

<p><b><u>CALL TO ORDER - 2:00 PM</u></b></p>	<p>Mr. Pagán</p>
<p><b><u>Executive Session   Facility Governing Body Report</u></b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Gouverneur Nursing Facility</li> <li>➤ NYC Health + Hospitals   Coler Nursing Facility</li> </ul> <p><b><u>Semi-Annual Governing Body Report (Written Submission Only)</u></b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Harlem</li> </ul>	<p>Mr. Pagán</p>
<p>1. <b><u>OPEN PUBLIC SESSION - 3:00 PM</u></b> <b>Approval of Meeting Minutes – February 23, 2023</b></p>	<p>Mr. Pagán</p>
<p>2. <b><u>Chair’s Report</u></b></p>	
<p>3. <b><u>President’s Report</u></b></p>	<p>Dr. Katz</p>
<p>4. Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a 5-year best-interest contract extension with <b>BASE Tactical Disaster Recovery, Inc.</b> (“BASE Tactical”) to provide project management and consulting services for the repair, restoration and hazard mitigation of System facilities damaged by Hurricane Sandy with the System holding two 1-year renewal options for an amount not to exceed \$6,800,000 over the potential seven-year term.</p> <p>Additionally - to extend the current 2016 contract terms ending June 30, 2023 to December 30, 2023 to allow for the expenditure of the balance of \$1,407,641.37 for Superstorm Sandy. (Presented to the Finance Committee: 03/13/2023) <b>VENDEX: Approved / EEO: Approved</b></p>	<p>Ms. Wang</p>
<p>5. Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract with <b>Coordinated Behavioral Care, Inc.</b> (“CBC”) to provide housing location and placement services (“HLPs”) for a term of three years with one 1-year option exercisable only by the System for an amount not to exceed \$14,054,014 over the potential four-year term. (Presented to the Finance Committee: 03/13/2023) <b>VENDEX: Approved / EEO: Approved</b></p>	<p>Ms. Wang</p>
<p>6. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute five-year agreements with each of the five law firms <b>Abrams Fensterman, LLP, Law Office of Barbara J. Berwitz, McAloon &amp; Friedman, P.C., Law Offices of David Smoren, PLLC and Vigorito, Barker, Patterson, Nichols &amp; Porter LLP</b> (the “Firms”) for the provision of legal representation in matters under the New York State Mental Hygiene Law (Behavioral Health and/or Guardianship) on behalf of the System on an as-needed basis for an initial period of three years with two one-year options to renew for an amount not to exceed \$12,000,000 over the entire potential five-year term (Presented to the Finance Committee: 03/13/2023) <b>VENDEX: All Pending – (Except for McAloon &amp; Friedman, P.C. and Vigorito, Baker, Patterson Nichols and Porter, LLP)</b> <b>EEO: All Pending</b></p>	<p>Ms. Wang</p>
<p>7. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a 32-year lease with <b>Mott Center LLC (“Landlord”)</b> for the use of about 22,819 total square feet including a 449 sf first floor lobby and 22,370 sf <b>clinic space on the 2<sup>nd</sup> floor of 1720 Village Lane, Far Rockaway, NY (the “Premises”)</b> by NYC Health + Hospitals/Gotham Health (“Gotham”) for a primary care clinic at an initial rent of \$32/rentable sf or \$730,208/yr. which will increase by 10% every 5 years to reach \$51.54/rentable sf over the final years of the term for a total base rent over the term \$28,170,000 after taking into account two years of free rent; provided that operating expense escalations are estimated to total \$3M which, when added to the base rent, produces a total payable to Landlord over the term estimated at \$31,170,000. (Presented to the Capital Committee: 03/13/2023) <b>VENDEX: NA / EEO: NA</b></p>	<p>Mr. Pagán</p>

8. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **BA Global Construction Corp.** (the "Contractor") to complete a renovation at NYC Health + Hospitals/Metropolitan Hospital Center ("Metropolitan") of the infusion clinic located on the 6<sup>th</sup> Floor, C Wing to create an updated infusion suite for a contract amount of \$5,941,453 with a 10% project contingency of \$594,145 to bring the total cost not to exceed \$6,535,598. (Presented to the Capital Committee: 03/13/2023)  
**VENDEX: Approved / EEO: Approved**

Mr. Pagán

### Committee Reports

Mr. Pagán

- Governance Committee
- Community Relations Committee
- Capital Committee
- Finance Committee

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

>>Old Business<<  
>>New Business<<  
>>Adjournment<<

Mr. Pagán

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 **23<sup>rd</sup> day of February, 2023** 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. Deborah Brown  
Dr. Vincent Calamia  
Ms. Karen St. Hilaire  
Ms. Cristina Chang  
Ms. Barbara Lowe  
Mr. Robert Nolan  
Ms. Anne Williams-Isom - left at 3:00pm  
Ms. Erin Kelly - joined at 3:00pm  
Ms. Sally Hernandez-Piñero  
Ms. Freda Wang  
Ms. Anita Kawatra  
Dr. Michelle Morse - left at 3:34  
Ms. Jackie Rowe-Adams

José Pagán, Chair of the Board, called the meeting to order at 2:08 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted that Deborah Brown is representing Dr. Katz, Dr. Michelle Morse is representing Dr. Ashwin Vasani, and Karen St. Hilaire is representing Gary Jenkins - all 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 patient medical information.

#### **OPEN SESSION**

The Board reconvened in public session at 3:15 p.m.

Mr. Pagán welcomed and acknowledged Ms. Jackie Rowe-Adams as a Mayoral appointee to the Board of Directors.

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasan; Ms. Deborah Brown is representing Dr. Mitchell Katz; Erin Kelly is representing Deputy Mayor Anne Williams-Ison; and Karen St. Hilaire is representing Gary Jenkins - all in a voting capacity.

#### **ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on January 26, 2023 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 January 26, 2023 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/ Lincoln.

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

#### **CORPORATE OFFICER APPOINTMENT**

During executive session, the Board received and approved the Governance Committee recommendation to appoint Manuel Saez to the corporate Officer title of Vice President for Facilities Development.

#### **COMMITTEE ASSIGNMENT**

Article VI, Section 1(c) of the by-laws of New York City Health and Hospitals Corporation provides that the Chairperson of the Board shall annually appoint, with the approval of the majority of the Board, the members of the standing committees of the Board.

Mr. Pagán proposed a motion to appoint Jackie Rowe-Adams to the Community Relations, Equity Diversity and Inclusion and the Quality Assurance and Performance Improvement Committees.

**RESOLVED**, hearing no questions from the Board and upon motion duly made and seconded, the Board unanimously approved the appointment of Jackie Rowe-Adams to the Community Relations, Equity Diversity and Inclusion and the Quality Assurance and Performance Improvement Committees.

**NYC HEALTH AND HOSPITALS FY2023 ANNUAL PUBLIC MEETINGS**

Mr. Pagán shared the schedule of the upcoming fiscal year 2023 NYC Health and Hospitals Annual Public Meeting series and encouraged members of the Community to register to speak:

- Staten Island - March 21<sup>st</sup> at Staten Island Borough Hall
- Manhattan - April 4<sup>th</sup> at Harlem Hospital
- Queens - April 18<sup>th</sup> at Elmhurst Hospital
- Bronx - May 16<sup>th</sup> at Jacobi Hospital
- Brooklyn - June 13<sup>th</sup> at Woodhull Hospital

**VENDEX APPROVALS**

Mr. Pagán noted there are ten items on the agenda requiring Vendex approval, all have that 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.

**ACTION ITEM 2:**

Mr. Pagán read the resolution

Authorizing the **creation of two not-for-profit public benefit corporation subsidiaries to facilitate New York City Health and Hospitals Corporation ("NYC Health + Hospitals")** taking advantage of opportunities consistent with its mission to expand the members currently served by its subsidiary, MetroPlus Health Plan, Inc. ("**MetroPlus**"), through the establishment of a subsidiary public benefit corporation to hold a license under Article 43 of the New York Insurance Law (an "**Article 43 License**") and a second not-for-profit subsidiary public benefit corporation to function as a Managed Services Organization (an "**MSO**") substantially as set forth in the proposed certificates of incorporation and bylaws attached; and further

Approving the roster of members of the board of directors of the two subsidiaries that appears in Appendix A attached to this resolution.

(Presented to the MetroPlus Board: 01/31/2023)

Andrea Cohen, Senior Vice President and General Counsel discussed the requested actions for the establishment of the two new subsidiaries, explaining that one will operate under Article 43, which provides for a not-for-profit license for certain commercial insurance and the second subsidiary will be an MSO that will manage the distribution of resources between the Article 43

licensed entity and the pre-existing Article 44 licensed entity. Ms. Cohen outlined the opportunities and the reason for the Article 43 entity, listing the mission, finances, industry norm, success and capability as drivers.

Ms. Cohen also discussed the proposed corporate structure for the three subsidiaries, Board Membership, and the existing MetroPlus Health capabilities with the proposed new corporate structure to support growth and expansion. For the new corporate structure, the Board is asked to approve the Articles of Incorporation and the by-laws for the two new subsidiaries with the understanding that the articles of incorporation and bylaws for the new subsidiaries will follow the same structure as the existing MetroPlus subsidiary. Additionally, New York State has funding requirements as part of the licensure process.

In response to questions from the Board regarding the difference between Article 43 and Article 44 Dr. Talya Schwartz, Chief Executive Officer, MetroPlus Health, explained that Article 44 allows for community-rated government and not-for-profit plans. Article 43 allows for experience-rated plans and holds commercial plans.

Dr. Schwartz also responded that they are working with a reputable actuary firm. This firm has extensive experience with setting rates and making financial assumptions for experienced-based products.

Lauren Leverich, Chief Financial Officer, responded to questions from the Board regarding reserve funding. The New York State Department of Financial Services sets a 12.5 percent reserve requirement. Subsequent to the transfer of the Gold members from Article 44 to Article 43, there will be an anticipated transfer of said reserves currently held on the Article 44 entity balance sheet to Article 43 balance sheet. In addition to the reserve requirement, there are other regulatory components that determine the premiums assigned to the different groups.

Ms. Leverich explained that the anticipated \$90 million projected reserve is for new members and existing Gold members, which includes small groups.

The Board also asked about capability for expansion. Dr. Schwartz responded that the existing executive staff will manage the three subsidiaries. There will be additional staff to support operations in the future based on growth and membership. Under Article 43, there are additional fiscal reporting requirement that does not exist under Article 44.

After questions, Dr. Schwartz explained, there will be an allocation of administrative costs across subsidiaries based on the percentage of time worked in the line of business.

Dr. Schwartz also stated that while there is a financial liability risk for NYC Health + Hospitals, MetroPlus is able to support the 20 percent reserve requirement with additional funding.

The Board asked about the need for the establishment of an MSO subsidiary. Ms. Cohen responded that it is industry standard to have a separate corporation.

In response to questions from the Board, Dr. Schwartz explained that the Article 43 subsidiary does not affect the Medicare Advantage line of business, which currently exists under Article 44. As for utilization of provider network, this is still under review and consideration.

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

**ACTION ITEM 3:**

Dr. Calamia read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to contract with **NYSARC, Inc. ("NYSARC")**, contingent upon the inclusion of a termination clause in the contract that can be exercised after 1 year at the directive of the Board if additional funding is not identified for this program, for respite services for adult patients with intellectual or developmental disabilities ("**IDD**") for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$8,500,000.

(Presented to the Medical and Professional Affairs Committee: 02/06/2023)

Omar Fattal, MD, Deputy Chief Medical Officer and Assistant Chief of Behavioral Health provided background information on the program, outlining its service and programmatic elements, admission criteria and clinical impact/outcome metrics. Dr. Fattal provided a cost comparison and potential reimbursement opportunities. Dr. Fattal also set forth the timeline of the RFP, contract history, an overview of the procurement, the RFP criteria and NYSARC, Inc.'s performance review.

In response to questions from the Board, Dr. Fattal explained that this program is a temporary respite, which provides a more appropriate setting for adult patients with intellectual disabilities who are in the process of finding permanent housing and who would otherwise wait for prolonged periods of time in an emergency room and in-patient setting. Dr. Jennifer Morrison-Diallo, added, there is a pressing need and many of these patients who lack adequate housing are directed to the emergency room, which may not be the appropriate setting for their needs.

**FOLLOW-UP:** Dr. Fattal and Dr. Morrison-Diallo will share the number of NYC Health + Hospitals patients who are currently served by this program at a later time.

After questions from the Board, Dr. Morrison-Diallo provided an overview of the services and the staffing structure of the program, highlighting that there are both clinical and non-clinical teams providing services and care.

Dr. Fattal also responded, there are in-patient and mental health services available to patients who need acute care.

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

**ACTION ITEM 4:**

Dr. Calamia read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to exercise a best interest extension for three months on its existing contract with **Crothall Facilities Management, Inc.** ("Crothall") for biomedical program management for an amount not to exceed \$9,369,806 for the three-month extension period.

(Presented to the Medical and Professional Affairs Committee: 02/06/2023)

Joe Wilson, Senior Assistant Vice President provided background information, an overview of the procurement, RFP scope of service and vendor performance. Mr. Wilson discussed the agreement terms and corresponding contract amount.

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

**ACTION ITEM 5:**

Mr. Pagán 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/Metropolitan Hospital Center ("Metropolitan") for a term to equal the duration of the proposed construction project for an amount, including a 10% project contingency of \$745,300, not to exceed \$8,198,300.

(Presented to the Capital Committee: 02/06/2023)

Mahendranath Indar, Assistant Vice President, gave an overview of the



program background. Tamika Campbell, Director of Capital Design, outlined the procurement process, construction contract detail including the MWBE 31 percent subcontractor utilization plan, performance evaluation and project budget.

After questions from the Board, Mr. Indar confirmed that there is a contingency plan in place to mitigate and maintain the system while NYC Health + Hospitals/Metropolitan is working on resolving their compliance with the emergency electrical system.

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

**ACTION ITEM 6:**

Mr. Pagán read the resolution

Amending the resolution adopted at the September 2022 meeting of the Board of Directors of New York City Health and Hospitals Corporation (the "System") that authorized an 18-year lease with 90-02 QB Holdings LLC for approximately 40,000 square feet on the ground floor of 90-02 Queens Boulevard, Elmhurst, Queens, New York for use by NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals/Queens for administrative office space such amendment to correct the name of the Landlord to be **9002 Commercial Unit LLC.**

(Presented Directly to the Board)

Jeremy Berman, Deputy Counsel, explained the request to amend the resolution which was previously approved by the Board to correct the name of the landlord prior to the execution of the lease.

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

**ACTION ITEM 7:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute **stand-by requirements contracts with Array Architects, P.C., Perkins Eastman Architects, DPC, Gensler Architecture, Design & Planning, P.C., NBBJ Architecture PLLC, BDP Architecture, P.C., Moody Nolan, Inc., Perkins & Will Architects, P.C.** (the "Architects") to provide master planning and facility assessment services across the System over a term of six years with the System holding two 1-year renewal options for an amount not to exceed \$16,000,000.

(Presented to the Capital Committee: 02/06/2023)

Al Channer, Senior Director, Office Facilities Development, provided background information, the benefits of master planning and assessment and the initial process. Mr. Channer gave an overview of the RFP criteria, procurement and MWBE analysis for the awarded vendors.

After questions from the Board, Mr. Channer provided further details about the master planning process in terms of sequential planning as a System to address the facilities' needs. Mr. Indar added that sequential planning also provides the flexibility of incremental financial funding over time.

Mr. Nolan noted for the record, that he has no connection professionally nor personally to the vendor "Moody Nolan, Inc".

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

**PRESIDENT REPORT**

Mr. Pagán advised the Board that the President's report was emailed and included in the materials for their review. He welcomed questions from the Board.

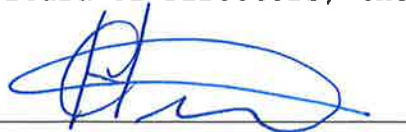
**COMMITTEE AND SUBSIDIARY REPORTS**

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

**OLD BUSINESS/NEW BUSINESS**

**ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:36 P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

**Capital Committee Meeting - February 6, 2023 As reported by: Feniosky Peña-Mora**

**Committee Members Present:** Dr. Mitchell Katz, José Pagán, Feniosky Peña-Mora, Dr. Patricia Marthone - representing Sally Hernandez-Piñero in a voting capacity

Mr. Peña-Mora called the meeting to order at 10:11 a.m. and noted for the record that According to Section 14 of the By-Laws:

**Committee Attendance:** If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

For the record Sally Hernandez-Piñero has delegated Dr. Patricia Marthone to be counted as a member for the purposes quorum and voting in her place.

**Upon motion made and duly seconded the minutes of the Capital Committee meeting held on December 5, 2022, were unanimously approved.**

Manual Saez, Senior Assistant Vice President, provided the Senior Assistant Vice President's Report.

Mr. Saez advised that the Office of Facilities Development (OFD) had updates on several key initiatives.

We continue to diligently prepare for a long-awaited Tri-Annual Joint Commission survey at Elmhurst Hospital. We continue to send supporting trades from other facilities in preparation of the survey. This year we expect Joint Commission Survey at Elmhurst, Bellevue, Woodhull, Queens and Carter.

We have begun procuring urgent repair services of our Woodhull boilers. The boilers were manufactured in 1972 and have exceeded their anticipated life expectancy. Woodhull Hospital's facilities team has performed the required preventative maintenance on the boilers. This expeditious repair will allow for all three boilers to be properly re-tubed and re-fractured in order to extend the life expectancy of the heating systems.

Over the Martin Luther King holiday weekend, Metropolitan Hospital the water valves connected out of the main house tank experienced a loss of integrity and began to leak water and as a result our in-house team conducted emergency overnight replacement of the failed valves preventing a more serious situation from occurring.

We have two items today: Request to award a contract for System wide

Master Planning and Facility Assessment Services, and Request to award a contract to Jemco for Emergency Electrical System Upgrade Type I (EES) at Metropolitan Hospital.

Mr. Peña-Mora asked how the system faired during the recent cold snap. Mr. Saez responded that we did well.

Next on the agenda - 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/Metropolitan Hospital Center ("Metropolitan") for a term up to 30 months for the proposed construction project for an amount, including a 10% project contingency of \$745,300, not to exceed \$8,198,30.**

Tamika Campbell, Director of Capital Design - Metropolitan, Office of Facilities Development narrated a presentation providing detailed background information including expiration and agreement terms, an overview of the procurement, MWBE sub-contracting details, performance evaluation on the proposed vendor, and projected budget Ms. Campbell was joined by Oscar Gonzalez, Senior Assistant Vice President.

Mr. Peña-Mora asked a question on behalf of Sally Hernandez-Piñero, who was not in attendance at the meeting. He asked what real-world problems had been confronted by Metropolitan as a result of the electrical system.

Dr. Katz stated that this project was more focused on meeting current rules and not remedy to issues that had been experienced. He explained that when the facility was constructed the systems were built the way that systems were built at that time, but current regulations require a separation of emergency systems. Mr. Saez confirmed that this was needed to meet current requirements set by the Centers for Medicare & Medicaid Services (CMS).

Mr. Peña-Mora said he was aware that both Metropolitan and Queens Hospitals had secured funds from the Federal Government and asked if there was a strategy that could be shared with some of the other less active facilities that would benefit them to learn in order to balance out the opportunities and secure funding for some very needed projects.

Dr. Katz stated that NYC Health + Hospitals had done quite well in securing funds from the recent bill and his Board of Directors report included more detailed information on the programs that received funding. He noted that it was dependent on the types of programs being funded and the power of the House of Representatives and the Senate. He added that system-wide CEOs are active and engaged. The process was more opportunistic than priority driven.

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

**10:26 Member Recusal:** Mr. Peña-Mora recused himself from the balance of the meeting and left the room. Mr. José Pagán lead the remainder of the meeting.

Mr. Saez read the resolution:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute stand-by requirements contracts with Array Architects, P.C., Perkins Eastman Architects, DPC, Gensler Architecture, Design & Planning, P.C., NBBJ Architecture PLLC, BDP Architecture, P.C., Moody Nolan, Inc., Perkins & Will Architects, P.C. (the "Architects") to provide master planning and facility assessment services across the System over a term of six years with the System holding two 1-year renewal options for an amount not to exceed \$16,000,000.**

Mr. Gonzalez narrated a presentation providing detailed background information on the negotiation including fee terms, expiration and agreement terms. He also discussed the master planning and assessment benefits, the process for assigning a vendor to a facility, the RFP criteria and overview, evaluation on each vendor, and a detail MWBE utilization plan

Dr. Katz reviewed the budget and anticipated rate of spend and asked, if we had the capacity to do more and spend the money more quickly, could that be done. Mr. Gonzalez said yes, if we had the capacity internally then yes.

Dr. Katz complimented the Office of Facilities Development for their phenomenal work to date in handling all the many facets of the department. He said that he felt the team understood the importance of the work they were doing and the limitations that they are working with. Fixing our failing infrastructure is a very tough goal for the next five-year period.

Mr. Pagán asked if there was a way that some of the facilities planned for the outer years could be engaged in some ways while the master plan was being completed. A master plan-lite. Mr. Gonzalez responded that we would start by collecting a lot of information from the facilities, listening to the doctors and nurses and the community and understanding how everything works, not just the infrastructures, so a lot of information has to be collected and analyzed but there are some obvious projects that we know we need to do. He noted that there were lessons learned from the Elmhurst Master Plan and some of that will be implemented. Mr. Indar said that master plan-lite was a bit like what was done annually while reviewing new needs with NYC Office of Management and Budget (OMB).

Ms. Marthone said she did not think that \$16 million was enough and suspected that the team would be back for additional funds. She also acknowledged that there would be some tough conversations when hopes are

raised and then all projects cannot be completed. Dr. Katz added to that, noting that master planning can present an amazing, ideal plan that is not realistic. Mr. Gonzalez acknowledged that he understood and the idea was to have a plan as a basis to move forward in various way possible on as much as possible.

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

There being no further business, the Committee Meeting was adjourned at 10:44 a.m.

**Medical and Professional Affairs Committee - February 6, 2023 As Reported by Dr. Vincent Calamia**  
**Committee Members Present-** José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Dr. Patricia Marthone - virtual until join in-person at 9:40, Dr. Mitchell Katz

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 November 1, 2022 Medical and Professional Affairs committee.

**ACTION ITEM:**

Machelle Allen, MD, Chief Medical Officer, Senior Vice President of Medical and Professional Affairs, Richard Freeman, Senior Vice President Office of Behavioral Health and Jennifer Morrison-Diallo, Director of Mental Health Service - MH/IDD Unit, Kings County Hospital presented the resolution to the committee -

**Authorizing the New York City Health and Hospitals Corporation (the "System") to contract with NYSARC, Inc. ("NYSARC") for respite services for adult patients with intellectual or developmental disabilities ("IDD") for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$8,500,000.**

Respite services provide an opportunity for families of patients with intellectual or developmental disabilities (IDD) to help them support managing care of their loved ones. There is a lack of these respite service for adults within New York City. Resources are mostly for children who reside in the community. The lack of crisis respite services results in high utilization of emergency room services due to crises that could have potentially been averted if there was another option for the individual.

NYSARC will provide a five-bed respite for individuals who can be connected and enrolled in OPWDD but pending approval and need of housing services. Currently, NYSARC is the only IDD respite service in NYC and is located in Brooklyn. They provide crisis emergency support for individual living in family homes, they provide testing and other community linkage services to aid in enrollment for OPWDD waiver services.

Individual will receive a continuum of specialty services similar to what

they would receive in the community when transitioning into permanent OPEDD group home. Care coordination services, Psychological and behavioral support services, peer counseling and vocational rehabilitation services, groups provided by licensed art therapist and 24/7 clinical care by a 2 to 1 individual to staff ratio.

The admission Criteria only take individuals who are currently in the NYC Health and Hospitals facility - this can be a CPEP psychiatric inpatient or medical units, the individual must be able to connect to OPWDD waivers for service, they must have some proof of neuro-developmental disability prior to age 22.

NYSARC during the 3 year of operation have served approximately 8 to 10 patient per year, within the individual served, there has not been an extremely long wait-list with an average of 1 to 3 people waiting for a bed.

The cost of comparison chart provided, is showing the patients admitted from the NYSARC respite house from 2019 to 2020. It includes the length of stay per person and a comparison of cost if the person were still in a hospital compared to what NYSARC costs per day. This data is reflective of Kings County current services.

*Committee raised a question: Is that the variable cost in the hospital or is that your total cost?*

*Ms. Morrison-Diallo response: this is the total cost per day, it includes the fixed cost. It may differentiate depending on the facility.*

To date there has been no reimbursable services through the NYSARC respite house. However, with staffing the program and potential off-shoots of the program with qualified licensed health professional there could be billable revenue from crisis work completed in the community, which can be reimbursed. Working with partnerships with OMH/OPWDD to create other similar services to this pilot program. The Office of Behavioral Health is actively pursuing additional funding streams from Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD) and other possible grants.

*Committee raised a question: on the grading system, where is says satisfactory, does that mean there were some issues?*

*Mr. Freedman response: There was not any glaring problems with it.*

*Committee raised a question: if there is no reimbursement, who is going to do the work to figure out how we can get reimbursement?*

*Ms. Morrison-Diallo response: Potentially there is some of the clinical staff there that have a partnership where they do some crisis work in the community. There are license professionals that can go and actually do the pre-work before they get to a hospital to avoid the hospitalization. They may have to add a few clinicians to do the work, since this is a larger five borough project. There are people that do the work actively in the Bronx, Queens and Brooklyn, that will be one area to expand on. There is discussion going on with the Office of Mental Health to try and enhance some of the price services where we could get some revenue from it that could be attached to this*

project. That is in the works and we will try to develop some other partnerships.

The current program in addition to having the house, they have a team that helps with behavioral crisis in the community, and the services can be enhanced and bill for those crisis revenue base services.

Committee raised a question: Who is getting that income if the billing is done by their staff.

Ms. Morrison-Diallo response: Yes, they are, however H+H has a good partnership with NYSARC and we can figure out a different way to have some other clinicians be able to do the work and the billing can go through OMH crisis type of billing which bills a pretty big reimbursement rate, that could be going back to Health + Hospitals to help support the program. A new revenue line with have to be set up.

Dr. Katz expressed how good the program service is and the concerns of the gaps that exists for developmentally disabled adults. He went on to clarify that this is a State Office of Developmental Disability responsibility. He suggests we have a plan in short order on how the services become reimbursable. Suggestion was made that a case be made that the Board heard the proposal, and applauds the idea and creativity, and the use of the waiver, and the success of the program but express tremendous discomfort with the idea that H+H whose mission is the quality care for low income and uninsured people has a unending cost responsibility for a respite service that is clearly within the purview of the Office of Developmental Disability, we would like to continue to provide this much needed service for the community.

Committee raised a question: what percent of their book of business is Health + Hospitals since no other hospitals are doing this, and since there does not seem to be a reimbursement formula for article 28 etc. second part of the question is the type of patients and the patient selection process, are they all behavioral health patients on top of being disabled or developmentally disabled or are these people having difficulty finding housing.

Ms. Morrison-Diallo response: as far as the diagnostic part, all these individuals do have more of a mental health diagnoses, pretty complex ones and in addition to having intellectual disability or autism. They could be an inpatient psych unit, but particularly for billing purposes, for that reason many hospitals would not admit this population, because of having intellectual autism. We have one at Kings County, these people do not have a place to live that is an exclusionary criteria for us. It does address some things as far as the complexity of their medical and behavioral health needs. The reasons why they are living in one of the Health + Hospitals System is because they do not have a place to live, they are homeless and waiting for housing.

Dr. Katz express that these are vulnerable clients and would not feel comfortable suggesting ending the service now. The State process is a bit lengthy. We should go forward with the contract with provisions.

Committee member asking from the legal side we need to have this verified.



*There should be a clause that within the 3-year period we have the right to terminate without cause.*

*Dr. Katz suggest before we go before the full board we work with the contractor, this will also help with lobbying to the State. Once the contractor is informed that we are going to eliminate the contract in a year or less unless the state office helps, they will become motivated to lobby with us to get the contract. We will write the contract to be clear that we are not ending it because pf their performance, but if we are unable to secure beyond the next year then the service will have to end.*

The resolutions was amended to include "contingent upon the inclusion of a termination clause in the contract that can be exercised after 1 year at the directive of the Board if additional funding is not identified for this program" - was duly seconded, and approved by the Committee for consideration by the full Board.

Joe Wilson, Senior Assistant Vice President, Supply Chain Services, presented the resolution to the committee -

**Authorizing the New York City Health and Hospitals Corporation (the "System") to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("Crothall") for biomedical program management for an amount not to exceed \$9,369,806 for the three-month extension period.**

Crothall Facilities Management, Inc (Crothall Healthcare) manages Biomedical services for all of NYC Health + Hospitals, which includes Acute Care, Gotham, Long Term Care facilities, and Correctional Health. The agreement provides management staff, as well as equipment maintenance.

New York City Health + Hospitals contracted with Crothall Healthcare Services as a result of an RFP in 2014. The Crothall Biomed agreement was Board approved with a not to exceed cost \$252,884,799 for the term of the contract. RFP and agreement were being managed by the Office of Contracts & Control (OCC). In 2017, OCC merged with Supply Chain, the agreement & relationship management were transferred to Supply Chain.

Over the course of the agreement the scope of work expanded to cover services such as dialysis, lab equipment, chillers, stretchers, Correctional Health equipment, IT support, warehousing and transportation. Current agreement expires March 31, 2023.

Per the OP 100-05, NYC Health + Hospitals has issued an RFP to identify a provider and award an agreement for the next 10 years. The new RFP scope of work has evolved from break fix to full management program which includes equipment repair, maintenance, equipment management, IT support, warehousing, and transportation.

The initial timeline to complete the RFP was extended due to the enhanced scope of work. Timeline to develop the scope for each service vertical with

Facility Leadership, IT, Nursing, and other service lines extended the target date. NYC Health + Hospitals seeks to extend the current agreement with Crothall Healthcare for an additional three months under the best interest extension to provide services until a new agreement is implemented.

Besides equipment maintenance, which is the break and fix PM repair, we wanted to add in Biomed IT support. Since 2014 until 2023 we are much different organization, we now have a fully integrated EMR and ERP, all equipment receives and accepts information, we need extra support for IT security to mitigate our device vulnerability. We also, added a warehouse and transport as we use those services during COVID. We realize the value of being able to move our equipment back and forth and the ability to warehouse our COVID critical equipment as well as a staging ground for large implementations of equipment in critical times.

The last addition is equipment management, which is where we like to bring about a standardized way that not only do we clean our movable equipment on the floors, but to par level it in the clean utility, also bring another series of checks to the equipment to make sure all of the equipment that nurse picks up is ready, not just powered on, but potentially having people look to make sure it is running the version of that drug library, knowing that it has been cleaned as per the IFU. This would take place on the nursing floors as well as the EDs. This would be integrated along with the Biomed program to ensure that not only is our equipment always ready and properly cleaned and easily found.

Crothall has done a great job, they have been rated strong. During the pandemic they were partnering with us to move IT equipment around and helped us to source difficult equipment when there was a stretch to find enough ventilators, patient monitoring equipment, as we have evolved as a company they have evolved their services.

The request is to, Authorizing the New York City Health and Hospitals Corporation (the "System") to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("Crothall") for biomedical program management for an amount not to exceed \$9,369,806 for the three-month extension period.

*Committee raised a question: Do we feel the 3 months is enough time to make judgement?*

*Mr. Wilson response: Yes, the first round of scoring was done. We have a large committee, about 26 members; doctors, nurses, Chief Executives, and nurse's infection prevention, and as long as we bring them all together we hope to have our scoring done in the next week and continue to move forward.*

*Committee raised a question: what was done different in the RFP this time that was not done in the past?*

*Mr. Wilson response: We were a different system when it came to technology. IT is really on the fore-front for security reasons. IT connectivity, our ability to send information in a safe way. When this contract started in*

2014 the system owned about 67,000 pieces of equipment, it owns over 120,000 pieces now, we are much larger and also further defined. When this contract was written, it was during the old network model, McKinney was lumped in with Kings and didn't differentiate amongst the specific need of Biomed long care term versus acute. We really have 3 service models and acute, ambulatory model and a long-term care model, then over that we put in the specific IT needs, equipment management needs, warehousing needs. We are resetting the table on how we deliver the service.

Dr. Katz commended Mr. Wilson on the scope of work.

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

Suicide Screening and assessments in the psychiatric emergency departments and psychiatric inpatients units; Joint Commission requires behavioral health patients to have a comprehensive and complete suicide screening assessment. The suicide screening assessment tool that we use is known as the safe T (SAFE-T, this is a suicide 5 step evaluation and triage. The 5 steps that are included are the Columbia Suicide Rating Scale (C-SSRS), Lifetime Behavior assessment, Risk/Protective Factors assessment, and Risk Stratification and Formulation. In addition, we have recently had an adverse event which drove home the need to comply with the risk assessment and screening.

In October of 2022 there was a training for Behavioral Health nursing and providers, target Safe-T training. In addition, we optimized our electronic medical records so that there is a best practice advisory that addressed C-SSRS and risk assessment, there is a BPA for lifetime behavior, if it is not done the BPA is launched to remind the provider. There is also a new BPA for suicide risk, stratification and formulation. At the end of the day there is a hard stop on the inpatient side that no behavioral health patient can be discharged without this being documented.

The SAFE-T Protocol has 5 steps, the first 2 is a suicide ideation for the severity within the past month, then a suicide intensity assessment for the past month, then there is an assessment over the lifetime behavior for a history of suicide attempts. There is also assessment of the risk factors and the protective factors for suicide that exists for this particular person. There is a risk stratification that decides or categorizes the risk, is it low moderate or high, and there is a formulation which is the summary of the plan.

Dr. Allen referred to a sample of a screen in Epic, if it is not documented, is someone checks off unable to access or not applicable, they must document a reason. In addition, there is a question about the lifetime risks, have you tried to end your life.

*Committee raised a question: for clarification, in the pathway in Epic, which patients are actually going through these screenings?*

*Dr. Allen responded: Yes, all the patient goes through this screening.*

*Committee raised a question for clarification: Technically, via Epic you would not be able to complete this record unless you had 100 percent? When you say all, you mean all behavioral health patients not medical or surgical patients.*

*Dr. Allen responded: all behavioral health patients, whether they are in the emergency room or the inpatient side.*

There is a recent assessment, and the past month assessment, once again if the patient is not assessed or it is judged to be not applicable, the provider must fill in the reason why they did not complete it. If you go to the lifetime section, there are 2 questions about the past month then there's a question about the lifetime behavior. The question is over your lifetime have you ever done anything or started to do anything to prepared to do anything to end your life. If this section isn't completed, you must document the reason why.

Dr. Allen referred to a screenshot of the suicide risk stratification, whether the patient is high risk, moderate risk or low risk and a formulation must be documented with a plan. Effective November 2022 on the inpatient side, you can't discharge a patient without this assessment being completed. A screenshot of the Suicide Screener Completed Rate System-wide Performance was shown.

The training was implemented on October 22<sup>nd</sup>, each line represented a portion of the SAFE-T screening. We were at the 100 hundred level for the lifetime behavior. On the risk stratification, there was a big leap from 83% to 97%and formulation increased as well. The lifetime behavior doesn't seem to be much difference, we are investigating, there seems to be a loop hole. Before you could check a box indicating that you are not the primary provider and it doesn't get completed, that has been fixed, that is an improvement.

Since June 22<sup>nd</sup> the number of completed suicides we had on the inpatient side is 2, 1 in July and 1 in September. Documenting a decrease would be a hard, there are a number of months there would be zero. It's a small volume and we wanted to identify those patients who are at risk. The remainder of Dr. Allen report was submitted for the record.

#### **SYSTEM CHIEF NURSE EXECUTIVE REPORT**

Albert Belaro, System Sr. Director, of Professional Practice/Education, Office of Patient Center Care presented on behalf of Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee a full report is included in the materials, he highlighted the following.

#### **Nursing Excellence**

The Nursing Excellence Award was held in December, there was an increase amount of nomination and overall 34 awards were presented.

### **Fireside Chat: Documentation**

There is iteration of a Bi-monthly series where Natalia Cineas, DNP, RN, NEA-BC, FAAN broadcast with the system and chats with frontline staff on recent topics with documentation that took place on December 2nd.

### **Braun Pump Roll-Out at Lincoln Hospital**

A successful roll-out for the Braun pumps at Lincoln Hospital was completed in December 2022. Leadership at Lincoln and Central Office collaborated to ensure a seamless roll-out

### **Beacon Award Celebration at NYC Health + Hospitals/Bellevue**

The **Coronary Care Unit (CCU)** at NYC Health + Hospitals/Bellevue joins a select group of organizations that have received a **gold-level Beacon Award for Excellence** from the American Association of Critical-Care Nurses (AACN).

### **Nursing Quality Council**

On November 9, 2022, the Patient Fall Prevention Committee held its first meeting. The goal of the committee is to established standard policies, nursing education, and equipment that will empower the nurse to initiate interventions to reduce the risk of patient falls with injury. Rather than relying solely on universal falls precautions.

There was a Pressure Injury Prevention and Wound Care Council. In the council for 2022 they completed a transition of care protocol for patients discharged with wounds that require home care nursing visits. Education content for the new electronic nursing education system. Pilot and approved new incontinence management equipment for our non-mobile patients. Worked with IT to improve the wound care documentation.

### **Nurse Residency Program**

The nurse residency program continues to be successful. It was launched in December 2018, we graduated 420 new hires or new graduates, approaching 200 EBP projects and we added curriculums on wellness into professional communication and educational offerings for collaborations with the learning academy at the HR department.

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

Talya Schwartz, MD, President & CEO, MetroPlus Health Plan reported to the committee, a full report is included in the materials, with the following highlights:

#### **Regulatory Highlights**

The recertification are back officially and will apply to people with a recertification date of June 30<sup>th</sup>, 2023. The Federal Government divorced essentially the public health emergency from the moratorium on recerts. For now, the public health emergency is going on, it is not expected to expire they are separate. There are different estimates of how many members potentially can lose their coverage, the industry estimate is about 20% of people that can actually lose their coverage. We are building a notification and alert system to our members, building an entire program around

contacting providers. We have deploying concierge services in all 11 acute facilities, which means our recert specialist we be sitting at H+H facilities helping to enroll and recertify. We plan on doing community events, where people will be able to come and recertify.

We are starting a pilot at Elmhurst, where we positioned a kiosk of self service. A lot of the members are not able to deal with all of the paperwork and print the documents that they have to submit. This kiosk will be able to help them, there is a printer, scanner, and an online ability to apply and recertify. The machine will be activated in the near future, if we see there is an uptake in utilizing this kiosk, we will deploy them to all of the facilities.

*Committee raised a question: Can the recertification take place now or is it taking place, being that June 30<sup>th</sup> is the potential termination if they are not recertified, they can lose their coverage?*

*Dr. Schwartz responded: We are starting the recerts in April. Now is the prep work, we can get started in April and completely prepared as much as possible for June 30<sup>th</sup>.*

*Committee made a statement: Hopefully there should be some early idea as to how many literally will lose coverage, and how many may be shifting into other products.*

*Dr. Schwartz responded: We are doing a lot of prep work, one of the things other plans are doing including us, is looking at financial data in the zip codes where we have a lot of membership, seeing what the data is telling us in those zip codes, and proactively reaching out to members in those zip codes and saying it looks like you probably will not be eligible for Medicaid, but you may be eligible EP or subsidized UHP. The other critical piece is having accurate contact information for our members. We just launched a new dental vendor on Jan. 1, 2023. We sent new membership cards to our members, we are tracking all of the return mail of those who did not receive their membership card and making sure we change those members address and update their contact information. Address verifying is one of the big barriers for certifying our members. There is a playbook that we have in collaboration with Health+Hospitals to make sure we are as ready as we can be and minimize the number of people who actually lose coverage.*

*Dr. Katz made a comment: He notices with his patient he can generally depend on the cell phone numbers not the address, and their ability to photograph things on their phone and send them to him. Definitely people are not on email and not good at going on to websites. He has had patients tell him they can take a picture of the medicine bottle send it, which works. If you tell them to scan a form it is uncomfortable, they don't think they can do it. If you tell them to take a picture of the form, if that works for your purpose, I fine that most people can do that.*

*Dr. Schwartz responded: In terms of outreach, yes that is right, we do multiple outreach, we do mail, email, text. In terms of taking a picture, if they take a picture they can upload it into the state website, but they can*

not send us the picture to upload it. What we do is we tell them how to upload to the app to recert and we walk them through it.

Dr. Katz made a comment: He sees how that would have to be done, certainly for the majority of his patients. They could send the picture, they would not be able to upload the picture to a website.

Dr. Schwartz responded: you have to download the app first. Yes, it is a lot of hand holding, we planned for it. We invested in our recert team, there is an entire team that focuses only on that.

Dr. Katz raised a question: are you allowed under current regulations to reward people with food vouchers or other sort of non-monetary things?

Dr. Schwartz responded: we have something called a module to teach them how to do this. If they complete a module they get money loaded into the card.

Committee raised a question: For people that can not be recertified do you have a way to track what happens to them, if they became uninsured or went with another plan?

Dr. Schwartz responded: If they switch to another product or another plan we know, if they become completely uninsured we do not know. It is hard to convince people if you do not have a medical need to do it especially young me.

Comment by Dr. Katz: Some people will disappear, it makes since, they had a medical need at this moment and do not have a medical need now.

Dr. Schwartz responded: Especially young black men, that is the population that we see most of the disenrollment happening, the involuntary.

Comment by Dr. Katz: The good thing is if they come to us first, even if they are not enrolled, we are not going to turn them away. They will get care and at that moment we will enroll them.

Dr. Allen raised a question: is there any way to hook them up the NYC CARES. Dr. Katz comment: if they are eligible you would not want them picked up, NYC CARES is if they are not eligible. These people are eligible, they just do not at that moment want to do the paperwork.

Dr. Schwartz commented: If they are not eligible, they have a bi-directional referral with NYC CARE.

Committee raised a question: The patient tells you they have a job and now have a different insurance is there a way to capture information at that point for our data purposes?

Dr. Schwartz responded: Yes, manually but they will be a 1 to 1 interaction. We do not have a way to scan the population and tell ourselves this is what happened.

Pharmacy Carve out: The pharmacy carve out for now looks like it is a go. April 1st. is the date where pharmacy goes back to the State, there are clinical, care management, financial implications in the budget that the Governor presented on the carve out. Potentially, moving the presumed savings back to the providers, still doing the carve out, incurring savings and then the redistributing them to the providers. We have a lot of skepticism around this approach and whether the providers will actually see any kind of savings. We continue to lobby against it, for now it progresses to towards the carve out.

There being no further business, the meeting was adjourned 10:01 AM.



## SUBSIDIARY REPORT

**MetroPlus Health Plan, Inc.**

Special Board of Directors Meeting Update - Tuesday, January 31<sup>st</sup>, 2023  
As Reported By: Sally Hernandez-Piñero

Draft subject to adoption at the next MetroPlusHealth Board of Directors meeting on Thursday, March 30<sup>th</sup>, 2023.

Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 10:06 A.M.

### **ACTION ITEM**

A resolution was presented by Dr. Talya Schwartz, President & CEO of MetroPlusHealth, for Board approval.

*Recommending that the Board of Directors of the New York City Health and Hospitals Corporation ("H+H") authorize the creation of two subsidiaries to expand, consistent with the H+H mission, the number of members currently served by MetroPlus Health Plan, Inc. ("MetroPlus") through the establishment of a subsidiary public benefit corporation to hold a license under Article 43 of the New York Insurance Law (an "**Article 43 License**") and a second subsidiary public benefit corporation to function as a Managed Services Organization (an "**MSO**").*

Dr. Schwartz provided a detailed overview of the proposed corporate structure, reasons to support it, including potential opportunities and steps that would be necessary to implement such a proposal were it to be approved by the H+H Board of Directors. Board members asked questions and made comments.

Dr. Schwartz provided a brief overview and explanation for all questions asked.

There being no further questions or comments, on a motion by Sally Hernandez-Piñero and duly seconded, the resolution was adopted by the Board.

There being no further business, Sally Hernandez-Piñero adjourned the meeting at 11:00 A.M.

**Semi-Annual meeting of the HHC Capital Corporation - January 26, 2023**

**As reported by: Freda Wang**

**Member Present:** José A. Pagán, Matthew Siegler, Robert F. Nolan, and Sally Hernandez-Piñero;

**Other Members of the HHC Board of Directors Present:** Anita Kawatra, Erin Kelly, Dr. William Fisher, Karen St. Hilaire, and Patricia Marthone, MUDr

**The Semi-Annual meeting of the HHC Capital Corporation held on January 26, 2023 was called to order at 1:05 p.m. Ms. Wang chaired the meeting and Andrea Cohen – Secretary of the HHC Capital Corporation kept the minutes thereof.**

Ms. Wang noted for the record that Matthew Siegler is representing Dr. Mitchell Katz, Erin Kelly is representing Deputy Mayor Anne Williams-Isom, Karen St. Hilaire is representing Gary Jenkins and Dr. William Fisher is representing Christina Chang – all in a voting capacity.

#### **ADOPTION OF MINUTES**

Ms. Wang asked for a motion to adopt the minutes of the previous meeting that was held on January 26, 2023. The Board unanimously adopted the minutes.

Ms. Wang then introduced Ms. Linda DeHart to provide an update to the Board. DeHart reminded the Board that the HHC Capital Corporation was created solely to receive NYC Health + Hospitals' (the "System's") healthcare revenues pledged to secure the System's bond debt service payments. Once monthly bond debt service requirements are satisfied, the pledged healthcare revenues are then released to the System for its operating needs. Ms. DeHart noted that the board is required to have two board meetings annually, historically in January and July, providing six-month updates.

Ms. DeHart then referred to the HHC Capital Corporation Semi-Annual Meeting Presentation for the period ending December 31, 2022 to update the Board on the System's debt finance program.

#### **HHC Outstanding Bond Portfolio (slide**

1): Ms. DeHart explained as follows:

Slide 1 of the presentation provides an overview of NYC Health + Hospitals Corporation's ("HHC") current outstanding bonds portfolio. HHC currently has \$472 million of tax-exempt bonds outstanding, just about under 75% or \$348 million are fixed rate bonds and the balance or \$124 million are variable rate bonds. The variable rate bonds (Series B and C) are supported by two letters of credit from TD Bank. The TD Bank letters of credit were recently extended September 2027. The remaining variable rate bonds (Series D and E) will mature in February 2026, and are supported by a JPMorgan Chase Bank letter of credit with a maturity matching the bonds' maturity in 2026.

Ms. DeHart also mentioned that the variable rate bonds weekly interest rate reset have fluctuated lately with the latest interest rate reset at 1.66%, and estimated that the variable rate bonds have saved an estimated \$73.4 million in interest expense since the inception of the bonds.

#### **HHC 2008 Series B-E Bonds Historical Interest Rates (slide 2):**

Ms. DeHart explained that the graph on slide 2 provides some context for the variable rate interest rates bonds performance since inception. She noted that the interest rates had spiked to a high of 3.82% in December 2022 due to year end activity and interest rate

hikes by the Federal Reserve Bank. The latest interest rate reset for these variable rate bonds came down to 1.66%.

**HHC Bonds - Issuance History** (slide 3):

Slide 3 of the presentation provides a history of bond issuances by HHC. Ms. DeHart pointed out that total outstanding bonds totaled \$451.9 million, and nearly 2/3 resulted from the 2020 bonds issuance, nearly 1/3 from the 2008 variable rate bonds and a small \$37.8 million 2013 bonds, which will be paid off in a month.

**Construction Fund Balance on the 2020 Bonds** (slide 4):

Ms. DeHart reported the status of the \$100 million HHC Series 2020 construction fund. Ms. DeHart reported that withdrawals through December 2022 from the 2020 bonds issuance totaled \$41.3 million to reimburse HHC for project expenditures, with a remaining balance of \$59.6 million.

**2020 New Money Bonds - Project Spending Status** (slide 5-9):

Ms. DeHart reviewed planned spending for the \$100 million new capital money. Ms. DeHart indicated that just under 80% of the construction fund are for infrastructure projects and the balance for equipment. Ms. DeHart also referred to slide 5 for a breakout of project fund for various facilities and types of projects.

Referring to slide 6, project spending status, Ms. DeHart explained that supply chain issues had slowed the speed of project spending from the original planned 18 - 24 months of complete spend down. Through December 2022, we have expended \$45 million (\$22 million for equipment and \$23 million for infrastructure projects), with the remaining balance projected to be spent by fiscal year 2024 for the infrastructure projects.

Referring to slide 7-8, Ms. DeHart explained that the charts provided the infrastructure projects' monthly cash flow and cumulative spending status, showing the draw down timing of the remaining funds, as well as the number of projects that they managed over the period ending December 2023.

Referring to slide 9, bonds proceeds investment approach, Ms. DeHart explained that in today's higher interest rate environment, we have moved from investing the proceeds in U.S. Treasury mutual fund to a more actively managed investment style in the U.S. Treasury Bills. The investment timing and amount of investment will be aligned with the anticipated quarterly drawdown of the bond proceeds, as well as the projected project cash flow.

**Outstanding Equipment Loan** (slide 10):

Ms. DeHart explained that in addition to the bond program, the HHC Board has authorized equipment loan financing up to \$120 million at any time. Ms. DeHart reported that three loans were issued overtime under the authority, but never exceeded \$120 million at any time. As of December 2022, the remaining balance for two outstanding loans are at \$49.2 million.

**Outstanding Loans** (slides 11-12):

Ms. DeHart further explained that the outstanding Citibank loan has two components, a \$30 million fixed rate loan at 2.17% that matured in

November 2022 and another \$30 million revolving loan that matures in October 2023. The outstanding balance of the revolving loan is \$10.5 million and the latest weekly interest rate was reset at 2.46%.

Ms. DeHart reported that the JPMorgan loan was issued to refinance two New York Power Authority ("NYPA") variable rate loans, which originally financed the construction of the replacement boiler projects at Elmhurst Hospital and Metropolitan Hospitals. JPMorgan provided a \$39.75 million tax-exempt loan at a fixed interest rate of 2.64% maturing in June 2037.

**Final Arbitrage Rebate Report** (slide 13):

Referring to slide 13 Ms. DeHart explained that the IRS requires tax-exempt bond issuers to do arbitrage rebate analysis to determine whether interest earnings on bond proceeds exceeded the tax-exempt bond yield and were required to be rebated to the IRS. The analysis is conducted on every 5<sup>th</sup> year of a bond or at its final maturity.

Since both the JPMorgan Loan and the Citibank Term Loan matured on July 1, 2022 and November 1, 2022, respectively, a final arbitrage rebate analysis was performed by Hawkins, Delafield and Wood, which determined that no arbitrage rebate liability was incurred by either of the loans.

**Discussion:**

A question was asked whether the 2020 bonds refunding was the first time there was a refund for savings. Ms. DeHart referred to slide 3 and explained that we were able to refund for savings a few times in the past. She also explained that we constantly monitor any refunding opportunity with our financial advisor and banking partners.

A question was asked about decision making for project selection and targeted timeframes for drawing down the 2020 bond proceeds. Ms. DeHart explained that the refunding bonds need to match the useful life of the refunded assets, which created requirements for the useful life of the new projects as well. At the time of issuance, HHC also asked for projects with estimated completion times of 18 to 24 months, with the intent to minimize the time that borrowed funds sit idle. Ms. Wang commented that the arbitrage rules allow the issuer to keep some of the excess interest earnings if we meet certain spend down schedules. Ms. Wang also commented that having some variable rate exposure has been very advantageous.

**Adjournment:**

There being no further business before the Board, Ms. Wang adjourned the meeting at 1:30 p.m.

**Mitchell H. Katz, MD**  
**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**February 23, 2023**

### **COVID-19 UPDATE**

Across New York City, and specifically at NYC Health + Hospitals, we continue to see a decline in COVID-19 hospital admissions. In fact, we are seeing the lowest levels since May of last year, and are hopeful the downward trend will continue.

Earlier this month, the New York State Department of Health officially ended its requirement that facemasks be worn in health care settings, and left it up to each hospital and health system to determine their own policy. We have decided to maintain universal masking, as New York City is still experiencing high levels of transmission of COVID-19. All staff, visitors and vendors in all NYC Health + Hospitals facilities, both clinical and non-clinical, must continue to wear facemasks until further notice. Levels of community transmission will dictate our next steps. If community transmission decreases, we will allow optional mask wearing in certain areas where patient encounters do not take place. Masks will continue to be required in patient care areas, regardless of levels of transmission. We will be monitoring the data closely to determine when New York City shifts away from high levels of community transmission, and we will update our masking policy accordingly.

### **CARING FOR ASYLUM SEEKERS**

Since opening the first Humanitarian Emergency Response and Relief Center in October 2022, NYC Health + Hospitals has cared for more than 10,000 asylum seekers. We are currently caring for more than 7,000, offering them food, shelter, 24/7 medical care, vaccinations, laundry, DOE school enrollment, and reconnections to help them be reunited with friends and family across the country. These numbers are, of course, in addition to all that is being done for asylum seekers through the DHS system. At the humanitarian relief centers, over 90% of our staff are bilingual, speaking English and Spanish, and many speak other languages. We have opened six of these large-scale relief centers already, with each focused on specific populations: families with children, single adult men, and single adult women/adult families.

### **CITY OF NEW YORK AND DC37 REACH COLLECTIVE BARGAINING AGREEMENT**

Mayor Adams and the City last week reached a five-year collective bargaining agreement with District Council 37 (DC37), the City's largest municipal labor union that represents more than 18,000 NYC Health + Hospitals employees. If ratified by DC 37 members, the City-funded deal will provide 3 - 3.5 percent wage increases annually to our staff, with retroactive payments going back to May 2021. The agreement also includes a bonus for members, as well as the creation of an "Equity Fund" to make salary adjustments to help fill hard-to-recruit positions, and several

other provisions. This is the first major labor deal for the administration.

**IN RECOGNITION OF BLACK HISTORY MONTH - STANDING UP FOR EQUITY,  
ACCESS AND INCLUSION**

Black History Month is an important time to educate ourselves about the progress and the lack of progress that has been made confronting racism. You do not have to look further than recent events in Memphis to understand how deep and complicated the issues of racism are in this country, and how far we are from Dr. Martin Luther King's dream. Deep systemic and institutional inequities exist in almost all walks of American life that continue to put Black communities at a disadvantage; inequities in law enforcement, education, political representation, our prison system, and of course, in health care. The theme of this year's Black History Month is Black Resistance, highlighting the myriad ways Black Americans have fought against racial inequality for decades. This includes the fight against inequality in health care, but I am proud of the way NYC Health + Hospitals joins the resistance every day.

Our health System's strategic priorities have been restructured to include social and racial equity as the foundation of our mission and values. Working with the NYC Department of Health, we continue our leadership on the Coalition to End Racism in Clinical Algorithms to stop bias in medicine and advance racial justice in health care for all New Yorkers. We have made major inroads in our hiring practices and in our partnerships with minority vendors to get the broadest representation we can. A full forty-five percent of our staff identifies as Black and African American, and that number edges up every year as we make diverse hiring a focus of recruiting efforts. We are working with schools and universities to create pathways for young Black people dreaming of careers in medicine. And we open our doors, our clinics and our hearts to Black New Yorkers -- more than one-third of our NYC Health + Hospitals patients identify as Black or African American.

I am proud of NYC Health + Hospitals' commitment to equal access to high quality health care and compassion for all. Not just during February, but always.

**NYC HEALTH + HOSPITALS LAUNCHES NEW INITIATIVE TO  
INCREASE PHYSICIAN DIVERSITY**

NYC Health + Hospitals launched an exciting new initiative to encourage students, trainees and physicians from groups under-represented in medicine to join the NYC Health + Hospitals clinician workforce. Our new physician diversity initiative we call MOSAIC, for Medical Opportunities for Students and Aspiring Inclusive Clinicians, will support students ranging from middle school through graduate medical education, as well as attending physicians, to increase diversity in medicine. This work has been financed with \$500,000 from our health System's unrestricted philanthropic funds. Through MOSAIC, we started the Visiting Scholars Program to place medical students from backgrounds under-represented in medicine in clinical

rotations across our facilities where they will gain experience in specialties ranging from emergency medicine to plastic surgery. We will collaborate with Mentoring in Medicine to provide underserved middle and high school students with training, mentorship, and Medical College Admission Test (MCAT) preparation to help expand the pool of students interested in going into careers in medicine. We will also partner with East Side House to help at-risk 16- to 24-year-old students train for careers in health care, including as a pharmacy technician, phlebotomist, home health aide, or nursing assistant. I am very proud to support and expand diversity among the next generation of clinicians, and grateful for our generous donors whose philanthropic investment in this program will have a profound impact on how we provide our patients with the highest quality care.

**HELPING HEALERS HEAL CONTINUES TO BE A VITAL RESOURCE  
FOR NYC HEALTH + HOSPITALS STAFF**

We continue to expand our vital Helping Healers Heal program, first launch in 2018, to support workforce wellness - because as healers or those supporting the healing of others, sometimes we need healing too. This became painfully clear during the pandemic and remains a NYC Health + Hospitals priority. Today the wellness program is going full steam ahead and has adopted the eight dimensions of wellbeing approach to support emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual well-being of our staff. We have won several international awards including "Outstanding Wellness Program: Large Organization" and "Best Mental Health Initiative" for the Ragan's Workplace Wellness Awards in 2021. We also marked some important program milestones:

- \$1,000,000+ - In funds raised to renovate and create 20 Wellness Rooms at facilities throughout the health System.
- 60,000 - Staff have benefited from the services since the program launched in 2018.
- 56,000 - Wellness Rounds were completed since the beginning of the COVID-19 pandemic in 2020.
- 13,703 - Emotional and psychological support encounters completed- which included one-on-one and group debriefs as well as events focused on the Dimensions of Well-being
- 51 - Just-in-Time Training sessions delivered-covering topics such as Emotional Intelligence in Times of Stress, Compassion Fatigue Training and Live Yoga.

Staff wellness is a fundamental value at NYC Health + Hospitals and we are committed to evolving our support services from crisis and trauma response to overall preventative approaches that help our staff live their healthiest life both at work, and at home.

**NYC HEALTH + HOSPITALS/KINGS COUNTY OPENS NEW NEUROSCIENCE CENTER**

NYC Health + Hospitals/Kings County opened the new Brooklyn Neuroscience Center to offer comprehensive services to treat disorders of the brain, spine, and peripheral nervous system under one roof. Our expert clinical team will be able to treat patients of all ages for conditions that range

from headaches and carpal tunnel syndrome, to epilepsy and stroke. They will also offer neurosurgery and rehabilitation medicine services. This is a wonderful way to improve access to these specialized services for the people of Brooklyn, who now do not have to leave the borough to get the best treatment for these challenging conditions. The team at Kings County Hospital also contribute to the advancement of knowledge in the neurosciences through its clinical and translational research program. They are a part of the National Institutes of Health STROKENET, SIREN, and Neuro NEXT research consortia in collaboration with SUNY Downstate Health Sciences University. They also have numerous investigator-initiated projects in clinical and translational research in epilepsy and traumatic brain injury.

#### **EXTERNAL AFFAIRS UPDATE**

**State** - Earlier this month, the Governor released her \$227 billion executive budget plan, which includes total Federal, State and local Medicaid spending of \$94.4 billion.

NYC Health + Hospitals is working with the Governor on amendments and working with the Legislature to repeal the pharmacy carve out from Medicaid managed care, to increase Medicaid rates for hospitals and nursing homes, including specific funding for essential safety net providers, and allow our work force to work at the top of their license.

We are pleased to be collaborating with our colleagues Safety Net providers in particular as we seek equitable safety net funding. We are also pleased that the Governor released capital funding to support NYC Health + Hospitals/Bellevue and Woodhull Hospitals, and Gotham Health/East New York health center. There is an additional \$1 billion health care capital funding proposed for the upcoming State fiscal year and we will advocate for a set aside of these funds be allocated for safety net providers.

EO4, the statewide executive order authorizing regulatory flexibilities for the COVID-19 response, was extended in part on February 21, 2023. It was narrowed to continue many of the workforce flexibilities but allowing some lesser-used flexibilities to expire. We are working through implementation and do not have any major concerns.

**Federal** - NYC Health + Hospitals received \$10.5M in Congressionally-Directed Spending in the FY-23 Consolidated Appropriations Act. Planning is underway with facilities to finalize FY-24 proposals. The Biden Administration intends to terminate the COVID-19 Public Health Emergency (PHE) on May 11, 2023, after which all regulatory flexibilities attached to the PHE will expire. HHS issued a roadmap to the end of the PHE, and we are working across the System to ensure awareness of the end to many of these regulatory flexibilities. We continue to advocate to Congressional leaders, in collaboration with our hospital association partners. Priorities include preventing DSH cuts, maintaining certain COVID-19 regulatory flexibilities, and funding for Graduate Medical Education, safety net hospitals and health care infrastructure.



We are fortunate to have been visited in person by Representatives Goldman and Nadler in the past few weeks at NYC Health + Hospitals/Governor and NYC Health + Hospitals/Bellevue. We were also able to host the combined staffs of Senators Schumer and Gillibrand to tour NYC Health + Hospitals/South Brooklyn Health and Bellevue Hospital on February 22, 2023 and appreciate their ongoing support.

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

- [City & State New York Names Dr. Machelles Allen to its "2023 Power of Diversity: Black 100" List](#)
- [NYC Health + Hospitals/Bellevue Opens Cardiac Rehabilitation Center, Part of the Cardiac Rehabilitation and Wellness Program, the First in the NYC Municipal Health Care System](#)
- [Undetectable=Untransmittable Media Campaign Launched Highlighting NYC Health + Hospitals/Harlem's Comprehensive HIV/AIDS Care](#)
- [NYC Health + Hospitals Announces New Initiative to Increase Physician Diversity](#)
- [NYC Health + Hospitals and MetroPlusHealth Offer Free Tax Preparation for Eligible Patients and New Yorkers](#)
- [NYC Health + Hospitals/Kings County Launches the Brooklyn Neuroscience Center](#)
- [NYC Test & Treat Corps, Department of Finance and Department of Small Business Services Partner To Expand City's Network of Walk-Up At-Home Test Distribution Sites](#)

**RESOLUTION - 04**

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a 5-year best-interest contract extension with **BASE Tactical Disaster Recovery, Inc.** (“BASE Tactical”) to provide project management and consulting services for the repair, restoration and hazard mitigation of System facilities damaged by Hurricane Sandy with the System holding two 1-year renewal options for an amount not to exceed \$6,800,000 over the potential seven-year term.

Additionally - to extend the current 2016 contract terms ending June 30, 2023 to December 30, 2023 to allow for the expenditure of the balance of \$1,407,641.37 for Superstorm Sandy.

**WHEREAS**, four System facilities, NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Coler, NYC Health + Hospitals/South Brooklyn Health and NYC Health + Hospitals/Metropolitan sustained major damage in October 2012 as a result of Hurricane Sandy; and

**WHEREAS**, the System originally engaged BASE Tactical on an emergency basis in 2012 to provide disaster recovery consulting services including advising the System in its negotiations and other dealings with FEMA and assisting to manage the temporary repair and restoration of the impacted facilities; and

**WHEREAS**, in part, due to the work of BASE Tactical, the System secured a \$1.7 Billion grant from FEMA to perform emergency repairs and to undertake “mitigation” projects to ensure that the damaged facilities can withstand another hurricane similar to Sandy; and

**WHEREAS**, in May 2016, H+H conducted an open and competitive request for proposals process to procure a disaster recovery consultant and, with the approval of the System’s Board awarded BASE Tactical a three-year agreement with two 1-year options both of which the System exercised; and

**WHEREAS**, although much of the FEMA funded disaster recovery work has been completed, most notably the construction of the Ruth Bader Ginsberg Pavilion at NYC Health+ Hospitals/South Brooklyn Health, considerable work remains including responding to customary audit questions and challenges from FEMA as to completed work; and

**WHEREAS**, the System will continue to need the services of a disaster recovery consultant; and

**WHEREAS**, the cost of a disaster recovery consultant such as BASE Tactical is reimbursable by FEMA as a Direct Administrative Cost; and

**WHEREAS**, the Contract Review Committee supported the renewal of the BASE Tactical contract and an increase in its funding on a “Best Interest” basis because the work remaining to be completed is so intimately associated with the System’s original FEMA application and the work previously done, which is especially true with regard to responding to FEMA audit requests as to previous submissions to FEMA; and

**WHEREAS**, BASE Tactical rates of compensation will continue the pattern set in previous contracts of 3% annual increases; and

**WHEREAS**, BASE Tactical has a 30% MWBE goal on its contract and has achieved 61% to date; and

**WHEREAS**, the BASE Tactical agreement will be administered by Central Office Finance in collaboration with the Office of Facilities Development.

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation (the “System”) is authorized to enter into a 5-year best-interest contract extension with **BASE Tactical Disaster Recovery, Inc.** (“BASE Tactical”) to provide project management and consulting services for the repair, restoration and hazard mitigation of System facilities damaged by Hurricane Sandy with the System holding two 1-year renewal options for an amount not to exceed \$6,800,000 over the potential seven-year term.

Additionally - that the System is authorized to extend the current 2016 contract terms ending June 30, 2023 to December 30, 2023 to allow for the expenditure of the balance of \$1,407,641.37 for Superstorm Sandy.

**EXECUTIVE SUMMARY**  
**COORDINATED BEHAVIORAL CARE, INC.**  
**HOUSING LOCATION AND PLACEMENT SERVICES**

- OVERVIEW:** Four System facilities, NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Coler, NYC Health + Hospitals/South Brooklyn Health and NYC Health + Hospitals/Metropolitan were damaged by Hurricane Sandy in 2012. In 2015, the System, working with BASE Tactical and the City, secured \$1,722,705,384 in FEMA funds to perform emergency repairs and “mitigation” work to ensure that the impacted facilities can withstand a second Sandy-type storm. To date, a great deal of work has been completed. Notably, the Ruth Bader Ginsberg Pavilion at South Brooklyn Health has been substantially completed. Work at the four facilities has been done to repair damage caused by the storm and much work has been done to move sensitive equipment, such as electrical switch gear and elevator motors from basements to higher floors. However, more complex mitigation work remains. Among such work is the construction of a flood wall to the east and north of each of Bellevue and Metropolitan and an earthwork berm to the north of Coler.
- VENDOR BACKGROUND:** BASE Tactical is a small firm but with considerable relevant experience. The firm combines many years of having negotiated with FEMA with familiarity with construction contracts and hospital operations. BASE Tactical represented the City of Cedar Rapids in a \$3.18 Billion FEMA grant in 2008 and subsequently handled projects for Nashville, Denver, the Denver health system and anticipates work with Houston. Whereas, many people are familiar with FEMA rules, many fewer people know how FEMA applies its rules.
- The System originally engaged BASE Tactical on an emergency basis in 2012 to provide disaster recovery consulting services including advising the System in its negotiations and other dealings with FEMA and assisting to manage the temporary repair and restoration of the impacted facilities. In May 2016, H+H conducted an open and competitive request for proposals process to procure a disaster recovery consultant and, with the approval of the System’s Board awarded BASE Tactical a three-year agreement with two 1-year options both of which the System exercised.
- PROCUREMENT:** The System seeks approval for a “Best Interest Extension” of the BASE Tactical agreement with an increase in its funding. As explained, considerable, mostly mitigation work remains to be done to spend down the FEMA grant. All that work involves executing preliminary plans presented to FEMA in 2015. Thus, it is necessary to have an intimate knowledge of the plans presented in 2015 and the understandings that established the context for such plans. Because BASE Tactical worked on such plans, it has that familiarity in a way that no new consultant could ever have. Additionally, it is a part of standard FEMA practice to audit all claims paid out and we anticipate such audits as to the System’s completed work. BASE Tactical helped to assemble those claims and so knows them in detail. Additionally, BASE Tactical understands and has established relationships with the many governmental bodies involved in the System’s disaster recovery claims. Besides FEMA, these include the New York State Office of Homeland Security through which the Federal funds flow, the City’s Office of Management and Budget that oversees all FEMA grants in the City, and all of the departments within the System that are involved. Given the length of BASE Tactical’s involvement, it has more historical knowledge of the impact on the System than all but a few System employees.
- TERMS:** \$1.4M was left unspent from the previous contract. \$6.8M is requested in new money. The total not-to-exceed cost for the proposed contract over its full potential 7-year term will not exceed the sum of those figures, \$8,200,000.
- MWBE:** BASE Tactical is committed to a 30% MWBE subcontracting plan.

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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: Base Tactical Disaster Recovery, Inc.

Date: February 28, 2023

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Digitally signed by  
Keith Tallbe  
Date: 2023.02.28  
14:24:25 -05'00'

The below 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>
Base Tactical Disaster Recovery, Inc.	Approved	Approved	30%

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

# **BASE Tactical - Best Interest Renewal**

**FEMA Reimbursement Consultant Services  
and Hazard Mitigation for NYC Health + Hospitals**

**Board of Directors Meeting**

**March 30, 2023**

**Michline Farag, Sr. Ast. Vice President, Central Office Finance**  
**Manny Saez, Sr. Ast. Vice President, Office of Facilities Development**  
**Oscar Gonzalez, Sr. Ast. Vice President, Office of Facilities Development**  
**Anniqua Brown, Sr Director, Office of Facilities Development**

# For Board Consideration

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Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a 5-year best-interest contract extension with BASE Tactical Disaster Recovery, Inc. (“BASE Tactical”) to provide project management and consulting services for the repair, restoration and hazard mitigation of System facilities damaged by Hurricane Sandy with the System holding two 1-year renewal options for an amount not to exceed \$6,800,000 over the potential seven-year term.

Additionally - to extend the current 2016 contract terms ending June 30, 2023 to December 30, 2023 to allow for the expenditure of the balance of \$1,407,641.37 for Superstorm Sandy.

# Background

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- BASE Tactical is a disaster recovery consulting firm with expertise in business management and logistical coordination, providing services since 2008. Their specialty is in emergency management including FEMA Public Assistance grants (*Hazard Mitigation with 404/406 funding as well as FEMA 428 funds*) and construction management.
- A disaster recovery consulting firm is needed due to the administrative complexity of FEMA reimbursable work and the lack of in-house expertise and resources in this area.
- Currently, NYC Health + Hospitals has over \$1.7B in FEMA grant funding for Superstorm Sandy repairs with allotted FEMA Direct Administrative Cost dollars (DAC).
- BASE Tactical also provides services for Hurricane Ida grants development – currently in the process of applying for FEMA grants across NYC Health + Hospitals with its own approved DAC.
- BASE Tactical services are funded through FEMA grants via Direct Administrative Costs.
  - Direct Administrative Costs are defined as the administrative costs that enable grant development, grant reimbursement and grant closeout.  
(*DAC \$\$ are calculated at 4% of total repair, restoration and mitigation dollars*)

# Superstorm Sandy Projects

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- NYC Health + Hospitals' major work relates to Superstorm Sandy and is on-going. BASE Tactical has provided critical input thus far in maintaining FEMA compliance requirements.
  
- Bellevue Hospital
  - Grant total: \$498M
  - NYC Health + Hospitals has completed nearly all of the Priority Mitigation Projects within the hospital regarding the medical gas system and flood barriers at elevators. To date, \$161M has been spent.
  - Additional major work is still ongoing toward completing the design of the community floodwall, estimated budget of \$247M, with a projected completion date of 2030.
  
- Coler Hospital
  - Grant total: \$180M
  - NYC Health + Hospitals has completed seven of our Primary Mitigation Projects within the facility, spending \$43M to date.
  - Ongoing Major Work project for the development of berm to protect Coler Hospital from a 500-year sea level rising, estimated budget of \$95M and projected to be completed by 2026/2027.



## Superstorm Sandy Projects (cont.)

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- Metropolitan Hospital
  - Grant Total: \$120M
  - NYC Health + Hospitals has completed our Critical Quick Connects project, spending \$13M to date.
  - Currently, we are developing a floodwall to protect the hospital from the 500-year sea level rising, estimated Budget of \$117M to be completed by Dec 2024.
  
- South Brooklyn Health
  - Grant total: \$922M
  - NYC Health + Hospitals has completed the majority of South Brooklyn Major Work including our Critical Services Structure (resilient acute care hospital) and building a new permanent mitigation structure. Currently, NYC Health + Hospitals has spent \$567M to date.
  - South Brooklyn Health New CSS 10 Story building is almost completed and is expected to be open by the end of this year/early 2024.

# COVID-19 Services - Emergency Contracting

- BASE Tactical also provides services for our response to COVID-19. COVID-19 work is separate from the base contract renewal, contracting with BASE Tactical for COVID-19 services procured through emergency contracting.
- BASE Tactical has provided services from the beginning of the pandemic, assisting in grants development and reimbursement processes. We are currently wrapping up their COVID-19 services since FEMA has issued a cut off date for COVID-19.
- BASE Tactical's COVID Task Order Status -

	Dollar Amount
Budget: Services from 03.01.20 – 02.28.21	\$1,500,000.00
Budget: Services from 02.28.2021 – 02.28.2023	\$3,120,000.00
Spent to Date	(\$2,069,592.29)
Dollars Left	\$2,550,407.71

# Request for Extension

- BASE Tactical was procured in 2016 via public RFP. The existing contract expires on June 30, 2023.
- OFD/Finance is requesting:
  - to extend the term of the current 2016 contract to December 2023 to allow for the spend of the remaining \$1,407,461.37 for Superstorm Sandy FEMA work.
  - a 'best interest' extension for an additional seven years (five years and two one-year extensions) at \$6.8M in additional dollars.
- This extension is specific to the work around Hurricane Sandy Projects (Bellevue, South Brooklyn Health, Coler and Metropolitan Hospital), which may go beyond city fiscal year 2030 as well as any Hurricane Ida needs.
- BASE Tactical has a 30% MWBE goal on their contract and has achieved 61% to date with CJE Services LLC for services relating to damage site assessment.

All Contracts	Balance	Dollar Amount
2016 Contract	Total Contract Value (07.01.16 - 06.30.23)	\$15,518,873.32
	Spent to Date (as of 11.30.22)	(\$14,111,231.95)
	Balance	\$1,407,641.37
<b>New Contract Request</b>	Best "Interest" Renewal additional 7 years (07.01.23 – 06.30.30)	<b>\$6,800,000.00</b>

- FEMA consulting fees are reimbursable by FEMA and must meet their price reasonableness guidelines. These guidelines include fees by resource type, by task, and time billed for task by the appropriate resource.
- BASE Tactical was one of the early consulting firms specializing in FEMA reimbursement; the market has grown with traditional consultants without this level of expertise entering the field.
- The rates charged Base Tactical met the price reasonableness guidelines of FEMA that they apply across the industry.
- NYC Health + Hospitals FEMA Grants Unit reviews all invoices to ensure all work indicated is validated.

- The challenge with onboarding a new vendor mid-project is that a new vendor would accept no liability to claims that are currently submitted. Also, any new vendor would require significant re-work of the documentation and supporting due diligence of the claims, which would be cost prohibitive.
- BASE Tactical has been providing FEMA consultation services at NYC Health + Hospitals since 2013 and has an understanding of all NYC Health + Hospitals facilities and the damages sustained from Hurricane Sandy.
- BASE Tactical provides strategic advisory services in regards to how NYC Health + Hospitals should approach the rebuild, mitigation of all facilities, while maintaining reimbursement compliance with FEMA.

## Board of Directors Request

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- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a 5-year best-interest contract extension with **BASE Tactical Disaster Recovery, Inc.** (“BASE Tactical”) to provide project management and consulting services for the repair, restoration and hazard mitigation of System facilities damaged by Hurricane Sandy with the System holding two 1-year renewal options for an amount not to exceed \$6,800,000 over the potential seven-year term.

Additionally - to extend the current 2016 contract terms ending June 30, 2023 to December 30, 2023 to allow for the expenditure of the balance of \$1,407,641.37 for Superstorm Sandy.

- Extension will be specific to the work related to:
  - Hurricane Sandy
  - Hurricane Ida
- Anticipated start date is July 1, 2023

**RESOLUTION - 05**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract with **Coordinated Behavioral Care, Inc.** (“CBC”) to provide housing location and placement services (“HLPS”) for a term of three years with one 1-year option exercisable only by the System for an amount not to exceed \$14,054,014 over the potential four-year term.

**WHEREAS**, on average, at any time, the System has over 49,000 patients who are experiencing homelessness; and

**WHEREAS**, patients experiencing homelessness present at the System’s Emergency Departments at approximately three times the rate other patients do and their hospital stays are approximately three times as long as is typical of other patients; and

**WHEREAS**, it follows, and research bares out, that getting such patients into stable housing will save lives, improve health outcomes and reduce the expensive use of emergency and in-patient healthcare; and

**WHEREAS**, the work of locating available housing for individuals experiencing homelessness and placing individuals experiencing homelessness in such housing is time consuming and requires specialized knowledge and skill; and

**WHEREAS**, the System’s staff and ability to perform HLPS is limited; and

**WHEREAS**, the System undertook an RFP process to procure a vendor to perform HLPS in which a request for proposals was sent to 15 vendors in addition to being posted in the City Record, a pre-proposal conference was held where 20 organizations attended, four vendors presented proposals, two respondents were interviewed, after which the Evaluation Committee gave CBC the highest rating, an evaluation endorsed by the Contract Review Committee; and

**WHEREAS**, CBC is a not-for-profit IPA, or an Integrated Practice Association, and a lead Health Home with many provider members and over ten years of experience working on housing, homelessness, outpatient mental health and substance abuse programs; and

**WHEREAS**, the System, Behavioral Health division, has previously contracted with CBC Contractor for the “Pathway Home” project and has highly rated CBC’s performance; and

**WHEREAS**, the System’s through its Housing for Health unit will be responsible for the management of the proposed contract.

**NOW THEREFORE, be it**


**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to contract with **Coordinated Behavioral Care, Inc.** (“CBC”) to provide housing location and placement services (“HLPS”) for a term of three years with one 1-year option exercisable only by the System for an amount not to exceed \$14,054,014 over the potential four-year term.

**EXECUTIVE SUMMARY**  
**COORDINATED BEHAVIORAL CARE, INC.**  
**HOUSING LOCATION AND PLACEMENT SERVICES**

- OVERVIEW:** On average, at any time, the System has over 49,000 patients experiencing homelessness. Such patients present at the System’s Emergency Departments at about three times the rate of other patients and their hospital stays are about three times as long as is typical of other patients. These patients have inferior health outcomes and put an outsized strain on the System. It follows, and research bares out, that getting such patients into stable housing saves lives, improves health outcomes and reduces the expensive use of emergency and in-patient healthcare. The work of locating available housing for individuals experiencing homelessness and placing individuals experiencing homelessness in such housing is time consuming and requires specialized knowledge and skill; and the System’s staff and ability to perform HLPS is limited. Accordingly, the System seeks an outside vendor capable of performing HLPS at a large scale.
- PROCUREMENT:** The System undertook an RFP to procure a vendor to perform HLPS. A request for proposals was sent to 15 vendors in addition to being posted in the City Record. A pre-proposal conference was held where 20 companies attended. Four vendors presented proposals. The Evaluation Committee considered the proposals, conducted interviews and gave CBC the highest rating, an evaluation endorsed by the Contract Review Committee.
- VENDOR BACKGROUND:** CBC is a large IPA consisting of many behavioral health providers and organizations. CBC is also a lead Health Home. For ten years, CBC’s focus has been on New Yorkers experiencing homelessness. CBC has deep expertise in dealing with patients suffering from behavioral health and substance use disorders. CBC’s Pathway Home project provides intensive case management and treatment to assist behavioral health patients to transition from institutional environments to life in the community. The System’s Behavioral Health division has contracted with CBC for the Pathway Home project and is very pleased with the work performed.
- SCOPE:** CBC will bring considerable resources and expertise to its work for the System. It will take a “whatever it takes” approach to get System patients housed. CBC has relationships with many of the developers and operators of supportive housing in the City some of which are participants in its IPA. It will provide a range of services not commonly available in the System including locating supportive and non-supportive permanent housing, assisting patients through their housing journey, and assuring a successful transition to permanent housing.
- They will perform this work by conducting housing assessments in the field to establish a permanent housing plan for patients They will match patients to appropriate housing based on their needs and collecting and submitting income and identity documents required for housing applications. CBC will escort patients to interviews and assure that a patient is able to complete the rental process and move in successfully. They will work with building owners to complete the rent-up process, including applying for applicable City move-in funds and providing move in packages, as needed. CBC will monitor, track, and report the progression of System patients, and coordinate with System stakeholders. During that time, they will respond to tenants and owners to support a successful transition to permanent housing.
- TERMS:** The total not-to-exceed cost for the proposed contract over its full potential four-year term will not exceed \$14,054,014
- MWBE:** CBC is a not-for-profit and thus outside the scope of the System’s MWBE program.



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

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

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

Vendor: Coordinated Behavioral Care Inc.

Date: March 1, 2023

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

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

Exempt

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

## **Housing Location and Placement Services**

# **Application to Award Contract - Coordinated Behavioral Care, Inc.**

**Board of Directors Meeting  
March 30, 2023**

**Matthew Siegler, Senior Vice President  
Leora Jontef, AVP Housing + Real Estate  
Fionnuala Seiferth, Director**



## For Board Consideration

Authorizing New York City Health and Hospitals Corporation to sign a three year agreement with **Coordinated Behavioral Care, Inc. (CBC)** for the provision of Housing Location and Placement Services (HLPS) with one one-year option for renewal for a total not-to-exceed of \$14,054,014 over the potential four year term.

H+H Housing for Health facilitates housing opportunities and supports for patients experiencing homelessness

## Why Housing for Health?

50,000 H+H patients are experiencing homelessness and 22,000 H+H patients are also DHS clients

- On average, patients experiencing homelessness visited the **ED 3x more often** than non-homeless patients
- Patients experiencing homelessness were more likely to have an inpatient visit and **stayed 3x longer** across their admissions
- Evidence is clear that where you live affects your health and well being.

## Housing Opportunity Strategy

- ★ Provide Housing Navigation Services
- ★ Partner with MetroPlus Health's Housing Taskforce
- ★ Fund Medical Respite Beds for Frail Patients
- ★ Fund Supportive Services in Permanent Housing
- ★ Dedicate NYC Health + Hospitals Land for Affordable and Supportive Housing

Nearly 500 patients permanently housed by Housing for Health; ~50% are MetroPlus members.

MetroPlus has also housed over 250 additional members through their Taskforce.

Over 800 H+H Patients utilized Medical Respite; 25% stably housed post stay

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

# Mayor Eric Adams' Housing Blueprint

H+H Housing for Health's efforts, including this proposal, were included in the [Mayor's Housing Blueprint](#) released June 2022

**Housing Our Neighbors:**  
A Blueprint for Housing and Homelessness

**The City of New York**  
**Mayor Eric Adams**

Chief Housing Officer  
Jessica Katz

**NYC**

**Strengthen housing navigation services and supports**

High housing costs are only one of many obstacles that New Yorkers face when navigating the city's highly competitive housing market. Housing navigation services are crucial resources that can help New Yorkers find a home that they can afford and meets their preferences and needs. The City will strengthen housing navigation services and supports so that those most in need can find a home.



**SPOTLIGHT: Create new housing navigators at H+H**

Even with high-quality medical services, a lack of stable housing can prevent New Yorkers from staying healthy. H+H is committed to strengthening resources to move vulnerable patients experiencing homelessness into housing. Recognizing that housing is a social determinant of health, H+H will create dedicated housing navigators to help H+H patients access housing. These services will leverage trusted relationships with health care providers, and supplement those provided in shelter. While the H+H care team focuses on a patient's health care needs, a housing navigator will bring the necessary expertise to focus on the patient's housing needs.

## Mayor Adams Expands Efforts to Connect Patients Experiencing Homelessness to Stable, Affordable Housing, Delivers on Promise in Housing Blueprint Released Earlier This Year

November 3, 2022

Video available at: [https://youtu.be/X\\_6B3O6kitc](https://youtu.be/X_6B3O6kitc)



*As Strategy to Good Health, 'Housing for Health' Initiative Will Focus on Four Strategic Areas: Navigation Services, Medical Respite Beds, Affordable Housing on Hospital Property, and Social Service Support for Patients in Permanent Housing*

*Program Will Leverage NYC Health + Hospitals Land to Create Nearly 650 New Affordable Homes Over Next Five Years*

# Patient Success Story

- Jesus Cerda, now 27 years old, had been homeless since he was 16. In 2022, Jesus was admitted to the Comprehensive Psychiatric Emergency Program at Harlem Hospital
- Jesus was connected to Housing for Health and the Metro Plus Housing Taskforce, who referred him to permanent supportive housing at the T Building in Queens
- In July 2022, Jesus moved into a studio apartment at the T Building!
- He continues to receive on-going care from H+H and is currently pursuing his B.A. at CUNY

*“I am more relaxed mentally and that has brought me inner peace,” said Cerda, now several months into his apartment. “For what I’ve been through, I feel like a king. I feel good.”*



*“When I first entered the shelter system a couple of years ago, I was emotionally drained and so stressed out that I couldn’t sleep,” said Jesus Cerda, resident of the T building. “I had a mental break down, and I ended up the Psychiatric Unit at Harlem hospital. When I was discharged, my caseworker told me that I qualified for an apartment at the T building. In July, I was finally able to move in, and I couldn’t be happier. Now I have my own studio apartment. It is truly a fantastic feeling to have tranquility, the ability to cook my own meals, and focus on my next steps in life. I finally feel happy and in control of my life.”*

Existing literature shows that permanent housing assistance reduces the use of costly acute care services for patients experiencing homelessness (Hunter et al., 2017). H+H Housing for Health analyzed preliminary data and saw similar trends:

With support from the DnA team, HfH evaluated Epic data to measure acute care utilization one year pre- and post-housing placement. Sample included 54 patients housed by HfH between 1/1/2021 and 6/30/2021. Analysis found an overall trend of reduced utilization in ED and inpatient care post-placement into permanent housing

**CHANGES IN ACUTE CARE UTILIZATION PER PATIENT IN THE YEAR AFTER RECEIVING HOUSING COMPARED TO THE YEAR PRIOR**

Type Of Acute Care Utilization	Prior	Post	Relative Change
# of ED visits	1.74	1.53	-12.1%
# of psychiatric ED visits	0.3	0.13	-56.7%
# of med-surg inpatient admissions	0.85	0.5	-41.2%
# of BH admissions	0.76	0.35	-53.9%
Total med-surg inpatient days	8.1	3.4	-58.0%
Total BH inpatient days	18.4	7	-62.0%



Housing for Health will conduct this analysis on a regular basis to track the impact of housing on patients' health outcomes

Data Period: 1/1/2021-6/30/2021, N=54

Source: [RAND Evaluation of Los Angeles County Housing for Health Permanent Supportive Housing Program, 2017](#)



# Current State of Housing Coordination H+H



## Today, Patient Care Team:

- Refer patients to HfH
- Complete housing profile/assessment
- Complete housing applications
- Collect vital and income documentation (multiple requests typical for most housing opportunities)
- Outreach to shelter for housing updates
- Confirm HfH facilitated housing interviews and viewings with patient

***This is burdensome for staff and inefficient for patients.***

## In order to secure housing, patients experiencing homelessness need specialized support

- NYC housing space is niche and complex
- Despite “source of income” discrimination protections, landlords often need additional assurances from partners like NYC H+H

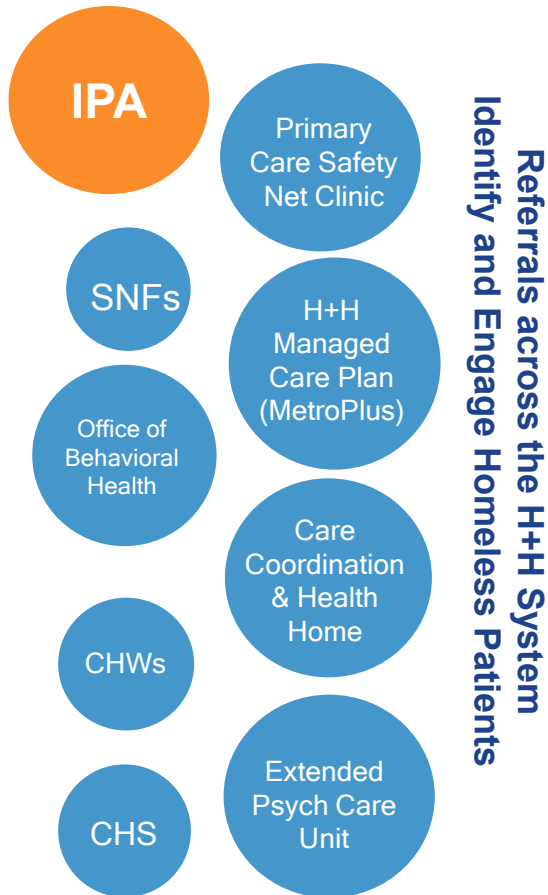
***In April 2022, H+H released an RFP for comprehensive housing placement services.***



This scope reflects best practices as modeled in Health Services of Los Angeles County, as well as discussions with internal stakeholders to understand staff and patient needs, and first-hand experience facilitating housing placements.

The vendor will employ a “whatever it takes” approach to get our patients housed:

- ✓ **Find Permanent Housing Opportunities**
  - Recruit additional housing opportunities** including supportive, affordable and private market housing through CBC and partners’ housing vacancies and relationships
  - Match patients to housing opportunities**
  
- ✓ **Support Patients Through The Permanent Housing Placement Process**
  - Conduct housing assessments in the field** to determine the permanent housing plan for patients
  - Complete housing packets** including completion of supportive housing applications and collection of supporting materials like vital and income documents
  - Facilitate Rent-ups** including escorting patients to apartment viewings, working with management to complete the rent-up process, and submitting for applicable move-in funds.
  - Coordinate with other stakeholders** on housing progression including shelter and H+H care teams
  - Monitor, track, and report housing progression** of H+H patients
  
- ✓ **Support Successful Transition to Permanent Housing**
  - Respond to tenants and owners** to support successful transition to permanent housing
  - Provide tenant move-in packages** including one-time furniture and apartment readiness supplies



**Referral Source:**

- Place referral to Housing for Health for patients experiencing homelessness
- Coordinate with vendor, as needed, on social and clinical service needs of patient

**HLPS Vendor:**

- Identify and secure permanent housing opportunities for H+H patients
- Support patients through the permanent housing placement process
- Support successful transition into housing

**This contract will support H+H to connect homeless patients to permanent housing, including single homeless adults served by our Special Populations initiative.**

# Overview of Procurement

- 05/27/22: RFP published on City Record, sent directly to 15 vendors
- 06/15/22: Pre-proposal conference held, 20 vendors attended
- 07/21/22: Proposal deadline, 4 proposals received
- 10/25/22: Evaluation committee completed first round of scoring. Two firms were shortlisted
- 11/10/22 – 11/14/22: Shortlisted firms were interviewed and provided responses in writing for evaluation committee review
- 12/5/22: Evaluation Committee finalized scoring; CBC was the highest rated proposer
- 2/14/23: Received CRC Approval to enter contract

## Vendor: Coordinated Behavioral Care (CBC)

CBC is a not for profit entity launched in 2011 as a lead Health Home and behavioral health IPA

- Mission: CBC leverages community partnerships to coordinate integrated medical and behavioral health interventions that, coupled with a specialized emphasis on social determinants of health, promote a healthier New York.
- CBC and partner agencies have all served people experiencing homelessness for 10 years or longer, including with outpatient mental health and substance use treatment programs, Health Home care management, Pathway Home care transitions services, ACT teams, shelters, safe havens, transitional and/or permanent housing, and Safe Options Support (SOS) homeless outreach teams
- CBC has a demonstrated knowledge of shelter, housing, and support services resources for people experiencing homelessness in NYC and experience in facilitating permanent housing placements.
  - Demonstrated ability to engage with clients experiencing homelessness at points of care, within shelter and H+H facilities to meet patients where they are
- H+H Office of Behavioral Health has an existing contract with CBC for Pathway Home and have highly rated CBC's performance

# Contract Terms and Expectations

- NYC Health + Hospitals will sign a 3 year contract with Coordinated Behavioral Care (CBC) with a one-year option for renewal.
- Estimated average annual case load of 600 patients served for a goal of 400 housing placements per year. This is an average of ~\$5,000 per patient served.
- CBC and partner agencies will recruit hundreds of additional housing opportunities including supportive, affordable and private market housing
- Annual budget includes funding for:
  - **Personnel:** CBC program support staff and partner agencies' client-facing staff
  - **Operations:** including rent, insurance, program supplies, IT/equipment, etc.
  - **Tenant stability costs:** apartment move in packages and tenant stability funds
  - Small contingency funds for flexibility, innovation, and program improvement

Authorizing New York City Health and Hospitals Corporation to sign a three year agreement with **Coordinated Behavioral Care, Inc. (CBC)** for the provision of Housing Location and Placement Services (HLPS) with one one-year option for renewal for a total not-to-exceed of \$14,054,014 over the potential four year term.

**RESOLUTION - 06**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute five-year agreements with each of the five law firms **Abrams Fensterman, LLP, Law Office of Barbara J. Berwitz, McAloon & Friedman, P.C., Law Offices of David Smoren, PLLC and Vigorito, Barker, Patterson, Nichols & Porter LLP** (the “Firms”) for the provision of legal representation in matters under the New York State Mental Hygiene Law (Behavioral Health and/or Guardianship) on behalf of the System on an as-needed basis for an initial period of three years with two one-year options to renew for an amount not to exceed \$12,000,000 over the entire potential five-year term.

**WHEREAS**, the System currently manages matters arising under New York State Mental Hygiene Law such as Article 9 (Hospitalization of the Mentally Ill), Article 33 (Rights of Patients), and Article 81 (Proceedings for Appointment of a Guardian for Personal Needs or Property Management); and

**WHEREAS**, in a typical month over the last 2 years, the System has handled, with the support of outside law firms, approximately 60 Treatment over Objection cases, 120 Retention/Release cases, 15 Assisted Outpatient Treatment cases, and over 300 appearances; and

**WHEREAS**, the Request for Proposals for Legal Representation in Matters under New York State Mental Hygiene Law was released on December 20, 2022 through its Supply Chain Services Unit and under the supervision of the Contract Review Committee leading to the selection of the Firms to handle the System’s cases on an as-needed basis; and

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

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute five-year agreements with each of the five law firms **Abrams Fensterman, LLP, Law Office of Barbara J. Berwitz, McAloon & Friedman, P.C., Law Offices of David Smoren, PLLC and Vigorito, Barker, Patterson, Nichols & Porter LLP** (the “Firms”) for the provision of legal representation in matters under the New York State Mental Hygiene Law (Behavioral Health and/or Guardianship) on behalf of the System on an as-needed basis for an initial period of three years with two one-year options to renew for an amount not to exceed \$12,000,000 over the entire potential five-year term.

## EXECUTIVE SUMMARY FIVE LAW FIRMS

- OVERVIEW:** The System currently manages matters arising under New York State Mental Hygiene Law such as Article 9 (Hospitalization of the Mentally Ill), Article 33 (Rights of Patients), and Article 81 (Proceedings for Appointment of a Guardian for Personal Needs or Property Management). In a typical month over the last 2 years, the System has handled, with the support of outside law firms, approximately 60 Treatment over Objection cases, 120 Retention/Release cases, 15 Assisted Outpatient Treatment cases, and over 300 appearances.
- PROCUREMENT** The Request for Proposals for Legal Representation in Matters under New York State Mental Hygiene Law was released on December 20, 2022 through its Supply Chain Services Unit and under the supervision of the Contract Review Committee leading to the selection of the Firms to handle the System's cases on an as-needed basis
- COSTS:** Total not-to-exceed cost for the potential five-year contract will not exceed \$12,000,000.
- MWBE:** There was no subcontracting goal initially set on this solicitation as each vendor was expected to continuously manage each case from start to finish, with no opportunity for subcontracting. After review of the proposals and further discussions with the awarded vendors, one subcontracting opportunity was identified. One of the awarded vendors, The Law Office of Barbara J. Berwitz, is a NYS-certified MWBE. The remaining vendors subcontract out all courier services and have agreed to utilize a certified MWBE firm for these services. It is expected that this scope will amount to approximately 10% of contract value per vendor.



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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Mental Hygiene Legal Services

Date: March 27, 2023

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Rivera-  
Bazan,  
Irmali

Digitally signed  
by Rivera-Bazan,  
Irmali  
Date: 2023.03.27  
09:18:40 -0400

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>
Abrams Fensterman, LLP	Pending	Pending	10%
Law Office of Barbara J. Berwitz	Pending	Pending	NYS-MWBE
McAloon & Friedman, P.C.	Approved	Pending	10%
Law Offices of David Smoren, PLLC	Pending	Pending	10%
Vigorito, Barker, Patterson, Nichols & Porter LLP	Approved	Pending	10%

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.

**Mental Hygiene Law Panel:  
Behavioral Health and Guardianship Matters**

**Application to Award Contract - Abrams Fensterman,  
LLP, McAloon & Friedman, P.C., Vigorito, Barker, Patterson, Nichols &  
Porter LLP, Law Office of Barbara J. Berwitz, and Law Offices of David  
Smoren, PLLC**

**Board of Directors Meeting  
March 30, 2023**

**Andrea G. Cohen, General Counsel & SVP  
Joanne Haberlin, Senior Counsel**

## For Board Consideration

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Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute agreements with each of the five law firms **Abrams Fensterman, LLP, McAloon & Friedman, P.C., Vigorito, Barker, Patterson, Nichols & Porter LLP, Law Office of Barbara J. Berwitz, and Law Offices of David Smoren, PLLC** (the “Firms”) for the provision of legal representation in matters under the New York State Mental Hygiene Law (Behavioral Health and/or Guardianship) on behalf of the System on an as needed basis for an initial period of three years with two one-year options to renew for an amount not to exceed \$12,000,000 over the entire potential five year term.

- NYC Health + Hospitals requires expertise and experience in Behavioral Health and Guardianship matters arising under NYS Mental Hygiene Law.
  - Behavioral Health matters include involuntary commitment and involuntary treatment.
  - Guardianship matters include appointment of guardians.
- In a typical month, NYC Health + Hospitals handles approximately 300 appearances for Behavioral Health matters.
- Over the last 3 year contract cycle, outside counsel usage was roughly \$2,000,000 per year. It is estimated that the average annual spend for outside counsel will increase by about 20% based on legal fee inflation, 5 year term of agreement, and an anticipated increase in case volume due to city initiatives increasing behavioral health service utilization.
- It is anticipated that the majority of the spend will arise from Behavioral Health matters.

# Historical and Current Contract Value

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	Behavioral Health	Guardianship	Total
FY 22	\$1,776,548	\$162,911	\$1,939,459
FY 23 * *partial through 02/23	\$1,257,389	\$137,928	\$1,395,318

## Current State: Panel and Assignment

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- **Current contracts were awarded after a 2019 RFP. The work is actively managed by assigned attorneys in the General Counsel's Office.**
  
- **The General Counsel's Office currently uses a panel of 5 firms to perform this critical work. These five firms responded to this RFP and have been selected for the Committee's consideration.**
  
- **Assignment for Behavioral Health Matters**
  - Generally, one firm is assigned to handle matters arising for all hospitals within a borough. Since courts are borough based, this approach is most efficient. Given, the high volume and regularity of cases, this approach also provides consistency for the hospital. The exception is Manhattan.
  
- **Assignment for Guardianship Matters**
  - Firms are selected to represent a facility on a case by case basis considering attorney availability and the issues to be addressed in the case.
  
- **The current contracts expire on March 31, 2023.**

# RFP Minimum Criteria

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- **Minimum Criteria to Provide Services under Behavioral Health**
  - The firm must employ at least 2 attorneys with 5 years of experience and expertise in handling matters pursuant to Article 9 and Article 33 of the New York State Mental Hygiene Law, in addition to 14 NYCRR § 527.8
  
- **Minimum Criteria to Provide Services under Guardianship**
  - The firm must employ at least 2 attorneys with 5 years that must have experience and expertise in handling matters pursuant Article 81 of the New York State Mental Hygiene Law
  
- **Minimum Criteria to Provide Services under Behavioral Health and Guardianship**
  - Applicants for both Behavioral Health and Guardianship matters must meet the qualifications stated above
  - 5 years in business

# RFP Criteria

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➤ **Substantive Criteria**

- 60% Experience and Expertise
- 40% Cost

➤ **Evaluation Committee:**

- Director of Behavioral Health
- Director of Mental Health Services
- Director of Social Work
- Senior Counsel
- Associate Counsel
- Senior Counsel



# Vendor Diversity Efforts

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- The vendor diversity team identified three potential MWBEs. One is currently providing services.
- The team outreached the other two.
  - Of those two, one did not have expertise in this area, and the other expressed no interest in the RFP
- There was no Diversity Vendor Component Percentage initially set on this solicitation as each vendor was expected to entirely self-perform all the work and so there would be no subcontracting opportunity.
- In the team's continuous efforts to identify opportunities for MWBE subcontracting throughout the procurement process, it identified a subcontracting opportunity for MWBEs which was courier services. Courier services include costs associated with service of legal papers and comprise a significant expense associated with the scope of work. All firms have agreed to utilize MWBEs for their courier services.
- The Diversity Vendor Component Percentage has been revised and all vendors have agreed to a 10% Diversity Vendor Component Percentage.

## Selected Firms

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- The firms selected are currently performing services under the prior agreements:
  - Abrams Fensterman, LLP – Guardianship and BH
  - McAloon & Friedman, P.C., - BH only
  - Vigorito, Barker, Patterson, Nichols & Porter LLP – Guardianship and BH
  - Law Office of Barbara J. Berwitz - Guardianship
  - Law Offices of David Smoren, PLLC – Guardianship

# Board of Directors Request

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- The Office of Legal Affairs is seeking authorization to execute agreements with each of the five law firms **Abrams Fensterman, LLP, McAloon & Friedman, P.C., Vigorito, Barker, Patterson, Nichols & Porter LLP, Law Office of Barbara J. Berwitz, and Law Offices of David Smoren, PLLC** (the “Firms”) for the provision of legal representation in matters under the New York State Mental Hygiene Law (Behavioral Health and/or Guardianship) on behalf of the System on an as-needed basis for an initial period of three years with two one-year options to renew for an amount not to exceed \$12,000,000 over the entire potential five-year term.
- April 1, 2023 anticipated start date with contract terms being three years with two one-year renewal options exercisable at the discretion of NYC Health + Hospitals

**RESOLUTION – 07**

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a 32-year lease with **Mott Center LLC (“Landlord”)** for the use of about 22,819 total square feet including a 449 sf first floor lobby and 22,370 sf **clinic space on the 2<sup>nd</sup> floor of 1720 Village Lane, Far Rockaway, NY (the “Premises”)** by **NYC Health + Hospitals/Gotham Health (“Gotham”)** for a primary care clinic at an initial rent of \$32/rentable sf or \$730,208/yr. which will increase by 10% every 5 years to reach \$51.54/rentable sf over the final years of the term for a total base rent over the term \$28,170,000 after taking into account two years of free rent; provided that operating expense escalations are estimated to total \$3M which, when added to the base rent, produces a total payable to Landlord over the term estimated at \$31,170,000.

**WHEREAS**, the System and Gotham have identified downtown Far Rockaway as an area with critical unmet healthcare needs which are heightened due to the City financing of 2,000 new affordable housing units in the area, streetscape improvement, and a new Downtown Far Rockaway public library which all will increase the population and activity in the area; and

**WHEREAS**, the System and Gotham have identified suitable space to rent at the Premises that is directly visible from Mott Ave A Subway Station and located within a major affordable housing campus known as Rockaway Village constructed and operated by Phipps Housing; and

**WHEREAS**, the proposed clinic to be located at the Premises will offer a range of primary care services to the community; and

**WHEREAS**, the Premises was selected based on a search of the area which contains few suitable locations and on the determination that the proposed rent is in line with the market; and

**WHEREAS**, the System will take the Premises, “as-is” and will have the responsibility to design, fit out equip and furnish the Premises at a cost to be determined once plans are completed when the System will return to the Board for spending authority; and

**WHEREAS**, architectural design of the Premises will commence by March 31, 2023 followed by procurement of the contractor and construction all of which is estimated to conclude prior to the expiration of the two-year free rent period; and

**WHEREAS**, the necessary construction will be managed by the System’s Office of Facility Development and the clinic will be operated by the System’s Office of Ambulatory Care in collaboration with Gotham.

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign a 32-year lease with **Mott Center LLC (“Landlord”)** for the use of about 22,819 total square feet including a 449 sf first floor lobby and 22,370 **sf clinic space on the 2<sup>nd</sup> floor of 1720 Village Lane, Far Rockaway, NY (the “Premises”)** by **NYC Health + Hospitals/Gotham Health (“Gotham”)** for a primary care clinic at an initial rent of \$32/rentable sf or \$730,208/yr. which will increase by 10% every 5 years to reach \$51.54/rentable sf over the final years of the term for a total base rent over the term of \$28,170,000 after taking into account two years of free rent; provided that operating expense escalations are estimated to total \$3,000,000 which, when added to the base rent, produces a total payable to Landlord over the term estimated at \$31,170,000

**EXECUTIVE SUMMARY  
PROPOSED LEASE  
WITH MOTT CENTER LLC  
FOR A PRIMARY CARE CLINIC**

**OVERVIEW:** The System has identified downtown Far Rockaway as an area with critical unmet healthcare needs which are heightened due to the City financing of 2,000 new affordable housing units in the area, streetscape improvement, and a new Downtown Far Rockaway public library which all will increase the population and activity in the area.

**SITE SELECTION:** The System has identified suitable space to rent at the Premises that is directly visible from Mott Ave A Subway Station and located within a major affordable housing campus known as Rockaway Village constructed and operated by Phipps Housing. the Premises was selected based on a search of the area which contains few suitable locations and on the determination that the proposed rent is in line with the market.

**FINANCING:** The expense of the construction of the clinic will be funded with City capital funds. The cost cannot now be estimated because the build out has yet to be designed. The System will return to the Board for the necessary spending authority once design has been completed and construction costs can be estimated.

**TERMS:**

**Base Rent:** \$32.00/sf, or \$730,208/yr. for yrs. 1-7 (first two years are rent free)  
 \$35.20 sf, or \$803,229/yr. for yrs. 8-12  
 \$38.72/sf, or \$883,552/yr. for yrs. 13-17  
 \$42.59/sf, or \$971,907/yr. for yrs. 18-22  
 \$46.85/sf, or \$1,069,098/yr. for yrs. 23-27  
 \$51.54/sf, or \$1,176,007/yr. for yrs. 28-32

**Not included in Base Rent but payable to: Landlord:** Operating Expense Escalations projected to total \$3.9M over the lease term. The property is structured as a condominium and so operating expenses get bundled together and charged for each condo unit as condo common charges. The System will pay any increases in common charges above those in place in the first year of the lease.

**Other Occupancy Costs:**

<u>Item</u>	<u>Paid by</u>	<u>Year 1 Estimated Cost to NYC H+H</u>
Electricity	H+H	\$3.50/ft = \$79,866
Cleaning	H+H	\$3.00/ft = \$68,457
Rubbish Removal	Owner	None
Real Estate Tax	H+H	None

February 24, 2023

Ms. Leora Jontef  
Assistant Vice President  
New York City Health and Hospitals Corporation  
50 Water Street  
New York, NY 10004

**Re: 1720 Mott Avenue, Far Rockaway, Queens**

Dear Ms. Jontef:

The availability rate for the Far Rockaway submarket in Queens has been, and continues to be extremely low; specifically, properties located within the 11691-zip code where 1720 Mott Avenue is located. Additionally, in the last 5 years, there has been little or no product in the 15,000 - 25,000 square foot range taking into consideration the office and retail space markets.

The closest and most relevant comparable for 1720 Mott Avenue would be the nearby property at 1047 Beach 21<sup>st</sup> Street, which Gotham Health toured and has since been rented. There are smaller retail spaces within the area which have all been leased. In the immediate area, transactions are approximately \$30 per rentable foot with a 3% increase annually which is cumulative and compounded, not including future tax and utility escalations passed on from landlord.

The rent at the newly constructed 1720 Mott Avenue starting at \$32 per rentable foot with a 10% increase in the Base Rent every 5 year appears to be a market rent. The entire retail portion is a single condominium so that it can be separated into its own block and lot number which allows for a tax efficient savings structure for H+H. This structure is not available at any comparable sites. In addition, the two years of free rent offered at Mott would be at market or slightly better than a market deal. Electricity is direct meter to the utility company which is an additional savings for H+H.

I have attached some comparables for the Far Rockaway submarket, but note these are substantially smaller. Please call me if you have any questions.



Brian Waterman  
Executive Vice Chairman  
212-372-2299



Ira Rovitz  
Executive Managing Director  
212-372-2469

# Lease Comparables



**1** 5,250 SF Office Lease Signed Oct 2022 for \$40.00 Modified Gross (Starting)  
 8808 Rockaway Beach Blvd - 3rd Floor Direct  
 Rockaway Beach, NY 11693 - South Queens Submarket



Asking Rent: \$40.00/MG	Start Date: Nov 2022	Deal Type: New Lease	Property Type: Retail Class B
Starting Rent: \$40.00/MG	Term:	On Market: 33 Mos	Building Area: 15,000 SF
Effective Rent:	Exp. Date:	Build-Out: Partial Build...	Built/Renov:
Amenities:			

ID# 208345421



**2** 1,000 SF Office Lease Signed Aug 2022 for \$33.00 Modified Gross (Starting)  
 8808 Rockaway Beach Blvd - 2nd Floor Direct  
 Rockaway Beach, NY 11693 - South Queens Submarket



Asking Rent: \$40.00/MG	Start Date: Sep 2022	Deal Type: New Lease	Property Type: Retail Class B
Starting Rent: \$33.00/MG	Term:	On Market: 33 Mos	Building Area: 15,000 SF
Effective Rent:	Exp. Date:	Build-Out: Full Build-Out	Built/Renov:
Amenities:			

ID# 208345591



**3** 920 SF Retail Lease Signed Dec 2020 for \$50.00 Modified Gross (Starting)  
 229-265 Beach 20th St - 1st Floor Direct, Leased by Jollof Mansion  
 Far Rockaway, NY 11691 - South Queens Submarket



Asking Rent: \$49.50/MG	Start Date: Jan 2021	Deal Type: New Lease	Property Type: Retail Class B
Starting Rent: \$50.00/MG	Term: 3 Years	On Market: 2 Mos	Building Area: 69,318 SF
	Exp. Date:	Build-Out: Full Build-Out	
Dock/Drive In:			

# Lease Comparables

4



4,000 SF Retail Lease Signed Jul 2020 for \$37.95 Plus All Utilities (Starting)  
711A-711D Seagirt Ave - 1st Floor Direct, Leased by B'Above Worldwide Institute Inc.  
Far Rockaway, NY 11691 - Far Rockaway Submarket



Asking Rent:	\$40.00/+UTIL	Start Date:	Aug 2020	Deal Type:	New Lease	Property Type:	Multi-Family Class B
Starting Rent:	\$37.95/+UTIL	Term:	5 Years	On Market:	16 Mos	Building Area:	744,719 SF
Effective Rent:		Exp. Date:	Aug 2025	Build-Out:		Built/Renov:	
				Dock/Drive In:		Parking Ratio:	

ID# 176055331



**Lease Request with  
Mott Center LLC for 22,819  
Square Feet at  
1720 Village Lane  
Far Rockaway, Queens**

Board of Directors Meeting  
March 30, 2023

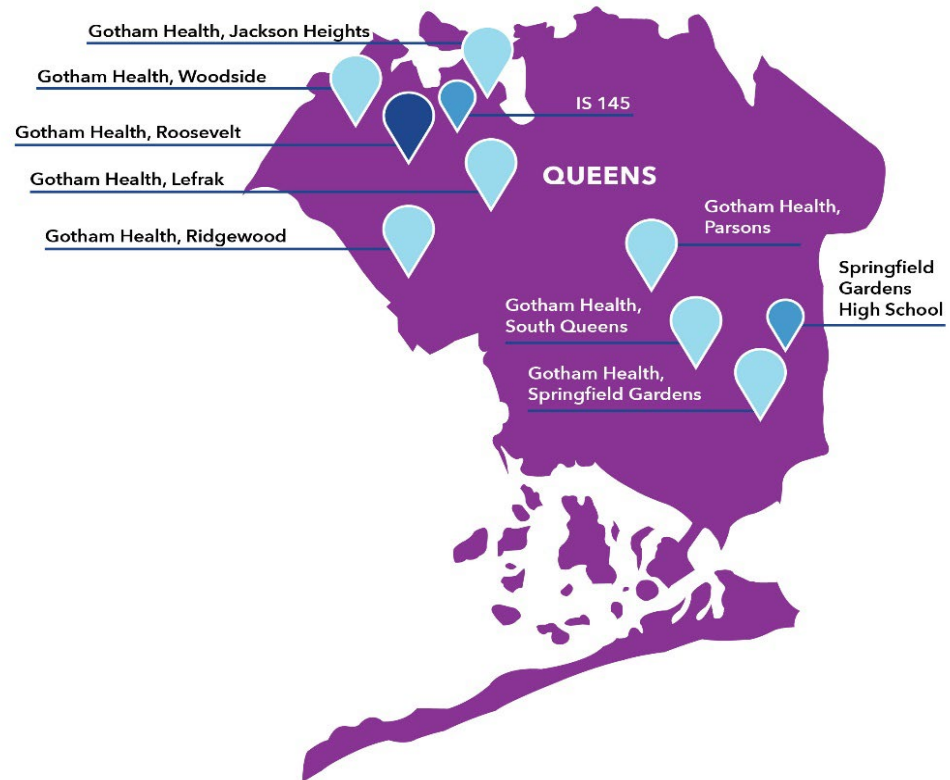
**Theodore Long, MD, MHS**  
Senior Vice President  
Ambulatory Care and Population Health  
Executive Director, Test & Treat Corps



# For Consideration

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a 32-year lease with **Mott Center LLC** (“**Landlord**”) for the use of about 22,819 total square feet including a 449 sf first floor lobby and 22,370 sf **clinic space on the 2<sup>nd</sup> floor of 1720 Village Lane, Far Rockaway, NY** (the “**Premises**”) by **NYC Health + Hospitals/Gotham Health** (“**Gotham**”) for a primary care clinic at an initial rent of \$32/rentable sf or \$730,208/yr. which will increase by 10% every 5 years to reach \$51.54/rentable sf over the final years of the term for a total base rent over the term \$28,170,000 after taking into account two years of free rent; provided that operating expense escalations are estimated to total \$3,000,000 which, when added to the base rent, produces a total payable to Landlord over the term estimated at \$31,170,000.

**Gotham Health operates 50 locations Citywide and 10 in Queens. 53,734 patient visits in 2022 at Queens sites**



## GOTHAM QUEENS PRACTICES

1. Junction
2. Lefrak
3. Ridgewood
4. Woodside
5. Parsons
6. Springfield Gardens
7. South Queens
8. Roosevelt COVID Center of Excellence
9. IS 145
10. Springfield Gardens HS

# Background: Far Rockaway

According to the DOHMH 2018 Community Health Profile of Queens Community District 14,

- 10% of adults report going without needed medical care in the past 12 months
- Avoidable hospitalizations among adults are 1,345 per 100k; nearly 1/3 higher than the rate in Queens or the rest of NYC
- 15% of adults have diabetes and 34% have high blood pressure, both substantially higher than in the rest of Queens or NYC.
  - These are leading risk factors for heart disease and stroke, and are diagnosed and treated in primary care.
  - As a result, people in Rockaway and Broad Channel die prematurely at a higher rate than the rest of NYC, with heart disease being the leading cause of premature death.
- Then-Council Member and current Queens Borough President Donovan Richards identified a need for more healthcare services in Downtown Far Rockaway (DTFR).

## Background: Downtown Far Rockaway

- In summer 2016 and 2018, NYC Economic Development Corporation created and updated a DTFR Roadmap for Action, an interagency plan which identified opportunities for new commercial space, infrastructure investment, community facility space and residential development in the downtown core.
  - City investment includes streetscape improvement, DTFR public library, 2000 new affordable units in development.
  - This investment also includes funding for the building of the Gotham Health site in DTFR.
- Mayor Eric Adams included a commitment for additional healthcare in DTFR in March 2022 Blueprint for Economic Recovery.

# 1720 Village Lane, Far Rockaway

- Co-located within a major affordable housing campus of Rockaway Village financed by the City and developed by a nonprofit developer.
- Gotham Health Clinic will occupy corner 2nd floor retail frontage directly visible from Mott Ave A Subway Station
  - 22,819 total square feet including 449 sf lobby and 22,370 clinic
- Clinic services will include primary care, women's health, vision, behavioral health, dental, podiatry, imaging.
- Design process will commence in 2023 with anticipated occupancy by 2025.



# Lease Terms and Payments

This resolution requests authorization to enter into a new lease for a single condominium unit of 22,819 square feet at 1720 Village Lane, Far Rockaway, Queens.

- A 32 year term commences upon execution of the lease and first payment of rent is 24 months after possession.
- Base Rent at \$32 per square foot that will increase 10% every five years. The rent is within fair market (\$30-\$50 per square foot).
  - First year’s rent will be \$730,208. Over 32 years, the base rent costs will be \$28,170,000.
- Tenant shall also pay to Landlord the Tenant’s proportionate share of increases in shared operating expenses over the base year of 2023 in the form of the condominium charges assessed against the unit.
  - This is estimated to be \$3M over the term of the lease.
  - Because property is structured as a condominium operating costs are charged to owners as condominium common charges. The growth of these charges is estimated at 3% annually.

LANDLORD PAYMENT	Years 1-7	Years 8-12	Years 13-17	Years 18-22	Years 23-27	Years 28-32	Total
Base Rent	\$ 3,651,040	\$ 4,016,144	\$ 4,417,758	\$ 4,859,534	\$ 5,345,488	\$ 5,880,036	\$ 28,170,000
Est Operational Cost Escalations	\$ 437,624	\$ 373,095	\$ 432,574	\$ 501,603	\$ 581,336	\$ 673,767	\$ 3,000,000
<b>Total Landlord Payments</b>	<b>\$ 4,088,664</b>	<b>\$ 4,389,239</b>	<b>\$ 4,850,333</b>	<b>\$ 5,361,137</b>	<b>\$ 5,926,824</b>	<b>\$ 6,553,804</b>	<b>\$ 31,170,000</b>

**OTHER OCCUPANCY COSTS:  
(NOT PAYABLE TO LANDLORD)**

**OTHER OCCUPANCY COSTS CAN BE SUMMARIZED AS FOLLOWS:**

<u>Item</u>	<u>Paid by</u>	<u>Year 1 Est. Cost to NYC H+H</u>
Rubbish Removal	Owner	None
Electricity	H+H	\$3.50/ft = \$79,866
Cleaning	H+H	\$3.00/ft = \$68,457
Real Estate Tax	H+H	None



# Board of Directors Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a 32-year lease with **Mott Center LLC** (“**Landlord**”) for the use of about 22,819 total square feet including a 449 sf first floor lobby and 22,370 sf **clinic space on the 2<sup>nd</sup> floor of 1720 Village Lane, Far Rockaway, NY** (the “**Premises**”) by **NYC Health + Hospitals/Gotham Health** (“**Gotham**”) for a primary care clinic at an initial rent of \$32/rentable sf or \$730,208/yr. which will increase by 10% every 5 years to reach \$51.54/rentable sf over the final years of the term for a total base rent over the term \$28,170,000 after taking into account two years of free rent; provided that operating expense escalations are estimated to total \$3,000,000 which, when added to the base rent, produces a total payable to Landlord over the term estimated at \$31,170,000.

**RESOLUTION - 08**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with **BA Global Construction Corp. (the “Contractor”)** to complete a renovation at **NYC Health + Hospitals/Metropolitan Hospital Center (“Metropolitan”)** of the infusion clinic located on the 6<sup>th</sup> Floor, C Wing to create an updated infusion suite for a contract amount of \$5,941,453 with a 10% project contingency of \$594,145 to bring the total cost not to exceed \$6,535,598.

**WHEREAS**, Metropolitan currently has an infusion center on the 6<sup>th</sup> Floor, C Wing that is used by oncology patients and others receiving infusion therapy; and

**WHEREAS**, such infusion center is outdated and in need of upgrades; and

**WHEREAS**, the System has had a new infusion center designed with eight exam rooms, private consultation spaces, ten open bays for patient infusion therapy, a centralized nursing station and a dedicated oncology pharmacy; and

**WHEREAS**, the System put the design of the renovated infusion center together with the attendant demolition of the existing infusion center out to public bid, twelve contractors attended a site tour, five contractors submitted bids with the lowest responsive and responsible bidder being the Contractor; and

**WHEREAS**, the Contractor has done previous work for the System both pursuant to standby requirements contracts and as the prime contractor on two projects for which it has been evaluated as “Good” based on such past work; and

**WHEREAS**, work on the project is expected to begin in June 2023 with a projected completion in Summer 2024; and

**WHEREAS**, the Contractor is a certified MWBE; 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 to execute a contract with **BA Global Construction Corp. (the “Contractor”)** to complete a renovation at **NYC Health + Hospitals/Metropolitan Hospital Center (“Metropolitan”)** of the infusion clinic located on the 6<sup>th</sup> Floor, C Wing to create an updated infusion suite for a contract amount of \$5,941,453 with a 10% project contingency of \$594,145 to bring the total cost not to exceed \$6,535,598.

**EXECUTIVE SUMMARY  
RENOVATION OF INFUSION CENTER  
AT NYC HEALTH + HOSPITALS/METROPOLITAN HOSPITAL  
BA GLOBAL CONSTRUCTION CORP.**

**OVERVIEW:** Metropolitan’s infusion center on the 6<sup>th</sup> Floor, C Wing, used by oncology patients and others receiving infusion therapy is outdated and in need of upgrades.

The System procured a contractor to demolish the existing infusion center and construct a new one through public bidding. Twelve contractors attended a site tour. Five contractors submitted bids. The Contractor was the lowest responsive and responsible bidder. The Contractor has done previous work for the System pursuant to standby requirements contracts. Additionally, the Contractor is the prime contractor on the construction of a pharmacy at NYC Health + Hospitals/ Kings County and a façade repair at NYC Health + Hospitals/ Woodhull. The Contractor’s work has been rated as “Good” based on such past work.

**PROJECT:** The proposed project will begin with a demolition of the existing infusion center. Then a new one will be constructed with eight exam rooms, private consultation spaces, ten open bays for patient infusion therapy, a centralized nursing station and a dedicated oncology pharmacy.

**TERMS:** The proposed contract will be for the duration of the project, which is estimated to begin in June 2023 and be completed during summer 2024. The proposed contract will be for \$5,941,453. A 10% project contingency of \$594,145 is requested that will bring the total cost of the project to a not to exceed total of \$6,535,598.

**FINANCING:** The proposed work will be financed with City Capital.

**MWBE:** The contractor is a certified MWBE.

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

From: Keith Tallbe      Keith Tallbe  
Senior Counsel      Senior Counsel      Digitally signed by  
Keith Tallbe  
Date: 2023.03.02  
11:07:05 -0500  
Office of Legal Affairs

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

Vendor: BA Global Construction Corp.

Date: March 2, 2023

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

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

NYC MWBE

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 Award Contract to BA Global  
For 6C Infusion  
at Metropolitan Hospital**

**Board of Directors Meeting  
March 30, 2023**

**Manuel Saez, PhD –Vice President, OFD  
Oscar Gonzalez – Senior Assistant Vice President, OFD  
Tamika Campbell – Director of Capital Design, OFD/Metropolitan  
Dr. Anitha Srinivasan, Deputy Chief Medical Officer - Metropolitan**

## Request for Consideration

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- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with **BA Global Construction Corp. (the “Contractor”)** to complete a renovation at **NYC Health + Hospitals/Metropolitan Hospital Center (“Metropolitan”)** of the infusion clinic located on the 6<sup>th</sup> Floor, C Wing to create an updated infusion suite for a contract amount of \$5,941,453 with a 10% project contingency of \$594,145 to bring the total cost not to exceed \$6,535,598.

## Program Background

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- This Infusion Center provide state of the art care for cancer patients with a multidisciplinary approach to chemotherapeutic access, oncology, surgery, plastic surgery, genetic counseling and testing, and research collaborations
- The infusion center is the main hub for cancer care in the hospital, and these upgrades are needed to ensure the best environment for our patients in this difficult time
- These upgrades will offer much needed efficiencies for the unit to limit the waiting times for patients chemotherapeutic drugs
- This infusion center is party of a comprehensive cancer care area that will house all needed cancer services, centered around this newly revamped Infusion Center.
- We aim to co-locate the array of services that cancer patients rely on in one area with the single aim of providing the utmost patient-centric care

# Design Program Background

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- The former 6C infusion center on the sixth floor was outdated and in need of upgrades. This project will enable the Hospital to better meet the needs of its patients and staff; doing so in a modernized, upgraded and newly renovated space.
- The new infusion program will incorporate:
  - Complete interior demolition of the sixth floor C wing and adjacent administrative spaces.
  - Eight (8) exam rooms
  - Consultation space(s)
  - Ten (10) open patient bays and a
  - Centralized open nurse station
  - A dedicated oncology pharmacy will be incorporated in the newly renovated suite as well as other support spaces.

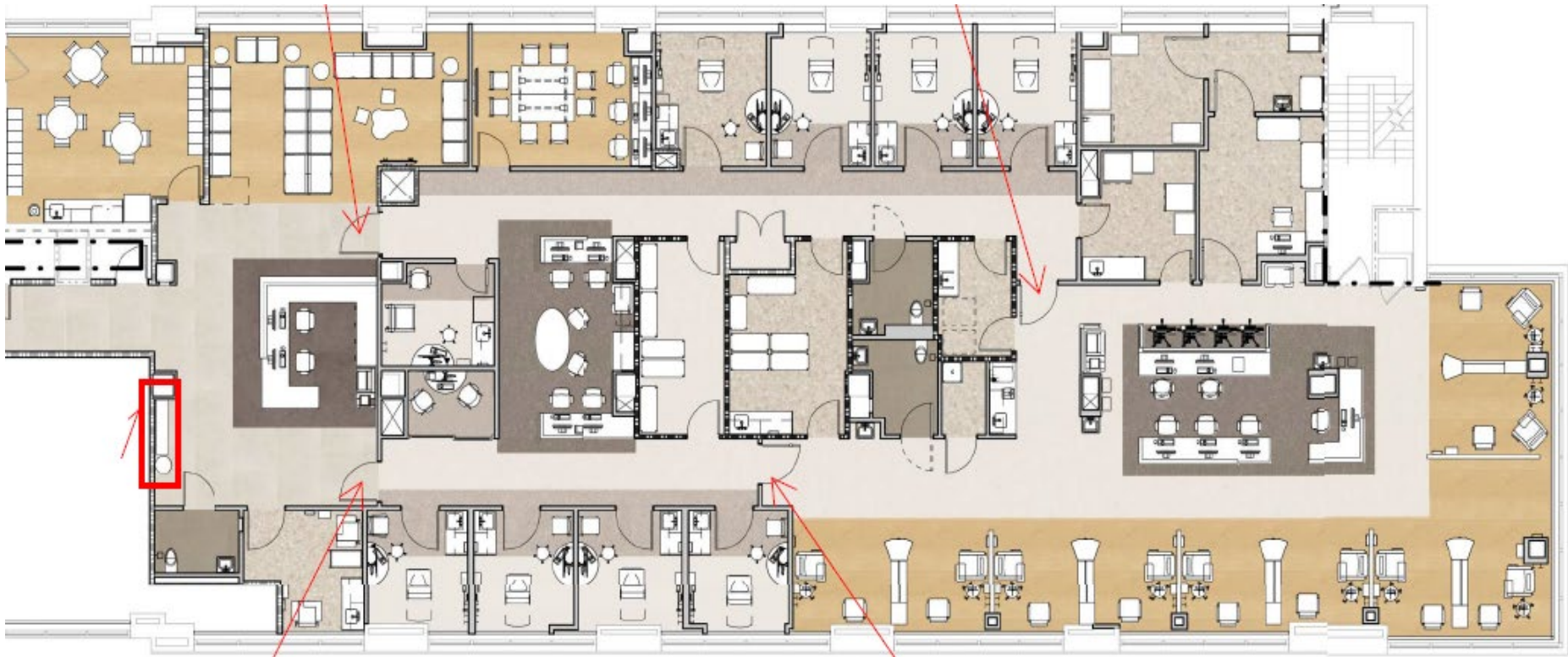


## Current Infusion Center

- Current Infusion Suite is located in a separate space from where the new Infusion Suite will be constructed. This project will have no impact to current operations or result in an interruption in delivery of care.



# 6C Future Layout



# Overview of Procurement

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- 7/25/22 & 7/26/22: Site tour for bidders; 12 contractors attended
- 8/24/22: Proposal deadline, 5 proposals received
- 10/11/22: Pre-qualification meeting with lowest responsible bidder – BA Global Construction Corp.

# Construction Contract

- Sourced via public bid
- BA Global Construction Corp. was the lowest of five (5) bidders
- BA Global is a Certified MWBE Contractor and also has an additional 33.6% MBE subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %	Utilization \$s
KENSINGTON PARK	MBE	Service	33.6%	\$2,000,000
<b>Total</b>			<b>33.6%</b>	

- Contract amount is **\$5,941,453**.
- BA Global is currently one of our JOCs General Contractor (2021-2023). Evaluations for the JOCs contract is rated 87.5% . Additionally, BA Global is the prime contractor on two current Projects that are in progress at KCHC ( Pharmacy) and Woodhull (Façade). No evaluation was found in MOCs.
- Expected to begin June 2023 completion in expected in Summer 2024

# Performance Evaluation

Vendor Performance Evaluation BA Global	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
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?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
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)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
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?	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
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?	Yes
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?	Yes
Performance and Overall Quality Rating Satisfactory	Good

71% - 80% ----- Satisfactory  
81% - 90% ----- Good  
91% - 100% ----- Excellent

# Project Budget

<b>Metropolitan 6C Infusion</b>	
<b>Construction</b>	<b>\$5,941,453</b>
<b>Project Contingency (10%)</b>	<b>\$594,145</b>
<b>Total</b>	<b>\$6,535,598*</b>

\*Full funding for this project has been allocated and CP is pending within OMB for approval

## Board Approval Request

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