

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

- NYC Health + Hospitals | Coney Island
- NYC Health + Hospitals | Sea View Nursing and Rehabilitation Center

2021 Performance Improvement Plan and Evaluation (Written Submission Only)

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

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Lincoln
- NYC Health + Hospitals | Henry J. Carter Specialty Hospital
- NYC Health + Hospitals | Henry J. Carter Nursing Facility

1. OPEN PUBLIC SESSION - 3:00 PM

Adoption of Minutes: September 29, 2022

Mr. Pagán

Chair's Report

President's Report

2. Adopting in the name of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors an **Implementation Strategy Plan (an "ISP") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC") as a supplement to the Community Health Needs Assessment (the "CHNA") which was approved by the Board of Directors in June 2022**

(Presented to the Strategic Planning Committee: 10/17/2022)

Vendex: NA / EEO: NA

Mr. Peña- Mora

3. Authorizing New York City Health and Hospitals Corporation (the "**System**") to sign 3-year agreements with each of **Institute for Community Living, Inc. ("ICL") and Comunilife, Inc. ("Comunilife")** for the provision by ICL of 26 respite beds and by Comunilife of 25 such beds with the System holding two 1-year options to renew both contracts for an amount for the two contracts together not-to-exceed \$17,960,500 over the potential 5-year terms. (Presented to the Finance Committee: 10/17/2022)

Vendex: Approved / EEO: Pending

Ms. Wang

4. Authorizing the New York City Health and Hospitals Corporation (the "**System**") to execute five-year revocable license agreements with each of **MetroPCS Wireless, Inc. ("MetroPCS") and with T-Mobile Northeast, LLC ("T-Mobile")** to operate cellular communications systems on approximately 200 square feet of space on the roof of the "A-C" Building and 200 square feet of space on the roof of the "A" Building, respectively, on the campus of **NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center (the "Facility")** at annual occupancy fees for each site of \$74,500 calculated at \$372.50 per square foot to be escalated by 3% per year for a five year total of the two licensees together of \$791,061.

(Presented to the Capital Committee: 10/17/2022)

VENDEX: NA / EEO: NA

Mr. Peña-Mora

5. Authorizing New York City Health and Hospitals Corporation (the "**System**") to execute an agreement with **STV, Inc. ("STV")** to design the flood mitigation system to be constructed at NYC Health + Hospitals/Coler Rehabilitation and Nursing Facility ("**Coler**") for a cost not to exceed \$7,930,000, inclusive of a 20% contingency of \$1,320,604 contingency, over a term to be coextensive with the duration of the project, which is estimated to be eight years (Presented to the Capital Committee: 10/17/2022)

VENDEX: Approved / EEO: Approved

Mr. Pagán

Committee Reports

- Audit
- Equity Diversity and Inclusion
- Capital
- Strategic Planning Committee
- Finance

>>Old Business<<

>>New Business<<

>>Adjournment<<

Ms. Piñero
Mr. Peña-Mora
Mr. Peña-Mora
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 and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the 29th day of September, 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:

Mr. José Pagán
Ms. Karen St. Hilaire
Dr. Michael McRae - joined at 2:12 p.m.
Mr. Robert Nolan
Ms. Anne Williams-Isom - left at 3:40 p.m.
Ms. Erin Kelly - joined at 3:40 p.m.
Ms. Sally Hernandez-Piñero
Ms. Freda Wang - listening capacity only
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra
Dr. Patricia Marthone
Mr. Matthew Siegler

José Pagán, Chair of the Board, called the meeting to order at 2:04 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted that Karen St. Hilaire is representing Gary Jenkins and Matthew Siegler representing Dr. Mitchell Katz - both in a voting capacity.

EXECUTIVE SESSION

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

OPEN SESSION

The Board reconvened in public session at 3:07 p.m.

Mr. Pagán noted that Karen St. Hilaire is representing Gary Jenkins and Matthew Siegler representing Dr. Mitchell Katz - both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on July 28, 2022 were presented to the Board. Then on motion duly made and seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on July 28, 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/Woodhull.

The Board received and approved the 2021 performance improvement plan and evaluation (written submission) from NYC Health + Hospitals/Cumberland Diagnostic and Treatment Center - Gotham.

The Board also received and approved a semi-annual governing body written report from NYC Health + Hospitals/Coler Nursing and Rehabilitation Center and NYC Health + Hospitals/Gouverneur Skilled Nursing Facility.

BOARD ENGAGEMENTS

Mr. Pagán thanked Ms. Sally Hernandez-Piñero for representing the Board at the Joint Commission Leadership Exit session at NYC Health + Hospitals/Metropolitan on September 9, 2022. Ms. Hernandez-Piñero shared highlights from the session; the overall findings were very positive.

He also thanked Ms. Barbara Lowe for attending the session Joint Commission Leadership Exit Session at NYC Health and Hospitals/Harlem on September 16, 2022.

VENDEX APPROVALS

Mr. Pagán noted there are fifteen items on the agenda requiring Vendex approval, of which thirteen have approval. There are two items from previous board meetings pending Vendex approval. One approval was received since the Board last met.

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

PRESIDENT REPORT

Mr. Pagán notified the Board that Dr. Mitchell Katz was representing NYC Health + Hospitals in a meeting at the White House and could not present his report however, the President's written report was emailed and included in the materials. If any members have any questions please let us know and we will follow up.

ACTION ITEM 3:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following **seven firms: Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services** (the "Vendors") to provide infectious disease mobile response services when necessary as directed the System's President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount.

(Presented to the Medical and Professional Affairs Committee: 09/12/2022)

Dr. Theodore Long, Senior Vice President Ambulatory Care, provided background information on the mobile efforts for infectious diseases over the last two years including the scope and justification of this contract. Dr. Long explained the RFP criteria, gave an overview of procurement and discussed the MWBE utilization plan.

After questions from the Board, Dr. Long clarified that this specific contract is an umbrella contract for infectious diseases mobile response services which includes COVID-19 and other infectious diseases.

Mr. Pagán asked, on behalf of Ms. Wang, about the process to procure contracts outside of FEMA compliance.

Dr. Long responded that the Test and Treat Memorandum of Understanding with the Office of Management and Budget (OMB) has covered and will continue to cover 100% of the costs. He explained that OMB's FEMA division will pursue reimbursement.

Mr. Pagán asked whether the emergency contracts the System entered into can be disqualified for FEMA reimbursement due to the procurement process.

James Cassidy, Senior Director for Reimbursement, responded that the System has engaged in a proactive effort to avoid pursuing emergency contracts and that when emergency contracts have to be used, that they are procured in a manner the meets FEMA requirements for emergency contracting.

Dr. Long also confirmed that there has been no commitment of any business; the contracts are a way to plan for any future infectious disease pandemics. Additionally, Dr. Long confirmed that there are no concerns about vendor capacity as some of the vendors overlap with other COVID-19 specific contracts. Dr. Long clarified that the expectation is that these vendors are ready to be activated at any time.

Mr. Pagán noted that the Board will be notified when these services are activated and asked for confirmation that the Board's authorization to proceed with the activation of services under this contract is contingent upon OMB's confirmation to cover full costs. Dr. Long confirmed.

Mr. Pagán asked for clarification of the parameters for costs in the authorization. Dr. Long clarified that there is no not-to-exceed amount in this contract, only an estimate, however, any spending would have to be confirmed with OMB. Ms. Andrea Cohen, General Counsel and Senior Vice President, further clarified that there is no not-to-exceed amount because of the uncertainty of identifying the amount however, the Board will receive notice when the contract/service is activated.

Dr. Long responded to questions from the Board regarding the integration of mental health in Test and Treat. There are many resources available to the staff via Health + Hospitals' Helping Healers Heal program to help with the trauma of the COVID-19 pandemic. There are also other resources and areas of focus to provide staff and patients with mental health services.

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

ACTION ITEM 4:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into contracts with the following **five firms: Medrite, Rapid Reliable Testing, LLC., a/k/a DocGo, Fulgent Genetics, Inc., Community UC, and Premier Assist** (the "Vendors") to provide steady-state and standby test-to-treat resources during a CoVid-19 surge event with each contract to have a one-year contract period with a one-year option to renew and with the set of contracts that will have a not to exceed amount of \$156,900,000.

(Presented to the Medical and Professional Affairs Committee: 09/12/2022)

Dr. Long, provided background information, explaining that this contract is specific to COVID-19. Dr. Long explained the contract development goals, RFP criteria, an overview of the procurement process and MWBE utilization plan.

Dr. Long explained the not to exceed amount is an overall price estimation that may decrease if Paxlovid continues to be free. The process for activating this would be identical to the infectious diseases contract, which requires written emergency authorization from the President/CEO to activate, notice to OMB with a request to cover incurred costs prior to vendors beginning services. The Board would be notified of any activation.

Dr. Long shared an anecdote of a patient's positive experience receiving services from Test and Treat.

The Board congratulated Dr. Long and the team for their great work and planning ahead.

Mr. Peña-Mora asked for clarification on the dollar amount being approved and the number of units. Dr. Long clarified that the Board is approving the not-to-exceed amount. That amount incorporates base planning with the 30 units and surge capacity.

Dr. Long confirmed that there would not be any emergency procurement issues with this contract.

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

ACTION ITEM 5:

Mr. Peña-Mora read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to sign an 18-year lease with **90-02 QB Holdings LLC** ("Landlord") for approximately 40,000 square feet on the ground floor of 90-02 Queens Boulevard, Queens, New York for use by NYC Health + Hospitals/Elmhurst ("Elmhurst") and NYC Health + Hospitals/Queens("Queens") for administrative office space at an initial rent of \$37/rentable square feet or \$1,480,000/yr which will escalate over the term to reach \$45/rentable square feet over the final seven years of the term for a total base rent over the term of \$28,520,000 after taking into account one year of free rent; provided that operating expense escalations payable to Landlord projected to total \$1,732,000 over the lease term are not included in base rent for a total payable to Landlord over the term projected to be \$30,252,004.

(Presented to the Capital Committee: 09/12/2022)

Mr. Pagán noted for the record that Erin Kelly is now representing Deputy Mayor Anne Williams-Isom in a voting capacity.

Helen Arteaga-Landaverde, Chief Executive Officer at NYC Health + Hospitals/Elmhurst and Neil Moore, CEO at NYC Health + Hospitals/Queens shared background information about both hospitals and details about the new office space.

Leora Jontef, Assistant Vice President, Housing and Real Estate, discussed the lease terms, rent and estimated expenses over the 18 year timeframe.

The Board congratulated the team for their tremendous work and accomplishments in securing very competitive market rates.

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

ACTION ITEM 6:

Mr. Peña-Mora read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **Care Free Improvements** (the "Contractor") to provide construction services in connection with the repurposing of space on the 7th floor of NYC Health + Hospitals/Metropolitan Hospital Center ("Metropolitan") to create a System-wide contact center for the duration of the proposed construction project for an amount, including a 10% contingency of \$624,454, not to exceed \$6,869,000.
(Presented to the Capital Committee: 09/12/2022)

Tamika Campbell, Director of Capital and Design, provided background, future state, the Care Free Contract details and project budget. Ms. Campbell further explained the project budget by funding source and provided an overview of the procurement process and the MWBE utilization plan.

In response to questions from the Board, Ms. Campbell confirmed that the total amount being spent is \$15 million, including State funds.

Follow - Up:

Ms. Hernandez-Piñero asked for further discussion regarding the contact service operations. Mr. Pagán agreed that further discussion is beneficial for an in-depth understanding of these services.

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

ACTION ITEMS 7 AND 8:

Mr. Peña-Mora noted for the record that these two items share one presentation but would be voted on separately.

Mr. Peña-Mora read both resolutions into the record

Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by, Job Order Contracts with each of **EIA Electric Inc. ("EIA")**, **Jemco Electrical Contractors ("Jemco")** and **Mac Fhionnghaile & Sons ("McF")** to provide electrical construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.

(Presented to the Capital Committee: 09/12/2022)

Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by, Job Order Contracts with each of **AWL Industries ("AWL")**, **Volmar Construction Inc. ("Volmar")** and **WDF Inc. ("WDF")** to provide HVAC construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.

(Presented to the Capital Committee: 09/12/2022)

Mahendranath Indar, Assistant Vice President, Office of Facilities Development, provided background and current state information which included the original contract award and remaining dollar amount for both Job Order Contracting and current Electrical and Mechanical/HVAC contracts. Mr. Indar provided an overview of the procurement process, vendor evaluations and respective MWBE utilization plans.

Hearing no questions from Board Members and upon motion duly made and seconded, the Board unanimously approved both resolutions - ACTION ITEM 7 and ACTION ITEM 8.

ACTION ITEM 9:

Mr. Pagán read the resolution

Adopting the attached Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") **for Fiscal Year 2022 to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").**

(Presented Directly to the Board: 09/29/2022)

Mr. Matthew Siegler, gave a brief description of the Public Authorities Reform Act of 2009 requirements and mission statement. He provided an overview of the System's performance measures glossary, explaining that the measurement categories are looked at under quality outcomes of the System's clinical care and include care experience, financial sustainability, access to care, racial inclusion and equity, all measures that further the System's mission and values and the System's COVID-19 response.

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

INFORMATION SESSION: FISCAL YEAR 2022 ANNUAL PUBLIC MEETINGS RESPONSES

Deborah Brown, Senior Vice President, External and Regulatory Affairs, provided an overview of the Fiscal Year 2022 Annual Public meeting process and response. She noted that the full document with borough specific concerns and responses is available for public viewing on the NYC Health + Hospitals

website.

Ms. Brown shared the main five areas of concern raised by the public, which includes healthcare funding, disparities and inequities; facility project funding; COVID-19 vaccinations; public safety; and Staff resources.

The Board congratulated Ms. Brown, Okenfe Lebarty and the rest of the team for their wonderful work.

Mr. Pagán asked for further details regarding the follow-up process after collecting the public's concerns.

Ms. Brown responded, most concerns related to Health + Hospitals are not new, some are existing areas of focus or engagement at the Facility level and/or Central Office level.

COMMITTEE REPORTS

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

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:14 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

AUDIT COMMITTEE VIRTUAL MEETING - July 11, 2022

As Reported by: Sally Hernandez-Piñero

Committee Members Present: Sally Hernandez-Piñero, Dr. José Pagán, Feniosky Peña-Mora, Dr. Mitchell Katz, Anita Kawatra

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 12:13pm.

Ms. Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on May 9, 2022. A motion was made and duly seconded with all in favor to adopt the minutes.

Ms. Patsos provided an update on Internal Audits and the Office of Corporate Compliance.

Internal Audits:

NYC Comptroller's Office Audit:

Ms. Patsos reported that the NYC Comptroller's Office's Draft Audit Report regarding nursing homes was received on June 7, 2022, to which NYC Health + Hospitals responded, and the Final Audit Report was issued on June 29, 2022. The Comptroller's Office made four (4) recommendations that NYC Health + Hospitals agreed with. In addition, NYC Health + Hospitals clarified some of the findings that were stated in the Draft Audit Report. The Final Audit Report incorporated many of the elements of NYC Health + Hospitals' response, and also recognized that the audit was conducted in the height of the pandemic when our facilities were significantly impacted. They also acknowledge the difficult circumstances under which we were operating at various points during the audit.

The Comptroller's Office recommendations were, first, that NYC Health + Hospitals ensure that cycle counts are conducted according to our protocols, and that all items are tracked and recorded either in PeopleSoft or manual records.

The second is that, if staffing permits, NYC Health + Hospitals should segregate responsibilities for handling and recording the issuing of items, and conduct periodic counts. If that segregation of duties is not feasible, then NYC Health + Hospitals should implement compensating controls, such as increasing the reviews of inventory-related transactions at the managerial or supervisory level.

Third, NYC Health + Hospitals should ensure that its access controls in PeopleSoft are in line with the duties and responsibilities of its users, which is making sure that the roles are properly assigned.

Finally, NYC Health + Hospitals should ensure that all inventory balance adjustments are documented and authorized by someone who does not have physical custody of the inventory.

Internal Audit of the Onboarding of Nurses:

Ms. Patsos reported that this audit will evaluate the onboarding of nurses that are direct hire, agency and temporary nurses to ensure that their backgrounds checks were conducted properly, including their licenses and fingerprinting, to make sure they have annual evaluations, and that all documents were maintained properly. In May 2022, Internal Audits received the universe of data regarding all such nurses during the audit period. The Office of Corporate Compliance checked that data and used RAT STATS to draw randomized samples for each of the agency, travel, and direct hire nurses at Lincoln, Elmhurst, Harlem, Kings County, Jacobi, and Bellevue, which were the facilities with the largest number of nurse census. On June 13th, Internal Audits met with Nursing Administration to discuss the documentation that they needed to perform the field work on the samples, and collection of that data is ongoing.

Auxiliary Audits:

The Bonadio Group has completed 22 reports for 2021. Internal Audits has reviewed 10 of them. Nine of 10 were compilations and one was a review based on the auxiliaries' revenues. There are three reports outstanding for 2020, which include Friends of North Central Bronx Hospital, Elmhurst and Queens Hospital. Finally, there is one draft report that has been completed for each of 2018 and 2019. Final reports are expected by the end of this month. These reports were delayed due to the reinstatement of the Auxiliary's 501(c)(3) status and the retroactive effect of that status.

Ms. Piñero polled for any questions.

Mr. Peña Mora asked if we see any concerns with respect of the Nurses Audit Report. As we move forward do we see any concerns?

Ms. Patsos stated that NYC Health + Hospitals agreed with all of the recommendations that were made, and is implanting them. For example, we already have separation of duties that will be reinforced, and cycle counts will be put into place this year. NYC Health + Hospitals will also put in place balance adjustments. We did point out that we performed manual cycle counts in lieu of cycle counts in PeopleSoft, and we provided 38 weeks of data on that, which the Comptroller's Office acknowledged in their report. We also emphasized that we do have separation of duties in place. The Comptroller's Office acknowledged that, but said that they found instances where that did not occur. We also made clear that we do not condone or

permit any password sharing or granting user rights to individuals who are not tasked with entering data.

Office of Corporate Compliance:

Monthly Excluded Individuals and Vendors - April 22, 2022 - June 15, 2022 In the reporting period of April 22, 2022 through June 15, 2022, the Office of Corporate Compliance (OCC) identified two community physicians who were excluded by the Office of the Medicaid Inspector General. The OCC is still reviewing whether any repayment is required as a result of any services that they might have provided and billed by NYC Health + Hospitals. There were no providers identified on the National Plan and Provider Enumeration System or the Death Master File.

Privacy Incidents and Related Reports: April 22, 2022 - June 15, 2022: During the reporting period there were 43 incidents involving allegations of HIPAA violations. Of those 43, the OCC found that 12 were determined to be violations of our HIPAA Privacy and Security Operating Procedures. Six were found not to be violations, and 25 were still under investigation. Of the twelve that were violations, three were determined to be breeches. Two of those breeches resulted from registration errors, such as selecting the wrong patient records to register a patient, and one involved giving a patient the wrong after visit summary.

Ms. Patsos stated that we received one letter from the Office for Civil Rights (OCR) that was dated May 31, 2022. The letter pertained to a complaint that it had received from a former NYC Health + Hospital/Harlem employee, who was also a patient, and claimed that several staff members who were not involved in her care accessed her medical records and discussed that information with others, which she claimed led her to resign from her position with NYC Health + Hospitals. This was a follow up to the OCR's original letter that was dated February 23, 2021, which requested data regarding this complaint. The OCC responded to that letter on March 3, 2021, and provided the requested data which demonstrated that the individual's claim was unsubstantiated. In its May 31, 2022 letter, the OCR also concluded that there was insufficient evidence to substantiate the claim that NYC Health + Hospitals violated the privacy rule with regard to this particular individual.

Compliance Reports:

The OCC received 66 compliance reports during the reporting period. Compliance reports are colored coded with a red, yellow or green flag depending on the severity of the report. The OCC received five red, 31 yellow and 30 green reports. The five red reports were characterized as patient abuse. Three of these reports were referred to the respective facility for investigation, and two were not substantiated. Three of the five reports dealt with the same individual. The reports mostly concerned the medication and care provided.

Billing and Coding Auditing Services RFP:

As previously reported, the OCC is in the process of selecting a billing and coding auditing vendor. The OCC received six proposals, and the Evaluation Committee selected the two highest scoring vendors to conduct presentations. Scoring on the presentations will follow and we hope to select a vendor by the middle of July.

Ms. Piñero stated that this would be a significant audit for us to follow. Although it might be expensive, she is hopeful that the revenues will be positive.

FY2023 Risk Assessment & FY2023 Corporate Compliance Work Plan:

With regard to the fiscal year 2023 Risk Assessment, as mentioned in the prior meeting, the OCC developed a Draft FY-2023 Risk Assessment that was presented to the Enterprise Compliance Committee (ECC) on March 24, 2022, for their review. The OCC revised the Draft FY-2023 Risk Assessment based on their comments and prioritization of the risks. The revised draft was presented again to the ECC on May 5th for further discussions. Once it was approved the OCC drafted the FY-2023 Corporate Compliance Work Plan. The FY- 2023 Corporate Compliance Work Plan will be presented to this Committee for approval.

HIPAA Risk Analysis and Security Assessment:

In April, Coalfire did reviews of NYC Health + Hospitals' acute care facilities and conducted onsite reviews of certain facilities in May. They will be reviewing the Diagnostic and Treatment Centers in June and throughout July. In addition to reviewing the individual facilities, Coalfire also conducts an enterprise-wide review of our HIPAA privacy and security compliance. Due to the remediation of previous high and very high risks from prior years on the System level, we were able to eliminate many of those risks. As a result, we will now start to review the moderate risks for 2022.

Ms. Piñero polled for any questions. There were no questions.

Ms. Piñero requested a motion to move to Executive Session.

All voted yes. The Committee convened in Executive Session at 12:46 pm. The Committee reconvened in public session at 1:15 p.m.

Ms. Piñero noted for the record that during the Executive Session, the Committee received, reviewed and approved the FY2023 Corporate Compliance Work plan.

Ms. Piñero asked if there was any old or new business - Hearing None.

Meeting adjourned at 1:19 pm.

Capital Committee VIRTUAL Meeting - July 11, 2022

As reported by: Feniosky Peña-Mora

Committee Members Present: Dr. Mitchell Katz, José Pagán, Feniosky Peña-Mora, Robert Nolan, Sally Hernandez-Piñero, Freda Wang

Mr. Peña-Mora called the meeting to order at 10:16 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on June 13, 2022, were unanimously approved.

Senior Assistant Vice President's Report

Mr. Saez, Senior Assistant Vice President, Office of Facilities Development presented his report.

Mr. Saez shared highlights and some key accomplishments from fiscal year 2022.

Our engineers and tradesman strive consistently to support and serve the daily operations of our facilities.

Bellevue was challenged to keep critical oxygen systems available throughout the campus after experiencing a substantial vaporizer failure. The in-house team acted swiftly to keep the system from freezing and allowing the flow of oxygen to continue throughout the campus providing critical services for patients. The cooling system at Bellevue for the first time in over a decade will have full operation of all of its chillers and all cooling tower cells, thanks to the strategic actions taken by the in-house team and OFD. Thus, providing sufficient cooling to the campus.

Kings County in-house engineers, a very talented group of individuals acted swiftly over the winter to prevent the loss of our main water feed lines by making urgent repairs and replacement of critical waterlines, bypass, and direct feed valves to stabilize our heating system for the 3 million sq. ft campus.

The Harlem campus experienced a dire emergency when a major rupture of the condensate line that fed the cooling towers to the main hospital had a major impact on the cooling system. After the incredible work of the in-house team along with every division of OFD and senior administration, temporary systems were installed, stabilizing the cooling system. After a considerable amount of repair, the facility is now fully operational. Thus, removing the dependency of the temporary system which has been fully demobilized from the campus.

Finally, over the course of this past year we have conducted monthly Joint Review meetings with each of our service partners and DOE team to review service, opportunities and KPI's.

We continue to work closely with our Finance colleagues, the budget and payments team facilitated the commitment of over \$575M in capital contracts, which provided a 22% increase in dollar value compared to last year and represented over 1,000 purchase orders.

The payments team processed a high volume of payments supporting the system and saw a 22% increase in transactions - from over 2,000 to over 2,500 vouchers.

The budget team was able to authorize 122 projects valued at \$474M - a 47% increase in both numbers of projects authorized and dollars compared to last year.

Relative to the contracts, \$425M is City Capital and infrastructure commitment rate was 80%.

The contracts team bid on 50 projects totaling \$221M. The average number of bids received per project was five and the winning bidder's proposals were on average 4% below the estimates. Of the 242 total bids received, 38% were Minority and Women Owned Businesses Enterprises (MWBE), and 41% of the 50 awarded contracts were MWBE. 234 work orders were issued for Requirement Contractors totaling \$42.3M, and 130 work orders were issued for JOCS totaling \$23.1M.

Team accomplishments include; Transition of our Centers of Excellence and Demobilization of temporary clinics.

The 50 Water Office Consolidation project is complete.

Construction continues on the Bellevue OTxHU project and the Woodhull Decanting project is underway preparing for construction to begin on the OTxHU project at that site in Winter 2022.

We expect to release the Request for Proposals (RFP) at the end of this month for a pool of vendors to provide master planning services for the System, which we expect to better inform our capital strategy to better align with the System's mission and strategy to create equitable modern care environments for our patients and staff that meet the needs of our communities.

The Harlem boiler replacement and the Metropolitan flood wall projects are moving forward.

Energy and carbon reduction efforts continue System wide. This year, the System signed a pledge to the Federal Government to reduce emissions by 50% in all our facilities by 2030 and work to zero emissions by 2050. We continue to retrofit, refurbish, and modernize outdated equipment, fixtures, and utilities to reach this goal and are looking forward to working on innovative projects to reduce our greenhouse emissions and ensure all our facilities are resilient.

In the coming year we are working on restarting the Facilities Council.

The implementation of Phase I of the Project Management Information System is scheduled to begin in September 2022. This will allow the New Needs process to be completed.

We are still in the process of the evaluation for our Facility Management Information System.

Leora Jontef, Assistant Vice President, read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five year lease extension with Martha Vincent (the "Landlord") for the continued use of approximately 2,078 square feet of space at 769 Onderdonk Avenue, Borough of Queens to operate a primary care program managed by NYC Health + Hospitals/Gotham Health ("Gotham Health") at a base rent of \$69,000 per year, or \$33.21 per square foot to be escalated by 3% per year for a total of \$366,330.37 over the five year initial term plus a charge for the System's proportionate share of real estate tax increases over a 2012/2013 base year; provided the System will hold an option to renew the lease for an additional five years resulting in base rent over the potential 10-year term of \$791,007.67 and an estimated \$50,469.73 for the tax escalation charges for an estimated total rent over the 10-year term of \$841,477.40.

Ms. Jontef was joined by Michelle Lewis, Chief Executive Office, Gotham Health.

Ms. Jontef narrated a presentation, providing background and current state information on the lease and services provided at the site, as well as new lease terms.

Ms. Wang asked about the prior lease escalation. She noted that while the rent comparables indicate that the rate is within an average range, the letter from the consultant states that the annual rate of increase is slightly higher than average.

Ms. Jontef stated that this was a continuation of a prior agreement and that the increase was in line with prior rate increases. She noted that the relationship with the lessor had proven to be a good one and the site was a valued space for services. She and the team felt comfortable with the rates.

Ms. Wang asked how long the space had been occupied by H+H. Ms. Jontef said, since 1994. Ms. Jontef added that 3% escalation was typical and she believed that it was the escalation rate under the prior agreement.

Ms. Wang asked why real estate taxes had only been charged since 2012. Ms. Jontef explained the taxes had always been a part of the agreement

it just changed the way they are presented. They can either be included in the per square foot price or separated.

Ms. Wang mentioned a conversation from a prior Capital Committee meeting requesting a review all the real estate agreements and their respective terms. She indicated that it would be helpful in understanding the agreements since such things as fees for real estate taxes and utilities can vary. Ms. Wang said she believed that had dropped in priority as a result of COVID but would like to raise it again.

Mr. Peña-Mora agreed that a comprehensive look would be helpful. Mr.

Peña-Mora asked if utilities were included in this space. Ms. Jontef said they were separate. Mr. Peña-Mora said it would be helpful if that information was standardized. He also requested the presentation be updated for the presentation to the Board.

Mr. Peña-Mora said that he liked the signage on the exterior of the facility but would like to see the site (and others) appear inviting from the outside and the inside as well, so that patients feel they are in a welcoming space.

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

Mr. Saez read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with Jemco Electrical Contractors, Inc. (the "Contractor") to complete an upgrade of Emergency Electrical Service Type I at NYC Health + Hospitals/Elmhurst Hospital Center ("Elmhurst") for a term to equal the duration of the proposed construction project for an amount, including a contingency of \$1,258,472, not to exceed \$7,550,830.

Mr. Saez narrated a presentation providing project background information, a list of Elmhurst capital projects, the RFP criteria, procurement overview, solicitation results, vendor performance, references and background, rationale for additional contingency, and MWBE utilization plan. Mr. Saez was joined by Erin Egan, Elmhurst - Director of Capital Budgets, Office of Facilities Development.

Ms. Wang noted that the presentation indicated that Elmhurst does not currently meet the current National Fire Protection Association codes and there was a waiver in place from the NYS DOH in 2018 that had expired on July 1, 2021, and requested clarification on what is the current status, and are there any ramifications from that.

Ms. Egan explained that some delays were a result of COVID, when contractors did not want to enter the facility. She said with regards to the waiver, there had been some back and forth with the NYS

Department of Health regarding a new waiver. Mr. Indar indicated that NYS DOH has stated that a citation would be required in order to issue a new waiver.

Ms. Wang said she understood but wanted to be sure that the lack of waiver would not result in any penalties. Mr. Indar said no. He indicated that if CMS or Join Commission did cite H+H we would be able to show that work was in process and a contract is in place to bring the facility up to code.

Ms. Wang asked if the contract amount was a not-to-exceed. Mr. Indar said there would be a PO issued for the full contract amount and that PO would be amended for any increase equal to or less than 10%. For over 10% a change order would need to be processed.

Mr. Peña-Mora said he understood that this was a sealed bid and the price should not change. Mr. Indar said it was a sealed but with a guaranteed price.

Mr. Peña-Mora said he did not understand what was meant by the statement "higher costs". Is H+H taking a risk or is the contractor.

Ms. Egan explained that it is common to include contingency on a construction contract because of volatility in the market because it can take 6 months or more to formalize the contract agreement and prices can change. Ms. Egan explained that any changes would be thoroughly reviewed by H+H.

Mr. Indar confirmed that this contract is from a sealed bid but note that internal processes can take months and beyond the time that bid amounts are held and it would take extensive time to re-bid prices can change.

Mr. Peña-Mora said he understand increases when a result of internal delay but not if it were the cause of the contractor. He said he would recommend a vote for conditional approval with a request pending for clarification on how changes to construction contracts are processed and approved. Mr. Pagán agreed.

Mrs. Hernandez-Piñero asked why addressing the issue has taken some time and whether it was not considered a higher priority. Dr. Katz explained that the separation of power was not a dangerous condition but more a change in how electrical was set up within facilities. The separation provided security in that if one system went down the others would not. It was previously common practice to have everything tied together but now it is not.

Mr. Peña-Mora reiterated that he would like the resolution to reflect why the contingency was 20%, which is more than the usual project contingency, and include a description of the change order process, including who is responsible for reviewing and approving change

orders. He wanted both of those addressed prior to the Board of Directors meeting.

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

There being no further business, the Committee Meeting was adjourned at 11:04 a.m.

Equity, Diversity and Inclusion Committee Virtual Meeting - July 11, 2022

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Freda Wang - left at 11:48, and Michelle

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:00 a.m.

Mr. Peña-Mora moved for a motion to adopt the minutes of the May 9, 2022 meeting.

Upon motion made and duly second the minutes of the May 9, 2022 meeting was unanimously approved.

DIVERSITY AND INCLUSION UPDATE

Ivelesse Mendez-Justiniano, the System's Chief Learning Officer and Interim Chief Diversity & Inclusion Officer provided an overview to the Committee of the System's latest diversity and inclusion achievements and activities.

Ms. Mendez-Justiniano indicated that from January 1 - May 31, 2022 there were over 745k interpreter request calls fulfilled which resulted in 10.3 million interpretation minutes. Top language requests for interpreter services included Spanish, Bengali, and Mandarin.

There were 4,728 diversity and inclusion training completions System wide in May 2022. Ms. Mendez-Justiniano provided an ethnicity and gender breakdown of training completions, noting the top five titles who have completed 1 or more Diversity & Inclusions training modules: Staff Nurse, Patient Care Associate/ Technician, Clerical Associate, Nurse Aide/ Service Aide, and Physician.

She also noted that LGBTQ recognition ceremonies were held at facilities with highest training completion rates (Elmhurst Hospital and Coney Island Hospital).

Ms. Mendez-Justiniano reported that NYC H+H launched a website to promote the LGBTQ health care services the System offers.

Additionally, a brochure highlighting the System's Pride Health Centers was published in the top 13 languages and distributed. The brochure identifies NYC H+H as an ally to LGBTQ individuals, provides a list of health care services offered, and notes the locations of all of the Pride Health Centers.

Ms. Mendez-Justiniano went on to share additional System level achievements which include:

- Systemwide promotion of status as an HEI (Healthcare Equality Index) Leader in LGBTQ Health Care for 18 eligible sites
- Creation of guidance on Medicaid legal sex document
- Hosting various events which included "Asian Americans and Health Equity" event in commemoration of Asian Pacific American Heritage Month and "Combatting Antisemitism" event in commemoration of Jewish American Heritage Month

Ms. Mendez-Justiniano then presented updates regarding Emergency Preparedness, highlighting H+H's collaboration with Mayor's Office of Immigrant Affairs (MOIA) in the provision of language access information in Slavic languages, as well as, connecting NYCare with MOIA to secure access to funding for a language access services initiative for Ukrainian refugees.

Ms. Mendez-Justiniano continued on to highlight events the system held and participated in June 2022. Some of the key events included: National Immigration Heritage Event in conjunction with the Mayor's Office of Immigrant Affairs (MOIA), Puerto Rican Day Parade, several Juneteenth events, multicultural events, and Pride events (parades and festivals) across all five boroughs in honor of Pride Month.

The next area Ms. Mendez-Justiniano covered was Retirement Services that have supported diversity efforts through the following:

- H+H TDA program has dedicated representatives assigned to facilities who are fluent in several key languages
- Hosted the first Spanish Virtual Webinar which focused on the TDA Program features and resources
- Hosted quarterly webinar sessions regarding Women and Investing
- The TDA Program Call Center established a Language Line that assists participants in multiple languages
- H+H Participation in National Forum for Black Public Administrators (NFBPA)
- NYCERS provides translation and sign language interpreter services to pension members

Ms. Mendez-Justiniano went on to inform the Committee of recent Diversity & Inclusion Systemwide communications. These communications included the commemoration of: Asian Pacific American Heritage Month, Jewish American Heritage Month, International Day Against Homophobia, Transphobia and Biphobia, and Juneteenth.

There were also communications regarding Pride celebrations, zero tolerance for acts of hate and violence in response to various shooting incidents (Buffalo, NY & Uvalde, TX), and reaffirmation of NYC H+H's commitment to safe and legal abortion in light of the recent Supreme Court case.

Board Chair Jose Pagán and Dr. Mitchell Katz both praised all the work the Diversity & Inclusion team has been leading. Board member Sally Hernandez-Piñero asked a question regarding the ethnicity breakdown of the training completions, as she noticed that percentage of Hispanics was not included. Ms. Mendez-Justiniano noted that she will follow up with the data.

Board member Freda Wang echoed the sentiments of Mr. Pagán and Dr. Katz by commending all of the work that has been done thus far. She also followed up with a few questions regarding the training completions - how is staff reached and asked to participate in the trainings, are the trainings mandatory, and how are we achieving such strong participation rates? Ms. Mendez-Justiniano explained that all staff communications are sent on a regular basis, trainings are always posted online and hence easily accessible by staff, and trainings are socialized and promoted during town halls and leadership meetings at the facilities. She also clarified that trainings are not mandated, but strongly recommended.

Mr. Peña-Mora also praised all of the work that has been done so far. As a follow up, he requested that for the training completions for the top five job titles, percentages be added in. He also noted that given H+H has a 5-borough strategy for the Pride Health Centers, it would be helpful to see a timeline as to when the Pride Health Centers in Queens and Staten Island will be live.

EQUITY AND ACCESS COUNCIL UPDATE

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") introduced the Council's leads for the Equity of Care workgroup, Ms. Shewon Erie and Dr. Rebecca Linn-Walton, as the presenters for their update.

Ms. Erie started with providing the Committee names of all the project leaders for each of their projects: Medical Racism, Pregnancy/Abortion Care and Behavioral Health Support, Equity and Access for Persons with Disabilities (PWD), and Equity and Access- Sickle Cell Disease (SCD) Management. Ms. Erie continued on to present an overview of initiatives for Medical Racism, which in summary is to eliminate race-based algorithms within the Electronic Medical Record that can adversely impact health outcomes and create inequities in treatment plans. She outlined the project progress as follows: continued H+H staff participation in NYC CERCA (Coalition to End Racism in Clinical Algorithms), change in algorithms already implemented (Vaginal Birth After C-section and Kidney Function), and

ongoing analysis to understand impact of change in kidney function algorithm.

Dr. Linn-Walton then discussed the Access to Pregnancy/ Abortion Care project. She first summarized the project as being tasked with increasing access to pregnancy care, including abortion, across the System, and ensuring that behavioral health patients are appropriately supported, and that all patients receiving pregnancy care have access to behavioral health support. Project progress includes monthly meetings and Dr. Nadas presented at the Substance Use Disorder (SUD) Directors' Council, since substance abuse correlates with a higher risk for risky decisions during sexual intercourse. The group is in the process of planning a meeting with the simulation center to discuss a training on how to talk to patients regarding sexual health.

Dr. Linn-Walton continued on to discuss the next project, Persons with Disabilities (PWD). She summarized that a review of the data for PWDs indicate that this population receives screening tests at a lower rate than the general population. Project progress/goals includes EMR identification, removing barriers to care and increasing accessibility, and incorporating "disability competency education and training".

Ms. Erie then moved on to discuss the Sickle Cell Disease Management (SCD) project. She indicated that H+H is one of the largest providers of care to individuals with SCD in NYC; providing care to about 1/3 of adults with Medicaid and 25% of children with Medicaid. SCD largely affects minorities (90% African descent). The goal of the project is to provide education on improving the management of Sickle Cell Disease and enhancing care outcomes, especially for pediatric patients. Project progress includes various presentations, development of a registry and documentation toolkit within the EMR system to monitor the effectiveness of quality improvement studies, and continuing work to reduce disparities impacting patients of color.

This concluded the Equity and Access Council update. Mr. Peña-Mora reflected that it is great to see all the progress the group has made since its inception.

EQUAL EMPLOYMENT OPPORTUNITY (EEO) REPORT

On behalf of Yvette Villanueva, Senior Vice President of Human Resources, Blanche Greenfield, Deputy Counsel of Legal Affairs/EEO, presented an overview of the System's staff demographics, which includes race/ethnicity and gender. Historically, H+H has a very diverse workforce and in 2021 and into 2022 YTD, there was a new hire uptick of employees who identified as Black/African Americans (51% of new hires in 2022 YTD). The percentage of employees who identified as Hispanic/Latino or Asian has remained fairly consistent, at 16% and 19% of new hires, respectively. As half of 2022 still remains, there is room

for slight fluctuation in the new hire demographics. The gender breakout of employees remains consistent year over year and predominantly female (71% of new hires in 2022 YTD).

Ms. Greenfield went on to present the race/ethnicity breakout of employee leadership, comparing all employee leadership in 2020 to the new hires in 2021. The race/ethnicity breakouts remain fairly consistent amongst first line management and middle management.

However, at the Senior Management and Executive levels, there was a notable increase in Black/African American new hires and decrease in White new hires. The gender split across all four levels of employee leadership skews female, with even a slight increase in female new hires across all four levels (ranging from 63% to 71%).

Ms. Greenfield then proceeded to discuss the race/ethnicity breakout for Nurse, Pharmacists, and Physicians, comparing the 2020 population to the 2021 new hires. The composition of Nurses remained steady, with majority being Black/African American (41%) or Asian (32%). The composition of Pharmacists also remained steady, with majority being Asian (62%). In terms of Physicians, it is critical to note that the majority of the data is reported by the affiliate organizations, and a large portion of new hire physicians' ethnic groups are unknown due to missing information that is reported. NYC H+H is working with affiliate organizations to improve demographic data information of the contingent physician workforce. The gender breakout of Nurses, Pharmacists, and Physicians remains consistent year over year, with Nurses being largely female (83% of new hires) as well as Pharmacists (69% of new hires). In terms of physician new hires, 50% were male, 41% female, and 9% unknown.

Ms. Greenfield continued on to present patient demographics, where majority are Hispanic/Latino (39%) or Black/African American (33%) and female (56%).

Mr. Pagán requested a separate follow-up meeting to discuss how the demographics are across other health systems and what we can do to attract/recruit diverse candidates. Ms. Hernandez-Piñero inquired about the exact numbers for the Executive and Senior Management new hires. Dr. Morse noted the large number of physicians who did not report their ethnicity. Mr. Peña-Mora suggested that for the group's

follow up call, the physician demographics are broken out by employee physicians vs. affiliate physicians.

Ms. Greenfield briefly discussed the reasonable accommodation requests (religious and medical) the EEO office received as a result of the COVID vaccination mandate. She noted that medical requests were vetted through a medical review committee in order to determine if the COVID vaccine was detrimental to the staff member. The EEO office received 1,049 religious accommodation requests and 367 medical accommodation requests. Of these requests, 691 religious accommodations were approved and 75 medical accommodations were approved. Ms. Greenfield indicated that while the number of accommodation requests received by the Office of the EEO increased in 2020, it did not go back down in 2021. The EEO office handled the additional increase of approximately 1,400 COVID vaccine exemptions.

Mr. Peña-Mora asked if there was any old business or new business, and hearing none, the meeting concluded and was adjourned at 12:17 p.m.

Finance Committee VIRTUAL MEETING - July 11, 2022

As Reported By: Freda Wang

Committee Members Present: Freda Wang, Mitchell Katz - left at 1:29 p.m., MD, Sally Hernandez-Piñero, José Pagán, Feniosky Peña-Mora, Barbara Lowe, Patricia Marthone, MD

Health + Hospitals Employees in Attendance:

John Ulberg, Linda DeHart, Michline Farag, James Cassidy, Marji Karlin, Sarah Lum, Paulene Lok, Rafelina Hernandez, Colicia Hercules

(Online) Matthew Siegler, Salema Tyler, Kenra Ford

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 1:25 p.m.

Ms. Wang called for a motion to approve the May 9, 2022 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on May 9, 2022 were adopted.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-22/YTD highlights. He conveyed that we finished the year very strong, with over \$500M

in the bank. The budget outperformed almost at 2% and closed April with a positive Net Budget Variance of \$270M.

Mr. Ulberg continued, stating that direct patient care receipts came in \$550.2M higher than the same period in FY-21 with patient volume coming back, our revenue initiatives maintenance of effort and UPL conversion coming through patient care.

Patient care volume is returning to pre-COVID levels in FY-22, but still 4% below FY-20 in discharges. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate. Overall, our strategic financial initiatives remain on track with our post-COVID strategies, generating over \$691.3M thru April of FY-22. Several areas of strong net performance were noted.

Mr. Cassidy presented the cash projections for FY-22. H+H reports 16 days of cash on hand. The System expects to close June with approximately \$700 million (30 days cash-on-hand). In addition, we were able to pay off all of our prior year liabilities and continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position in relation to any ongoing uncertainty around COVID-19. Revenue Cycle indicates that we received \$550M higher than last year during the same period.

Mr. Ulberg presented the external risks. H+H hopes to receive an additional FEMA payment of \$137M in FY-23. Current inflationary costs and wage pressures present a challenge to recruitment and staffing. Health and Hospitals is diligently working to address this and continues to develop its staffing models to meet industry standard.

Ms. Tyler presented the financial performance highlights for FY-22 thru April Net Budget Variance. She noted that April ended with a net budget variance of \$270M (2%). Receipts exceeded budget by \$689.2M Primarily driven by Patient Care Revenue. While Inpatient and Outpatient volume and average collectability rates are higher than budgeted, Risk is higher due to MetroPlus payment on behalf of prior year. Disbursement exceeded budget by \$419M, which includes vaccine mandate, expenses associated with COVID, and Temp coverage costs.

Ms. Tyler continued providing FY-22 thru April performance drivers updates. Cash receipts are 10% ahead of budget as patient volume returns at a higher percentage than anticipated, and as H+H meets and exceeds planned strategic service line improvement, managed care contract performance, and revenue cycle initiatives. Risk performance is better than planned.

FY-22 thru April, cash disbursements are over budget by 6% primarily resulting from unbudgeted COVID and vaccine mandate related expenses,

and Temp rates. However, the plan shows the System with a positive operating margin. H+H exceeded the revenue target due to a combination of solid performance and continued improvement in revenue cycle and service line initiatives as well as returning patient volume.

An update on System-wide strategic initiatives was presented by Ms. Farag. Positive gains were made across our strategic initiatives. Growth and other service line improvements, Revenue Cycle, System Efficiencies and Value Based Payment/Managed Care initiatives, are all on track to meet targets for the year.

Ms. Hernandez-Piñero inquired if the \$241M, was primarily for temporary staffing to deal with Omicron or Staffing up to staffing models. Are those two different costs or is this just overtime to cover the Omicron issue?

Ms. Farag responded, that the \$241M is agency temp staffing cost and it includes Omicron, but also includes rightsizing in our non-COVID area as we get back on track in terms of the components that should be temp agency and full-time. We are supporting our regular operations using some of that agency temps, until we get up to our models on the full-time side of the world up to those models.

Ms. Farag provided a walkthrough of the Budget Development Strategy and Priorities of FY-23. The main focus this fiscal year is continued progress on the budgeting process by implementing staffing models across different nursing areas and implementing workforce plans including provider workforce plan. Other major components are Value Based Payment and Ambulatory Care 2.0 as well as Core Infrastructure and Re-building for the future. The Core infrastructure and Re-building for the Future includes Staff Core Services, Capital Projects and connecting to Systemwide growth strategy, pharmacy, and other key operational areas, cross facility/cross department initiatives and continued revenue cycle improvements moving from median to top 25% performance on claim denials.

Mr. Siegler presented the Value Based Payment Performance Key Drivers updates. H+H drives success in Value Based Payment via three key strategies. These are Growing attributed membership, Growing Risk Surplus, and Improve quality of care and boost quality bonus payments. H+H is making progress in all three domains. Risk surplus is steady since the start of the pandemic and has remained high compared to prior years. Membership is up over 110k since January 2020 due to pause in Medicaid recertifications. H+H continues to improve quality scores in key areas.

Mr. Siegler provided the highlights of our Value Based Payment interventions for calendar year 2021. These results are driven by Live, central outreach for VBP gaps, MyChart Messages to encourage scheduling appointments to address VBP gaps, MyChart Surveys used as Virtual Visits for VBP metrics, Supplemental Data Exchanges with MCOs, Care Gap Tool, VBP Program Support, Eye Camera, and End

of Year Chart Review.

Mr. Siegler reported on Healthfirst HQIP VBP Program performance and final 2021 results. Healthfirst is one of our biggest health plan partners and is partnered with most of the major hospital systems in NYC. One of the greatest things of their quality programs is that we can compare how we measure up against other hospitals and health systems in the city.

Mr. Siegler conveyed that H+H outperformed the Healthfirst network on 93% of the Medicare measures and on 67% of the Medicaid measures. H+H improved from 2020 to 2021 on 83% and 75% of Medicare and Medicaid measures respectively. On average, H+H improved by 0.25 stars in Medicare OQR. H+H facilities had the highest score in HF's entire network on six VBP measures. For the first time in 4 years, no facility had a raw score OQR less than 2.0.

Lastly, Mr. Siegler concluded by highlighting exciting news about H+H facility performance and noted H+H is one of the leaders in the city in terms of quality of care H+H is able to deliver to the patient population. Several of our facilities were the highest performing in the entire Healthfirst network and we are pleased with the improvements here.

Ms. Karlin provided the FY-23 revenue cycle initiatives highlights. The revenue cycle initiatives gross revenue target grows by about \$50M, from \$454M to \$503M in FY-23. These initiatives focus on optimizing our internal workflows and reducing our reliance on vendors. In FY-23 budget compared to FY-22, the Accounts Receivable initiative decreases by \$30M as it is a vendor driven initiative. The administrative denial reduction increases by \$47M driven by our expectation of optimizing and improving our internal workflows, similarly with insuring the uninsured. In addition, she concluded that we have increased our financial counseling rates and we are looking to push that further. H+H is doing well in accounts receivable and across all areas of denials. Revenue Cycle indicates the plan is to move the administrative denials target from the current median performance to the top 25% by fiscal year end as compared to other Epic customers.

Ms. Lum presented the Test and Trace financial update. H+H projects expenses of \$1.364B in FY-22 and \$197M in FY-23 for Test and Trace Corps. T2 has committed approximately \$226M in expenses for Q4 in FY-22. She concluded in noting that OMB has provided H+H with sufficient revenue through the T2 MOU to cover expenses to date.

Ms. Lum continued providing a programmatic update. She conveyed that T2 have very recently rolled out a new program called Test to Treat, which builds on the existing mobile units' infrastructure. She noted, this is the first program to provide not only access to rapid testing but also access to prescription on-site. T2 currently has 30

mobile units throughout the 5 boroughs providing access to New Yorkers. Overall, T2 testing strategy is to focus more on rapid testing access, meeting people where they are through the mobile units and community distribution sites.

Ms. Farag presented the revenue performance for FY-22 thru April. FY-22 patient care revenue is \$550.2M higher than FY-21 actuals. Patient revenue improvements year-over-year can be attributed to a combination of higher patient volume, solid performance and maintenance of effort in revenue cycle and other strategic initiatives, as well as UPL conversion coming through patient care.

Ms. Wang polled the committee for questions.

Mr. Pagán commented on the great updates. On the quality indicators, he mentioned it is very important that we are hitting quality targets and sharing data and being the best in the city.

Ms. Wang commented on the Value Based Performance and quality outcomes, it would be great to have an information item on VBP at one of the upcoming meetings to continue to update the Board on finances.

Mr. Pagán added that it would be great to have as it impacts not only quality, but also revenue.

Ms. Wang added that perhaps a similar presentation could be done for one of the full board meetings.

Mr. Siegler agreed that this should be considered.

Ms. Hernandez-Piñero inquired regarding the two finalists in the coding audit. Are there any anticipated savings included in your current projections?

Ms. Karlin responded, that is correct. We did not capture any additional revenue or savings as it is still a little of an unknown at this point.

Ms. Hernandez-Piñero inquired in regards to capital projects that will have some kind of positive revenue impact, is there a correlation with capital projects.

Mr. Siegler responded, we do have high priority projects that do have an impact on our revenue. Also, they have an impact on our expense dollars. The sheer amount of temporary work we do, recovery actions we take when infrastructure falls down and working closely with Manny and Oscar, we are trying to integrate them more closely into our financial planning on the revenue side and the expense.

Mr. Peña-Mora thanked the team for the reporting and inquired in regards to the drivers of expense slide, can you elaborate what this slide means? We are overbudget by \$419M currently, are we

expecting to make up for this amount in the next year or allocating the funds to cover for that.

Ms. Tyler responded Yes, we are overbudget by \$419M.

Ms. Farag added in the \$419M as this is cash based, there is a timing aspect there. As more Federal dollars are received in terms of our financial standing, some of those gaps will close as we drawdown more of our claims.

Mr. Peña-Mora added, in that case we do not expect to have a deficit on this. As I understand there is a timing issue but in order to have more clarity the report includes up-to-today but would also be helpful to report also on expected results by the end of the fiscal year. In the next year report, we expect to be zero as this only looks at the expense portion of it.

Ms. Farag responded, our revenue performance also being ahead of our budget, is filling some of those variances shown on the expense side. This explains why the net margin is actually positive.

Mr. Ulberg added, you have to look at both the revenue and expense slide, we are just trying to do a break-through so maybe look at the revenue.

Ms. Farag mentioned, looking at the net revenue, we are doing \$689M better than originally anticipated on revenue and on the disbursement side so it offsets that \$200M net revenue against negative \$419M on the disbursement. Those disbursement also include COVID dollars and from a timing perspective we are hoping to eventually get those from FEMA.

Mr. Ulberg added, you need to see the breakdown for both. We are looking better than budget on the revenue side and when looking at the next slide on expenditures setting ourselves up for next year, these expenditures

are either related to COVID or something we can manage. The agency temp staffing is more expensive than our own staffing and we are trying to manage that down. When looking at them both in context of next year's budget, we look pretty good. We did better than budget by \$270M because the revenue was strong and it looks sustaining going forward. These expenditures are manageable.

Mr. Peña-Mora commented, that while this is very helpful, maybe we should discuss the net for more clarity. In this case our net is going to be positive, is this money going back to the Feds or we keep that net positive?

Mr. Ulberg responded, we keep the net positive dollars. That is money that we have earned.

Mr. Peña-Mora asked, do we have flexibility to reallocate that money across other services or do we can only use it for COVID

related services?

Mr. Ulberg responded, when we draw FEMA or PRF dollars, we only used in relation to COVID.

Ms. Wang added, the net surplus that we are showing for the April YTD is not COVID related surplus that is surplus for all our operations.

Mr. Ulberg responded, that is correct.

Mr. Peña-Mora added, I was confused and thought it was only related to COVID. Thank you, the explanation is appreciated.

Ms. Wang added, when you look at the slides in isolation you do not see the full picture as we show the overall performance. However, the headline is "we are better than budget YTD". Something the team did which I thought was helpful, was to break down the components as we are nicely above budget, and to be able to see what those components are and what is driven by COVID; it may not be recurring or continuing, and we can isolate it as we go forward.

Mr. Peña-Mora added, I think it is very helpful but it would be great to see the net budget variance.

Ms. Wang commented, the net budget variance is in the bullet maybe we should move it.

Ms. Farag added, we can move it to the diagram in the slide if easier.

Ms. Lowe asked John, in the next fiscal year how well do we expect to do on the staffing side, we know it depends on how many COVID events can occur but do you think we are going to hold solid with this and the new mandate for staffing control.

Mr. Ulberg added, we are very proud of the fact that we actually do for inpatient services and we are building it for other nursing related services. We have a staffing model and we have embedded that into the organization so every month we are looking at how many beds were filled versus how many staff did we have and of those staff, how many were full-time, part-time, overtime. Our goal is to always make sure there is enough resources on the bedside and last year we did a pretty good job at that with the assistance of Temp nurses as our staff got sick. We believe on average we always had enough nurses at the bedside. We continue to build models, the data and report our results.

Ms. Lowe asked, John do you look at this from a unit or service level for nursing as well.

Mr. Ulberg responded, our models go all the way down to the units and bedside. We will be happy to show you.

Ms. Wang commented that the workforce plan that was referenced, that is tied to the new way of working with our affiliate.

Mr. Ulberg responded, that is correct and we are working very closely with PAGNY in terms of development of the workforce plan and we are well under way with both NYU and Mt. Sinai.

Ms. Wang commented on the VBP Performance slide, as we are having a lot of success and it is helping us drive a lot of our strategic initiatives. She asked to elaborate and provide context on the surplus reflected on the top chart. Do you have his broken down in more granular details of what is contributing to the growing risk premium and is some of it due to what was happening with COVID and will we start to see this coming down? As noted in the appendix, we noticed the CMI is starting to come down and trying to get some context for that.

Mr. Siegler responded, that there are essentially two factors to the risk premium increase. One is the number of members on which we are collecting premium and capitation payment. The other is the amount of premium per member and there are many factors that go into this. There is a lot of work that goes into making sure that our CMI and risk adjustment are captured appropriately and that members are enrolled in the specialized product that is right for them. That work of premium per member we continue to anticipate seeing significant improvement. The rate of growth that we have seen since the public health emergency was put in place has been significant as there has been redetermination and churn off of the Medicaid program. We need to monitor very closely and we are in conversations with our plan partners and with the State on how this is going to work and how we can minimize the number of people who lose coverage as that happens. On those two factors, we have been working very hard and feel confident that we can keep our attributed membership up and feel extremely confident that we can get our premium per member up as that work is just at the beginning stages and we have a lot of room to grow there.

Mr. Ulberg added, in particular for Medicaid the State has a role when they set the premium. We know they have always been at the bottom of the range and they are trying to make efforts to get the premium where they set it a little bit higher in the range which would help as well.

Ms. Wang requested clarification on membership, it was stated that it was partially due to the pause and Medicaid re-certification, did that end?

Mr. Siegler responded that it has not ended. We are waiting for it to kind of kick into full speed but it is something we are certainly going to be watching.

Ms. Wang added, in terms of growing membership due to other works that you are doing, you do not anticipate that this is going to come back down, correct.

Mr. Siegler responded, we are certainly hopeful. It will be tough to sustain the rate of growth that everyone has seen over the last few years. There may be months of decline due to population growth and changes in the economy and how people are moving into Medicaid. He continued, there are lots of different factors there, but recertification will certainly be a headwind to membership growth. As John mentioned, the degree of that depends on the State, upon us and our health plan partners work as well as recertifying members, helping them enroll, marketing, and outreach for our key value-based health plan partners.

Ms. Wang commented that these discussion helps to put some focus on, our strategic initiatives, and the budget development strategy, a big key component is the work on the value-based care program. A lot of it is as mentioned, is membership growth, premium per member, keeping the different special population into the right area.

Mr. Siegler added, it is a growing part of our business and it feeds into a lot of different things we are trying to do. The key part for us is how committed we are as a System as it does not conflict with our other revenue growth strategies. We have the opportunity to do both - being successful in value-based payment by being efficient, and being effective in fee for service medicine by driving volume and improving billing.

Ms. Hernandez-Piñero noted that MetroPlus is being very cautious by projecting maybe a 30% drop in certifications potentially, and are contacting members to help ensure that they have all the paperwork they need to be able to certify once this LoL in recertification gets terminated.

Ms. Wang continued with an inquiry on the quality bonuses, and added that the Healthfirst results statistics are terrific. We often discuss how difficult it is to measure how we are doing and that clearly a key tool to help us see that success. Do these bonuses translate into dollars that we track?

Mr. Siegler responded, they definitely do. The Healthfirst bonus payment is on the slide. I believe is about \$6.8M this year for them and that is a growth year over year. We have a similar program with MetroPlus that reports a little bit later on in the year and we will come back with those results when they are done. Combined they are a meaningful portion of our revenue. The other side of it is that we believe the higher the quality of the care, the more efficient we are and less unnecessary hospitalizations. Therefore, we have better management of those premium dollars and a higher surplus as well. It is harder to directly correlate to the quality measures but that is the other side of the revenue picture that this great performance in primary care and ambulatory care measures drives for us.

Ms. Wang commented on how interesting it would be to see the historical, if we started tracking that more regularly, how that is improving.

Mr. Ulberg mentioned that the State restored previous cuts in the managed care quality pool for the plan. We are very appreciative that the plans really advocated for those quality dollars to be restored.

Ms. Wang if the growth in the VBP expenses seems to have flatten a little bit in the last couple of quarters. Is that just a trend or nothing we can read into it?

Mr. Siegler responded that we cannot really read into it yet. However, we are getting more sophisticated on how things like external referrals, ambulatory care quality measures and other things drive medical expenses. The swings in volume and utilization that we have seen as well as people staying away, shut downs in ambulatory care makes it pretty tricky to trend this in a meaningful way. Particularly, how much better our revenue cycle services have gotten and our overall revenue capture. We need to get a little bit smarter on this before we can tell if there is a trend there. In 2020 Q2, the major drop-off at the heart of the first COVID surge, there was an unprecedented drop in medical expenses that if we were purely fee for service system, would have been a devastating loss in revenue. It is still a major challenge that the amount of value-based surplus we were able to collect based on that period was a major stabilizing factor for us. One of the major arguments that we have made and others around the country have made in the importance of the value-based payment for stabilizing the delivery system being a dependable revenue stream and a more reliable way to structure the healthcare delivery system than pure fee for service.

Ms. Wang further asked if Test to Treat are included or covered in the financials estimates presented.

Ms. Lum responded that based on other changes we had in FY-23 projections, they expect this \$197M to cover the baseline 30 units for Test to Treat. The \$143M also includes our Gotham and Acute testing sites as well as summer school testing. It does not include any surge scenarios at this point. That would have to be vetted with OMB and determined based on what the testing needs are at the time.

Ms. Wang thanked the team for the comprehensive work and excellent results.

INFORMATIONAL ITEM: NYPA LOAN REFUNDING

Ms. DeHart provided an overview of the NYPA Loan Refunding, which were performed under approved authorizations on resolutions from the board authorizing equipment financing. Through resolutions

approved in 2013 and 2015, respectively, H+H Board authorized the System's CFO to obtain equipment and other related capital financing up to an aggregate amount of \$120M from one or more lenders, with the goal of allowing the System to establish a flexible equipment financing program with access to capital funds as needed from time to time. Under this authority, on June 15, 2022 H+H entered into agreements for two loans with JPMorgan Chase Bank, totaling \$39.7M to refinance existing New York Power Authority (NYPA) loans for boiler projects. There have been three previous borrowings under this authority, with combined outstanding balances of \$22.9M. She noted that all of these agreements are secured by a secondary lien on the system's Health Care Reimbursement Revenue.

Ms. DeHart continued providing an overview of the background. She noted that in March 2013, the H+H Board approved resolutions authorizing negotiation and execution of tax-exempt financing with NYPA to partially finance boiler replacement and energy efficiency projects at Elmhurst and Metropolitan Hospitals. Following substantial completion of the projects in 2018, variable rate initial loans were executed with NYPA, with the variable rate reset annually based on NYPA's cost of borrowing. Furthermore, in 2021 a revision in NYPA borrowing policies affected the variable rate charged on these loans. Lastly, H+H determined that it was in its best interest to seek competitive refinancing options.

Ms. Dehart provided an overview of the procurement process, RFP criteria and MWBE. In terms of the MWBE analysis and selection, in March 2022 proposals from 5 major banks were received. JPMorgan was selected as the lowest cost lender in April 2022. Ms. DeHart continued stating that industry review by both H+H EEO and PFM indicated that MWBE bank capacity for this financing was unlikely, and no proposals were received from MWBE lenders. The RFP required proposers to disclose recent diversity, equity and inclusion policies and initiatives. Some highlights of JPMorgan's DEI efforts were noted. JPM reports that as of March 2022, 55% of its total US workforce and 25% of its US executive and senior level managers were non-white; 53% of the total global workforce and 33% of global executive and senior level managers were women.

Ms. DeHart presented the NYPA Loan Refunding terms. The terms of the agreement entered with JPMorgan are as follows, two 15-year tax-exempt loans, which were executed on June 15, 2022. A \$19.4M loan for Elmhurst Hospital and \$20.4M loan for Metropolitan Hospital. They are both fully amortizing with final maturity on June 15, 2037. She concluded noting that these are at a fixed rate of 2.6436% and the rate was locked-in in May 2022 prior to executing the loan which turned out to be to our advantage. The cost of issuance for this financing was just over \$74k and the total amount borrowed was \$39.7M.

Ms. Wang polled for questions.

Ms. Hernandez-Piñero asked if it was H+H that replaced these loans. This was confirmed to be the case.

Mr. Peña-Mora commented on the MWBE, in a lot of financial deals some companies do not do it all by themselves but come together. Is there a way that we can encourage them to pool with a minority MWBE that will provide 30% of this? They could pull it, as there are lot of big deals where they have done it. We should inquire for more information.

Ms. Wang added, the team did do some research into looking for potential minority owned banks and smaller banks to do financing. In our experience the size is one consideration to be able to do it on their own. There are a lot of syndicated deals were banks come together and some banks can join in that fashion. The challenge is often the return rate for the banks and smaller banks has higher requirements. I am glad a good rate was locked, in terms of timing. The challenge is that the quality of our credit would dictate a lower rate as we had some competitive rates, but it is something as we go forward we can try to increase participation amongst minority owned banks and how can the industry work together to make sure we meet the capital requirements and investment return rates are what they are able to provide.

Mr. Peña-Mora continued, while in agreement with Freda, the amount of money is not large compared to what those syndicated deals are, there may be ways for the RFP team to encourage these type of things as they are investing in diversifying their portfolio; there may be ways to encourage them to work with minority banks and get creative in how they syndicate these type of loans; even in smaller scales like this one, and put it out there to see if there is any opportunity.

Ms. Wang added, unfortunately the higher the rate on the risk spectrum sometimes the easier it is and is counter intuitive. The team and Linda we have discussed finding ways and Fenny we would like to talk with you for ideas, if it is helpful.

Ms. Lowe commented that it is an admirable discussion that has been raised but we would need to make the industry feel comfortable that we have phenomenal control over costs, but we are one industry that is pretty daunting with all that has occurred over the last year. It would be great to get to work and build that opportunity for the smaller banks.

Ms. DeHart appreciated the conversation and added, this issue has been approached with Freda and planned time to discuss strategies to improve participation moving forward both in this area and past discussion with respect to financing.

Mr. Peña-Mora commented on the data provided. The data provided was only national data but would be great to provide the NY data as

they have a big presence here.

Ms. DeHart added, we did not get it in time to include in the presentation but we do have the NY data. As of March 2022, for NY 54% of the total workforce was non-white and 50% female and of NY senior level management 27% was non-white and 35% was female.

Mr. Peña-Mora thanked Linda and added if there is a presentation for the Board if you can add the NY data would be great. Mr. Pagán commented in regards to local banks that operate in the communities we serve in NYC, local banks that are MWBE even if their interest rate are one quarter or half a percentage more. That bank and their presence in our local communities makes a huge difference, in terms of stable employment, etc. It would be interested to find out more about that as a possibility.

Ms. DeHart added, we can have a further discussion with our EEO office regarding this and build that into future conversations. We did identify two local MWBE banks and their capacity was really just a fraction for what we were looking to borrow, it would have been difficult and taken a lot of work to address this problem and that syndicate idea of how they partner with someone that we just did not have the time to do now but the capacity was so small for those particular banks, but we can certainly agree that it is worth exploring.

Ms. Wang commended the work of the team and the good suggestions from the Committee, and stated there is a lot of opportunity to be creative and expansive in thinking how to make this work for everyone.

ADJOURNMENT

There being no further business before this committee, the meeting adjourned at 2:29 PM.

Virtual – Medical and Professional Affairs Committee – July 11, 2022 As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Barbra

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:05AM. On motion made and seconded, the Committee adopted the minutes of the April 11, 2022 Medical and Professional Affairs committee.

ACTION ITEM:

Chris Keely, Assistant Vice President, Ambulatory Care presented the resolution to the committee -

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following six firms: Rapid Reliable Testing, Inc., a/k/a

DocGo, Medrite Urgent Care, Centena Health, Inc., Elevation Health LLC, Premier Assist and Fulgent Genetics, Inc. (the "Vendors") to perform Covid testing when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.

There a routine testing capacity that already exist. In preparation for a potential future COVID surge, the request is to establish a roster of prequalified vendors who could be able to be activated immediately.

These contracts, will have a firm commitment regarding how many testing units and locations a vendor can scale up and on what time line, for a surge scenario that timeline is important. This will also avoid the need for emergency procurement and contracting in the future by having the surge capacity available.

Under the current contract, pricing is based on a per test or per team per daily basis. An ancillary cost, vendor would be managed by existing testing team and staff under test and trace office of Ambulatory Care. This will be supplemented by additional project management support under the RFP. No additional internal resources are expected. The Office of Ambulatory Care and Population Health is seeking approval to award contract to six firms, with \$0 contract value, to provide COVID testing vendors for an emergency response. This \$0 dollar contract value, will require a written emergency authorization from the President to activate this agreement. No cost will be incurred, without prior approval from the President and OMB. All expenses are covered by the T2 MOU between OMB and NYC Health + Hospitals, which is to be extended beyond the current expiration date. The Board of Directors will be notified and provided the expected expenditures.

The Committee raised some questions: Do we have enough capacity at each site to educate on how to stay safe? There are outreach team that are doing outreach and engagement and education around best practices. New models were launched for test to treat. These models bring treatment right to the point of care. There is adequate capacity at the mobile testing sites.

Question raised by the Committee: Have we ever done this sort of stand by authorization before. *Response by Mr. Keely:* This was modeled after some of the requirements contracts that are relatively standard practice in other areas that have vendors on standby for the capacity. The Committee commended the team for a job well done.

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

Chris Keeley, Assistant Vice President, Ambulatory Care presented the resolution to the committee -

Authorizing New York City Health and Hospitals Corporation

(the "System") to enter into stand-by contracts with the following four firms: Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing, Inc., d/b/k DocGo, Somos Healthcare Providers Inc. and Huron Consulting Group, Inc. (the "Vendors") to provide Covid surge project management services when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.

This is a surge capacity for the projects management to support the previous testing pooled vendors. The goal to be able to go from 150 testing locations to 300 testing locations to have stand by project management support that can help with facilitating street permits, identify which specific locations in the city to go to, work with community partners to publicize the units are available. These are the function on what this proposal is for. The Office of Ambulatory Care and Population Health is seeking approval to award contract to four firms, with \$0 contract value, to provide contingency emergency project management services. NYC Health + Hospitals will require a written emergency authorization from Dr. Katz to activate this agreement.

OMB will be informed of that approval and asked to provide an agreement to cover those cost. No cost will be incurred, without prior approval from the President and OMB. In addition, the Board of Directors will be notified and provided expected expenditures. It is estimated these services could cost between 2 and 5 million dollars a year. These expenses are covered under the T2 MOU between OMB and NYC Health + Hospitals. The request is for the contracts to be effective August 2022.

The Committee raised questions: *In the point system when evaluating the contract do we usually do 10% or 15% for MWBE?* Mr. Keely responded that 15% was used. The Chairs Office responded, that it usually is 10%, however it all depends on the services required.

Will these particular sites have oversight for the deliveries in their communities, are there targeted communities? Mr. Keely responded: These sites are intended specifically to be able to manage the provision COVID testing primarily that will overtime take the form of rapid testing with some PCR. However, the service to be delivered under the prior contract is testing. These are the back-end support professionals that will help to coordinate the sites. This way when the testing staff arrives to the location, the community is aware, and it has been publicized, and all permits are in place. They are there to make sure those services in the field run smoothly.

The procurement of the test themselves, does the vendor do any of that? Response from Mr. Keely, under this contract with the back end support no, they are not. Under the prior contract they are responsible for all of the procurement and all their needed supplies, like test, folding tables, wipes, etc. They have their supplies, and would be ready to drive up to a community event and

ready to go. All we do is manage them and make sure they are maintaining a good amount of quality and experience for the patients, that they are getting test results to the patients in a timely manner.

The Committee response: I think they are at disadvantage if they do not have the funds to procure enough of the supplies when they need them, they do that 1st then get reimbursed, and have to pay it off afterwards. Its part of the MWBE challenge, it sounds different and easier in this process for MWBE to participate.

With respect to the vendors that we do not have experience with before this time, do we have references? Response from Mr. Keely: we do, as well as our own experience with them on the testing side. There is a hand off that happens where the testing work is not without project management duties. The vendors that are performing those testing activities need to make sure the vans are fully stock with those test and supplies. They make sure staff are getting there on time and doing an adequate job. They do daily reports on the volume. Those vendors have skills relevant to project management work. We do have references for the vendors.

How much do we have in terms of resources to make referrals from mental health issue? Response from Mr. Keely: for these locations there is not a direct connection in that way. We have come before the Board to discuss the street health outreach and wellness program, which is a mobile venue. We have 8 units on the street today. They provide both COVID testing as well as those types of referrals, and certain onsite services. However, specifically in the surge environment are intended to be sort of specialist, just doing COVID testing, focus on moving as many tests as quickly and efficiently as they can, in order to provide the capacity needed during a surge moment.

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

Nicola Davis, Vice President, and Emily Foote, Senior Director, Office of Population Health presented the resolution to the committee-

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest renewal of its contract with New York Legal Assistance Group ("NYLAG") under which NYLAG provides certain free legal services to the System's patients for one year for an additional amount not to exceed \$1,889,182 which, when added to the previously approved funding of \$4,160,424, brings the total not-to-exceed amount to \$6,049,606.

NYC Health + Hospitals operates one of the country's oldest and largest medical-legal partnerships, with the legal health division of NYLAG. NYLAG is a nonprofit, civil legal services organization

and medical legal partnerships, or NLPs as they are known, one of the most innovative and powerful intervention for addressing social determinants of health. In this model attorneys function essentially as an extension of the medical care team and are able to assess and address patient's legal needs through the lens of medical and behavioral and social determinants of health.

Health + Hospitals has had agreements in place with NYPAG since 2002, nearly 20 years. Initially they were funded externally for their work, recently we provided space with in our hospitals. Over time H+H has began funding them directly, in 2019 the Office of Population Health was able to establish a single centralized agreement for services, that agreement expires in August of this year. We are here to request a best interest renewal for 1 year allowing time to launch an innovative new referral appointment scheduling system in our EMR epic, which will give us more operational control of this work; plus, the ability to better measure the impacts and the financial sustainability of the program.

Ms. Foote provided the background of the current services, current NYLAG partnership, and accomplishments. She provided the best interest renewal; gave example of the Vendor due diligence, Pricing Due Diligence and their performance. The Office of Population Health is happy with the ongoing commitment to our staff and patients, and their willingness to flex their services as needed. We are requesting approval of the resolution for a 12 month best interest renewal of our agreement with NYLAG. The renewal will maintain the terms of the existing agreement and provide NYLAG personnel, cost of living and fringe adjustment. The not-to-exceed cost will increase to \$1,889,182 and the new agreement will expire in August of 2023.

The additional 12 months will allow us time to launch our new epic referral system and evaluate procurement of a future multi year agreement to begin in September 2023. A question was raised by the Board: When we look at the clientele, is there a break down on whose English 1st language and who are not Spanish, and what the percentages are? I do not have the number on hand, the data that is reported is by NYLAG is an aggregate and we do not have control over their data collection. The info they do share there is a preponderance of Spanish speaking patients. Because of our investment in the immigration legal services, many immigrants, English is their 2nd language. The EPIC system will get us better data on this.

Is this contract exclusive? If require specialized services at some point, could we go with any other vendor, any other legal assistance groups that provide this type of work? Response from Ms. Foote, I am not an attorney, however, this is a nonexclusive agreement and we are free to work with other legal service providers as needed.

Are there other agencies that tend to have the same level of experience with healthcare systems, does NYLAG work with any other healthcare systems? Are there any other systems that are providing any services even remotely? NYLAG legal health division does have medical legal partnerships with most of the NYC system, including Mount Sinai, Columbia, Montefiore. Also, there is a small firm called terraform, they specialize in pediatric medical legal partnership. They look at the rights and needs of unaccompanied minors. No further questions or comments.

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 Professional Affairs and Hannah Jackson, MD, Assistant Vice President & Chief of Staff, Office of Ambulatory Care and Population Health, reported to the committee a full report is included in the materials, they highlighted the following.

Access to Care

Dr. Jackson talk about access to care for our patients in the outpatient's services. A lot of work was put into improving continuity, it was almost a 50/50 chance that a patient was seeing their own doctor. Work was done with rolling templates that scheduled times in advance, this way an appointment is available for a patient if it was urgent or they need to be rescheduled to see their own doctor.

No show rate: the rolling templates work with no show rates, an example was given, if you schedule a patient for their annual visit today the chance that they are free with childcare and no work restriction is likely impossible. Work is being done to schedule closer to the appointment time. As of now 21 percent over all are better nurture rate within our primary care clinics. The text reminder feature has gone live. everyone gets a text reminder 2 days before the appointment. This has also started in the specialty clinic where no show rates are often higher.

Video visit rates for virtual care: Video visit basically tells when COVID has surged. A graph was provided to show how many virtual visits were done in April 2020. There is a large number of virtual visits weekly, approximately about 10,000. Video visit are becoming a larger percentage of the visits. Navigators are provided to help reach out to patients who have difficulty with video access. Work is being done to improve on the video experience for patients.

COVID-19 vaccination rates: 72 percent of the primary care patients have received at least 1 dose of the vaccine. This is a priority when seeing our patients. A graph was provided to show the

breakdown of all our sites vaccinations rate, which all are doing well.

Committee Questions:

When references 1 dose, which are you referring to the very first COVID vaccine? Response: Dr. Jackson responded: One dose can mean a single dose of J&J which is a complete dose, or it can mean one dose of Moderna or Pfizer.

At some point, can there be a breakdown of percentage by vaccine separately completed? Response: Dr. Jackson, mentioned the definition of completed has changed, having a booster is considered completed and for some having 2 boosters is completed. Dr. Jackson will get the breakdown and share it with the Committee.

Do the numbers include pediatrics? Response Dr. Jackson: this is adult primary care. COVID-19 therapeutic usage for high risk ambulatory patients. A close eye is being kept on the demographics of patients who are receiving paxlovid prescriptions. Most New Yorkers that come to us for COVID treatment are not our patients. We want to make sure while we are providing it to the city, we are also providing it to patients that rely on us heavenly. In June 3500 pathway paxlovid prescriptions as well as 474 monoclonal antibody infusions. Demographic was provided to show patients that received them. Dr. Jackson noted that, the English-speaking data is only as good as our EPIC data for patient preferred language. *The patients that are in our system and getting prescription for paxlovid, what detail do we get from them, is it demographic or healthcare information, how do we keep track? Response Dr. Jackson:* they get registered, we get their health insurance information if they have it and their demographic data as a new patient appointment. If they are part of a System that is connected to us through care link, or another EPIC system you can sort of share notes across the board, it would only be demographic data and health insurance data that we would have on the patient.

How do we manage drug interaction? Response from Dr. Jackson: if they are in EPIC we can see their medications you also have the option to call the pharmacy to verify. A lot of these prescription are usually through virtual express care where there are providers that are doing this all day and have gotten very good at the conversation with patients to really ensure they understand what drugs are prescribed but what are they actually taking.

Comment raised by the Committee: The percentage of white patients is disproportionate relative to the percentage in the total population, there was a chart that showed white where 6%, in this instance the percentage is twice or slightly more than Hispanic/Latinx, maybe the patient mix. This is a curious observation.

Response by Dr. Jackson: Throughout COVID, Health + Hospitals was

a testing and treatment center for the City, we wanted to be sure we were taking care of all patients and not just the New Yorkers who were best able to advocate for themselves. We do a flag system, is a primary care patient test positive there is an immediately alert and given a step by step way to get them to their treatment, it helps us to reach our patients. Dr. Allen reiterate we need to get the percentage of patients by racial and ethnic groups that is utilizing the medication that we have to offer, compared to the demographics for our entire ambulatory population.

Dr Allen noted to the Committee, that there was an article in New York Times written by Maureen Dowd, following the Mayor to a trip he took to Jacobi hospital to the simulation center, following up on maternal mortality and the work we are doing within H+H to address maternal mortality and morbidity and disparities. Unfortunately, he mistakenly reported that the SIM Center was part of Albert Einstein's Medical Center, she reached out to City Hall public relations communication, to ask the NY Times to correct that formally, that the SIM Center is an H+H center and not part of Einstein. She wanted the Committee to know.

Response by the Committee: it is important and appreciated, it would be worthy of another article to be written based on the work being done on this critical and important area.

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.

During the last few months we continued the partnership with CUNY. We had a successful health equity plan program, titled "Promoting your Health During and Beyond the Pandemic". On May 6th over 50 people registered and over 50 people attended. The nurse Antigone project was held for nurses that presents the dramatic reading of Sophocles and the nurse Antigone. The nurses were part of the play, there was over 700 registrants and they were able to debrief about what our nurses are facing and the challenges they continue to face beyond the pandemic.

The nurse leader workgroup is continued. There are 7 nurse leader work groups right now that are establishing the infrastructure for nurse leadership starting from orientation into the competencies to our visibility within New York City at different conferences. Enrollment of individuals and employees into the Behavioral Health Associate Academy is continuous. The last Cohort had 87 graduates.

The Clinical Institute Withdrawal Assessment (CIWA) protocol was released in Epic. A new Senior Director of nursing education, Nicole Morris is going to be implementing a lot of the necessary technology for nursing education. In partnership with the Office of Quality and Patient Safety and Medical & Professional Affairs we rolled out the director of nursing quality training where there are now directors

of nursing quality at all of our acute sites, and they will be leading the infrastructure for the new care delivery model to ensure that our nurses are implementing the best practice within nursing quality focusing on the nurse sensitive indicators to improve our metrics around falls and pressure injuries.

We are partnering with CUNY around nursing research. A new grant was kicked off with NIH, where we have a mini doctoral project and nursing research particularly at Bellevue and Elmhurst as we roll out nursing research across the system, which is important for nursing excellence.

The Clinical Ladder continues to be a successful program. There are over 1000 nurses who have applied. They are being work with closely to ensure that all of our nurses complete their project. These projects are professional portfolios to enhance nursing quality across the System.

National Nurse Day was celebrated in March. There will continue to be a focus on certification, particularly on our nurse leaders. There is a focus on social work. Most recently the social work shared governance council was launched, where the front-line social workers are leading the way to innovate their practice with Senior Director, Eva Sanders in the Office of Patient Centered Care. Continuous work on professional shared governance is ongoing. The next report out will be August 2022. The focus is on dashboards, all of the front-line nurses will have their metrics around quality to start driving performance around the work that they do every day for our patients.

The Nurse Residency program continues to be a successful program, there are 1000 nurse residents in this program. There continues to be an increase post pandemic within our retention rates of all of our new nurse who are part of this program. A lot of new nursed want to join Health + Hospitals because of this program.

The RN mentorship program is expanding. We have more retirees joined this program, we are also creating a 3-tiered approach to nursing mentorship. Dr. Cineas announced that they successfully submitted the New York State staffing Committee, which was a huge endeavor in partnership with our legal department, Finance, and all of our Labor partners the submission is as of July 1, 2022 and noticed was received today, that information will have to be entered into HERD as well. The Committee requested in the future to be provided detail on what each council is doing. The Committee commended Dr. Cineas on her work.

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.

As a result of the 2023 budget there is eligibility expansion across

several lines, including Medicaid, essential Plan, and child health plus. For Medicaid, CHP, and Essential Plan starting in March of next year guaranteed coverage for postpartum care will extend to 1 year. In addition, for people in the essential plan, they will now be eligible to receive community base long-term services and support.

As of April, this year, the budget does allow telehealth visits to be paid at the same rate as in person visits. This is a 2-year pilot the

State will study the impact of this to see if it needs to be continued, this will also include tele mental services.

Membership continues to grow and is on target. The lift of the HIP mandate for new city employees started in in January 2021, the new member enrollment is higher into MetroPlus gold.

MetroPlus is doing exceedingly well on the quality measures. These are the measures that are based on HEDIS and the State has adopted them for the quality award, its own quality assurance reporting award. An example was given, in Medicaid MetroPlus was equal first in terms of the quality scores, unfortunately in terms of consumers satisfaction, we did not do as well as a result to which, in both Medicaid and HIV snip fell into the second tier. MetroPlus welcomed the collaboration with Dr. Wallach, Dr. Jackson and others to improve the consumer's experience. A lot of this depends on access to care, both primary care and specialty care services, improvement will helpful in the CHAPS surveys.

The COVID vaccination rate is 70% that includes children. A large portion of our membership is children. Given that high percentage in the plan are children, it will show a slightly low rate in the overall population of 80 to 87% that is seen in New York City to receive at least 1 dose for eligible individuals.

Dr Shah alerted the Committee on the new benefit called "ILS In Lieu of Services" it is medically tailored meals. Currently it is not a full Medicaid benefit, New York State elicited it and MetroPlus submitted and was approved to provide medically tailored meals to 2 populations. One population receiving personal care services where they would get a tailored meal rather than having somebody at home prepare a meal. This would be a medically tailored meal that would be delivered to their house by "God's love we deliver". The other eligible population are individuals with diabetes, HIV, heart failure and cancer, who as a result of emergency room utilization or inpatient utilization will be eligible for MTM services, the reason why this is important is because if this is successful, this could become a full Medicaid benefit. The goal is to reduce ER visits and reduce in-patient stays as a result of providing a tailored meal that is tailored by a registered dietician through God's love We Deliver. Not all

health plans submitted for this proposal and not all health plans were approved. MetroPlus is one of them providing it for individuals enrolled in Medicaid, HIV snip and heart.

Committee Questions: The delivery of the meal will be in lieu of the services, will there be some reduction in the PCA hours?

Response from Dr. Shah, yes, the PCA will get an hour taken off because the meals are being provided and fully prepared and delivered. That will need to be a discussion with the plan and the member, along with the agency. The other group is not receiving PCA services and they are eligible because of their health condition and their utilization of emergency rooms and inpatient admissions.

A comment was made by the Committee: The other issue is, the quality of food etc. All things have to be considered. A request was made to inform the Committee how you can oversee that and ensure that we are getting really good reports back from the members. Dr. Shah informed the Committee that this is heavily tracked. The State wants it to be tracked in terms of outcomes as well as satisfaction. Every six months reports will be submitted to the State, it will be amalgamated to see if this service is cost neutral or cost favorable as well as cost effective in terms of reducing admissions and ER visits for one population. The Committee ask for MetroPlus on the next report to talk a little about the action being taken to approve the CHAPS score.

There being no other business the meeting adjourned 10:10 AM.

Mitchell H. Katz, MD

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

July 28, 2022

CORONAVIRUS UPDATE

NYC Test & Trace Corps - We launched the country's first-ever mobile-based "Test to Treat" program at a press event with Mayor Adams on June 30. The new mobile testing units managed by our NYC Test & Trace Corps will now include a clinician on their team to provide instant access to prescriptions for no-cost, antiviral medications for eligible New Yorkers who test positive at these sites. The initial Test to Treat units are partnering with local pharmacies to provide immediate distribution of medication from the prescription. We now have 30 units and plan to shift to be able to distribute antiviral medications in the units this summer, ensuring New Yorkers have even more immediate access to life-saving treatments. We continue our work to make testing available citywide and have 385 testing sites in NYC, that including some PCR test sites, like all our hospitals, some mobile sites that have PCR and rapid tests, and some sites like libraries where you can pick up free home tests. We have distributed more than 37M home tests in NYC, including through more than 930 community based organizations and houses of worship.

Our Telehealth Expertise Tapped for Statewide Treatment Services - Our innovative telehealth program, Virtual ExpressCare, will be the lifeline behind a new statewide plan to provide COVID-19 treatment across the Empire State. All New Yorkers from Buffalo to Montauk and everywhere in between, can now connect with our expert Virtual ExpressCare team and get immediate access to anti-viral medications if they test positive for COVID-19. Governor Kathy Hochul and the State Department of Health announced a dedicated hotline, 888-TREAT-NY, and online evaluation at the NYS COVID-19 ExpressCare Therapeutics Access website, to connect New Yorkers with NYC Health + Hospitals providers. The agreement with the State is an expansion of the successful 'test to treat' services already provided locally for New York City by our Virtual ExpressCare team through the 212-COVID-19 number. State officials turned directly to us when they needed an innovative way to provide COVID-19 therapeutics to all New Yorkers. That is a true testament to our nimbleness and success in responding to every new stage of this epidemic.

MONKEYPOX UPDATE

The World Health Organization declared monkeypox a global health emergency on July 23. The virus now joins the likes of H1N1, Zika,

Poliomyelitis and COVID-19 as diseases declared public health emergencies of international concern. As of July 27, NYC reported 1,148 cases. Thankfully, cases have been generally mild and most people can isolate and recover at home. Monkeypox is caused by the monkeypox virus which is related to smallpox but it is less contagious and causes less severe illness. It is transmitted through close contact with an infected person or with material contaminated with the virus. Symptoms include a flu-like illness followed by a characteristic rash and typically last 2-4 weeks. In the current outbreak, most cases are being spread in social networks of men who have sex with men and/or transgender, gender non-conforming, or gender non-binary who have multiple or anonymous sex partners. There is an FDA-approved vaccine, JYNNEOS, and an anti-viral agent developed for smallpox, Tecovirimat (TPOXX).

The NYC Health Department has established pre-exposure prophylaxis (PEP++) vaccine clinics to prevent further spread of the outbreak. NYC Health + Hospitals was asked to support this vaccination effort and we have opened two vaccine clinics at Gotham Health/Vanderbilt in Staten Island, and Lincoln Hospital in the Bronx. As additional vaccine supply becomes available, NYC Health + Hospitals will continue to expand vaccination to additional sites. All appointments for the pre-exposure vaccines are through the city's health department online vaccine scheduler or hotline.

NYC Health + Hospitals is also working with the NYC Health Department to provide post-exposure prophylaxis (PEP) for those individuals who are determined by the health department contact tracing team to have had a high-risk exposure. We currently offer PEP for monkeypox at NYC Health +Hospitals/Bellevue and Metropolitan Hospitals. NYC Health + Hospitals is also supporting the city's outbreak effort by providing assessment and testing of suspected monkeypox cases as well as providing treatment with the antiviral agent, Tecovirimat (TPOXX).

US NEWS & WORLD REPORT RANKS NYC'S 11 PUBLIC HOSPITALS AS 'HIGH PERFORMING' ACROSS A RANGE OF SPECIALTY SERVICES

The 11 public hospitals in NYC Health + Hospitals received "high-performing" ranking in at least one category by [U.S. News & World Report in their 2022-23 Best Hospitals](#) list. The annual report helps guide patients, in consultation with their doctors, to the right hospital when they need care. U.S. News Best Hospitals ranked hospitals in the U.S. in 15 adult specialties, as well as recognized hospitals by state, metro, and regional areas for their work in 20 more widely performed procedures and conditions. We are honored to be

recognized by U.S. News and World Report for our patient-centered care. This would not be possible without the expertise and dedication of our health care workers. Congratulations to our amazing hospital teams and thank you for providing New Yorkers with the highest quality care.

Facilities and their category recognized as high-performing are:

- NYC Health + Hospitals/Bellevue for Neurology & Neurosurgery, Psychiatry, Congestive Heart Failure, COPD, Heart Attack, Stroke
- NYC Health + Hospitals/Coney Island for Congestive Heart Failure, COPD, Diabetes, Stroke
- NYC Health + Hospitals/Elmhurst for Orthopedics, Congestive Heart Failure, COPD, Diabetes, Heart Attack, Kidney Failure, Stroke
- NYC Health + Hospitals/Harlem for Congestive Heart Failure
- NYC Health + Hospitals/Jacobi for Congestive Heart Failure, COPD, Diabetes
- NYC Health + Hospitals/Kings County for Congestive Heart Failure, COPD, Diabetes, Stroke
- NYC Health + Hospitals/Lincoln for Congestive Heart Failure, COPD, Diabetes, Kidney Failure, Stroke
- NYC Health + Hospitals/Metropolitan for Congestive Heart Failure
- NYC Health + Hospitals/North Central Bronx for Congestive Heart Failure, Pneumonia
- NYC Health + Hospitals/Queens for Congestive Heart Failure, COPD, Diabetes
- NYC Health + Hospitals/Woodhull for Congestive Heart Failure, Pneumonia

NEW NYC HEALTH + HOSPITALS LOAN FORGIVENESS PROGRAM FOR BEHAVIORAL HEALTH PROFESSIONALS

Mayor Adams joined us last week at NYC Health + Hospitals/Harlem to announce the launch of a new student loan forgiveness program for behavioral health providers, funded by a \$1 million contribution to our health system from an anonymous donor. The new program will help us attract and retain doctors, nurse practitioners, clinical social workers and other clinicians who care for New Yorkers with mental health or substance use disorder as the U.S. faces a national mental health professional shortage. We will be able to offer new and current staff who are eligible between \$30,000 and \$50,000 of debt relief in exchange for a three-year commitment to serve our health system.

As the mayor noted, too often, these health care workers graduate with crippling debt and have no choice but to work in the private sector to

pay off their bills. With less debt to worry about, our mental health teams can focus on doing what they do best: providing high-quality mental health support to New Yorkers. We are tremendously grateful for our donor's exemplary investment in this work. With this generous contribution, we hope to inspire more philanthropic interest and create a steady pipeline of support for high-achieving behavioral health staff in the years to come.

**NYC HEALTH + HOSPITALS RECEIVES \$45M FROM BROOKLYN BOROUGH PRESIDENT
TO SUPPORT MATERNAL HEALTH SERVICES AT THREE BROOKLYN HOSPITALS**

We are very pleased and grateful to Borough President Antonio Reynoso for his vision to make Brooklyn one of the safest places to give birth. The Borough President is allocating his entire FY23 capital funds - a total of \$45M - to our three public hospitals in Brooklyn - Woodhull, Coney Island and Kings County Hospitals -- to help improve maternal health care services that will in turn reduce disparities in maternal mortality rates found between Black pregnant people and their white counterparts.

While racial disparities in birth outcomes are evident nationwide, our health care system is committed to reducing and eliminating these inequalities by creating safer birth experiences for New Yorkers. The borough president's investment in our patients and their families will help us further improve maternal health outcomes. We thank Mr. Reynoso for his tremendous partnership and generosity.

**NYC HEALTH + HOSPITALS/METROPOLITAN RECEIVES \$4.9M IN FUNDING FROM
MANHATTAN COUNCIL MEMBER AND NY CITY COUNCIL SPEAKER**

Patients at NYC Health + Hospitals/Metropolitan will soon benefit from access to the latest computed tomography (CT) diagnostic technology, made possible through a \$4.9M award in Fiscal Year 2023 capital funding from Council Member Diana Ayala and New York City Council Speaker Adrienne Adams. In addition to the CT Scanner, the funds will also be used to purchase a new portable C-ARM and ultrasound machines. Our patients deserve to walk into our health care facilities and know that their providers are using only the latest, most state-of-the-art medical equipment. The new CT Scanner, C-ARM, and ultrasound machines will improve image quality, ensure faster results, and assist practitioners with devising a course of treatment that gets patients on track for healthier outcomes. We are grateful to Council Member Diana Ayala for her continued support, generosity, and commitment to the East Harlem/El Barrio community.

**NYC HEALTH + HOSPITALS/ELMHURST OPENS
NEW MOM-BABY SIMULATION CENTER**

NYC Health + Hospitals/Elmhurst opened a new Mother-Baby Simulation Center to help reduce maternal deaths and life-threatening conditions in patients during childbirth. Using a specially-designed, high-tech, full-body mannequin of color, along with a mannequin infant, obstetric (OB) physicians, anesthesiologists, nurse practitioners, nurses, midwives, physician assistants, and respiratory therapists will participate in simulations that further help in identifying and treating potentially life-threatening conditions during labor and childbirth. Elmhurst Hospital is one of six hospitals in our health system to be outfitted with its own OB simulation lab to help make trainings more accessible for OB teams, building on the City's program to reduce maternal deaths and life-threatening complications from childbirth among women of color. Having an on-site OB sim lab where our team can practice and master their skills to handle complex cases will have a direct benefit for our patients, who often come from underserved communities and have high-risk pregnancies.

WEEK OF ACTION TO PROMOTE NYC CARE ACROSS THE FIVE BOROUGHES

This past Tuesday, NYC Care, in collaboration with the Mayor's Public Engagement Unit (PEU) and the Mayor's Office of Immigrant Affairs, launched a "Healthcare Week of Action" to connect New Yorkers to health care and encourage them to make primary care appointments. The Week of Action will include outreach in all five boroughs, capped by a closeout event at NYC Health + Hospitals/Elmhurst offering health care resources, including health screenings and COVID-19 testing. The event will include a speaking program featuring Mayor Eric Adams, PEU Executive Director Adrienne Lever, NYC Care Executive Director Dr. Jonathan Jiménez, a GetCoveredNYC and NYC Care patient, and local elected officials. The Week of Action is supported by more than one hundred PEU Summer Youth Employment Program (SYEP) interns from the City University of New York (CUNY) Career Launch Program, as well as PEU Outreach Specialists and NYC Care community-based organization partners.

**SIX HEALTH SYSTEM VOLUNTEERS HONORED AT MARJORIE MATTHEWS EVENT
CELEBRATING CAB AND AUXILIARY MEMBERS**

Since 2004, NYC Health + Hospitals has hosted the annual Marjorie Matthews Celebration to honor our exceptional volunteers who serve on our Community Advisory Boards (CAB) and Auxiliaries. This year's special event was held in person again for the first time in 2 years, on July 21, at NYC Health + Hospitals/Kings County. Marjorie Matthews

was a towering figure in Brooklyn, known for her dedication to her community and to improving access to excellent health care. She served on the NYC Health + Hospital/Kings County CAB for 20 years, and her service continues to inspire long past her death. As a public health system with deep ties to all of our diverse communities, we rely on our CABs and Auxiliary members and hundreds of other volunteers to help make NYC Health + Hospitals the best health care provider we can be. This year's Marjorie Matthews honorees are listed below. Congratulations to all. We are so grateful for their service.

- Warren Berke - NYC Health + Hospitals/Kings County
- William Hamer - NYC Health + Hospitals/Harlem
- Esme Sattaur-Low - NYC Health + Hospitals/ North Central Bronx
- Gail Di Pasquale- NYC Health + Hospitals/Elmhurst
- Georgia Flowers - NYC Health + Hospitals/Gotham Health, Cumberland
- Carlos Cortes - NYC Health + Hospitals/ Elmhurst

**NYC HEALTH + HOSPITALS/LINCOLN CELEBRATES FIVE YEARS OF "GUNS DOWN
LIFE UP" PROGRAM
TO ADDRESS GUN VIOLENCE IN COMMUNITY**

On July 22, NYC Health + Hospitals staff, elected officials, community partners and the "Guns Down Life Up" (GDLU) team celebrated the fifth anniversary of the program at NYC Health + Hospitals/Lincoln. The hospital-based program was established in 2017 to offer alternatives and resources to stop violence by tracking gun shots, assaults and stabbing cases that present to the emergency department, and provide alternatives and resources to interrupt the cycle of violence that affect too many of our patients and the communities we serve. GDLU violence interrupters and credible messengers respond immediately and can often be seen at the bedside meeting with victims and their families. Since the program began at Lincoln Hospital, GDLU has intervened with over one thousand patients and their families to eliminate retaliation and emergency room return visits.

EXTERNAL AFFAIRS UPDATE

City - We are pleased to host Council Member Mercedes Narcisse, Chair of the City Council Hospitals Committee and a nurse, as she continues to tour our facilities this summer. Chair Narcisse is a strong supporter of NYC Health + Hospitals and we are grateful to partner with her.

State - Four of our hospitals - Harlem, Jacobi, Kings County and Lincoln - were named as recipients of the first phase of the State's

new abortion provider support funds. Clinicians from these facilities joined Governor Hochul at a small roundtable to discuss the needs and experiences of our system and how New York is confronting challenges and protecting access post-Roe. We are grateful to the Governor and her team for the funding and supporting the needs of our patients and clinicians.

August 23rd will be the primaries for State Senate and Congressional candidates. We will be watching the outcome of these races for potential changes to our facility representation.

Federal - Congress is working on a significantly reduced budget reconciliation package, which could be passed by a simple majority vote of 50 Democratic Senators. Yesterday, a revised expanded package was announced that has the support of Senator Manchin, a key moderate. The reported package includes extending ACA Marketplace subsidies slated to expire at the end of the year and efforts to reduce prescription drug prices.

FINANCE UPDATE

NYC Health + Hospitals closed May with approximately \$375 million (16 days cash-on-hand) and we are projecting to close June with approximately \$700 million (30 days cash-on-hand). Through April, the health system has achieved a positive Net Budget Variance of \$270 million. Direct Patient Care Receipts (Inpatient and Outpatient) were \$550 million higher than the same period in FY21 due to patient volume, our continued success in maintaining recent revenue initiatives, and UPL conversion funds coming through patient care.

Patient care volume in FY22 is returning to pre-COVID levels, but still 4% below FY20 in discharges. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate. Overall, our strategic Financial Initiatives remain on track with our post-COVID strategies, generating over \$691 million through April of FY22. Areas of strongest net performance as of April include revenue cycle improvement (\$339 million), growth & service line improvements (\$164 million), and value-based payment/managed care initiatives (\$167 million).

NEWS AROUND THE HEALTH SYSTEM

- [NYC Health + Hospitals/Metropolitan Receives \\$4.9M in Funding from City Council](#)
- [City & State Names Nine NYC Health + Hospitals Employees to its Borough 'Power 100' Lists](#)
- [The Helmsley Charitable Trust Grants \\$3.9M to ExpressCare to Expand](#)

Virtual Urgent Care Platform

- NYC Health + Hospitals/Jacobi's Dr. Komal Bajaj Appointed to Prestigious National Advisory Council for the Agency for Healthcare Research and Quality.
 - NYC Health + Hospitals/Elmhurst Opens New Mother-Baby Simulation Center to Improve Maternal Health Outcomes for Women of Color
 - NYC Health + Hospitals/Woodhull Receives \$11M from Brooklyn Borough President for New Birthing Center
 - NYC Health + Hospitals Launches Application for Clinical Leadership Fellowship 2023-2024; Class of 2022-2023 Begins This Week
 - Mayor Adams Further Expands City's Network of At-Home Test Distribution Sites to NYC Parks, Bolstering NYC's COVID-19 Preparedness and Protecting New Yorkers
 - State Department of Health Launches New COVID-19 Treatment Hotline in Partnership With NYC Health + Hospitals
 - NYC Health + Hospitals President & CEO Named One of Modern Healthcare's 50 Most Influential Clinical Executives
 - Mayor Adams Launches Nation's First Mobile Test to Treat Program, to Provide Immediate Access to Anti-Viral Covid-19 Medications at Mobile Testing Locations
 - Mayor Adams Announces How Opioid Settlement Fund Dollars Will Lay Pathbreaking Way Forward for Services and Supports
-

RESOLUTION - 02

Adopting in the name of the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) Board of Directors an Implementation Strategy Plan (an “**ISP**”) prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center (“**HJC**”) as a supplement to the Community Health Needs Assessment (the “**CHNA**”) which was approved by the Board of Directors in June 2022.

WHEREAS, NYC Health + Hospitals operates ten acute care hospitals over 11 campuses and HJC, a long-term acute care hospital; and

WHEREAS, NYC Health + Hospitals has tax exempt status under Section 501(c)(3) of the Internal Revenue Code (the “**IRC**”); and

WHEREAS, The Patient Protection and Affordable Care Act, signed into law in 2010 (the “**Affordable Care Act**”), added to the Internal Revenue Code Section 501(r)(3) which requires that hospitals with 501(c)(3) tax status conduct a CHNA at least once every three years; and

WHEREAS, Internal Revenue Code Section 501(r)(3) requires that hospitals engage community stakeholders to identify and prioritize their communities’ health needs; and

WHEREAS, on June 30, 2022 the Board of Directors approved the CHNA conducted for the ten acute care hospitals over 11 campuses and the long-term acute care hospital portion of HJC; and

WHEREAS, IRC regulations further require that hospital organizations prepare and Implementation Strategy Plan (an “**ISP**”) that lists and describes the hospital’s programs intended to meet the priority health needs identified in the CHNA; and

WHEREAS, IRC regulations require the ISP to be adopted and made publicly available within five months and 15 days of the end of the taxable year in which the CHNA is conducted; and

WHEREAS, NYC Health + Hospitals Office of External and Regulatory Affairs prepared an ISP, a copy of which is attached; and

WHEREAS, under the Affordable Care Act, a hospital organization’s governing body or a committee authorized by the governing body must adopt the ISP and any subsequent material changes; and

WHEREAS, the CHNA ISP will be made widely available to the public through the NYC Health + Hospitals’ website and at NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and at HJC before November 15; and

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation’s Board of Directors hereby adopts the New York City Health and Hospitals Corporation Community Health Needs Assessments Implementation Strategy Plan prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center as a supplement to the Community Health Needs Assessment approved by the Board of Directors in June 2022

EXECUTIVE SUMMARY
ADOPTION OF
2022 NYC HEALTH + HOSPITALS
COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY

OVERVIEW:

Through an amendment to the Internal Revenue Code (the “IRC”) the Affordable Care Act imposed on all tax-exempt hospital organizations the obligation to conduct a CHNA not less often than every three years with respect to all acute care hospitals they operate. Regulations adopted under the IRC make clear that CHNA’s may properly be prepared for multiple acute care hospitals at one time provided that there is a separate analysis made for each facility. New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) has prepared a CHNA every three years since 2010 and its Board has duly adopted the same. Regulations further specify that the hospital organization prepare an Implementation Strategy (an “ISP”) that lists and describes each hospital’s programs and initiatives intended to meet the priority health needs identified in the CHNA.

PROPOSAL:

NYC Health + Hospitals’ Strategic Planning Committee has collaborated with the Office of External and Regulatory Affairs to prepare the current CHNA ISP. To prepare the proposed CHNA ISP, the team made extensive efforts to review and evaluate the feedback of stakeholders and community partners during the CHNA, and determined ways to address the health needs through cross-disciplinary coordination and collaboration. A copy of the full CHNA titled, 2022 NYC Health + Hospitals Community Health Needs Assessment Implementation Strategy Plan has been distributed to every member of the NYC Health + Hospitals’ Board of Directors and upon its adoption by the Board of Directors, the CHNA ISP will be posted on the NYC Health + Hospitals’ public website as required by IRC Section 501(r).

2022 Community Health Needs Assessment Implementation Strategy Plan

Board of Directors Meeting
October 27, 2022

Deborah Brown, Senior Vice President,
External and Regulatory Affairs

Okenfe Lebarty, Senior Director,
External and Regulatory Affairs

Resolution to adopt 2022 Community Health Needs Assessment Implementation Strategy Plan

Adopting in the name of the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) Board of Directors an Implementation Strategy Plan (an “**ISP**”) prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center (“**HJC**”) as a supplement to the Community Health Needs Assessment (the “**CHNA**”) which was approved by the Board of Directors in June 2022.

Community Health Needs Assessment (CHNA) Background

- Opportunity to understand prioritized community health needs and co-create solutions to those needs through an implementation strategy
- Adopted by the NYC Health + Hospitals Board
- 2019 CHNA was approved and made publicly available on the NYC Health + Hospitals website
- IRS requirement for non-profit provider systems

FY 22 CHNA

- Define the community served
- Assess the community's priority health needs from community input
- Identify assets to address priority needs
- Evaluate impact of actions taken in prior CHNA
- Made publicly available on June 30

FY 22-25 Implementation Strategy

- Actions the system is taking/will take to address identified needs
- Anticipated impact of these strategies
- Programs and resources the system will commit
- Planned partnerships to address identified needs
- Made publicly available by 11/15/22 – Presented to board – 10/27/22

NYC HEALTH+ HOSPITALS

NYC HEALTH + HOSPITALS/JACOBI

1400 Pelham Pkwy S, Bronx, NY 10461

COMMUNITY BACKGROUND

Just west of Pelham Bay Park, New York City's largest park, and home to Orchard Beach, this neighborhood is where the City's "Aging in Place" initiative subunit meet the city. It is center to New York City's "Aging in Place" initiative and home of the two largest Naturally Occurring Retirement Community (NORC) residences citywide.

Despite the area's proximity to Pelham Parkway, the Hutchinson River Parkway, and the New England Thruway, the neighborhood ambience is reminiscent of a suburb outside of the bustle of New York City. The diverse, middle-income communities of the Northeast Bronx have seen a recent influx of immigrants from West Africa and the Caribbean.

WHAT THE COMMUNITY SHARED

Assets

- CBOs and the services they provide
- Collaboration between the hospital and other institutions

Challenges

- Diabetes
- Asthma
- Obesity
- Heart disease
- Sexual health
- Crime
- Poverty
- Mental health

Neighborhood health

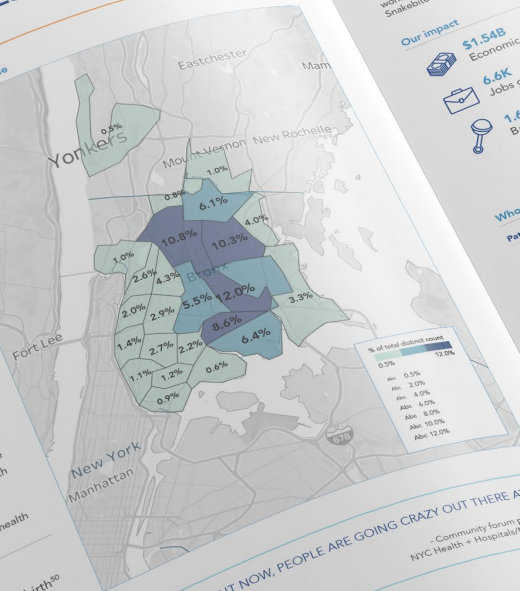
78.2 Life expectancy from birth²⁰

"IF I WAS YOUNGER, IT MIGHT BE DIFFERENT, BUT RIGHT NOW, PEOPLE ARE GOING CRAZY OUT THERE AT NIGHT, AND IT DOESN'T FEEL SAFE."

Source: NYC Health + Hospitals/DnH, EpiGloss and revenue data, CY21

44

Patients by zip code



THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

NYC Health + Hospitals/Jacobi is a 457-bed hospital, academically affiliated with Albert Einstein College of Medicine and working in partnership with PAGER Jacobi is a Level 1 Trauma Center that serves as the Regional Hyperbaric Center and the Regional Snakebite Center for the Tri-state area.

Our impact



Why are patients coming in?

- Follow up from child health exams
- Hypertension
- Diabetes
- Pregnancy
- Well & preventative visits for children
- Adult medical exam
- COVID-19
- Mammogram screenings
- Morbid obesity

Based on admissions and outpatient encounters, ranked by visit

Who are our patients?

Patients by race/ethnicity



Top 10 preferred languages

- English
- Spanish
- Albanian
- Bengali
- Other
- Arabic
- French
- Urdu
- Sign Language
- Vietnamese

23% of patients with preferred language other than English²³

Patients by sex

- Female
- Male
- Decline to answer
- X
- Unknown

54.64%
45.34%
0.00%
0.00%
0.00%

Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

Source: NYC Health + Hospitals, DnH, EpiGloss and revenue data, CY21

Community forum participant, NYC Health + Hospitals/JACOBI

45

On June 30, 2022, the 2022 CHNA was approved by the NYC Health + Hospitals Board of Directors.

2022 CHNA Findings: Priority Health Needs

Priority Health Need Improving Health Equity

- Youth, adolescents, and young adults
- Seniors
- Pregnant people of color
- Individuals with food insecurity
- Individuals experiencing homelessness or housing insecurity
- Immigrants and New Yorkers facing anti-AAPI discrimination
- Individuals living with mental illness
- LGBTQ+ individuals

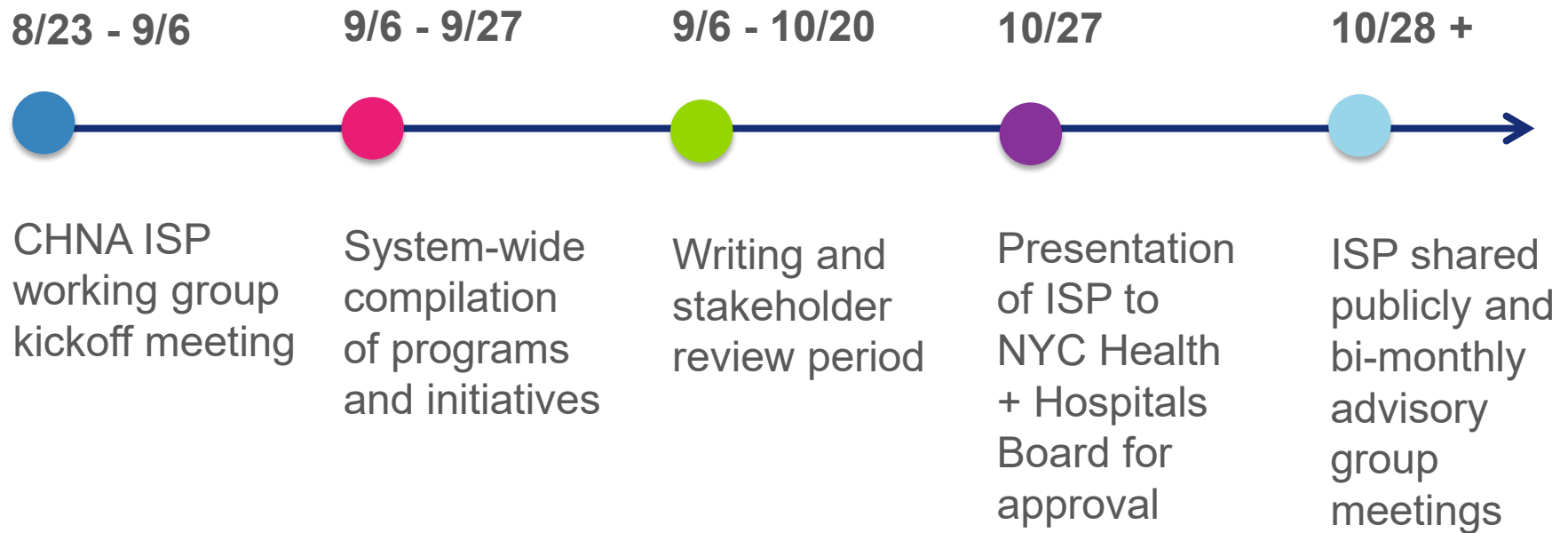
Priority Health Need Fighting Chronic Disease

- Pregnancy and birth outcomes
- Airways disease (asthma, COPD)
- Behavioral health (mental health, substance use disorder)
- Diet-related diseases (diabetes, hypertension)
- Aging and frailty
- Crime and safety

Priority Health Need Facilitating Access to Resources

- Affordable quality housing
- Primary and behavioral health services that are affordable, easy to navigate and culturally humble
- Community resources (i.e. outreach and engagement, youth centers, senior services, nutrition events, job fairs)
- Green space or safe places for physical activity
- Affordable healthy food
- Violence interruption

Implementation Strategy Plan Process



Implementation Strategy Plan Summary

Improving Health Equity: Goals and tactics

Address existing health equity challenges

- Partner with the community to offer programs and services that target health equity comprehensively
- Enhance the frequency, accuracy, and reliability of secure and respectful data collection to better track health outcomes and predict future health emergencies

Optimize the patient care experience by increasing access to information and promoting continuity of care

- Better support patients' navigation through the system
- Attract and recruit a diverse, culturally competent and sustainable workforce

Fighting Chronic Disease: Goals and tactics

Promote longitudinal, integrated care for all New Yorkers to improve health outcomes

- Engage patients in coordinated care by offering a full spectrum of health services that are convenient to access
- Empower and support our workforce to meet our patients' chronic disease needs

Address lifestyle behavior change by empowering patients to move towards healthier practices

- Expand lifestyle medicine services

Facilitating Access to Resources: Goals and tactics

Improve access and service navigation

- Partner with CBOs and faith-based organizations (FBOs) to address social and financial barriers to services.
- Improve navigation of the larger ecosystem of community support by increasing connections with the community

Continued recovery from the effects of the COVID-19 pandemic

- Build on COVID-19 services and partnerships to address ongoing health and equity needs

Resource Commitment

- NYC Health + Hospitals will continue its financial and in-kind resource commitment through FY 2022–2025 to implement transformative initiatives and programs
- Resources include clinical and nonclinical services, evaluation mechanisms, community partnerships and innovative solutions, as well as staff time devoted to advance advocacy, collective work, charitable contributions, and volunteerism.
- The system will continue to evaluate new, innovative solutions to community health needs.

Evaluation

- Evaluation will be based on existing quantitative metrics required by our quality and strategic planning initiatives and through qualitative feedback from our community partners, staff and the CHNA Advisory Group we have developed through this exercise.
- Information-sharing and evaluation will remain ongoing as we strive to implement this ISP.



NYC HEALTH+ HOSPITALS

About NYC Health + Hospitals

As the largest municipal health care system in the United States, NYC Health + Hospitals delivers high-quality health care services to all New Yorkers with compassion, dignity, and respect. Our mission is to serve everyone without exception and regardless of ability to pay, gender identity, or immigration communities we serve, providing institutional for the ever-changing communities we serve, providing hospital and trauma care, neighborhood health centers, skilled nursing facilities, and community care. NYC Health + Hospitals serves as a preeminent teaching system and as a designated treatment center for the U.S. President.

Over
1.2 million
New Yorkers
served
annually

11
Acute Care
Hospital Sites

5
Level I Trauma Centers

1
Level II Trauma Center

1
Level II Pediatric
Trauma Center

50+
Community
Health Centers

1
Long-Term Acute
Care Hospital

5
Skilled Nursing
Facilities

40k
Employees

STRATEGIC FRAMEWORK

STRATEGIC FRAMEWORK

The NRC Health + Hospitals Strategic Framework demonstrates the system's vision, mission, and values to the hospital, patient, family, and community (Figure 1).

The framework's vision is to be a fully-integrated health system, which requires effective organization of its community assets (i.e., parents, teachers, and other community members) to include the NRC's vision of health, plan, and its Accountability to the community and its Accountability to the health of the community as a whole.

imposed in a financially sustainable manner.

This pyramid guides NRC Health + Hospitals' strategic discussions and serves as a touchstone for its programming. The process and findings for its program are well aligned with the values, mission, and vision at the organization.

Figure 1



Figure 1

METROPLUS HEALTH
www.metroplus.org
 Health + Hospitals
 Most health

METROPLUS HEALTH
<https://www.metroplus.org>

The NYC Health + Hospitals health plan, MetroPlus Health, provides low to no-cost health coverage to eligible Medicaid members across the five boroughs. MetroPlus Health was ranked #1 for overall quality in the 2020 Medicaid Quality Incentive Program, among all 15 New York State Medicaid plans.

600,000+ lives covered

NYC HEALTH + HOSPITALS is a Federally Qualified Health Plan (FQHP) designed to enable individuals to access the care and services they need to live better lives.

500,000
GOTHAM HEALTH
www.nychealth
Hospital
for

GOTHAM HEALTH
<https://www.nychealthandhospitals.org>

NYC Health + Hospitals/Gotham Health is a leading provider of care for New Yorkers. Our Healthcare Provider formed in 2012 to enable us to better serve our patients and families to address their health care needs in the home, primary care and neighborhood. Gotham Health provides easy-to-access, primary care services, affordable care. In addition, Gotham Health care teams provide quality, affordable care. In addition, Gotham Health care teams are trained to help patients manage ongoing conditions, such as hypertension, diabetes, asthma, and heart disease.

30 Primary care sites
21 School based sites
100,000+ New Yorkers served annually

HHC ACCOUNTABLE CARE ORGANIZATION
www.nychealthandhospitals.org/hhc-aco-inc
 HHC Accountable Care Organization connects two of the system's key strategies: financial sustainability and delivering the highest quality of care. The ACO will help the system avoid becoming a net payer of costs.

HMC ACCOUNTABLE CARE ORGANIZATION
<http://www.mychestandhospitals.org>

Value-based care connects two of the system's key strategic pillars of Quality & Outcomes and Financial Sustainability. By improving the health and financial well-being of our patients, we can reduce the cost of care and improve the quality of care. This is the goal of the accountable care organization (ACO). The ACO is a group of providers and hospitals that work together to deliver care to patients. The ACO is responsible for the health and financial well-being of its patients. The ACO is responsible for the health and financial well-being of its patients. The ACO is responsible for the health and financial well-being of its patients.

The HMC Accountable Care Organization (ACO) is a group of providers and hospitals that work together to deliver care to patients. The ACO is responsible for the health and financial well-being of its patients. The ACO is responsible for the health and financial well-being of its patients. The ACO is responsible for the health and financial well-being of its patients.

The NYC Accountable Care Organization (ACO) is a collaborative venture including physician, affiliate organizations, NYC Health + Hospitals acute care, outpatient, and skilled nursing facilities, as well as teaching administration, quality assurance, and supervisory services. Our ACO supports our commitment to value-based care.

Value-based care is a kind of contracting arrangement between NYC Health + Hospitals and various key payors (have been integral to the system's financial turnaround and stabilization over the past five years). The largest value-based payment arrangements are between NYC Health + Hospitals and Metropolis Health, Healthfirst, Fidelis, and Medicare (through the Medicare Shared Savings Program, via the NYC ACO).

8,000+ Medicare lives covered

NYC CARE
<https://www.nycare.nyc.gov>
 is a health care services

NYC CARE
<https://www.nyccare.nyc>
NYC Care is a health care access program that guarantees low-cost and no-cost services offered by NYC Health + Hospitals to New Yorkers who do not qualify for or cannot afford health insurance based on federal guidelines.

110,000+ current members
67% of members below 100% FPL
95% of members below 200% FPL
Highest proportion of members between 40-64 years old
HOSPITALS

NYC HEALTH + HOSPITALS
COMMUNITY CARE
www.nychealthandhospitals.org

**NYC HEALTH & HOSPITALS
COMMUNITY CARE**
<https://www.nychealthandhospitals.org/services/community-care>

NYC Health + Hospitals Community Care carries on the health system's long-standing tradition of providing health, wellness, and support services in patients' homes. For Medicaid and Medicare Services, New York Agency, and programs including a Certified Home Health Agency, the health system's Home Care Department is using care management to reduce and manage the risk of hospitalization. Community Care is leveraging its network of contracted home health agencies and Home Care Management to address patients' needs. It is increasing primary and behavioral health care and addressing social determinants in comprehensive longitudinal and home available care. Outreach, care coordination and home care case identifiers, including social workers and home care nurses provide care management services and support for high need patients, including mental and behavioral disorders (home care) and severe maternal and neonatal disorders. Patients at risk for adverse maternal and neonatal outcomes are experiencing severe mental and behavioral disorders. Patients at risk for adverse maternal and neonatal outcomes are experiencing severe mental and behavioral disorders.

Community Care is a management-based program that provides care management services to patients at risk for adverse maternal and neonatal outcomes. Community Care is a management-based program that provides care management services to patients at risk for adverse maternal and neonatal outcomes.

15 contracted community-based health home care management agencies

16,000+ unique high-risk and high need patients

VIRTUAL EXPRESSCARE
<http://espressocare.nyc>

[illegible]

100,000+ patients with 95% average patient satisfaction rate and 85% Net Promoter Score

33,000+ life saving COVID-19
with nationally recognized COVID-19
Therapeutics Care Access Model

12,000+ patients transferred from 9 hospitals
with 6,000+ saved ambulances

Average **5-minute** wait time to be connected
to care

HEAT CORPS
[hospitals.org/covid-19](https://heat.hospitals.org/covid-19)
shuttle-and-treat

average 5-minute
to care

NYC-TEST & TREAT CORPS
www.nychalthandhospice.org
www.nyc-testandtreat.org

[illegible]

30+ units providing care
The country's 1st ever mobile
"Test to Treat" program

PART I



INTRODUCTION

NYC Health + Hospitals is committed to the health and well-being of all New Yorkers. We aim to address the needs of New York City's diverse populations, regardless of income, gender identity, or immigration status. Our individual facilities are essential anchors in their specific communities and neighborhoods and provide high-quality health care services with compassion, dignity, and respect to all, without exception. Many of the populations served by NYC Health + Hospitals face a disproportionate amount of harmful daily stressors and barriers, which contribute to and exacerbate chronic disease and health equity challenges, as reflected in the Community Health Needs Assessment (CHNA), published in June 2022 and available here: [https://www.nyc.gov/html/nychhs/html/about-us/our-work/our-work-areas/our-work-areas-2022/our-work-areas-2022.html](#). These health outcomes are largely driven by systemic and structural challenges such as inequitable neighborhood income, a lack of quality, affordable housing, inadequate access to healthy affordable food, a limited number of safe places for physical activity, reduced social support, concerns about neighborhood safety, and difficulty accessing mental health treatment.

As a system, NYC Health + Hospitals strives to respond to these issues with initiatives and programs intended to keep communities healthy. We work to advance health equity by incorporating social determinants of health (SDOH) in our care, promoting workforce diversity, and creating models of care that remove barriers for special populations. These efforts have strengthened primary and preventive care, boosted health coverage for New Yorkers, modernized health care delivery systems-wide, and enabled innovative partnerships with community-based organizations (CBOs) and faith-based organizations (FBOs). However, challenges persist.

NYC HEALTH + HOSPITALS SINCE THE 2019 CHNA IMPLEMENTATION STRATEGY PLAN

We are proud to conduct a CHNA and ISP every three years. The priority health needs identified by NYC Health + Hospitals leadership and communities in the 2019 CHNA were reducing the burden of life cycle and lifestyle-driven diseases and redesigning health care for communities to address the identified needs of our diverse populations, system-wide transformation to address the identified needs of our diverse populations, expand our primary care services, and stabilize our system financially, all while fighting COVID-19 on the front lines.

In March of 2020, COVID-19 arrived in New York City and our system became the "epicenter of the epidemic" of COVID-19 in the United States. NYC Health + Hospitals invested financially, physically, and emotionally to respond to the virus. NYC Health + Hospitals created the nation's largest Test & Trace corps, vaccinated nearly two million New Yorkers at no cost to them, built three new Gotham Health COVID-19 Centers of Excellence to address the long-term impact of the pandemic in hard-hit communities, and treated COVID-19 patients in our hospitals and health centers, without exception.

NYC Health + Hospitals, the largest municipal health care system in the U.S., serves over 12 million people annually and offers comprehensive, accessible, and affordable health care to all, without exception. The system's 11 acute care hospitals and its long-term acute care hospitals, all with its extensive system-wide network, provide a full range of services, including top-ranked trauma care, offer a full range of inpatient specialties and mental health services, and keep communities healthy. NYC Health + Hospitals facilities have earned numerous special designations for quality and culturally responsive care and have received top ranks by U.S. News and World Report in the 2020-2021 ratings.

NYC HEALTH+ HOSPITALS

PRIORITY AREAS OF NEED

Earlier this year, NYC Health + Hospitals completed an updated CHNA to identify, better understand, and prioritize the health needs of the communities we serve. The CHNA process was completed by leveraging existing relationships with community partners and creating new ones, convening internal and external system stakeholders, and delving into robust data analytics capabilities. We gather authentic feedback, articulation of needs, and constructive criticism from the CHNA were driven by a combination of quantitative and qualitative surveys, 12 inclusive community forums held at NYC Health + Hospitals facilities, five boroughwide focus groups, and more than 30 expert interviews with system leadership and community stakeholders.

The CHNA was approved and adopted by the NYC Health + Hospitals Board of Directors in June 2022 and is available here.

The CHNA process highlighted three priority areas of need:

1. Improving chronic equity
2. Fighting chronic disease
3. Facilitating access to resources

The community engagement process revealed that while each hospital and surrounding community has unique disease burdens and needs, many concerns are consistent across neighborhoods, hospitals, patients, and providers. These common issues, including health inequities confronting populations such as youth, seniors, and LGBTQ+ individuals; the need to better prevent and manage chronic disease; and challenges accessing social services and resources—are structural and complex and will require a collective impact approach to hardware positive, lasting change.

This ISP describes the transformative initiatives and programs NYC Health + Hospitals and our community partners have begun to or will implement to address the priority health needs identified in the 2022 CHNA. NYC Health + Hospitals will continue to monitor these initiatives and programs to assess how they are impacting health equity for all New Yorkers. This report can also be used as a starting point for individuals to understand the breadth of resources available to the community.

COMMUNITIES SERVED BY NYC Health + Hospitals

NYC Health + Hospitals serves over 1.2 million New Yorkers every year across the City's five boroughs and empowers them to live their healthiest life.

The community we serve is defined by vibrant and diverse neighborhoods. NYC Health + Hospitals has historically served all New Yorkers and cares for 70% of NYC Health + Hospitals patients rely on Medicaid or have no insurance. The system provides almost 60% of behavioral health services city-wide.



IMPLEMENTATION STRATEGY PLAN

This ISP outlines how NYC Health + Hospitals will continue to address the priority health needs identified in the 2022 CHNA at both a system and local level. The report inventories transformative initiatives and programs that are underway, tactics used to address the priority health needs, and NYC Health + Hospitals' plan for future growth.

APPROACH

This ISP was developed through the following approach:

1. NYC Health + Hospitals catalogued hundreds of transformative initiatives and programs underway, both system-wide and at each hospital, that address the priority health needs of the communities served, going forward. The goals and tactics in this report are guided by the system's strategic framework. The framework is the foundation of the system's vision to be a fully integrated health system, which requires effective organization of its partners to improve the overall health of the communities we serve.
2. NYC Health + Hospitals will continue to assess how we can continue to invest in programs, services, and partnerships that address the priority health needs of the community.

NYC HEALTH + HOSPITALS TRANSFORMATIVE INITIATIVES AND PROGRAMS

We conducted the 2022 CHNA that serves as a basis for the ISP with input from individuals and groups representing the broad interests of our communities, including those with special knowledge of public health needs. Community stakeholders in the CHNA process identified the following populations with unique health equity and chronic disease challenges that need additional attention and resources.

Populations facing unique health equity challenges:

- Youth, adolescents, and young adults
- Seniors
- Pregnant people of color
- Individuals with food insecurity
- Individuals experiencing homelessness or housing instability
- Immigrants and New Yorkers confronting anti-AAPI discrimination
- Individuals living with mental illness
- LGBTQ+ individuals

Specific areas of concern, including:

- Inequities related to pregnancy
- Asthma
- Hypertension
- Diabetes
- Aging and frailty
- Substance use
- Mental health
- Violence

Communities seek help accessing and navigating these resources, specifically:

- Affordable quality housing
- Primary and behavioral health services that are affordable, easy to navigate, and culturally humble
- Community resources (i.e., youth centers, senior services, nutrition events, job fairs)
- Green space or safe places for physical activity
- Affordable quality food
- Violence interruption

In the next section, this ISP will present the system-wide goals and tactics that guide our work to address the challenges identified by the CHNA, as well as a summary and highlights of specific projects. The list of NYC Health + Hospitals' responsive initiatives and programs can be found in its entirety in Part II of this report, beginning on page IV.

ADDRESSING PRIORITY HEALTH NEEDS

IMPROVING HEALTH EQUITY

Goal: Address existing health equity challenges

Goal: Address existing health equity issues

Tactic: Partner with the community to offer programs that serve target health equity comprehensively

high-quality clinical care is critical to improving health outcomes, but this alone cannot close the health equity gaps often found by communities served by NYC Health + Hospitals. Partnerships with community-based care, public housing, and other entities that enable cross-sector benefits screening and income tax assistance to address the needs of social safety net populations (e.g., elderly, low-income, food insecure, and homeless) and the underserved, we believe, will be critical to complete the mission of our continuing services to all. To complete this mission, we are supporting their preferred linkage to care. Our services are also supported by patient services, where screening results can be shared with a health care provider, where a time-based social screen across NYC Health + Hospitals is available through comprehensive, accurate, and reliable Newflow, a web-based social screening tool. Positive responses to questions generated by our screening tool are reported to Newflow printouts to the patients after Visit Summary in the patient's care settings.

+ Hospitals has also prioritized financial counseling and access to care for all eligible patients who are unable to pay. Yorkers who are unable to pay for their care can refer

NYC Health + Hospitals has also prioritized financial counseling and efforts to screen and enroll eligible patients in NYC Care, the System's health care access program that guarantees free and low-cost services to New Yorkers who do not qualify for Medicaid and who are unable to afford coverage. Earlier this year, NYC Care was expanded to include a million New Yorkers who are ineligible or unable to change the city's public health care system because of their income. The program's mission to connect the most vulnerable New Yorkers to primary and specialty care. This success would not have been possible without the community-based partners who connect with their neighbors to NYC Care. NYC Care works in partnership with 22 CBOs that speak over 30 different languages combined. Together,

we coordinate efforts on community events, and the CBOs in turn provide feedback on where NYC Health + Hospitals needs to expand its presence in the community. More than 25% of enrollment in NYC Care has been a result of referrals from CBOs.

SPOTLIGHT
IMPACT

3-2-1 IMPACT: Priority health need addressed: Improving health care for underserved populations. **3-2-1 IMPACT:** integrates three disciplines, mental health, pediatrics, and women's health, to deliver a two-generation approach that addresses children and parents for each family unit. The program is currently available for all pregnant patients at NYC Health and Hospitals health care centers. Screenings done with mothers and pediatric health care workers follow-up through a home-based pregnancy care and postpartum follow-up program. The program is a two-generation, cross-generational, social worker or program is partially funded by Robin Hood's fund for Early Learning and the Mayor's Office for Economic Development. **3-2-1 IMPACT:** improves the accuracy, and reliability of data collection to better target underserved populations.

Enhance the frequency, accuracy, and reliability of respectful data collection to better track health and for Early Learning and more access to opportunity.

[illegible]

In addition, as health care systems continue to cope with the outbreak of emerging viruses, NYC Health + Hospitals is proactively ensuring its workforce has access to the medical tools needed to make data-driven operational decisions in real time by improving care system infrastructure with new programs and by upgrading the state of the infrastructures upgrades that NYC Health + Hospitals is implementing. Launched in February at NYC Health + Hospitals, the Ambulatory Care Program is a community-based surveillance program that is proactively finding health issues before they become a crisis. The program has successfully reduced the number of hospitalizations by 10% and the number of emergency department visits by 15%.

NYC Health + Hospitals is also working to improve the health of the community by providing a range of services to the underserved. The program has expanded its outreach to underserved communities and is working to improve the health of the community by providing a range of services to the underserved. The program has expanded its outreach to underserved communities and is working to improve the health of the community by providing a range of services to the underserved.

Goal: Optimize the patient care experience by increasing access to information and promoting continuity of care

Goal: Optimize the access to information

Health system

As health care delivery continues to evolve, NYC Health + Hospitals seeks to ensure that our patients and specialty care providers have the information and resources they need to access the high-quality care they need for their patients. More NYC Health + Hospitals' real-time data is being made available to in-patients to patients' bedside via a secure tablet interface to help them understand their health and to make decisions about their care. This new system empowers patients to take control of their health, through the mobility that is most realistic and accessible for them.

• Hospitals also have prioritized connecting their patients with their care. In 2020, NYC Health + Hospitals' MyOwnHealth.com patient care site will allow all of its patients to access their medical records, request appointments, and receive care recommendations.

NYC Health + Hospitals has also prioritized connecting with patients through a MyChart function. In 2020, NYC Health + Hospitals announced that all of its patient care sites successfully implemented the new Epic electronic medical records (EMR) system. The new system allows patients easy access to their MyChart feature, which allows patients to connect to and communicate with their care teams, as well as to view COVID-19 testing results and receive test results, including Hospital's MyChart activations with critical care teams. NYC Health + Hospitals' MyChart activations significantly increased from nearly 70 percent, continuing to perform above the national average.

SPOTLIGHT

SPOTLIGHT Integrated Women's Health Services
Priority health need addressed: Improving health equity for women in New York City who need to manage their health + life. Our workforce not only provides high-quality health care services, but also addresses the social determinants, mental health, and more.

Pregnancy Health • NYC Health + Hospitals' workforces provide specialized support women in New York's largest safety-net hospital system at every stage of life. Our workforce provides comprehensive, high-quality, and accessible to the health care system. We have high-quality, and access to the health care system. We have high-quality, and access to the health care system.

SPOTLIGHT
Street Health Outreach & Wellness Mobile Units

SHOWN is a new model of mobile units from NYC Health + Hospitals aimed at providing COVID-19 testing and vaccinations, and other health services to New Yorkers who are in-household, primary care, mental health, and other settings. SHOWN also provides a wide range of services to New Yorkers who are in-household, primary care, mental health, and other settings. SHOWN also provides a wide range of services to New Yorkers who are in-household, primary care, mental health, and other settings. SHOWN also provides a wide range of services to New Yorkers who are in-household, primary care, mental health, and other settings.

SPOTLIGHT
Actual Express

[illegible]

NYC HEALTH + HOSPITALS INITIATIVES AND PROGRAMS

As of October 2022, the following initiatives, and programs throughout NYC Health + Hospitals most clearly address the priority health needs identified in the 2022 CHNA. Please note: This list is not exhaustive.

THE CHNA PROCESS HIGHLIGHTED THREE PRIORITY AREAS OF NEED:

1. Improving health equity
2. Facilitating access to resources
3. Facilitating access to resources

In addition, community stakeholders in the 2022 CHNA process identified the specific populations with unique health equity and chronic disease challenges that need additional populations, chronic disease challenges, and most needed resources.

Initiative	Description	Facility
PRIORITY HEALTH NEED: IMPROVING HEALTH EQUITY		
Youth, adolescents and young adults		
Caring Transitions Team	Addressing a critical access gap, The Caring Transitions Teams will provide clinical evidence-based bridging services for youth and their families for three months following a hospitalization or ED evaluation due to a serious suicidal behavior. Types of services that may be included are hospital clinical services, peer support, family support, personalized care management plans, and community capacity building.	NYC Health + Hospitals/Elmhurst NYC Health + Hospitals/Jacobi NYC Health + Hospitals/Queens
Child Protection Program	New York City's Administration for Children's Services (ACS) investigates 40,000 reports a year of suspected abuse and neglect involving 60,000 children. Safe Horizon partners with ACS to operate Child Advocacy Centers (CACs) in each of New York City's five boroughs. While 75% of the allegations are physical abuse allegations, while 25% are only able to medically evaluate about 5,000 of the approximately 15,000 sexual and physical abuse allegations. Dr. Mitchell Katz committed to the ACS Commissioner to help fill this gap.	NYC Health + Hospitals/Bellevue NYC Health + Hospitals/Elmhurst NYC Health + Hospitals/Jacobi NYC Health + Hospitals/Kings NYC Health + Hospitals/Lincoln
Mental Health Continuum	The Child Protection proposal addresses the needs of our current child protection programs at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Jacobi, and NYC Health + Hospitals/Bellevue, as well as creating new Child Protection Programs at NYC Health + Hospitals/Kings and at NYC Health + Hospitals/Elmhurst. There may be additional hires and slots added in the future based on the outcome of the Needs Assessment and referral volume from ACS. Each new program requires a minimum of 1.0 Pediatrician, 1.0 Social Worker and 1.0 Clerk/Clinical Associate to evaluate 300-500 children per year, working closely with ACS, Safe Horizon, and law enforcement agencies, assessments, and forensic interviews.	NYC Health + Hospitals/Bellevue NYC Health + Hospitals/Elmhurst NYC Health + Hospitals/Jacobi NYC Health + Hospitals/Kings NYC Health + Hospitals/Lincoln

Initiative	Description	Facility
Youth, adolescents and young adults, continued		
Period Poverty	Period poverty is the inability to access sufficient, quality menstrual products. Many women in the U.S. are affected by period poverty in partnership with Metropolis Health, NYC Health + Hospitals/Elmhurst provides all young female teens with monthly period supplies.	NYC Health + Hospitals/Elmhurst
Reach Out & Read	Reach Out & Read is a national, evidence-based initiative that promotes early literacy and school readiness by giving pediatricians advice on the importance of having daily, meaningful, language-rich interactions with their children. Children of Bellevue's Reach Out & Read was the first of its kind in New York and has disseminated more than one quarter million books since its inception.	NYC Health + Hospitals/Bellevue NYC Health + Hospitals/Metropolitan NYC Health + Hospitals/Woodhull NYC Health + Hospitals/Gotham Health (multiple sites)
Union Settlement Youth Opportunity Hub	In partnership with the District Attorney's Office, Youth Opportunity Hubs knit together community-based providers to provide coordinated services in new or updated physical spaces for young people in target neighborhoods. The Hubs provide attractive social spaces and link neighborhood service providers to provide one-on-one, comprehensive support for at-risk children, teens and young adults in order to prevent them from becoming involved in the criminal justice system.	NYC Health + Hospitals/Metropolitan
Seniors	This partnership between NYC Health + Hospitals/Queens and CBO Sunnyside Community Services, Inc. addresses caregiver support for patients suffering from Alzheimer's disease and dementia.	NYC Health + Hospitals/Queens
Community Services Inc. Partnership	NICHE (Nurses Improving Care for Healthsystem Elders) is the leading nurse-driven program designed to help hospitals and health care organizations improve care for older adults through the provision of sensitive and exemplary care.	System-Wide
NICHE Certification	A center fully dedicated to meet all their unique needs.	NYC Health + Hospitals/Elmhurst
Senior Center	Ongoing efforts throughout several NYC Health + Hospitals facilities that include activities such as Harlem's Senior Health Festival, where community partners engage with attendees and provide outreach to local senior centers.	NYC Health + Hospitals/Metropolitan
Senior community engagement efforts		
Pregnant people of color		
3-2-1 IMPACT		
	The Integrated Model for Parents And Children Together program (3-2-1 IMPACT) transforms early childhood care by integrating three disciplines across a continuum of care (e.g. Behavioral Health, Pediatrics and Women's Health); using a 2-generational approach; and with one singular goal: to support the health and well-being of young children and their families.	System-Wide

NYC Health + Hospitals/Kings
NYC Health + Hospitals/Lincoln
NYC Health + Hospitals/Woodhull
NYC Health + Hospitals/Gotham Health, East New York
NYC Health + Hospitals/Gotham Health, Morrisania

NYC HEALTH+ HOSPITALS

Initiative	Description	Facility
Other, continued		
PMCS Instructor Trainers	Two teams of a Nurse Educator and BHA, whose responsibilities are to conduct certification classes for new NYC Health + Hospitals facility trainers in PMCS and Delivering. The team evaluates the program's standards. They also assist the facility Behavioral Health leadership in monthly Mock Codes to ensure that the staff are effectively utilizing the program strategies. The team has been trained and certified as Instructor Trainers by the Office of Mental Health.	System-Wide
Professional development programs for clinical and nonclinical staff	NYC Health + Hospitals offers new training and development programs including: Care Restructuring Enhancement Pilot workforce development efforts Leadership Academy Revenue Cycle Institute, Quality Academy and educational partnerships offering scholarships and continuing education credits.	System-Wide
Public Service Loan Forgiveness	NYC Health + Hospitals offers new training and development programs including: Care Restructuring Enhancement Pilot workforce development efforts Leadership Academy Revenue Cycle Institute, Quality Academy and educational partnerships offering scholarships and continuing education credits.	System-Wide
Single Call Center	Public Service Loan Forgiveness (PSLF) is a federal program that forgives student loan debt for borrowers who work for a government or non-profit employer.	System-Wide
Skin of Color Clinic	Through a new 24/7 customer service center that forgives navigating services, the Skin of Color clinic is dedicated to treating and promoting care for patients with conditions treated and the surgical and cosmetic procedures utilized for care are as diverse as our patients.	NYC Health + Hospitals/Bellevue
Virtual ExpressCare	Residing within Dermatology outpatient services, the Skin of Color clinic is dedicated to treating and promoting care for patients with conditions treated and the surgical and cosmetic procedures utilized for care are as diverse as our patients.	System-Wide
Wastewater Surveillance Program	Virtual ExpressCare is a fast, easy way for patients to see a provider for common physical, mental, emotional, and behavioral health issues that are not emergencies. Patients can use a provider over video 24 hours a day, seven days a week. Patients must be in New York State at the time of their visit.	System-Wide

28

PRIORITY HEALTH NEED: FIGHTING CHRONIC DISEASE		
Initiative	Description	Facility
Pregnancy and birth outcomes	Programming and services focused on family planning including, but not limited to: family planning counseling, long acting reversible contraception (LARC) expansion, termination of pregnancy up to 24 weeks gestational, age and medication abortion.	NYC Health + Hospitals/Bellevue NYC Health + Hospitals/Harlem NYC Health + Hospitals/Levitt NYC Health + Hospitals/Manhattan NYC Health + Hospitals/Queens NYC Health + Hospitals/VCB
Comprehensive family planning services	Programming and services focused on maternal health including, but not limited to: Baby-friendly Designation, screening, on-site reproductive psychiatry, social work and collaborative care.	System-Wide
Comprehensive maternal health programming	This City Hall initiative, run by the NYC Department of Health and Mental Hygiene, NYC Health + Hospitals and the NYC Department of Education, provides a suite of personalized interventions aimed at reducing emergency department visits and inpatient admissions of asthmatic pediatric patients in the South Bronx. As a part of this program, community health workers also provide asthma education including self-management education, environmental assessments and post-remediation services.	NYC Health + Hospitals/Levitt
Asthma-Free Bronx	As part of this model, CHNs, contracted and trained through Community Based Organizations (CBOs) and under the supervision of the NYC Health + Hospitals team, help patients review disease control status, clinical appointments, adherence to environmental triggers such as indoor allergens from mold, rodents, or pets.	System-Wide
Asthma and COPD Program	As part of this model, CHNs, contracted and trained through Community Based Organizations (CBOs) and under the supervision of the NYC Health + Hospitals team, help patients review disease control status, clinical appointments, adherence to environmental triggers such as indoor allergens from mold, rodents, or pets.	System-Wide
Simulation Training	Sometimes referred to as IMSEAL, this training focuses on obstetric emergencies including hypertensive disorders in pregnancy, maternal hemorrhage, shoulder dystocia and cardiac arrest.	System-Wide
Smoking Cessation	The in-house smoking cessation program is designed to help individuals quit smoking. The program includes group sessions, 1:1 counseling and education, telephone counseling and Nicotine Replacement Therapy (NRT) in the adult medicine, OB/GYN, pediatric, and behavioral health settings.	System-Wide

29

PRIORITY HEALTH NEED: FACILITATING ACCESS TO RESOURCES

Initiative	Description	Feeling
Affordable quality housing	Assistance includes, but is not limited to: referrals to Homebase housing. Breaking ground partnerships, roommates and outreach.	System-Wide
Housing assistance	The Housing for Health program has four strategic areas of focus: navigation services, transitional housing, affordable housing on hospital property, and social service support for patients in permanent housing. The health system plans to leverage additional land to create at least 700 new affordable homes in the next five years.	System-Wide
Housing for Health	The IDD Respite Services Program is a NYC Health + Hospitals (NYCH) initiative with the goal of preventing avoidable hospitalization and Emergency Department (ED) utilization and to facilitate enrollment in services provided by the NYS Office of People with Developmental Disabilities (OPWDD) and other support service providers.	System-Wide
IDD Respite	Just Home, will provide permanent, supportive housing with social services for residents with complex medical needs, as well as affordable housing after they leave jail. Patients with medical needs such as congestive heart failure, stroke, cancer, and end-stage renal disease, which make placement in the City's homeless shelters unfeasible are eligible for this program.	NYC Health + Hospitals/Jacobi
Just Home	The Medical Respite Program is short-term residential care (30-90 days) for people experiencing homelessness who may be ill or frail to recover from an illness or injury on the streets or in shelter, but who do not require hospital level care.	System-Wide
Medical Respite	Fund select CBOs to provide onsite social services at "under serviced" affordable projects	System-Wide
Service Enriched Permanent Housing	The Behavioral Health Emergency Assistance Response Division was launched in June 2021 as part of New York City's attempts to mitigate police violence when addressing mental health crises by dispatching social workers to address mental health calls instead of the police.	System-Wide
Primary and behavioral health services that are affordable, easy to navigate, and culturally humble	COVID-19 Centers of Excellence provide comprehensive short- and long-term care to support recovering COVID-19 patients.	Brooklyn, Bronx, Queens
B-HEARD	The completion of a new ambulatory care center on the first floor of the Health & Wellness Institute. The new center will feature 50+ exam rooms focused on primary care, geriatrics, diabetes management, weight management, orthopedics, urology and other specialties as needed.	NYC Health + Hospitals/5BH
COVID-19 Centers of Excellence		
Expansion of Primary Care		

Initiative	Description	Feeling
Primary and behavioral health services that are affordable, easy to navigate, and culturally humble, continued		System-Wide
Family Health Program	Family health program provides trauma-informed primary care services to children, youth and their families. Program will improve delivery and coordination of health care services while preventing children from entering foster care and helping families reunite with their children.	System-Wide
ICARE	The ICARE values promote NYC Health + Hospitals' mission and vision and guide staff to offer the highest-quality, safest and most patient-centered care.	System-Wide
Imaging Centers of Excellence	NYCH + Hospitals is upgrading its medical imaging technology to provide patients with modernized, state-of-the-art technology that will produce faster and better image quality and lead to quicker diagnoses and treatment.	System-Wide
Mental Health for All	A comprehensive website and public education campaign to help New Yorkers navigate all the mental health resources available to them and find substance misuse support that meets their needs. Mental Health for All builds on the City's longstanding commitment to expand access to mental health care for New Yorkers and ensure mental health remains a permanent priority for City government.	System-Wide
Mental Health Service Corps	Mental Health Service Corps (MHSC) is a professional development and training program of the Mayor's Office for Community Mental Health. MHSC hires entry-level clinicians who are placed in primary care and behavioral health settings throughout the NYC Health + Hospitals system, providing evidence-based treatment to patients struggling with mental health challenges.	System-Wide
Pathways to Care	Pathways to Care will directly connect schools in the 27 neighborhoods hardest hit by COVID-19 to outpatient mental health services, where children and adolescents can receive ongoing therapy, psychiatric evaluation, medication management, and other clinical services.	System-Wide
Primary Care Safety Net	PCSN Clinics feature a specialized, multi-disciplinary primary care and behavioral health team with staff rotating between street medicine (or SHOWN) units and ambulatory care facility-based primary care. The team brings expertise to NYC Health + Hospitals overall in the care for vulnerable populations, including the historically underserved population as a critical bridge for homeless. The PCSN Clinics serve and specialty care services and supporting patients in their pursuit of stable, permanent housing.	NYC Health + Hospitals/Bellevue NYC Health + Hospitals/Kings
PORT Clinics	Point of Re-entry and Transition (PORT) program is a collaboration between CHS and NYC Health + Hospitals to help people who are leaving New York City jails sustain successful re-entry into the community. Includes CHS peer support, and low-barrier primary care delivered at our hospitals by faculty PCPs, alongside CHS medical providers. CHS also staff the PORT Line, a phone number that community members can call to connect to services at the PORT practices and for other re-entry assistance.	

Resolution to adopt 2022 Community Health Needs Assessment Implementation Strategy Plan

Adopting in the name of the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) Board of Directors an Implementation Strategy Plan (an “**ISP**”) prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center (“**HJC**”) as a supplement to the Community Health Needs Assessment (the “**CHNA**”) which was approved by the Board of Directors in June 2022.

RESOLUTION 03

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign 3-year agreements with each of **Institute for Community Living, Inc. (“ICL”)** and **Comunilife, Inc. (“Comunilife”)** for the provision by ICL of 26 respite beds and by Comunilife of 25 such beds with the System holding two 1-year options to renew both contracts for an amount for the two contracts together not-to-exceed \$17,960,500 over the potential 5-year terms.

WHEREAS, respite housing solves the problem of in-patients who, though medically cleared for discharge, cannot be discharged due to their post-surgical, medical or behavioral health needs that make them unsuitable for shelter or other insecure housing where recovery may be impaired; and

WHEREAS, respite beds are in congregate living facilities where case managers, peer specialists and social workers provide care coordination, support with transport to medical appointments, and linkage with primary care, behavioral health and substance use services; and

WHEREAS, the System has contracted with ICL and with Comunilife for respite beds since 2019 on separate contracts that were each extended on a best interest basis in 2021 to expire November 30, 2022; and

WHEREAS, from 1/2020 to 8/2022, 742 patients were successfully discharged from respite after average stays of 45 days; and

WHEREAS, the respite bed program is financially successful because the cost of a night for a discharged patient at a respite facility is substantially less than the cost of keeping such patient in the hospital until they are suitable for discharge producing a savings to the System of about \$17M; and

WHEREAS, the System regards the respite bed program as clinically successful because access to respite care enabled discharged patients to complete their recovery to the point that they could manage outside of the hospital and because, while in respite care, many such patients were placed in permanent housing and were connected to useful services; and

WHEREAS, the System conducted an open competitive RFP to select vendors for new respite contracts involving a pre-proposal conference with 12 potential vendors in attendance resulting in two proposals which were from ICL and Comunilife; and

WHEREAS; the System has been satisfied with the work of both ICL and Comunilife, both of which are not-for-profit organizations with good reputations and established programs and both of whom combine competence in the delivery of respite services with the real estate to be able to furnish both beds and services; and

WHEREAS, the proposed agreements will be managed by the Assistant Vice President of Housing and Real Estate and the Housing for Health business unit;

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to sign 3-year agreements with each of **Institute for Community Living, Inc. (“ICL”)** and **Comunilife, Inc. (“Comunilife”)** for the provision by ICL of 26 respite beds and by Comunilife of 25 such beds with the System holding two 1-year options to renew both contracts for an amount for the two contracts together not-to-exceed \$17,960,500 over the potential 5-year terms.

**EXECUTIVE SUMMARY
PROPOSED AGREEMENTS
WITH
INSTITUTE FOR COMMUNITY LIVING, INC. AND COMUNILIFE, INC.
FOR RESPITE BEDS AND SERVICES**

**PROGRAM
OVERVIEW:**

Patients experiencing homelessness have greater medical acuity and longer hospital stays. When medically cleared for discharge, they often cannot return to a shelter or street due to their post-surgical, medical and/or behavioral health needs. Respite beds provide a solution. They are in congregate living facilities where case managers, peer specialists and social workers provide care coordination, support with transport to medical appointments, and linkage with primary care, behavioral health and substance use services. The System sees the respite program as both financially and clinically successful. From 1/2020 to 8/2022, 742 patients were successfully discharged from respite after average stays of 45 days. In 2021, the average cost of respite was about \$150/bed/night representing a savings to the System of about \$17M compared to the cost of keeping the patients in the hospital until they suitable for discharge. More important, the program has been clinically successful in both preparing patients for discharge and getting patients connected to housing and other useful services.

**VENDOR
OVERVIEW:**

The System has contracted with ICL and with Comunilife for respite beds since 2019 on separate contracts that were each extended on a best interest basis in 2021 to expire November 30, 2022. Both ICL and Comunilife are not-for-profit organizations with good reputations and established programs. Both combine competence in the delivery of respite services with the real estate to be able to furnish both beds and services.

PROCUREMENT:

The System wished to test the market for providers of respite beds and so conducted an RFP in spring 2022. Though 12 contractors attended a preproposal conference, only Comunilife and ICL made proposals. This confirmed the System's assessment that these were the only entities in the area with both a proven ability to service this difficult population and with the real estate (or access to the real estate) to be able to provide the beds.

TERMS:

The System proposes to execute contracts similar to the prior ones where it reserves all contractors' respite beds for the term. The new contracted rate per bed, per night is approximately \$175. The System pays for the beds if they are occupied or not but occupancy has never been less than 90% and is often close to 100%. The System has the right to terminate each of the contracts without cause on fairly short notice.

MWBE:

Both vendors are not-for-profit corporations and so are exempt from MWBE subcontracting goals.

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

From: Iraniss Morel-Dziengeleski
Associate Counsel
Office of Legal Affairs

Iraniss Morel-Dziengeleski
Digitally signed by Iraniss Morel-Dziengeleski
Date: 2022.09.29 13:38:37 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Matter: Medical Respite Operations and Services

Date: September 29, 2022

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Comunilife, Inc.	Approved	Pending	N/A
Institute for Community Living, Inc.	Approved	Pending	N/A

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 Respite Operations and Services

Application to Award Contracts with
Institute for Community Living, Inc. and Comunilife,
Inc.

Board of Directors Meeting
October 27, 2022

Matthew Siegler, SVP
Leora Jontef, AVP Housing & Real Estate
Marjorie Momplaisir-Ellis, Sr. Director Housing

For Consideration

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign three year agreements with each of Institute for Community Living, Inc. (“ICL”) and Comunilife, Inc. (“Comunilife”) for the provision by ICL of 26 respite beds and by Comunilife of 25 such beds with the System holding two 1-year options to renew both contracts for an amount for the two contracts together not-to-exceed \$17,960,500 over the potential five year terms.

Housing for Health

In 2020, NYC Health + Hospitals(H+H) launched Housing for Health with a goal of securing interim and permanent housing options for patients experiencing homelessness

Why Housing for Health?

46,000 H+H patients are experiencing homelessness. 22,000 H+H patients are also DHS clients

Expediting this population into stable housing saves lives, improves health outcomes, and reduces expensive emergency health care and in-patient resources

Successes to Date

- Over **450** patients have been permanently housed
- Over **800** people have benefited from interim housing at medical respite

Medical Respite RFP

In Spring 2022, Housing for Health released an RFP to continue providing Medical Respite Operations and Services

*Source: Pop Health Dashboard/DSS data



The Need

Patients experiencing homelessness have greater medical acuity and longer hospital stays. When medically cleared for discharge, they often cannot return to a shelter or street because of their post surgical, medical and/or behavioral health needs.



The Solution - Medical Respite

An Interim Housing Option with 24/7 staffing that allows clinical providers to come onsite to perform services like: wound care, oxygen, IV infusion, physical therapy, and home health aide services.

The Model



- Services are provided primarily by case managers, peer specialists and social workers
- Respite staff provide care coordination, support with transport to medical appointments, and linkage with primary care, behavioral health and substance use services
- Since the respite operators currently do not provide any direct clinical services, clinical services are provided by various vendors who come onsite. The clinical aftercare services are arranged by NYC H+H facility discharge planners based on patients' clinical needs.
- Provide extensive housing case management to support connections to more stable and appropriate housing

The goal is to stabilize patients' health, provide needed social services, and facilitate connections to more stable and appropriate housing. Additional goals are to reduce length of patients' hospital stay and prevent avoidable hospitalization and ED utilization

Current State: Contracts

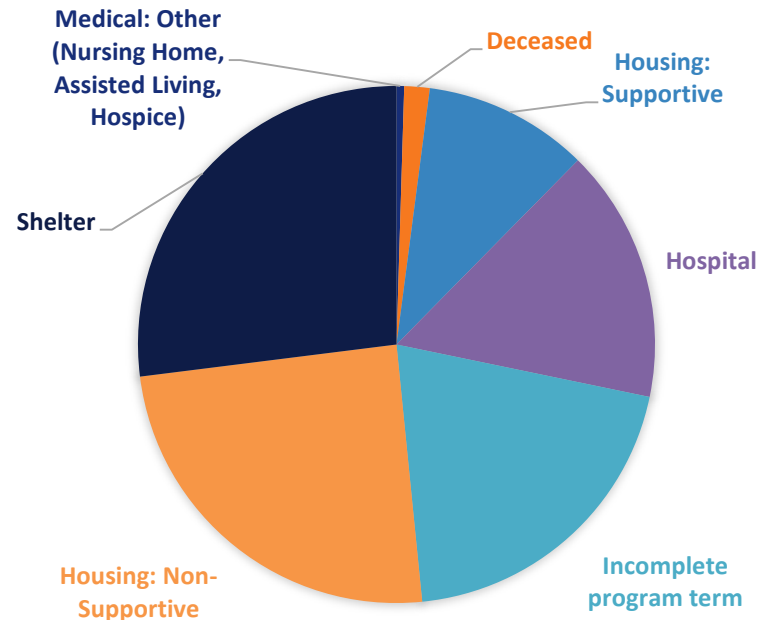
- NYC Health + Hospitals has managed Medical Respite services since 2019
- One City Health, H+H Population Health and Post-Acute Care teams executed distinct contracts in 2019 and 2020
 - In 2020, the Housing for Health team began managing and consolidating the respite contracts
- In summer 2021, H+H signed a best interest extension for 51 beds with two CBOs, Institute for Community Living and Comunilife
 - Currently operate 51 beds in Upper Manhattan and the Bronx
 - Beds operate at 90-100% capacity
 - There are no ancillary costs associated with the contracts
- H+H's investment in Medical Respite services is the largest in New York City

Current Program Successes

Since January 2020*, our Medical Respite program has:

- Received 1674 referrals from 15 facilities
 - The majority of referrals came from: Bellevue, Kings County, Jacobi, Harlem, Lincoln Hospitals
- Served 815 patients
 - Average Length of Stay: 45 days
 - Total Number of Days at Respite: over 30,000 days
 - Average Age: 50 years
- Discharged 769 patients
 - 35% discharged from respite to permanent housing, including supportive housing, non-supportive housing (i.e. room rentals and family reunification), nursing homes and assisted living

DISCHARGE LOCATIONS 2020-2022*



* Until 9/31/2022

- Currently, average cost of current beds is \$150 per bed per day.
- An H+H medical respite option assures that patients do not remain in our hospital beds when they no longer have an acute care need.
- Getting patients to the right level of care is better, safer care and more efficient for hospital operations.
 - Direct variable supply and labor costs of caring for the patient in the hospital are approximately 5X the cost of respite.
 - The investment in medical respite directly avoided an estimated \$17 million in hospital operating costs.
 - Helping appropriate patients transition to respite, frees up inpatient beds for patients who truly need acute care.
 - We estimate that respite has opened up access for 950 new patients in our hospitals, translating an estimated net revenue up to \$16 million.

RFP Criteria

➤ Vendor Minimum Criteria:

- Applicants must be nonprofit entities with at least three (3) years of experience in the last ten (10) years providing services in operating and providing services in a transitional residential environment and provides services to persons with complex health and behavioral health conditions.
- Demonstrated ability to locate and secure an appropriate site of approximately 25 beds in one or more of the identified boroughs.
- Demonstrated experience supervising or partnering with clinical personnel who will be providing on-site health monitoring of clients
- Demonstrated ability to access Citywide computer system -- Worker Connect and CAPS.
- MWBE not applicable; non-profit community based organizations are exempt
 - Workforce diversity data available in the Appendix

➤ Substantive Criteria

- 30% Understanding and Responsiveness to Scope of Work
- 30% Experience and Qualifications
- 20% Implementation
- 10% Quality of Staffing Plan
- 10% Cost

➤ Evaluation Committee:

- Unit Chief, Bellevue Extended Care Unit
- Director, Office of Quality and Safety
- Senior Director, Housing for Health
- Senior Project Manager, Housing for Health
- Director of Social Work, Jacobi

Overview of Procurement

- 04/28/22: RFP published on City Record, sent directly to 23 CBOs
- 05/11/22: Pre-proposal conference held, 12 potential vendors attended
- 05/27/22: Proposal deadline, 2 proposals received
- 06/28/22: Evaluation committee completed proposal review and submitted scoring sheets
- 07/28/22: Final budget proposals submitted by vendors
- 08/02/22: Scoring tabulations completed, Institute for Community Living and Comunilife were both selected with scores of 7.9 and 7.8 respectively

Contract Terms

NYC Health + Hospitals will sign contracts with two vendors, for Comunilife and Institute for Community living, for a total of 51 beds in Upper Manhattan

Contract Terms:

- Three years with two one-year options to renew
- Services to be provided:
 - Maintain and operate respite beds (25 beds at Comunilife; 26 beds at ICL)
 - Support Services and Health Monitoring
 - On-site clinical services
 - RN on-site 2-3 days per week
 - connection to H+H Express Care
 - Access to Epic Care Link

Performance Evaluation

Vendor Performance Evaluation

Comunilife

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Y
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	N/A
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Y
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Y
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Y
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Y
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Y
Did the vendor adequately staff the contract?	Y
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Y
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Y
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Y
Performance and Overall Quality Rating Satisfactory	Highly Satisfactory

Performance Evaluation

Vendor Performance Evaluation
Institute for Community Living

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Y
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	N/A
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Y
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Y
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Y
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Y
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Y
Did the vendor adequately staff the contract?	Y
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Y
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Y
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Y
Performance and Overall Quality Rating Satisfactory	Highly Satisfactory

Board of Directors Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign three year agreements with each of Institute for Community Living, Inc. (“ICL”) and Comunilife, Inc. (“Comunilife”) for the provision by ICL of 26 respite beds and by Comunilife of 25 such beds with the System holding two 1-year options to renew both contracts for an amount for the two contracts together not-to-exceed \$17,960,500 over the potential five year terms.

RESOLUTION - 04

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute five-year revocable license agreements with each of **MetroPCS Wireless, Inc. (“MetroPCS”)** and with **T-Mobile Northeast, LLC (“T-Mobile”)** to operate cellular communications systems on approximately 200 square feet of space on the roof of the “A-C” Building and 200 square feet of space on the roof of the “A” Building, respectively, on the campus of NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center (the “**Facility**”) at annual occupancy fees for each site of \$74,500 calculated at \$372.50 per square foot to be escalated by 3% per year for a five year total of the two licensees together of \$791,061.

WHEREAS, the System’s Board of Directors in 2017 authorized the President to enter into license agreements with MetroPCS and T-Mobile (the “**Licensees**”) for the operation of their equipment on the Facility’s campus; and

WHEREAS, the Facility continues to have adequate space to accommodate the Licensees’ 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; and

WHEREAS, T-Mobile acquired MetroPCS and so the two companies are commonly owned but because T-Mobile continues to do business through the MetroPCS corporate structure, the two licenses could not be combined into one; and

WHEREAS, the administration of the two licenses shall be the responsibility of the Chief Executive Officer of the Facility.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute five-year revocable license agreements with each of MetroPCS Wireless, Inc. (“**MetroPCS**”) and with T-Mobile Northeast, LLC (“**T-Mobile**”) to operate cellular communications systems on approximately 200 square feet of space on the roof of the “A-C” Building and 200 square feet of space on the roof of the “A” Building, respectively, on the campus of NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center (the “**Facility**”) at annual occupancy fees for each site of \$74,500 calculated at \$372.50 per square foot to be escalated by 3% per year for a five year total of the two licensees together of \$791,061.

EXECUTIVE SUMMARY

CELLULAR LICENSE AGREEMENTS METROPCS WIRELESS, INC. AND T-MOBILE NORTHEAST, LLC

NYC HEALTH + HOSPITALS/COLER REHABILITATION AND NURSING CARE CENTER

BACKGROUND: The System has licensed space on the roofs of the Facility since at least 2007 the System's Board of Directors authorized license agreements with the Licensees for use and occupancy of space on the roofs of the "A" and "A-C" Buildings. Several years ago, T-Mobile acquired MetroPCS but continues to transact business in the MetroPCS corporate structure thereby making it impossible to consolidate these two licenses into a single transaction. However, the System has stretched the term of the A-C Building license beyond its expiration so as to match the commencement and expiration of the two licenses so they can be handled at the same time.

Both Licensees' systems comply with applicable Federal statutes governing the emission of radio frequency signals, and therefore pose no health risk to staff or patients.

TERMS: The two licenses will each call for the payment of occupancy fees at \$372.50 per square foot. Each will occupy approximately 200 square feet with T-Mobile being on the roof of the "A Building" and MetroPCS using space on the roof of the "A-C Building" at initial annual occupancy fees of \$74,500 for each and a combined initial annual occupancy fee of \$149,000. Both fees will be escalated by 3% per year for a five-year total of \$791,061 from the two Licensees together.

**Request to Enter into License
Agreement with T-Mobile Northeast LLC
and Metro PCS Wireless
NYC Health + Hospitals/Coler**

**Board of Directors Meeting
October 27, 2022**

Leora Jontef, AVP, Housing and Real Estate

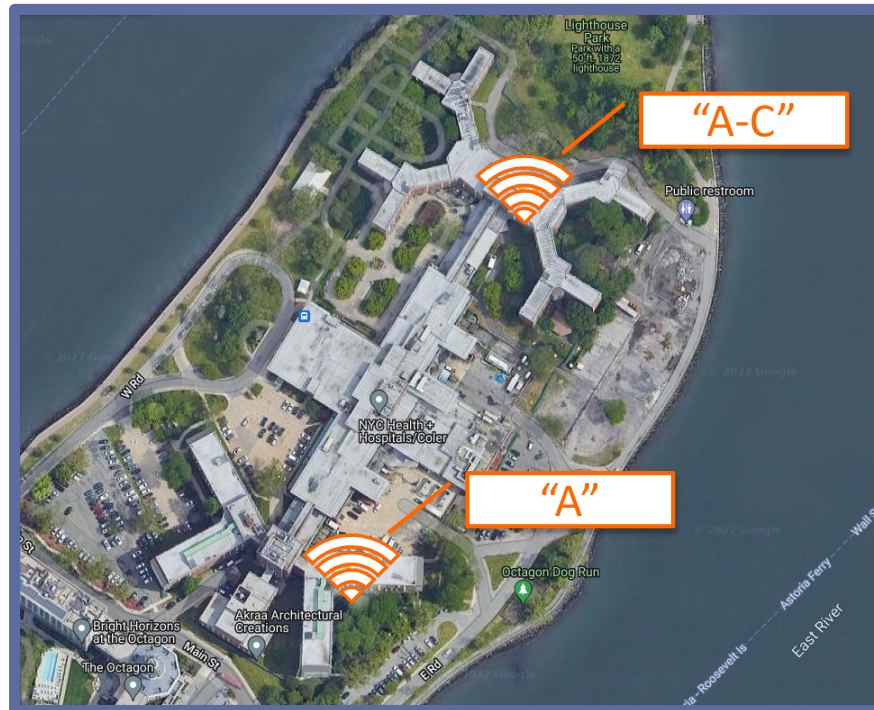


Request for Consideration

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute five-year revocable license agreements with each of **MetroPCS Wireless, Inc. (“MetroPCS”)** and with **T-Mobile Northeast LLC (“T-Mobile”)** to operate cellular communications systems on approximately 200 square feet of space on the roof of the “A” Building and 200 square feet of space on the roof of the “A-C” Building, respectively, on the campus of the **NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center** (the “Facility”) at annual occupancy fees for each site of \$74,500 calculated at \$372.50 per square foot to be escalated by 3% per year for a five year total for both sites of \$791,061.

Background

- Coler has had communication equipment on campus since 2007, located on the roofs of the “A” and “A-C” buildings.
- The equipment is part of cellular communications network with each antenna serving a different radius.
- 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.



Background

- In 2017 the Board of Directors authorized two five year license agreements with T-Mobile and Metro PCS for use and occupancy of 200 square feet of space on each roof of the “A” Building and the “A-C” Building.
- The existing license agreements expire September 30, 2022 and December 31, 2022.
- The agreements will continue with T-Mobile Northeast LLC and MetroPCS Wireless, Inc., existing business units of T-Mobile.

Agreement Terms

- T-Mobile and Metro PCS will continue to occupy approximately 200 square feet on the roof of “A” Building and 200 square feet on the roof of “A-C” Building.
- T-Mobile and Metro PC will pay an occupancy fee of \$74,500 per year, or \$372.50 per square foot for both sites. The occupancy fee will be escalated by 3% per year for a combined five year total of \$791,061.
- New agreements will commence December 1, 2022. The expired agreement continues month to month.
- 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.

Occupancy Fee

	T-Mobile "A-C"		Metro PCS "A"	
Years	Existing	New Term	Existing	New Term
1	\$61,814.00	\$74,500.00	\$63,612.00	\$74,500.00
2	\$64,286.56	\$76,735.00	\$65,520.36	\$76,735.00
3	\$66,858.02	\$79,037.05	\$67,485.97	\$79,037.05
4	\$69,532.34	\$81,408.16	\$69,510.55	\$81,408.16
5	\$72,313.64	\$83,850.41	\$71,595.87	\$83,850.41
Total	\$334,804.56	\$395,530.62	\$337,724.75	\$395,530.62

3% ANNUAL ESCALATION

Board of Directors Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute five-year revocable license agreements with each of **MetroPCS Wireless, Inc. (“MetroPCS”)** and with **T-Mobile Northeast LLC (“T-Mobile”)** to operate cellular communications systems on approximately 200 square feet of space on the roof of the “A” Building and 200 square feet of space on the roof of the “A-C” Building, respectively, on the campus of the **NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center** (the “Facility”) at annual occupancy fees for each site of \$74,500 calculated at \$372.50 per square foot to be escalated by 3% per year for a five year total for both sites of \$791,061.

RESOLUTION - 05

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to execute an agreement with **STV, Inc. (“STV”)** to design the flood mitigation system to be constructed at NYC Health + Hospitals/Coler Rehabilitation and Nursing Facility (“**Coler**”) for a cost not to exceed \$7,930,000, inclusive of a 20% contingency of \$1,320,604 contingency, over a term to be coextensive with the duration of the project, which is estimated to be eight years.

WHEREAS, Coler suffered considerable damage from Hurricane Sandy in the fall of 2012; and

WHEREAS, the System, with the City, was awarded a grant by the Federal Emergency Management Agency (“**FEMA**”) in the amount of approximately \$1.8B to repair damage caused by Sandy and to perform work to mitigate the risk of future similar storms with a focus on four system facilities of which Coler was one together with NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Coney Island, and NYC Health + Hospitals/Metropolitan; and

WHEREAS, the System has completed necessary repairs to Coler and now wishes to perform the work which is necessary and required by FEMA to protect Coler from future storms; and

WHEREAS, the storm mitigation work planned for Coler involves the construction of a berm around parts of the northern tip of Roosevelt Island, construction of flood walls and improvements of drainage for which \$98M of the FEMA funding has been allocated; and

WHEREAS, the System conducted an RFP to identify a designer for the flood mitigation project at Coler which involved a site tour attended by 14 vendors and a pre-proposal conference attended by 26 vendors, proposals received from four vendors, the Evaluation Committee’s selection of STV as the proposer offering the System the best proposal, and the Contract Review Committee’s endorsement of such choice; and

WHEREAS, STV has committed to a 34% MWBE subcontracting plan; and

WHEREAS, the System’s Office of Facility Development will be responsible for the management of the proposed agreement.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized execute an agreement with STV, Inc. (“**STV**”) to design the flood mitigation system to be constructed at NYC Health + Hospitals/Coler Rehabilitation and Nursing Facility (“**Coler**”) for a cost not to exceed \$7,930,000, inclusive of a 20% contingency of \$1,320,604 contingency, over a term to be coextensive with the duration of the project, which is estimated to be eight years..

**EXECUTIVE SUMMARY
CONTACT WITH STV, INC.
FOR DESIGN OF FLOOD PROTECTION SYSTEM
AT NYC HEALTH + HOSPITALS/COLER REHABILITATION AND NURSING
FACILITY**

- OVERVIEW:** Coler suffered considerable damage from Hurricane Sandy in the fall of 2012. The System, with the City, was awarded a grant by the Federal Emergency Management Agency (“FEMA”) in the amount of approximately \$1.8B to repair damage caused by Sandy and to perform work to mitigate the risk of future similar storms with a focus on four system facilities of which Coler was one together with NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Coney Island, and NYC Health + Hospitals/Metropolitan. The System has completed necessary repairs to Coler and now wishes to perform the work which is necessary and required by FEMA to protect Coler from future storms. The storm mitigation work planned for Coler involves the construction of a berm around parts of the northern tip of Roosevelt Island, construction of flood walls and improvements of drainage for which \$98M of the FEMA funding has been allocated.
- PROCUREMENT** The System conducted an RFP to identify a designer for the flood mitigation project at Coler. 14 vendors attended a site tour. 26 vendors attended a pre-proposal conference. Ultimately four firms submitted proposals. The Evaluation Committee’s selected STV as the proposer offering the System the best proposal. The Contract Review Committee endorsed such choice.
- TERMS:** The proposed contract will be for duration of the flood mitigation project which is estimated to be 8 years for an amount not to exceed \$7,930,000. This amount includes a 20% contingency of \$1,320,604 contingency.
- FINANCING:** The work will be paid for out of the FEMA grant.
- MWBE:** STV has committed to a 34% MWBE subcontracting plan.

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Rivera-
Bazan,
Irmali

Digitally signed
by Rivera-Bazan,
Irmali
Date: 2022.10.14
10:38:03 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: STV, Inc.

Date: October 14, 2022

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

32% - Utilization Plan

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

Request to Enter into Contract with STV Inc.
NYC Health + Hospitals/Coler
FEMA Flood Exterior Mitigation Project

Board of Directors Meeting
October 27, 2022

Manuel Saez, SAVP, OFD

Oscar Gonzalez, SAVP, Capital Development Group

Anniqua Brown, Sr. Director, Capital Development Group



Request for Consideration

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to execute an agreement with **STV, Inc. (“STV”)** to design the flood mitigation system to be constructed at **NYC Health + Hospitals/Coler Rehabilitation and Nursing Facility (“Coler”)** for a cost not to exceed \$7,930,000, inclusive of a 20% contingency of \$1,320,604 contingency, over a term to be coextensive with the duration of the project, which is estimated to be eight years.

Program Background & Overview

- Coler Rehabilitation and Nursing Care Facility (Coler), located on the northern end of Roosevelt Island is sited in an “AE” zone of the 100-year floodplain and was left without electricity, heat or hot water following Hurricane Sandy in October 2012.
- Repairs, enhancements and mitigation solutions were needed to significantly improve the safety and resiliency of the facility.
- The largest FEMA initiated project at Coler is The Exterior Mitigation Project, which is an exterior flood protection system, designed to protect the facility to the 500-year flood level.
- \$98M was allocated for this project from the \$1.8B FEMA Sandy grant

Overview of Procurement

- 7/7/22: RFP published on City Record
- 7/19/22: Onsite walkthrough at Coler, 14 vendors attended (0 MWBE)
- 7/28/22: Pre-Proposal conference held, 26 vendors attended (2 MWBE)
- 8/22/22: Proposal deadline, four proposals received
- 9/1/22 – 9/8/22: Vendor presentations on flood mitigation services
- 9/9/22: Evaluation committee debriefed on vendor presentations and proposals
- 9/14/22: Evaluation Committee submitted final scoring. STV, Inc. was the highest rated proposer

RFP Criteria

➤ Minimum criteria:

- 5 years of prior experience in designing flood mitigation projects and construction administration services in a healthcare setting
- Licensed professional must hold NY state licenses in their discipline
- MWBE plan, waiver, or certification (30% goal)

➤ Substantive Criteria

- 25% Appropriateness & Quality of Firms Experience
- 25 % Qualifications of Proposers Consultants & Staffing
- 20% Proposed Approach & Methodology
- 15% MWBE Utilization
- 15% Cost

➤ Evaluation Committee:

- Associate Executive Director, Coler
- Project Manager, OFD
- Director of Fiscal Affairs
- Senior Director, OFD
- Director of Capital Design, OFD

Project Information

- Contract with STV, Inc. for Design Services for the Coler Exterior Mitigation
- Funding for this project will be out of the FEMA grant
- Budget Breakdown

SCOPE	COST
Design	\$6,609,396
Contingency (20%)	\$1,320,604
TOTAL	\$7,930,000

- Due to the complexity of this project, the potential for unforeseen and unknown conditions is higher than normal
- Schedule – design expected to begin Fall 2022



- Contract to expire upon full completion of project
- There will be minimal impact to facility operations during the entirety of the project

Vendor Performance

- STV has designed more than 65 post-Sandy recovery and resiliency projects, and received FEMA's second largest FEMA award for Public Assistance Alternative Procedures for Sandy-related repairs
- STV does not have any direct contracts with H+H, but they have worked as subs on H+H projects
- While STV does not have previous contracts with H+H, they do have extensive experience with other City Agencies

- STV has 106 previous evaluations from MOCS:
 - 12 Excellent
 - 65 Good
 - 27 Satisfactory
 - 2 Poor*

- Of the 2 poor evaluations, 1 was from DCAS in 2003, and the other was from NYCDEP in 2020
 - Since 2020, they have had 16 evaluations:
 - 12 Good
 - 2 Satisfactory
 - 2 excellent

MWBE Utilization Plan (UP)

Assigned MWBE Goal: 32%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
MWBE	2	0	N/A	N/A
Non-MWBE	5	4	3*	0

➤ One firm received partial credit for its MWBE plan

STV Inc. Utilization Plan:

Subcontractor Name	Certifying Agency	M/WBE Utilization	Contract \$	Subcontractor's Scope of Work
Indigo River Consulting LLC	NYC/NYS	10%	\$660,940	Coastal Modeling, Berm Design & Armoring, Permitting, FEMA
Laland Baptiste, LLC	NYC/NYS	3%	\$198,282	Cost Estimating & Scheduling
Naik Consulting Group, P.C.	NYS	7%	\$462,658	Civil/Utilities/Stormwater, Parking Design, and Vehicular Logistics/MPT
SiteWorks Landscape Architecture LLC	NYC/NYS	6%	\$396,563	Landscape Architecture/Site Design
Jersey Boring & Drilling Co., Inc.	NYC	8%	\$528,751	Drilling
Total		34%	\$2,247,194	

Board of Directors Request

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