team has transitioned beyond EPIC, they have now included other clinical application trainings to support the System. As part of focusing on the effective use of the electronic health record, a program called Thrive training was developed. The content of the program is based upon tickets received, stakeholder feedback information and a focus to support regulatory surveys. The

kickoff for this program was a workshop for Joint Commission preparation. As a key aspect to the program, having staff at the bedside being trained in chart review and navigating the system comfortably. The team has also put together a hospital billing work queue training session. A new area of virtual 1:1 training will be launched for staff across the System soon. The session could be on an application or within Epic such as a provider can request personalization support. A link was provided to staff to submit a request to 1:1 support. As the learning team continues to receive feedback from the end users, they will further augment and provide additional training.

#### **Strategic Planning Committee Meeting - April 11, 2022**

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

**Committee members present:** Feniosky Peña-Mora, Sally Hernandez-Piñero, José Pagán, Freda Wang, Dr. Machel Allen represented Dr. Katz in a voting

Mr. Feniosky Peña-Mora, called the April 11<sup>th</sup> meeting of the Strategic Planning Committee (SPC) to order at 12:03 pm and notified the Committee Dr. Machel Allen will be representing Dr. Katz in a voting capacity until he joins the meeting.

Upon motion made and duly seconded the minutes of the January 10, 2022 Strategic Planning Committee meeting was unanimously approved.

#### **INFORMATION ITEMS**

Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO and Dr. Theodore Long, Senior Vice President, Ambulatory Care, Population Health and Executive Director of Test & Trace Corps, reported on FY-22 Q2 (October 1 to December 31, 2021) Performance;

#### **Positive Trends:**

##### Quality and Outcomes

3. Hgb Alc control <8: **66.4%** from 65.2% (target 66.6%)
2. Follow-up appointment kept within 30 days after behavioral health discharge: **43.2%** from 37.07% (target: 50%)
5. Integration of Bio Medical Devices: **116%** (target: 100%)

##### Access to Care

15. Unique Primary Care Patients: **413,362** from 402,784 (target: 405,000)
17. NYC Care enrollment: **114,496** from 99,568 (target: 100,000)

##### Financial Sustainability

13. Post-Acute Care Total AR Days per month: **40.6 days** from 45.7 days (target: 55)
14. Enterprise Data Center Migration progress: **Project timeline 5/2021-5/2023**
  - **As of December 2021, overall project progress remains on target at 25% completion**
  - **FY22 Q2 milestones are 100% complete** (target: 100%)

### **Steady Trends (close to or exceeding target):**

#### Care Experience

8. MyChart Activations: remains at **72%** (target: 75%)

#### Financial Sustainability

9. Patient care revenue/expenses: remains relatively the same from prior quarter, at **73.2%** from 74% (target: 60%)
10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: remains relatively the same from prior quarter, at **86%** from 90% (target: 76%)

### **Steady Trends (short of target):**

#### Care Experience

7. Ambulatory care - recommend provider office: Remains relatively the same at **84.43%** from 84.6% (target: 87.0%)

#### Financial Sustainability

11. % of MetroPlus medical spend at NYC Health + Hospitals: Remains relatively the same at **40.17%** from 40.1% (target: 45%)

### **Negative Trends between Reporting Periods, Remains Consistent with Target:**

#### Access to Care

16. # of e-consults: **96,055** from 99,963 (remains above target of 95,100)

### **Negative Trends:**

#### Quality and Outcomes

4. % Left without being seen in ED: **5.2%** from 4.0% (target 4.0%)
1. Post-Acute Care (PAC): All Cause Hospitalization rate: remains consistent at **1.96 per 1,000 care days** from 1.71 per 1,000 care days (target: 1.00 per 1,000 care days)

#### Financial Sustainability

12. Total AR days per month: **60 days** from 57.5 days (target: 45)

#### Care Experience

6. Inpatient care - overall rating: **62.88%** from 64.5% (target: 66.3%)

#### Culture of Safety

18. Total Wellness Encounters: **498 encounters** from 641 encounters (target: 600)

### **Equity Measures:**

#### Racial & Social Equity Measures

20. % of Chronic Disease Dashboards with Race, Ethnicity, & Language Data: **5 out of 5 chronic disease dashboards (100%)** remain able to be stratified by race/ethnicity/language (target: 100%)
21. % of total procurement spend on MWBE: **28%** (target: 30%)
19. % of New Physician Hires being underrepresented minority (URM), as follows: Women: 34.1%; Non-Binary: 0%; **Ethnic Groups Hired other than White:**

**Asian (9.1%); Black or African American (3.9%); Hispanic or Latino (3.4%)**

#### **COVID-19 Metrics:**

##### **COVID-19**

- 22. Total # of COVID-19 Test Administered: **859,176** from 884,956
- 23. Total # of COVID-19 Positive Tests: **74,418** from 21,551
- 24. Post-Acute Care COVID-19 Infection Rate: **9.27** from 7.93
- 25. COVID-19 Vaccine: # 1<sup>st</sup> Dose: **522,754** from 509,622
- 26. COVID-19 Vaccine: # 2<sup>nd</sup> Dose: **450,150** from 425,305
- 27. % of Occupied Beds: **48%** from 49%
- ##. Third doses and boosters administered: **198,822** (October 2021 through March 2022)
- ##. Average Pandemic Response Lab (PRL) Turnaround Time (in Hours): **16.44** (March 2022), **16.29** (April 2022)

Mr. Siegler turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to give an update on the State Budget.

#### **STATE BUDGET**

Ms. Brown reported that there is a backfill of a prior 1.5% Medicaid cut and an additional 1.1% Medicaid rate increase, with \$800 Million which we have equitable access to. There were positive changes on Telehealth parity and increases on a scope of practice ability for Nurse Practitioners. More specifically, Ms. Brown responded to questions, the Nurse Practitioners with 3600 hours of practice will not have to enter into a written relationship with a physician in all areas.

Ms. Brown responded to questions from the Board that the safety net allocation of \$1.6 Billion in capital has not been determined.

#### **INDEPENDENT PRACTICE ASSOCIATION (IPA)**

Mr. Siegler provided an update on NYC IPA, Inc. In January 2020, the New York State's 1115 waiver DSRIP program, through OneCity Health, had ended, and this Board authorized NYC Health + Hospitals to form an IPA to continue those efforts from the DSRIP program. The IPA is focused on advancing health equity by re-orienting our system to consistently address the Social Determinants of Health. NYC Health + Hospitals is proposing a new Special Populations Program that will connect target populations in NYC to enhanced services through an integrated delivery system, essential community partnerships, and advanced VBP model. In response to questions from the Board, the two special populations are those experiencing homelessness and individuals who were formerly incarcerated.

A significant amount of progress has been made over the past several months with support from a coalition of safety net partners and encouraging conversations with both the State and CMS. As sole member of the IPA, the Board of Directors plays a key role in: 1) approving the composition of the NYC IPA Board of Directors (including a minority of members who are independent to the system) and 2) adoption of the IPA bylaws. There will be further updates on progress in forthcoming meetings and nominations for approval of the IPA's Directors.

#### **FOLLOW-UP ITEMS:**

- The Committee expressed an interest in looking into how patient care

revenue/expenses is continuing to be affected by COVID, and if the target needs to be increased.

- The Committee recommended looking into adding a 7 day follow up metric to the Follow-up appointment kept within 30 days after behavioral health discharge metric.
- The Committee expressed an interest in adding a MyChart Usage metric, to go along with the MyChart Activations metric.
- Lastly, the Committee asked to look into the % left without being seen in ED by facility, and to see how sites, above the average, are being managed. Also, to look into if the patients' insurance status plays a role in this metric.

Mr. Peña-Mora thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 1:07 pm.



## SUBSIDIARY REPORT

**MetroPlus Health Plan, Inc.**

Board of Directors Meeting - Tuesday, March 29<sup>th</sup>, 2022

Draft minutes subject to adoption at the next MetroPlusHealth Board of Directors meeting on Tuesday, June 14<sup>th</sup>, 2022.

Ms. Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 2:01 P.M.

### ADOPTION OF THE MINUTES

The minutes from the Board of Directors meeting held on Tuesday, February 8<sup>th</sup>, 2022, were presented to the Board. On a motion by Ms. Hernandez Piñero and duly seconded, the Board adopted the minutes.

### INFORMATION ITEM

Ms. Sally Hernandez Piñero, Chair of the Board, began with a brief presentation by Mr. Dana Wilson, Lead Audit Partner and Mr. Denis Sullivan, Audit Senior Manager from Grant Thornton.

Mr. Wilson then turned to Mr. Sherif Sakr, Chair of the Audit & Compliance Committee, to provide an overview and breakdown of Grant Thornton's finding.

### ACTION ITEMS

A first resolution was presented by Mr. Christopher Roker, Chair of the Finance Committee, for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with **Wakely Consulting Group, Inc.** to provide Actuarial support services for a term of three (3) year with two (2) one-year renewal options, solely exercisable by MetroPlus, for an amount not to exceed \$6,500,000 for the total 5 years.*

Ms. Lauren Leverich, Chief Financial Officer, provided an overview of the Background, Procurement, Cost Break Down, RFP Criteria, Vendor Proposal Highlights and CRC Approval Request.

There being no further questions or comments, on a motion by Mr. Roker and duly seconded, the resolution was unanimously adopted by the Board.

A second resolution was presented by Dr. Eric Wei, Chair of the Quality Assurance & Performance Improvement (QAPI) Committee, for Board approval.

*Appointing **Dr. Sanjiv Shah, Dr. Machelles Allen, Dr. Perry Pong, Dr. James King, Dr. Theodore Long, Dr. Barry Brown, Dr. Charles Barron, Dr. Alan J. Cohen and Dr. Katherine Piwnica-Worms** as members of the MetroPlus Quality Assurance and*

**Performance Improvement Committee of MetroPlus Health Plan, Inc.** ("MetroPlus"), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York.

Ms. Robin Fisk, Deputy General Counsel, advised that the MetroPlus By-laws state that Quality Assurance Committee members must be nominated by the Executive Director and appointed by the Board. Those referenced above have been nominated to serve on the QAPI Committee and therefore their appointment is requested.

Dr. Sanjiv Shah, Chief Medical Officer, further discussed the new additions to the QAPI Committee.

There being no further questions or comments, on a motion by Dr. Wei and duly seconded, the resolution was unanimously adopted by the Board.

A third resolution was presented by Ms. Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee, for Board approval.

Authorizing the Executive Director of MetroPlus to negotiate and execute a contract with **Sapphire Digital** ("Sapphire") to provide Pricing Cost Transparency services for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$2,800,000 for the total 5-year term.

Mr. Ganesh Ramratan, Chief Information Officer, provided an overview of the Background, Procurement Process, Cost Schedule, Vendor Highlights and the request for CRC Approval.

Ms. Raven Ryan Solon, Chief Regulatory & Compliance Officer, further discussed the Sapphire Resolution.

There being no further questions or comments, on a motion by Ms. Lloyd and duly seconded, the resolution was unanimously adopted by the Board.

The adoption of the updates to the Audit & Compliance Committee Charter was requested by Mr. Sherif Sakr, Chair of the Finance Committee, and presented to the members of the Board.

On a motion by Mr. Sakr and duly seconded, the Board adopted the Audit and Compliance Committee Charter updates.

## **NEW BUSINESS**

Dr. Talya Schwartz, President & CEO, was ill and unable to provide the President & CEO Update, her attendance was solely to support any/all action items. Ms. Raven Ryan Solon, Chief Regulatory and Compliance Officer was asked to speak on her behalf.

Ms. Solon began by congratulating Ms. Hernandez Piñero on her Lifetime Achievement Award for Women in New York City.

Ms. Solon provided two Regulatory Updates regarding the New York State Budget and End of the Public Health Emergency and Recertification Recompensing for

Medicaid, Essential Plan and CHIP.

Ms. Solon then asked Ms. Leverich to provide the Finance Update.

Ms. Leverich presented the 2021 Year End Financials, GoldCare Update, Member Utilization Updates, ABA Service and QHP updates.

Board Members asked questions regarding the utilization of ABA Services; Dr. Shah provided a detailed explanation regarding that service.

Ms. Hernandez Piñero requested to move onto Dr. Shah's presentation on the Special Investigations Unit & Recovery. Dr. Shah was joined by Mr. Shawn Mullen, Director of Special Investigations Unit.

Dr. Shah provided a brief background about the Special Investigations Unit (SIU), Cotiviti and MetroPlus Process, the State Reporting Requirements for Plans, Case Review Statistics, Issues and Requests for Proposals (RFP) moving forward; specifically regarding Cotiviti and additional Fraud Waste and Abuse Activities.

Ms. Hernandez Piñero requested to move onto the Vacancy Update & Recruitment Strategy presented by Mr. Carlos Cabrera, Director of Recruitment.

Mr. Cabrera presented the steps MetroPlus has taken to attract active jobseekers, 2021 & 2022 Recruitment Strategies, Results and Data.

Ms. Hernandez Piñero requested to move onto the Growth Division Report presented by Roger Milliner, Chief Growth Officer.

Mr. Milliner presented key partnerships with city agencies, unions and various Councils and organizations throughout the five boroughs.

There being no further business, Ms. Hernandez-Piñero adjourned the meeting at 3:35 P.M.

**Mitchell H. Katz, MD**

**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER REPORT TO THE BOARD OF DIRECTORS**

**April 28, 2022**

**CORONAVIRUS UPDATE**

New York City is experiencing a slight increase in cases and transmission rates, but our COVID-19 hospitalizations remain low - and some of our hospitals even had their first days with zero cases. We concluded our hotel program this month, which helped 33,000 guests to safely isolate throughout the epidemic, and ended universal contact tracing. We will continue to operate the hotline, 212-COVID19, to connect New Yorkers to resources and the virtual express care for life saving treatments.

While we hope the worse of this pandemic will soon be over - we continue our focus on testing, vaccination and treatment for COVID-19 and Long COVID.

Our NYC Test & Trace Corps team is distributing 6.3 million at-home tests this month and we are collaborated with 226 houses of worship and faith-based groups in New York City to further expand our network of at-home test distribution locations during the height of the religious holiday season. As Mayor Adams said, New York's churches, mosques, synagogues, temples, and religious cultural centers are pillars of their communities, and we are very grateful to them for leading the fight against COVID-19 by providing testing to their members.

We want New Yorkers who test positive for COVID-19, including while using an at home test, to call our 212-COVID19 hotline to be immediately connected to a doctor who can prescribe Paxlovid and arrange to have this lifesaving treatment delivered to their home.

We also launched a modest ethnic and social media advertising campaign in multiple-languages to remind New Yorkers - particularly in communities with low vaccination rates -- that NYC Health + Hospitals is still the place to get a free COVID-19 vaccine, first booster and second booster shot.

**EARLY-CAREER PSYCHIATRY LEADERSHIP PROGRAM**

This month, we launched a training program that will provide psychiatrists with the additional support, mentorship, and education they need to function effectively in public health settings. In collaboration with NYU, the Public Psychiatry Leadership program will help early career psychiatrists prepare for leadership roles in the public health system and other public settings that serve New Yorkers with complex mental health and substance use needs. We are currently seeking applications from practicing psychiatrists who are committed to improving and transforming the delivery of behavioral health services in New York City. The new program will expand the success of a collaboration that began in 2008 between NYC Health + Hospitals/Bellevue and NYU that have since helped propel the careers of more than 50 psychiatrists who have taken on leadership positions in our health System and in other City and State-level organizations. Applications are due May 18, 2022 and the program begins July 2022. Eligible psychiatrists can apply [here](#).

**NYC HEALTH + HOSPITALS ELIMINATES  
SIX-MONTH RESIDENCY REQUIREMENT FOR NYC CARE**

We were so pleased to announce the elimination of the six-month residency eligibility requirement for our health System's NYC Care program, which guarantees low-cost and no-cost services to New Yorkers who do not qualify for or cannot afford health insurance. New Yorkers are New Yorkers from the first day they move here, and we want to extend their right to affordable, quality health care from day one.

With more than 110,000 members, NYC Care has become a national health care model that guarantees low and no-cost primary and specialty care services at the public health System's hospitals and health centers across all five boroughs. New York City believes that health care is a human right, and we want anyone who cannot afford or is ineligible for insurance to get the care they deserve. With NYC Care, we promise new members a primary care appointment within two weeks and access to specialty care if needed.

#### **MOST RACIALLY INCLUSIVE HEALTH CARE FACILITIES**

Four hospitals in our health system have been ranked among the "[50 Most Racially Inclusive Hospitals in America](#)" by the 2021 Lown Institute Hospitals Index for Social Responsibility. Metropolitan, Harlem, Queens, and Lincoln Hospitals received the high marks for how well they serve people of color in their surrounding communities. More than 2,800 hospitals were evaluated for this report. Metropolitan and Harlem hospitals ranked among the top ten - and Metropolitan ranked as the #1 most racially inclusive hospital in New York State. Queens and Lincoln hospitals ranked #14 and #44 in the country, respectively. To create the rankings, the Institute used Medicare claims from 2020 to assess how well the demographics of a hospital's Medicare patients match the demographics of the hospital's surrounding communities. No one should have to leave their neighborhood and travel for an extended period of time in order to get high-quality, comprehensive healthcare. That is why our hospitals, Gotham Health centers, and post-acute/long-term care facilities are close to home for many New Yorkers. We are proud to be recognized for the great care our public health care System provides, regardless of a person's race, zip code, immigration status or ability to pay.

#### **MYCHART PATIENT PORTAL AVAILABLE IN MULTIPLE LANGUAGES**

NYC Health + Hospitals serves the most linguistically diverse City in the world, and nearly one in three patients is limited English proficient. Meaningful access to care starts with effective communication in our patients' language. In recognition of NYC Immigrant Heritage Week, we announced that limited English proficient (LEP) patients can now access MyChart in Simplified Chinese. The patient portal is already available in Arabic, French, and Spanish.

These four languages make up 80 percent of the over one million interpretation requests our health System received in FY-2021. We plan to include more languages to the patient portal later this year.

MyChart is a free, convenient, and secure tool that patients can use to manage their health information online. At NYC Health + Hospitals, we believe that everyone has the right to high-quality, comprehensive health care services regardless of where they were born or what language they speak. I am proud of the work we have done and will continue to do to innovate and lead in providing culturally and linguistically responsive healthcare services.

## **LGBTQ+ HEALTHCARE EQUITY LEADERS**

Our work to improve the health of LGBTQ+ New Yorkers has garnered us national recognition. For the 6<sup>th</sup> time, 18 of our patient care facilities across all five boroughs received the "LGBTQ+ Healthcare Equality Leader" designation from the Human Rights Campaign Foundation for our commitment to providing expert, culturally-competent care to LGBTQ+ patients. NYC Health + Hospitals is unquestionably at the forefront of ensuring equitable access to high-quality, comprehensive care for LGBTQ+ patients, specially through our six Pride Health Centers and Gender Affirming Integrated Services Practice in Manhattan, Brooklyn, and the Bronx. Treating everyone with respect and dignity is the foundation of our success and the impetus for so much of what we do to serve New Yorkers and reduce the inequities in health care.

## **EXTERNAL AND COMMUNITY AFFAIRS UPDATE**

**City** - NYC Health + Hospitals recently participated in two City Council hearings. One on the topic of the Impact of COVID on Immigrant New Yorkers, and the other about City and State Coordination in the Provision of Mental Health Services. Executive Budget hearings begin next week. The NYC Health + Hospitals Executive Budget Hearing is scheduled for May 18th at 10am. We look forward to continuing our work with the Council and OMB as the budget details develop.

**State** - The New York State Department of Health released its proposed 1115 waiver amendment request this month. The State is requesting \$13.5 billion over five years to fund the new 1115 Waiver amendment that addresses the health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic. The waiver is structured around goals that align with our health System's focus on advancing value-based payment care delivery models for special populations, including individuals experiencing homelessness, individuals leaving City or State correctional systems, and children in the foster care system and families receiving City prevention services. We are encouraged by the State's ongoing commitment to advancing health equity across Medicaid populations and expanding efforts in areas including housing supports and social services. We look forward to working with them to effectuate these goals of health care transformation and are grateful for their partnership.

**Federal** - We are working with our Representatives and Senators on earmarks requests for consideration in the FY-23 Appropriation Bills. We continue to be incredibly grateful for their support and partnership.

## **NEWS FROM AROUND THE HEALTH SYSTEM**

- [Test & Trace Partners with Over 200 Houses of Worship to Expand At- Home Test Distribution](#)
- [NYC Health + Hospitals Launches Early-Career Psychiatry Leadership Program](#)
- [Test & Trace and New York Mets Celebrate Citi Field Vaccination Team's Nearly 300k Vaccinations](#)
- [NYC Health + Hospitals Facilities Designated "LGBTQ+ Healthcare Equality Leader"](#)
- [NYC Care Eliminates Six-Month Residency Requirement for New Members](#)
- [NYC Health + Hospital's Patient Portal 'Mychart' Now Available in Simplified Chinese](#)
- [NYC Health + Hospitals Honors 42 Social Workers for Their Work](#)

#### Throughout the Pandemic

- NYC Health + Hospitals Observes NYC Immigrant Heritage Week
- Test & Trace Canvassers Engage New Yorkers in Over 10 Million Conversations
- Senior Director of Government & Community Affairs Named to "Nonprofit 40 Under 40" List
- Jhonelly Gil Named 2021 Amazing Employee of the Year
- Four Hospitals Ranked Among the Most Racially Inclusive in NYC and U.S.
- Board Reconfirms Dr. Mitch Katz as System President & CEO

## **RESOLUTION - 02**

Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute **an extension of its affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Coney Island** (the "Affiliation Agreement") through December 31, 2023, total not-to exceed \$13,310,191 which includes a 10% contingency.

**WHEREAS**, the System has entered into agreements, including the Affiliation Agreement for various medical schools, voluntary hospitals and professional corporations to provide clinical and behavioral health services at the System's facilities; and

**WHEREAS**, at its July 2021 meeting, the New York City Health and Hospitals Corporation Board authorized the extension of the Affiliation Agreement through June 30, 2023, and the System is continuing to negotiate and revise the Affiliation Agreement; and

**WHEREAS**, SUNY's collective bargaining agreement with its employed physicians requires SUNY to provide its employed physicians with one year's notice of termination of their employment; and

**WHEREAS**, to avoid SUNY sending a notice of termination to its employees and the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a term of longer than one year; and

**WHEREAS**, to provide sufficient time to negotiate the terms of a new affiliation agreement for professional services, and to accommodate the notice requirement of SUNY's collective bargaining agreement, the System seeks to extend the Affiliation Agreement for an additional six months, through December 31, 2023; and

**WHEREAS**, the overall responsibility for administering the Affiliation Agreement shall reside with the System's Chief Medical Officer.

### **NOW, THEREFORE, BE IT**

**RESOLVED**, that New York City Health and Hospitals Corporation (the "System") be and is hereby authorized to extend the affiliation agreement with the State University of New York/ Health Science Center at Brooklyn a/k/a Downstate Health Sciences University for the provision of services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/ Coney Island for an additional period of six months, commencing June 30, 2023 and terminating on December 31, 2023, for a total not-to exceed \$13,310,191, which includes a 10% contingency.

Dated: May 26, 2022



**EXECUTIVE SUMMARY**  
**Contract Extension**  
**State University of New York/ Health Science Center at Brooklyn**  
**a/k/a Downstate Health Sciences University**

- BACKGROUND:** The SUNY Affiliation Agreement is scheduled to expire on June 30, 2023. The System and SUNY are in the process of negotiating a new affiliation agreement, however, because SUNY's collective bargaining agreement requires SUNY to provide its employed physicians with one-year's notice of termination, and to avoid SUNY sending such a notice with the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a term longer than one year.
- PROPOSAL:** The System seeks authority to extend the term of the Affiliation Agreement to December 31, 2023 to provide sufficient time to negotiate a new affiliation agreement for clinical services with SUNY. The extension will cover the provision of services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/ Coney Island for a period beginning June 23, 2023 through December 31, 2023, for a total cost not-to exceed \$13,310,191, which includes a 10% contingency.
- PROCUREMENT:** The proposed contract extension is being signed with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services. Given that it is anticipated that the System will negotiate an entirely new agreement for such services during the coming year it is in the best interest of the System to continue the contract with SUNY without changes to its terms.

***Professional Services Contract Extension  
for July 1, 2023 – December 31, 2023***

**Downstate Health Sciences University  
(aka SUNY-DHSU)**

**NYC Health + Hospitals/ Kings County  
NYC Health + Hospitals/ Coney Island**

**Machelle Allen M.D., System Chief Medical Officer  
Andrea G. Cohen, General Counsel, SVP and General Counsel**

**Board of Directors Meeting  
May 26, 2022**

NYC Health + Hospitals			
SUNY-DHSU			
CONTRACT ACTIVITY			
Period	START DATE	END DATE	Months
FY 17 to FY 20 Agreement	1-Jul-16	30-Jun-20	48 Months
Extension thru FY 22	1-Jul-19	30-Jun-22	24 Months
Extension for FY 23	1-Jul-22	30-Jun-23	12 Months
Extension for    FY24	1-Jul-23	31-Dec-23	6 Months

NYC Health + Hospitals  
Affiliation Contract Costs  
Through December 31, 2023 for  
SUNY-DHSU

<b>Fiscal Year</b>	<b>Amount</b>
FY 2016	\$ 13,878,682
FY 2017	\$ 17,262,441
FY 2018	\$ 20,423,406
FY 2019	\$ 19,496,698
FY 2020	\$ 21,400,555
FY 2021	\$ 21,645,218
FY 2022	\$ 21,782,491
FY 2023	\$ 22,000,315
FY 2024 – 6 months	\$ 12,100,173

## Reason for Extension

- ❖ SUNY-DHSU's union contract requires it to provide one-years' notice of termination to its employed physicians.
- ❖ The current agreement between NYC Health + Hospitals and SUNY-DHSU (as extended) expires June 30, 2023.
- ❖ This six-month extension will allow the following services to continue without disruption while the parties negotiate a new longer-term contract:
  - NYC Health + Hospitals/Kings - Emergency Medicine, Psychiatry, and Radiology
  - NYC Health + Hospitals/Coney Island - Surgery

# Board of Directors Request

## Proposed Contract Costs

Facility	FY 2024 Base	10% Contingency	Total NTE
Coney Island	\$ 611,058	\$ 61,106	\$ 672,164
Kings County	\$11,489,115	\$1,148,912	\$12,638,027
Total	\$12,100,173	\$1,210,018	\$13,310,191

- Proposed payment to the Affiliate is based on costs.
- The costs reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-payer developments.
- 414 medical staff at Coney Island, 9 (2.1%) are SUNY affiliates
- 1,122 medical staff at Kings County, 54 (4.8%) are SUNY affiliates

## **RESOLUTION - 03**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute three-year agreements with each of the **17 law firms listed in Annex A attached (the “Med Mal Firms”)** for defending the System in medical malpractice cases on as-needed basis with the System holding two 1-year options to renew for an amount not to exceed \$86,000,000 over the entire potential five-year term.

**WHEREAS**, the System does not purchase medical malpractice insurance but defends its own medical malpractice claims having taken over that function from the New York City Law Department in 2007; and

**WHEREAS**, the System defends such cases using a combination of in-house and outside law firms; and

**WHEREAS**, the System has been successful in such program in that medical malpractice payouts have been reduced from their annual high of \$195M in 2003 to be between \$108 - \$136M annually from 2012 – 2020 with 2021 being only \$87M due to special COVID factors; and

**WHEREAS**, in 2017, following an RFP, the System selected 12 law firms to handle its more complex cases; and

**WHEREAS**, during the Winter and early Spring 2022, the System conducted another RFP through its Supply Chain Services unit and under the supervision of the Contract Review Committee leading to the selection of the Med Mal Firms to handle the System’s more complex cases on an as-needed basis; and

**WHEREAS**, the Senior Vice President and General Counsel will be responsible for the management of the proposed agreements.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute three-year agreements with each of the 17 law firms listed in Annex A attached (the “**Med Mal Firms**”) for defending the System in medical malpractice cases on as-needed basis with the System holding two 1-year options to renew for an amount not to exceed \$86,000,000 over the entire potential five-year term.

## **ANNEX A**

### **LIST OF MED MAL LAW FIRMS TO BE AWARDED CONTRACTS**

(\* denotes an incumbent)

\*Aaronson Rappaport Feinstein & Deutsch, LLP  
\*Dopf. P.C.  
\*Furman Kornfeld & Brennan LLP  
\*Kaufman Borgeest & Ryan LLP  
\*McAloon & Friedman P.C  
\*Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP.  
\*Vigorito, Barker, Patterson, Nichols & Porter, LLP  
\*Wilson, Elser, Moskowitz, Edelman & Dicker, LLP.

Amabile & Erman, P.C.  
Fullerton Beck LLP  
Garson & Jakub LLP  
Harris Beach PLLC  
Lewis Johs  
Lewis Brisbois Bisgaard & Smith LLP  
Martin Clearwater & Bell LLP  
Rubin Paterniti Gonzalez Rizzo Kaufman LLP  
Vaslas Lepowsky



## **EXECUTIVE SUMMARY**

### **MEDICAL MALPRACTICE LAW FIRMS**

<b>OVERVIEW:</b>	Unlike most hospital systems the System does not purchase medical malpractice insurance but defends its own medical malpractice claims. The System took over this function from the New York City Law Department in 2007. The System defends such cases using a combination of in-house and outside law firms. The in-house staff manage the outside lawyers and handle directly the less complex cases. The System's malpractice defense program has been successful as measured by the way it reduced medical malpractice payouts from their annual high of \$195M in 2003 to be between \$108 - \$136M annually from 2012 – 2020. 2021 was not a representative year due to COVID with payouts totaling only \$87M.
<b>PROCUREMENT</b>	A competitive RFP was conducted through Supply Chain and under the review of the Contract Review Committee. The RFP was published and was issued directly to 28 firms. 24 submitted proposals. The Evaluation Committee selected the 17 Med Mal Firms to receive awards.
<b>COSTS:</b>	Total not-to-exceed cost for the potential five-year contract will not exceed \$86,000,000.
<b>MWBE:</b>	The Medical Malpractice Legal Defense Services RFP falls under the Personal Services exemption of the System's vendor diversity policy, OP 100-10, because these services must be performed by the personnel contracted with, and cannot be subcontracted based on the nature of the services. To determine whether there were any M/WBE vendors with which the System could directly contract, the Vendor Diversity Team analyzed the availability of M/WBEs to perform such specialized scope of work and their capacity to perform at the scale of such deliverables using the NYC & NYS databases to ensure a diverse vendor pool if possible. The review and analysis confirmed that there are no M/WBE law firms meeting the criteria for participation in this RFP due to the following reasons: (i) lack of sufficient medical malpractice experience; (ii) lack of scalability for capacity and resources. Accordingly, the contract will not have subcontracting goals.

### 2017 List

- \*Aaronson Rappaport Feinstein & Deutsch
- \*DOPF, P.C.
- \*Furman Kornfeld & Brennan
- \*Kaufman Borgeest & Ryan
- \*McAloon & Friedman
- \*Schiavetti Corgan DiEdwards, Weinberg & Nicholson
- \*Vigorito Barker Porter & Patterson
- \*Wilson Elser Moskowitz Edelman & Dicker, LLP

Heidell Pittoni Murphy & Bach  
Decorato Cohen Sheehan & Federico  
Ekbloom & Partners  
Gordon & Silber (but ceased operations during the Pandemic)

### 2022 List

- \*Aaronson Rappaport Feinstein & Deutsch, LLP
- \*Dopf, PC
- \*Furman Kornfeld & Brennan LLP
- \*Kaufman Borgeest & Ryan LLP
- \*McAloon & Friedman P.C
- \*Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP
- \*Vigorito, Barker, Patterson, Nichols & Porter, LLP
- \*Wilson Elser, Moskowitz, Edelman & Dicker, LLP

Martin Clearwater & Bell LLP  
Lewis Brisbois Bisgaard & Smith LLP  
Rubin Paterniti Gonzalez Rizzo Kaufman LLP  
Lewis Johs  
Vaslas Lepowsky  
Fullerton Beck LLP  
Amabile & Erman, P.C.  
Harris Beach PLLC  
Garson & Jakub LLP



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

From: Keith Tallbe Tallbe,  
Senior Counsel Keith  
Office of Legal Affairs  
Digitally signed by Keith Tallbe  
Date: 2022.05.23 15:23:58 -04:00

Re: Vendor responsibility, EEO, and MWBE status

Vendor: Legal Defense Services Pool

Date: May 23, 2022

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

Legal Name	Vendex	EEO	MWBE
Aaronson Rappaport Feinstein & Deutsch, LLP	Pending	Pending	Exempt
Amabile & Erman, P.C.	Approved	Approved	Exempt
Fullerton Beck LLP	Approved	Pending	Exempt
Furman Kornfeld & Brennan LLP	Pending	Pending	Exempt
Harris Beach PLLC	Approved	Pending	Exempt
Kaufman Borgeest & Ryan LLP	Pending	Pending	Exempt
Lewis Brisbois Bisgaard & Smith LLP	Approved	Pending	Exempt
Lewis Johs Avallone Aviles, LLP	Approved	Pending	Exempt
Martin Clearwater & Bell LLP	Approved	Pending	Exempt
Rubin Paterniti Gonzalez Rizzo Kaufman, LLP	Approved	Pending	Exempt
Vaslas Lepowsky Hauss & Danke LLP	Pending	Pending	Exempt
Vigorito, Barker, Patterson, Nichols & Porter, LLP	Pending	Pending	Exempt
Wilson Elser Moskowitz Edelman & Dicker LLP	Approved	Pending	Exempt
Dopf, P.C.	Pending	Pending	Exempt
Garson & Jakub LLP	Approved	Approved	Exempt
McAloon & Friedman P.C.	Pending	Pending	Exempt
Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP	Approved	Pending	Exempt

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.

# **Medical Malpractice Claims Legal Defense Services**

## **Application to Award Contracts**

Martin Clearwater & Bell LLP; Lewis Brisbois Bisgaard & Smith LLP; Aaronson Rappaport Feinstein & Deutsch, LLP; Furman Kornfeld & Brennan LLP; Rubin Paterniti Gonzalez Rizzo Kaufman LLP; Lewis Johs; Igorito, Barker, Patterson, Nichols & Porter, LLP; Vaslas Lepowsky; Fullerton Beck LLP; Wilson Elser; Kaufman Borgeest & Ryan LLP; Amabile & Erman, P.C.; Harris Beach PLLC; Garson & Jakub LLP; McAloon & Friedman P.C; Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP; DOPF, P.C.

## **Board of Directors Meeting - May 26, 2022**

**Andrea G. Cohen**

Senior Vice President and General Counsel

**David C. Y. Cheung**

Deputy Counsel, Claims and Litigation Division

## Background / Current State

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- The Office of Legal Affairs (OLA) relies upon a mix of in-house and outside counsel to defend the system against 1,600 medical malpractice claims that are ongoing at any given time.
- Use of outside counsel is common practice for most hospital systems. NYC Health + Hospitals is unique in that it also uses in-house attorneys in defending medical malpractice suits.
  - OLA typically relies on outside firms for defending the most complex, highly specialized or highest dollar exposure cases.
- Despite rising jury awards and changes favorable to plaintiffs in the law, we have been able to keep medical malpractice liability costs from rising through effective use of expert outside counsel.
  - Medical malpractice payouts totaled \$195 million in FY 2003 (highest in any FY).
  - Payouts ranged between \$108-\$136 million FY 2012- FY2020 (FY 21 was record low \$87 million due to COVID-19).

- The historical expense associated with hiring outside counsel is roughly \$14,000,000 per year. These expenses have been completely funded by the City.
- Outside law firm contracts were awarded after an RFP in 2017. The initial three year contract period expired on 2/28/21. OLA then exercised its rights to extend the contracts through 2/28/23.
- Twelve law firms were awarded contracts based on the 2017 RFP (one firm ceased operations during the pandemic).
- In the last year, experienced partners began more routinely declining cases and staffing quality overall declined.
  - We determined that this was the result of the substantially below-market rates which had been set by NYC Health + Hospitals in the prior RFP, coupled with significant cost pressures facing the firms in the recruiting and retaining of legal talent.
- In the new RFP, NYC Health + Hospitals did not set rates but asked firms to propose them.
- A broader panel of firms was selected compared to the prior contract period, as well.
- It is estimated that the annual spend for outside counsel could increase by about 20% based on negotiated rates with the firms in the new RFP.

# Overview of Procurement

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- 02/08/22: RFP published on City Record, sent directly to 28 vendors. Firms had the option of being considered “Full Service” if they proposed a full array of medical malpractice defense services or “Specialty” based on the firm’s proposed area of expertise.
- 02/17/22: Pre-proposal conference held, 24 vendors attended
- 03/04/22: Proposal deadline, 24 proposals received
- 03/28/22 – 03/29/22: Evaluation committee conducted select vendor interviews
- 03/11/22 – 04/05/22: Evaluation committee debriefed weekly on proposals
- 04/06/22: Evaluation committee completed scoring of proposals and the 17 highest rated firms were selected: 13 ‘Full Service’ firms and 4 ‘Specialty firms’



# Eligibility and Evaluation Criteria

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- Minimum criteria for participation included:
  1. Appropriate licensing for attorneys
  2. The firm having been in business for 3 years
  3. Having an office in New York State
  4. Agreeing to not represent plaintiffs in medical malpractice actions against NYC H+H or the City of New York for the duration of the contract
  5. \$5 million in professional liability insurance naming H+H and City of New York as additional insureds
  6. Lead partner(s) with 15 years of verifiable medical malpractice defense experience
  
- Scoring categories included;
  1. Subject matter expertise and best practices approach
  2. Law firm's experience, organization and resources (including trials)
  3. Technical qualifications and previous client references (previous performance of existing firms included)
  4. Costs
  
- The 17 highest rated firms were selected (8 existing firms and 9 new firms).





- As a “personal service” under OP 100-10, medical malpractice legal services in this RFP are exempt from the M/WBE program as such services are to be performed by uniquely qualified individuals and firms.
- However, to ensure that M/WBE opportunities were not missed, the Vendor Diversity team analyzed the availability and capacity of any M/WBE law firms providing medical malpractice defense services and meeting the minimum criteria of the RFP.
  - A diligent search and review and analysis of such search results revealed no M/WBE law firms providing medical malpractice defense services and meeting the minimum criteria of the RFP.
- The RFP was publicly posted. No M/WBE certified firms submitted proposals.

## M/WBE Due Diligence

- The due diligence consisted of locating any potential law firms specializing in medical malpractice defense
  - The following directories were searched, as well as a general internet search: NYC, NYS, National Minority Supplier Development Council, Women's Business Enterprise National Council
- A total of 7 potential businesses were found
  - Each business was closely reviewed
    - Each website and partner bio was reviewed
    - A search of the court system was reviewed
  - By doing so it was clear that each business found did not meet the minimum criteria of the RFP
- In addition, despite being published on the City Record, no M/WBE firms provided a response to the RFP

**NYC**  
**HEALTH+**  
**HOSPITALS** **Workforce Diversity: EEO Summary**

<b>Full Service</b>	<b># Employees</b>	<b>% Female</b>	<b>% Minority</b>	<b>EEO Determination</b>
Lewis Brisbois Bisgaard & Smith LLP	275	58%	46% <sup>1</sup>	Approved
Wilson, Elser, Moskowitz, Edelman & Dicker, LLP.	219	55%	30% <sup>2</sup>	Approved
Martin Clearwater & Bell LLP	142	55%	31%	N/A*
Kaufman Borgeest & Ryan LLP	140	69%	36%	N/A*
Aaronson Rappaport Feinstein & Deutsch, LLP	123	55%	40%	N/A*
Vigorito, Barker, Patterson, Nichols & Porter, LLP	118	57%	23%	N/A*
Lewis Johs	111	62%	9%	N/A*
Harris Beach PLLC	91	41%	31%	N/A*
Furman Kornfeld & Brennan LLP	51	51%	27%	N/A*
Fullerton Beck LLP	45	56%	29%	N/A*
Rubin Paterniti Gonzalez Rizzo Kaufman LLP	40	55%	23%	N/A*
Vaslas Lepowsky	32	56%	44%	N/A*
Amabile & Erman, P.C.	28	71%	7%	N/A*
<b>Specialty</b>				
McAloon & Friedman P.C	53	57%	32%	N/A*
DOPF, P.C.	49	57%	45%	N/A*
Garson & Jakub LLP	17	71%	29%	N/A*
Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson	14	54%	19%	N/A*

\*Vendor has an insufficient number of employees required to conduct a statistical EEO analysis (150)

<sup>1</sup> 19 employees declined to provide ethnicity data

<sup>2</sup> 3 employees declined to provide ethnicity data

# Board of Directors Request

- Office of Legal Affairs is seeking approval to award contracts to 17 law firms to represent NYC Health + Hospitals and its staff in complex and high exposure medical malpractice cases.
  - Martin Clearwater & Bell LLP
  - Lewis Brisbois Bisgaard & Smith LLP
  - Aaronson Rappaport Feinstein & Deutsch, LLP \*
  - Furman Kornfeld & Brennan LLP \*
  - Rubin Paterniti Gonzalez Rizzo Kaufman LLP
  - Lewis Johs
  - Vigorito, Barker, Patterson, Nichols & Porter, LLP \*
  - Vaslas Lepowsky
  - Fullerton Beck LLP
  - Wilson, Elser, Moskowitz, Edelman & Dicker, LLP. \*
  - Kaufman Borgeest & Ryan LLP \*
  - Amabile & Erman, P.C.
  - Harris Beach PLLC
  - Garson & Jakub LLP
  - McAloon & Friedman P.C \*
  - Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP \*
  - DOPF, P.C. \*

\* Current Incumbent

- Approval is sought for outside legal services at a not to exceed amount of \$86,000,000.
- Anticipated start date of contract is 7/1/2022 for a period of 3 years, with an option to renew for an additional 2 years.
- Termination for convenience; no guarantee of any work assignments

## **RESOLUTION - 04**

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **Federal Bureau of Investigation of the United States Department of Justice** (the "Licensee") for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and the 14<sup>th</sup> Floor Mechanical Room to house communications equipment at Coney Island Hospital (the "Facility") at an annual occupancy fee of \$10,466 or \$69.77 per square foot to be escalated by 3% per year for a five year total of \$55,564.

**WHEREAS**, in September 2017, the Board of Directors authorized the President to enter into a license agreement with the Licensee; and

**WHEREAS**, the Licensee has operated communications equipment on the Facility's campus since September 2002, and desires to continue operating its system at the site; and

**WHEREAS**, the Facility continues to have adequate space to accommodate the Licensee's communications equipment; and

**WHEREAS**, the communications equipment does not compromise Facility operations and the system complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a revocable license agreement with the Federal Bureau of Investigation of the United States Department of Justice (the "Licensee") for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and in the 14<sup>th</sup> floor Mechanical Room space to house communications equipment at Coney Island Hospital (the "Facility") at an annual occupancy fee of \$10,466 or \$69.77 per square foot to be escalated by 3% per year for a five year total of \$55,564.

## **EXECUTIVE SUMMARY**

### **LICENSE AGREEMENT**

#### **FEDERAL BUREAU OF INVESTIGATION OF THE UNITED STATES DEPARTMENT OF JUSTICE**

#### **CONEY ISLAND HOSPITAL**

The NYC Health + Hospitals (the “System”) seeks the authorization of the Board of Directors of the Corporation to execute a revocable license agreement with the Federal Bureau of Investigation of the United States Department of Justice (“FBI”) for its continued use and occupancy of space to house communications equipment at Coney Island Hospital (“Coney Island”).

In September of 2017, the Board of Directors authorized the NYC Health + Hospitals to enter into a license agreement with the Licensee. The Licensee has operated communications equipment on the Facility’s campus since September 2002 and desires to continue operating its system at the site.

At Coney Island, the FBI operates VHF-FM radio receiver equipment that enhances the overall performance of its communications systems. The FBI will continue to have use and occupancy of approximately 150 square feet of space on the roof of the Main Building and in the 14<sup>th</sup> floor Mechanical Room. The equipment does not compromise facility operations and the system complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

The FBI will pay an occupancy fee of \$10,466 per year or \$69.77 per square foot. The occupancy fee will be escalated by 3% per year. Over the five year term the occupancy fee will total \$55,564. The FBI will be responsible for the operation and maintenance of the equipment. The occupancy fee includes the cost of electricity.

The FBI will be required to indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of the use of the licensed space and shall provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement will be revocable by either party on ninety (90) days prior notice, and will not exceed a term of five (5) years without further authorization by the Board of Directors of the New York City Health and Hospitals Corporation.

# **Coney Island Hospital Center License Agreement – Federal Bureau of Investigation of the U.S. Department of Justice**

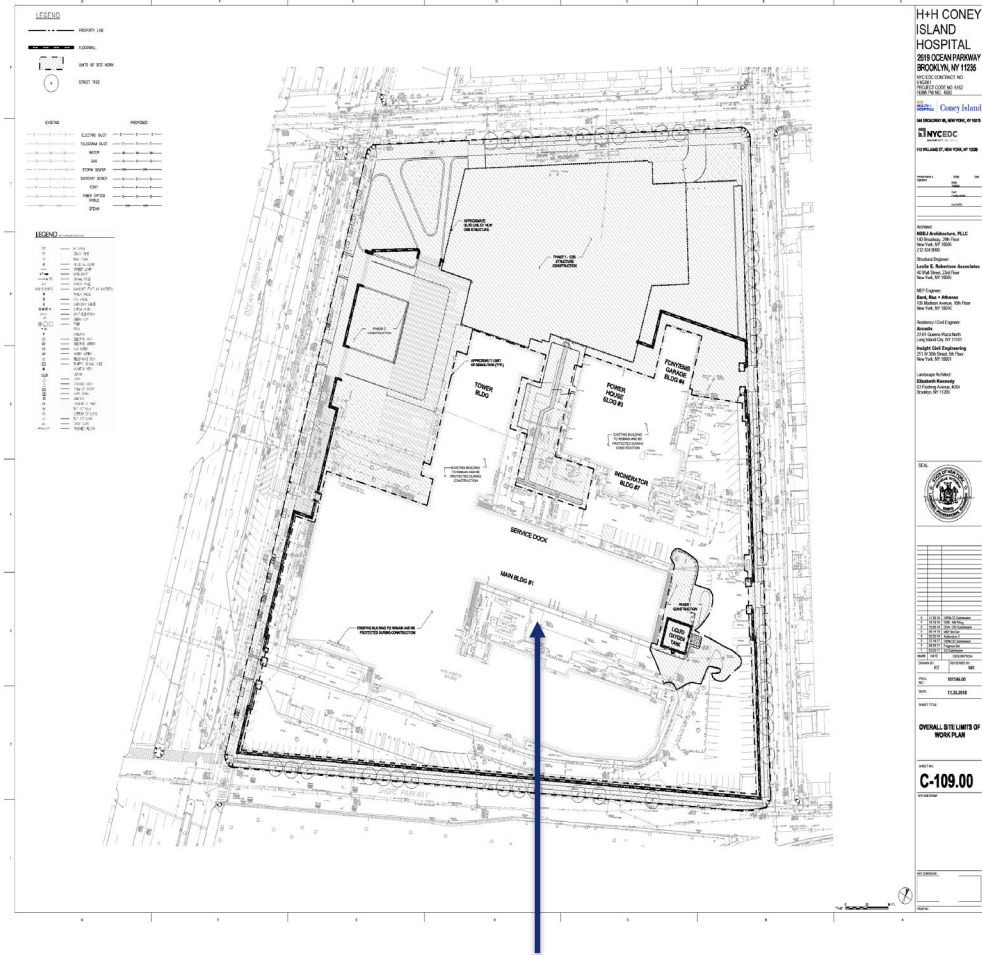
**Board of Directors Meeting  
May 26, 2022**

Leora Jontef, Assistant Vice President, Office of Facilities Development



# Background

- The Federal Bureau of Investigation (“FBI”) has been operating communications equipment on the campus of Coney Island Hospital (“CIH”) since 2002.
- The FBI operates VHF-FM radio equipment that enhances the overall performance of its communication systems.
- The equipment does not compromise facility operations and complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.



**FBI – Main Building**



# Background

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- In September 2017 the Board of Directors authorized a five year license agreement with the FBI for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and the 14<sup>th</sup> Floor Mechanical Room for the operation of its radio communications system.
- This agreement was previously approved by the Board in 2007 and 2012.
- The existing license agreement term will expire September 30, 2022.

# Agreement Terms

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- The FBI will continue to occupy 150 square feet of space on the roof of the Main Building and the 14<sup>th</sup> Floor Mechanical Room.
- The FBI will pay an occupancy fee of \$10,466 per year, or \$69.77 per square foot, to be escalated by 3% per year over the five year term for a total of \$55,564.
- The occupancy fee represents a 3% increase over the current occupancy fee.
- The unique site specific factors (e.g. area topography, area signal coverage) that affect the price for rooftop space used for communication equipment differ from typical commercial space leases thereby rendering traditional fair market analysis less significant.

# Board of Directors Request

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Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with the Federal Bureau of Investigation of the United States Department of Justice (the “Licensee”) for its continued use and occupancy of 150 square feet on the roof of the Main Building and the 14<sup>th</sup> Floor Mechanical Room on the campus of Coney Island Hospital (the “Facility”) at an annual occupancy fee of \$10,466, or \$69.77 per square foot, to be escalated by 3% per year for a five year total of \$55,564.

## RESOLUTION - 05

Authorizing New York City Health and Hospitals Corporation (the “System”) to increase the funding of its 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”)** from the \$120,918,083 approved by the Board in November, 2021 (based on a contract price of \$109,925,530 and a 10% project contingency) to \$127,581,541, which when add to a 10% project contingency of \$12,758,154 yields a cost not-to-exceed of \$140,339,695.

**WHEREAS**, in November, 2021, the System’s Board of Directors approved a contract 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**, the design of the OTxHU is subject to review and approval by New York State Commission of Correction (“SCOC”) which has jurisdiction over prisons and jails within the State of New York; and

**WHEREAS**, in January, 2022, SCOC mandated a new design and construction approach for the Bellevue OTxHU recreation area, for patient and staff flow, and for the program floorplan; and

**WHEREAS**, in collaboration with the CM, Array and AECOM, the plans for the project were revised to respond to SCOC’s mandates; and

**WHEREAS**, on March 29, 2022 SCOC approved the project, which integrated the changes SCOC had demanded; and

**WHEREAS**, after factoring in the required changes, the System and the CM arrived at a new Guaranteed Maximum Price with an extended Substantial Completion date of March 31, 2023 -- four months later than initially planned.

**NOW THEREFOR IT IS RESOLVED** that New York City Health and Hospitals Corporation (the “System”) is authorized to increase the funding of its 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”) from the \$120,918,083 approved by the Board in November, 2021 (based on a contract price of \$109,925,530 and a 10% project contingency) to \$127,581,541, which when add to a 10% project contingency of \$12,758,154 yields a cost not-to-exceed of \$140,339,695.

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

**BACK-GROUND:** In November, 2021, the System's Board of Directors approved a contract 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. The not-to-exceed price approved by the Board was \$120,918,083 (based on a contract price of \$109,925,530 and a 10% project contingency).

SCOC has jurisdiction over prisons and jails within the State of New York. In January, 2021, SCOC disapproved of the plan to construct a rooftop recreation area and demanded a new design and construction approach for the Bellevue OTxHU recreation area, for patient and staff flow, and for the program floorplan. This forced the project team consisting of the architect, Array, the Project Manager, AECOM and the CM to quickly revise the plans and reprice and reschedule the job. They produced new plans which was approved by SCOC on March 29, 2022.

**TERMS:** The contract cost approved by the Boar in November 2021 was \$109,925,530 which, with a 10% project contingency, yielded a not-to-exceed cost of the contract of \$120,918,083. The scheduled occupancy was prior to the end of the calendar year 2022. The design changes required by SCOC resulted in a substantial change in those terms. The cost increased to \$127,581,541, which when add to a 10% project contingency of \$12,758,154 yields a cost not-to-exceed of \$140,339,695. The Substantial Completion date was extended to March 31, 2023 -- four months later than initially planned.

**MWBE:** The CM had committed to a 30% M/WBE Utilization Plan and continues to do so at the increased cost of the project. The CM had 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  
Senior Counsel  
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Consigli Construction Co., Inc.

Date: May 5, 2022

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Digitally signed by  
Tallbe, Keith  
Date: 2022.05.05  
09:02:39 -04'00'

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
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 Outposted  
Therapeutic Housing Units (OTxHU)  
Associated with SCOC Change with Consigli  
Construction Co., Inc.**

**Construction Management Guaranteed  
Maximum Price (“GMP”)**

**Board of Directors Meeting  
May 26, 2022**

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development  
Aaron Anderson, Assistant 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

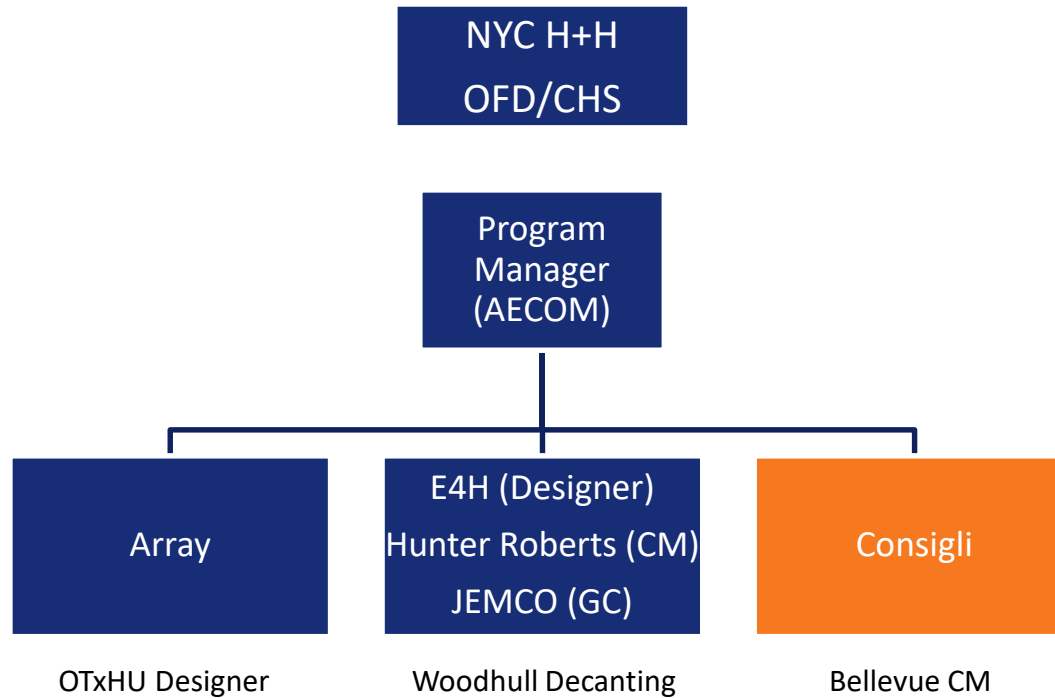
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- The OTxHU project was publicly announced by the Mayor in a press release on November 26, 2019, marking official approval that the project could move forward
- During COVID, OFD & CHS progressed securing contracts to start designs for Bellevue & Woodhull. 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
- Board approved construction contracts for both Bellevue and Woodhull
  - November 2021 Board approval - Bellevue: Consigli CM/GMP
  - March 2022 Board approval - Woodhull Enabling Contract – JEMCO GC

## Reason for Contract Amendment

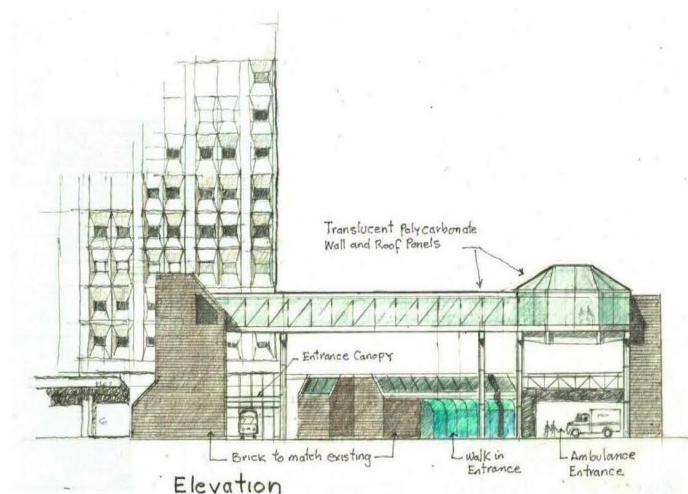
- In January 2022, the New York State Commission of Correction (SCOC) required a new location for the outdoor recreation resulting in the need for a revised design and construction approach for recreation, patient and staff flow, and the program floorplan.
- On March 29<sup>th</sup>, SCOC provided approval of the project, which integrated the changes SCOC requested. H+H locked in the final GMP on April 7<sup>th</sup> with an extended Substantial Completion date for Bellevue to March 31, 2023; four months later than initially planned.

# OTxHU Team





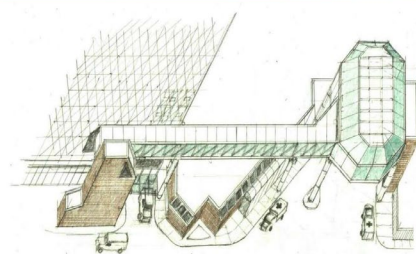
# Bellevue OTxHU with SCOC Change



- ***New secure sallyport, exterior elevator and recreation space to satisfy SCOC concerns and mitigate operational impact to the overall facility***

- 110 patient beds (66 male, 44 Female):
  - 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
- Creates efficient, normative environments for patients and staff

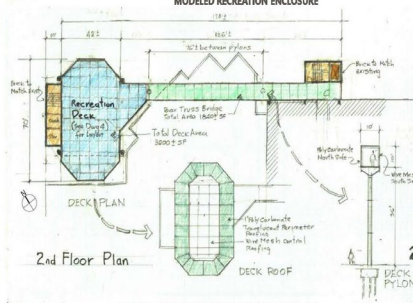
## New SCOC scope



PROPOSED OUTDOOR RECREATION AERIAL PERSPECTIVE SKETCH



MODELED RECREATION ENCLOSURE

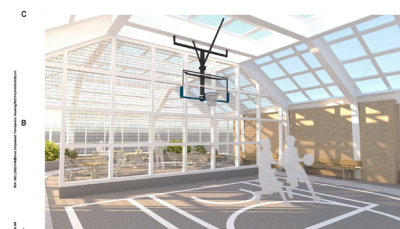


### PROPOSED OUTDOOR RECREATION PLAN SKETCH



PERSPECTIVE STUDY SHOWING RECREATION  
ENCLOSURE FROM THE SW. N.T.S.

BIRD'S EYE PERSPECTIVE STUDY SHOWING INTERIOR OF RECREATION SPACE  
RECREATION ENCLOSURE IS SHOWN PARTIALLY CONSTRUCTED TO ALLOW FOR  
VIEW INSIDE ENCLOSURE. N.T.S.



PERSPECTIVE STUDY SHOWING ACTIVE RECREATION SPAC



PERFECTED STUDY SHOWING BARRE RECREATION SPA

NOT FOR CONSTRUCTION  
OUTDOOR REC SD FOR REVIEW 04/08/20

- New scope comprises DOC exclusive use new exterior elevator and sallyport, pedestrian bridge over ED, recreation space, and emergency egress stair tower (west side of new rec area)
- The upper roof required replacement and it was purchased by the contract, H+H decided to proceed with the roof replacement in addition to the new SCOC structure and elevator on the 2<sup>nd</sup> floor level
- A comprehensive design is now available integrating SCOC changes, which were expected, and required substantial input from regulatory agencies
- Due to these scope changes, the project cost has increased and we are still working to complete this project expeditiously

# Current State

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## Progress To Date

- The Board approved the Consigli Construction Manager/GMP contract in November 2021
- Initial Target Price for construction \$109,925,530 million with a 10% contingency of \$10,992,553 for a total of \$120,918,083
  - Phase 1 Consigli contract has been registered by the Comptroller
- The contract anticipated a final binding Guaranteed Maximum Price agreement with Consigli by February 11, 2022, after the majority of subcontractor purchasing was completed
- The delivery team negotiated the SCOC change into the binding GMP which incorporated a time and cost impact to the project and the GMP was signed on April 7 2022 by OFD
- Construction duration is anticipated to be 13 months for substantial completion which is four months later than the original scheduled completion, plus another 1 or 2 years for transition and closeout

## Amendment Request

- Authorization to increase budget for Consigli construction contract to a total of \$140,339,695
  - GMP value is \$127,581,541
  - Contingency of 10% is \$12,758,154
- This increase in costs is within the total project budget including additional soft costs such as Designer and Program Manager
- Vendor performance is excellent to date

# MWBE Utilization Plan

- Consigli has committed to a 31% M/WBE Utilization Plan

Subcontractor	Certification	Service/ Vendor	Total Contract % Committed with amendment 2
Construction Resources Corp of NY	WBE	Labor/cleaning materials/Tools	2.0%
Lead Security	MBE	Site Security	0.3%
Cardella	WBE	Debris Removal	0.2%
Commodore Construction Corp.	WBE	Masonry	1.4%
Adnak Contracting Services	M/WBE	DFH Supplier	0.6%
Donaldson	WBE	Carpentry	1.3%
Brookside Painting, Inc.	WBE	Painting	0.2%
BENCO, Inc	MBE	Division 10 Specialty	0.4%
Cardoza Plumbing	WBE	Plumbing	2.8%
Sirina Fire Protection Corp	M/WBE	Fire Protection	0.0%
Premier Mechanical Services	WBE	HVAC	7.2%
ADCO Electrical Corporation	WBE	Electrical low voltage	9.2%
Entech	WBE	CM consultant	0.1%
TBD	MBE	Owner Allowances	5.2%
<b>Total</b>			<b>31%</b>

## Board of Directors Request

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Authorizing New York City Health and Hospitals Corporation (the “System”) to increase the funding of its 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”) from the \$120,918,083 approved by the Board in November, 2021 (based on a contract price of \$109,925,530 and a 10% project contingency) to \$127,581,541, which when add to a 10% project contingency of \$12,758,154 yields a cost not-to-exceed of \$140,339,695.