

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

- NYC Health + Hospitals | Queens
- NYC Health + Hospitals | Kings County

2022 Performance Improvement Plan and Evaluation (Written Submission Only)

- NYC Health + Hospitals | East New York Gotham Center

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Elmhurst

Mr. Pagán

1. OPEN PUBLIC SESSION - 3:00 PM

Approval of Meeting Minutes – March 30, 2023

2. Chair’s Report

Dr. Katz

3. President’s Report

- 4. Reappointing Dr. Eric Wei as a member of the Board of Directors of MetroPlus Health Plan, Inc.,** a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to serve for an additional five-year term beginning April 2023, in such capacity until a successor has been duly elected and qualified, or as otherwise provided in the Bylaws.
(Presented to the MetroPlus Health Board: 03/30/2023)

Ms. Hernandez-Piñero

- 5. Reappointing Mark Power as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”),** a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”) to serve for an additional five-year term beginning April 2023, in such capacity until a successor has been duly elected and qualified, or as otherwise provided in the Bylaws.
(Presented to the MetroPlus Health Board: 03/30/2023)

Ms. Hernandez-Piñero

Committee and Subsidiary Reports

- Audit Committee
- Equity Diversity and Inclusion Committee
- Information Technology Committee
- HHC Accountable Care Organization
- MetroPlus Health

Ms. Wang
Mr. Peña-Mora
Mr. Peña-Mora
Mr. Pagán
Ms. Hernandez-Piñero

>>Old Business<<

>>New Business<<

>>Adjournment<<

Mr. Pagán



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the **30th day of March, 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
Dr. Mitchell Katz
Dr. Vincent Calamia - Left at 5:02 p.m. Ms.
Molly Wasow Park - Left at 3:00 p.m.
Ms. Karen St. Hilaire - Joined at 3:00 p.m.
Dr. William Fisher
Ms. Sally Hernandez-Piñero
Ms. Freda Wang - Joined at 3:11 p.m. Mr.
Feniosky Peña-Mora
Ms. Anita Kawatra
Dr. Patricia Marthone
Ms. Jackie Rowe-Adams

José Pagán, Chair of the Board, called the meeting to order at 2:09 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán introduced and welcomed Commissioner Molly Wasow Park to the Board of Directors.

Mr. Pagán noted that Dr. William Fisher is representing Deepa Avula 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 3:11 p.m.

Mr. Pagán noted that Dr. William Fisher is representing Deepa Avula and Karen St. Hilaire is representing Commissioner Molly Wasow Park - both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on February 23, 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 February 23, 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/Gouverneur Nursing Facility and NYC Health + Hospitals/Coler Nursing Facility.

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

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 Molly Wasow Park to the Executive and Equity Diversity and Inclusion Committees.

RESOLVED, hearing no questions from the Board and upon motion duly made and seconded, the Board unanimously approved the appointment of Molly Wasow Park to the Executive and Equity Diversity and Inclusion Committees.

ACKNOWLEDGEMENTS

Mr. Pagán thanked Board member Barbara Lowe for participating in the NYC Health + Hospitals/Elmhurst leadership session at the Joint Commission triennial survey.

Mr. Pagán provided brief highlights from his participation in the NYC Health + Hospitals/Woodhull leadership session at the Joint Commission triennial survey. Overall, the survey was a success with no level-red findings. The surveyors shared positive feedback and were impressed with the staff's and the System's delivery of quality work.

Ms. Rowe-Adams also shared highlights from her visit to the NYC Health + Hospitals/ Henry J. Carter LTACH and Nursing Facility this week. She toured the facility and was very impressed with the services available to patients and residents, customer service and physical environment of the facility. Ms. Rowe-Adams also talked about the facility's recruitment efforts and program for nursing staff.

NYC HEALTH AND HOSPITALS FY2023 ANNUAL PUBLIC MEETINGS

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

Manhattan - April 4th at Harlem Hospital
Queens - April 18th at Elmhurst Hospital
Bronx - May 16th at Jacobi Hospital
Brooklyn - June 13th at Woodhull Hospital

VENDEX APPROVALS

Mr. Pagán noted there are eight items on the agenda requiring Vendex approval, of which five have approval. There are two items from previous Board meetings pending Vendex approval. No approvals were received since the Board last met.

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

ACTION ITEM 4:

Ms. Wang read the resolution

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.
(Presented to the Finance Committee: 03/13/2023)

Linda DeHart, Vice President, Debt Finance & Corporate Reimbursement Services provided background information on the vendor and historical work with the System, including Superstorm Sandy related projects.

Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development, provided further details regarding the vendor's Superstorm Sandy related work at the different facilities throughout the System, including the total spent -to date.

Ms. Dehart outlined the COVID-19 services and emergency contracting and corresponding dollar amount spent to date, she also explained the request for the extension, the pricing, vendor due diligence, and best interest rationale.

In response to questions from the Board, Ms. Dehart confirmed that the existing vendor's team working on these projects will substantially remain the same.

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

ACTION ITEM 5:

Ms. Wang read the resolution

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.

(Presented to the Finance Committee: 03/13/2023)

Leora Jontef, Assistant Vice President of Housing and Real Estate shared an overview of the NYC Health + Hospital Housing for Health program to support patients experiencing homelessness, outlining the need, housing opportunity strategy and Mayor Eric Adam's housing blueprint. Ms. Jontef also shared a patient success story and discussed health indicators for patients housed by the Program.

Fionnuala Seiferth, Director of Housing and Placement, described the housing location and placement services scope of work and current/future state of housing coordination at NYC Health + Hospitals. She also gave an overview of the procurements process, vendor's experience and performance with this population and scope of work as well as contract terms and expectations.

The Board asked for clarification regarding the cost/payments and the mechanisms to ensure the vendor is meeting the goals of the program for patient placement. In response, Mr. Siegler explained the cost of the contract is estimated by the total number of people they will be servicing. While there are no mechanisms in place yet, other than to terminate as the contract is presented today, the service-level agreements on their productivity and amount the System pays them will be negotiated as the contract is finalized.

Mr. Peña-Mora expressed concerns regarding the lack of clear deliverables in the existing proposal and requested a clear understanding of a payment method that is based on placement and not just efforts made. He urged the team to include delineation of deliverables and to establish clear goals and measurements in the contract at a future date.

Ms. Hernandez-Piñero suggested the team conduct a historical assessment regarding people who have been placed. This assessment will help establish a benchmark and rolling measures for deliverables that are related to time frames for placements.

After further questions, Mr. Siegler confirmed that in the agreement the contractor's fee will be based on the amount of work needed for a 600-patient annual caseload. He stated that the contract payments will be based on the contractor's success in housing our patients. Dr. Katz, however, noted that the amount of effort to place each patient is likely to

vary and that the contract should have enough flexibility to allow for such variation while also holding the contractor accountable for their performance.

The Board asked about the patient selection process. Ms. Jontef responded that the system will identify patients based on a number of social and clinical service needs.

FOLLOW-UP: The Board asked for a progress report on vendor performance and data tracking clinical outcomes. The Board also requested details once the team has outlined the payment process for housing patients and corresponding metrics in the final contract. Dr. Katz offered a letter to the Board explaining the contract compensation terms once they are negotiated.

After discussion, upon motion duly made and seconded, eleven members of the Board approved the resolution and one, Mr. Peña-Mora, voted yes contingent upon receiving more information about payment for services.

ACTION ITEM 6:

Ms. Wang read the resolution

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 (Presented to the Finance Committee: 03/13/2023)

Andrea Cohen, Senior Vice President and General Counsel provided background information and the current state of the legal work on Behavioral Health and Guardianship matters and corresponding historical spend/contract value. Ms. Cohen provided an overview of the panel and assignment process under the current contract, the RFP minimum criteria, and the selected firms. In regards to vendor diversity efforts, all vendors will be self-performing but have agreed to utilize MWBEs for their courier services.

After questions from the Board regarding the process service as a potential opportunity for MWBE spend, Ms. Cohen explained that most of the services are inside the facilities however, service for guardianship matters are included in the courier services.

In response to questions from the Board, Ms. Cohen clarified that the Law Office of Barbara J. Berwitz is a City-certified MWBE firm.

The Board commended the team for finding creative ways to identify opportunities for MWBEs in this contract.

The Board also asked about the monitoring and balanced expenditure for each contract to, which Ms. Cohen responded that work is not guaranteed to any particular firm and payment is made for services rendered. The spend varies by firm because of their expertise, capacity, availability and volume of work. Ms. Cohen also explained that generally behavioral health matters are a larger bulk of business than guardianship matters.

Following questions from the Board regarding evaluating the provision of services, Ms. Cohen responded that it is difficult to assess and while there is no formalized evaluation process for legal services, the Selection Committee is comfortable with the firms after reviewing their proposals, their responsiveness during the process, their background, experience and expertise.

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

ACTION ITEM 7:

Mr. Peña-Mora read the resolution

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 2nd 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.

(Presented to the Capital Committee: 03/13/2023)

Dr. Theodore Long, Senior Vice President of Ambulatory Care and Population Health/Executive Director of Test and Treat Corp gave background information on Gotham Health in Queens including the community health profile of Community District 14, Far Rockaway and the City's commitment for additional healthcare in Downtown Far Rockaway in the March 2022 Blueprint for Economic Recovery. Dr. Long also shared highlights of the affordable housing campus and the space Gotham Health Clinic will be occupying to provide care and patient services. The 32-year lease term and other occupancy costs were also discussed.

Ms. Hernandez-Piñero explained her concerns regarding long term-funding of capital projects and how they fit into the System-wide capital planning process. Her concerns were addressed, in that there are funding opportunities that arise and the System will leverage these opportunities to address the evolving needs of the community.

After questions from the Board regarding on-going operation cost, Dr. Long explained that this site will be part of Gotham Health, a Federally Qualified Health Center or "FQHC," which gives the System enhanced Medicaid fee-for-service reimbursement, which goes along with the financial improvements the Gotham Health System has made over the years from a revenue perspective. Additionally, this new site will bring new members to continue to expand the value-based care and MetroPlus, Healthfirst membership. Dr. Katz added that, overall, Gotham Health is doing well due to value-based payments.

After questions, Dr. Long responded that all primary care models within the System are designed to target different vulnerable populations as a dual-goal within the existing primary care. The Centers of Excellence is one representation of those care models.

The Board acknowledged the great work on the real estate aspect of this project by leasing as a condominium and the associated tax benefits.

In response to questions from the Board, Dr. Long provided additional details about the physical space of the facility and future goals for the provision of services.

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

ACTION ITEM 8:

Mr. Peña-Mora read the resolution

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 6th 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)

Dr. Anitha Srinivasan, Deputy Chief Medical Officer, provided an overview of the program background and an outline of services. Tamika Campbell, Director of Capital Design provided further details about the design of the program and the physical space, a description of the current infusion center and the 6C future layout. Ms. Campbell also gave an overview of the procurement process, the construction contract, including MWBE utilization plan, vendor's performance evaluation, and the project budget breakdown including the project ten percent contingency.

After questions from the Board, Dr. Srinivasan confirmed that there are currently six patient bays in the new temporary space.

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

PRESIDENT REPORT

COVID-19 UPDATE

The use of face masks in NYC Health + Hospitals clinical facilities is now optional in areas where patient care encounters are not expected to occur and remains mandatory in areas where patients are being cared for.

Tomorrow, Friday, March 31, COVID-19 walk-in testing tents will close and the mobile Test to Treat units' services will shift to clinics inside the 11 acute hospitals and Gotham Health neighborhood clinics. The System will continue to offer COVID-19 services such as testing, vaccinations, treatment and virtual express care. Anyone recovering from COVID-19 or who has Long COVID, can be connected to an AfterCare program or one of the System's Centers of Excellence in the Bronx, Brooklyn and Queens.

NURSE CONTRACT NEGOTIATIONS

The City's Office of Labor Relations, and NYC Health + Hospitals, are actively engaged in the collective bargaining process with the New York State Nurses Association, whose contract with the City expired this month. The System is focused on retaining employees, and ultimately reducing dependency on temporary staff.

NYC HEALTH + HOSPITALS OPENS NEW LONG-STAY HOSPITAL UNIT FOR NEW YORKERS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

NYC Health + Hospitals/Kings County celebrated the opening of the long-stay unit for patients with severe and persistent mental illness. The new Extended Care Unit can house up to 25 patients at a time and offers psychopharmacological treatment, rehabilitative activities including music and art therapy, reading, housing placement services for homeless patients upon discharge and various exercises. Admission to the Extended Care Unit is voluntary and only available to patients ready to leave acute inpatient psychiatric care.

PROMOTING COLON CANCER SCREENING

Dr. Katz thanked NYC Health + Hospitals/Harlem CEO Georges H. Leconte for agreeing to have cameras follow him as he prepped and underwent a routine colonoscopy to encourage more New Yorkers ages 45 to 75 to get screened for the preventable cancer and to help de-stigmatize the potentially life-saving procedure. The System is also encouraging New Yorkers to screen for colon cancer with the at-home fecal immunochemical (FIT) test.

DECRIMINALIZING SUBSTANCE USE DISORDER IN PREGNANCY

Earlier this month, NYC Health + Hospitals sponsored a virtual conference for more than 400 providers and staff to discuss important policies requiring written informed consent to drug-test pregnant patients and newborns.

HAPPY 287TH BIRTHDAY, NYC HEALTH + HOSPITALS/BELLEVUE

Tomorrow, March 31st, NYC Health + Hospitals/Bellevue, the oldest public hospital in the U.S., celebrates its 287th birthday.

EXTERNAL AFFAIRS UPDATE

Federal - The COVID-19 Public Health Emergency will be ending on May 11, and with it, many of the regulatory flexibilities that were helpful to the System's response.

State - The negotiations of the NYS fiscal year budget for 23-24 are ongoing, with the new State fiscal year set to begin on April 1st.

City- Dr. Katz, with the assistance of John Ulberg and Patricia Yang had a successful preliminary budget hearing before the City Council on 2/21.

LEADERSHIP APPOINTMENT

Dr. Katz was pleased to announce the appointment of Manuel Saez as Vice President of Facilities for our health System.

CONTRACTS DEVIATION

Dr. Katz authorized the following contracted services. All of these agreements can be terminated on 30 days' notice.

- For food services at HERRC hotels with Rethink Food NYC, Inc., for a period of 12 months, and a not to exceed amount of \$87,800,000.
- Expanded the scope of the Medrite LLC contract to take over the HERRC wrap-around services of another vendor given Medrite's superior performance and lower cost. The new authorized not to exceed amount is \$304,900,000 for a period of 12 months.
- Expanded the period of performance for an existing HERRC contract, Rapid Reliable Testing NY, LLC (dba DocGo), which is providing triage and referral services for a period of 12 months, from 5 months originally.
- Increased the scale of an existing vendor contract for temporary security staffing at the hotels, Aron Security, Inc. The authorized not to exceed amount for this work is \$140,000,000 for a period of 12 months.
- For laundry services at the hotels with HappyNest, Inc., as well as Sodexo Laundry Services, Inc. in consortium with Nexera, LLC, for a period of 12 months, and a not to exceed amount of \$6,400,000 and \$10,500,000, respectively.
- Increased the scale of an existing vendor contract for temporary staffing services, RightSourcing, Inc. The authorized not to exceed amount for this work is \$83,000,000 for a period of 12 months.

- New hotel contracts with Holiday Inn 99 for a period of 14 months with a not to exceed amount of \$34,500,000; Wingate by Windham LLC for a period of 15 months with a not to exceed amount of \$11,000,000; Candler Building for a period of 12 months with a not to exceed amount of \$24,276,986.
- Renewed hotel contracts with The Row and the Wolcott for an additional 12 months, and the Watson for an additional 6 months.
- With Change Healthcare Solutions, LLC, for continuation of patient call center operation services for a period beginning January 1, 2023 through consummation of a new contract resulting from an RFP that is currently in process, with a not to exceed amount of \$18,000,000.

DISCUSSION

After questions from the Board regarding the time, process and reason for entering into emergency contracts, Dr. Katz responded, from a policy perspective, the day-to-day operations and number of asylum seekers and corresponding demands is unpredictable. The System, due to the unpredictability of the needs, does not have sufficient time to follow the regular RFP process.

From a legal perspective, Ms. Cohen responded, under Board policy, the President of NYC Health + Hospitals has authority to approve contracts under emergency situations, however, the Board policy does not specify any time structure. As way of process, after internal assessments, if the market intelligence suggests potential savings, the contract is extended for a few months while the team works on opportunities. However, if the contract rate seems competitive with the market, it is not worth going for procurement for such a short period of time.

After the Board shared concerns regarding the deviation on the approval process on such significant amounts, Ms. Cohen confirmed that the City is covering the cost and the contracts goes through an approval process before receiving authorization from the President.

The Board also asked about the cost associated with COVID-19 related care after the expiration of the Federal COVID-19 Public Health Emergency funding. Dr. Katz confirmed that the care will be managed as any other disease and insurance companies will be billed when available.

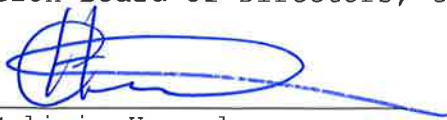
COMMITTEE REPORTS

Mr. Pagán noted that the Committee 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 5:11 P.M.

A handwritten signature in blue ink, consisting of a stylized initial 'C' followed by a series of loops and a long horizontal stroke extending to the right.

Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

GOVERNANCE COMMITTEE: Thursday, February 23, 2023

As Reported by José Pagán

Attendees: Committee Members - José Pagán; Vincent Calamia; Freda Wang; Sally Hernandez-Piñero; Michelle Morse

Staff - Colicia Hercules

The meeting was called to order at 1:08 pm by José Pagán.

Mr. Pagán noted for the record Michelle Morse is representing Dr. Ashwin Vasan in a voting capacity.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on March 31, 2022. The motion was seconded and the minutes were unanimously approved.

On motion duly made, seconded and unanimously approved by all the meeting of the Governance Committee convened in executive session to deliberate on personnel actions.

Open Session

During the Executive Session the Governance Committee received and discussed the President's recommendation to appoint Manuel Saez as Vice President for Facilities Development. The recommendation was unanimously approved for presentation to the full Board.

Also, in accordance with the By-Laws (section 13 (D) the Governance Committee discuss a process the President's performance for calendar year 2022 and unanimously approved for presentation to the full Board.

There being no further business, the meeting adjourned at 1:32 p.m.

Community Relations Committee IN-PERSON MEETING - March 7, 2023

As Reported by Robert Nolan

Committee Members Present: Mr. Robert Nolan, Dr. Mitchell Katz - left at 5:20, Jackie Rowe-Adams

Mr. Robert Nolan called the meeting of the Community Relations Committee meeting to order at 5:08 p.m.

Mr. Nolan noted for the record, Sally Hernandez-Piñero was in attendance virtually in a listening capacity.

Quorum was established - the minutes of the Community Relations Committee meeting held on January 10, 2023 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

Mr. Nolan started his report by congratulating NYC Health + Hospitals' President and CEO Mitchell Katz, MD, Chair of the Board of Directors José A. Pagán, PhD, President and CEO of MetroPlusHealth Talya Schwartz,

MD, and infectious disease specialist Céline Gounder, MD, ScM, FIDSA were named to City & State New York's "2023 Health Care Power 100" list. This year, the publication considers the legislative victories, labor battles, newly launched initiatives and other noteworthy developments from the past 12 months.

Mr. Nolan also acknowledged NYC Health + Hospitals' Senior Vice President (SVP) and Chief Medical Officer (CMO) Dr. Machelles Allen for being named on City & State New York's "2023 Power of Diversity: Black 100" list. Ranked number 64, Dr. Allen is recognized for her commitment to serving low-income patients.

Scheduled to present annual verbal reports this evening are the following CABs, of note NYC Health + Hospitals/Seaview report is being postponed to a future date, we will hear from:

1. NYC Health + Hospitals/ Belvis
2. NYC Health + Hospitals/ Bellevue

Mr. Nolan turned the meeting over to Dr. Mitchell Katz to present the President's report:

- NYC Health + Hospitals' NYC Care program held a Black History celebration at NYC Health + Hospitals/Lincoln which featured a resource fair with tabling from government and non-profit partners and an array of performances from local community artists, including the Addiction Recovery Choir (ARC) Gospel Choir. Special guests included faith leaders, consular officials, elected and appointed City leaders, and community leaders.
- NYC Health + Hospitals announced that Ana Rodriguez, a nurse at NYC Health + Hospitals/Bellevue, was voted "2022 Amazing Employee of the Year," representing the public health system's 43,000-strong workforce. Ms. Rodriguez was recognized for her 15-year commitment and dedication to the health System as an ICU nurse and for her heroic actions saving a child on the Franklin D. Roosevelt East River Drive.
- The NYC Test & Treat Corps announced that its AfterCare program has reached out to over 500,000 New Yorkers recovering from COVID-19 and referred more than 57,000 people, including many experiencing symptoms of Long COVID, to critical health, social and financial support services.
- NYC Health + Hospitals announced the receipt of a \$3 million grant from the Laurie M. Tisch Illumination Fund to expand the health System's Arts in Medicine program. The grant is the second from the Illumination Fund for the Arts in Medicine program. The first grant — which was for \$1.5 million in 2019 — launched the System's Arts in Medicine program, creating arts programs citywide in all 11 hospitals and five long-term care facilities, as well as many NYC Health + Hospitals/Gotham Health community clinics.
- NYC Health + Hospitals announced a new initiative to encourage students, trainees and physicians from groups under-represented in medicine to join the System's medical workforce. The new physician diversity initiative, Medical Opportunities for

Students and Aspiring Inclusive Clinicians (MOSAIC), will work with students ranging from middle school through graduate medical education, as well as attending physicians, to increase diversity in medicine.

PRESENTERS:

Mr. Nolan thanked Dr. Katz for the report - and moved agenda to the (2) facilities presenting their verbal annual reports. Each presentation is allotted 5 minutes.

NYC Health + Hospitals/ Belvis

Ms. Josephine Bryne, First Vice Chair - Belvis CAB, started her report with an update on the COVID response at the facility. COVID activity has plateaued in the Bronx and the rest of the City. She discussed the capital requests submitted to the Bronx Borough President and City Council in January - the first-floor lobby redesign, the second-floor revitalization of the Pediatric Asthma Suite, the third-floor diabetic center of excellence, the modernization of radiology, the staff wellness space and other renovations.

Ms. Bryne discussed how patient satisfaction has improved since the pharmacy waiting area and bathrooms were renovated. She discussed the complaints received about in-house specialty wait-times for optometry, dentistry and OB/GYN services. Representatives from the facility reported that:

- The infrastructure projects are all new and the elevators are currently being modernized and should be completed in shortly.
- Recruitment is currently on the way to fill the specialist positions in partnerships with SUNY School of Optometry and PAGNY.
- There was a clarification that the pharmacy is currently open and the need is to become ADA compliant
- NYPD was contacted and visited the facility in response to request for more frequent patrol.

NYC Health + Hospitals/ Bellevue

Ms. Ronnie White started her report by discussing the free take-home antigen tests Bellevue makes available to the community, as well as on-site COVID-19 PCR tests. Ms. White discussed Bellevue's plan to add a Neuro Biplane Fluoroscopy suite to diagnosis neurological disorders, replace the mammography unit in the Women's Medical Center, and replace two radiology rooms.

Ms. White discussed frequent complaints by patients include a lack of communication and long wait-times. The Patient Experience team is currently seeking certification in the Planetree person-centered-care method and is committed to developing patient and family partnership practices, improving nursing communication, addressing and resolving complaints and grievances through a committee process, and employee feedback and recognition programs.

In response to questions on remediation of long wait-times - there is on-going engagement of all team-members for suggestions on how to address this issue.

ADJOURNMENT:

Meeting adjourned at 5:38 P.M

Capital Committee Meeting - March 13, 2023 As reported by: José Pagán
Committee Members Present: Dr. Mitchell Katz, José Pagán, Freda Wang, Jackie Rowe-Adams - representing Sally Hernandez-Piñero in a voting capacity

Mr. José Pagán called the meeting to order at 10:05 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 Jackie Rowe-Adams 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 February 6, 2023, were unanimously approved.

VICE PRESIDENT REPORT

Manuel Saez, provided Vice President's for OFD presented his report.

Mr. Saez advised that March had been an eventful month for the Office of Facilities Development (OFD). Metropolitan Hospital had a fire on February 20th to one of the two ConEdison electrical services (ES-1) that power the hospital. As is procedure, one emergency generator automatically engaged to allow for a seamless continuation of the hospital's operations. In order to respond to the damages caused by the fire and to ensure the provision of power throughout the entire hospital, a new generator with a higher capacity (1MW) was connected the next day. This allowed for the emergency generator to be able to serve its primary function serving as backup power in case of an emergency. The second electrical service (ES-2) is still functioning, but we discovered damages and overheating to the point of near failure, so a second generator was brought online to replace the power. Both ES-1 and ES-2 will be replaced, which is expected to happen this spring. Until then, the two generators are providing 100% of the power to Metropolitan.

We continue to diligently prepare for a long-awaited Tri-Annual

Joint Commission survey at Elmhurst Hospital. We continue to send supporting trades to other facilities in preparation of the survey. This year we expect Joint Commission Survey at Elmhurst, Bellevue, Woodhull, Queens and Carter.

We have officially restarted our Facilities Council, bringing together Facility leads across the System to discuss and plan for the needs of the entire Health +Hospitals network.

Mr. Saez share that Vincent Forgione had joined the team as of January 23rd as the Sr. Director of Facilities Management. He has worked for various facilities under the NYC H+H umbrella and most recently comes to us from Coler/Carter where he served as the Director of Facilities and Engineering. Vinny is going to be a great value add to our team.

Mr. Saez advised that there are two items on the today's agenda: Request to Award Contract to BA Global for 6C Infusion at Metropolitan Hospital, and a Lease Request for Clinic Space in the Rockaways.

Ms. Wang asked if the fire was the result of Con Edison. Mr. Saez said that the fire was on the Metropolitan side of a manhole where wires had heated up and one of the oilers at the facility reacted swiftly to extinguish the fire.

Ms. Wang asked how the high capacity generator was accessed. Mr. Saez said that working with one of the Systems generator contractors, Genserve, which was very expeditious. Two additional generators were connected to provide normal power and the emergency generator was put back online as backup. Ms. Wang asked if there was ever a time without power. Mr. Saez said no, emergency generator kicked on immediately and he was very proud of how the facility and team handled.

Mrs. Rowe-Adams asked if there was a timeline for corrective work. Mr. Saez said it was anticipated for two weeks, working in collaboration with Con Edison.

Mrs. Rowe-Adams asked if the patients were aware of the issue. Mr. Saez said he did not believe there was an announcement made but the command center was operating so all administration and clinical providers were aware.

Dr. Katz noted that there was no affect to service as the transition was seamless.

Next on the agenda - Mr. Saez read the resolution:

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 2nd 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.

Theodore Long, MD, MHS, Senior Vice President, Ambulatory Care and Population Health, narrated a presentation providing detailed background information including current services available and health data in Queens, anticipated services, location selection, plans for build-out, and lease terms. Dr. Long was joined by Leora Jontef, Assistant Vice President, Housing and Real Estate, and Michelle Lewis, Chief Executive Officer, Gotham Health.

Ms. Wang asked if this was a new development. Ms. Jontef said that the housing site was already built out and tenants were moving in but H+H would be doing the fit-out for our space.

Ms. Wang asked whether it was unusual not to have the full cost of fit-out. Mr. Berman said it was not surprising not to have the full cost of build-out being that the lease had not been signed but there were rule of thumb numbers that would be drilled into. Of note the first two years are rent-free.

Ms. Wang asked for clarification on the incremental operating cost charges. Mr. Berman said it was common to be charged escalating operating costs but here, in order to receive tax abatement, the unit was classified as a condominium unit. The residential and storefront units are classified as condominium. We can only estimate at this time what the increases will be but we have a baseline.

Ms. Wang asked if other charges, like electricity, would be separate. Mr. Berman said yes. Ms. Wang said she thought it was great that it was structured in a way that utilizes the abatement.

Mr. Pagán shared a comment from Hernandez-Piñero, requesting that there be a tracking system for approve investments indicating why the investment is necessary and he thought that in this instance it was clear based on the presentation and he felt it was an exciting opportunity to provide services to a population very much in need.

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

Mr. Saez read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with 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 6th 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.

Tamika Campbell, Director, Capital Projects - Metropolitan, narrated a presentation providing background information, details on the negotiation including fee terms, contract terms, the RFP criteria, overview, evaluation on each vendor, and a detailed MWBE utilization plan. Ms. Campbell was joined by Dr. Anitha Srinivasan, Deputy Chief Medical Officer, NYC Health + Hospitals/Metropolitan, who provided background information on services.

Mrs. Rowe-Adams asked about current services for cancer patients. Dr. Srinivasan explained that services were located throughout the facility for specialists, surgery, oncology, radiology, mammography, phlebotomy, infusion, there were three of four areas the patient needed to navigate when going through treatment, however the new space would allow for a one-stop-shop for cancer patient care. Mrs. Rowe- Adams and Ms. Wang said that sounded great.

Ms. Wang asked if services would be disrupted and Ms. Srinivasan said no.

Ms. Wang asked if there were cancer centers at every hospital. Dr. Katz said it varied throughout the System. Some facilities are certified cancer centers and some refer out.

Ms. Wang asked if capacity was a concern with BA Global being that they were working on other projects in the system. Ms. Campbell said no, the other projects are at different stages and should be completed before the end of the contracting negotiation process.

Mr. Pagán said he was pleased to hear the benefits and efficiencies this project will accomplish.

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 10:40 a.m.

Finance Committee MEETING - March 13, 2023 As

Reported By: Freda Wang

Committee Members Present: Freda Wang, Mitchell Katz, MD, José Pagán, Jackie Rowe Adams representing Sally Hernandez-Piñero in a voting capacity, Sally Hernandez-Piñero (virtual)

Health + Hospitals Employees in Attendance:

Michline Farag, Salema Tyler, Linda DeHart, John Ulberg, James Cassidy, Allison Hartmann, Matthew Siegler, Leora Jontef, Fionnuala Seiferth, Preethi Swamy, Andrea Cohen, Oscar Gonzalez, Beth Brooks, Rafelina Hernandez, Colicia Hercules

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:02 a.m.

Ms. Wang noted for the record that according to the **By-Laws - Section 14. 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:

Sally Hernandez-Piñero has requested that Jackie Rowe Adams be counted for the purposes of quorum and voting on her behalf. The request was approved.

Ms. Wang also noted for the record Sally Hernandez-Piñero is in a listening capacity virtually.

Ms. Wang called for a motion to approve the January 9, 2023 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on January 9, 2023 were adopted.

ACTION ITEM: BASE Tactical Best Interest Renewal

Ms. Michline Farag - Senior Assistant Vice President - Central Office Finance read the resolution into the record and proceeded with the presented:

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.

Ms. Michline Farag - Senior Assistant Vice President, began by providing the background information on BASE Tactical and their work with Health + Hospital in providing expert emergency management services including FEMA Public Assistance grants and construction management. Ms. Farag also discussed the need NYC H+H have for disaster consulting services to meet FEMA compliance in the Superstorm sandy project and COVID response.

Ms. Farag continued by providing an overview of the Pricing Due Diligence and Best Interest Rationale for the best interest extension. In order for FEMA Consulting fees to be reimbursable by FEMA, they must meet FEMA's 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 the early consulting firms specializing in FEMA reimbursement. Other traditional consultants entering this growing market, lack their level of expertise entering the field. BASE Tactical rates charged meet the price reasonableness guidelines currently applied by FEMA across the industry. NYC H+H FEMA Grants Unit, reviews all invoices to ensure all work indicated is validated.

Ms. Michline Farag provided an overview of the MWBE goal, RFP challenges and Vendor Due Diligence - Best Interest Rationale. In terms of MWBE goals, 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 values, spent to date and remaining funds were noted. The challenge with onboarding a new vendor mid-project is that a new vendor would accept no liability to claims that are currently submitted. In addition, 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 provides strategic advisory services in regards to how NYC H+H should approach the rebuild, mitigation of all facilities, while maintaining reimbursement compliance with FEMA.

Further, 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 \$1,407,641.37 for Superstorm Sandy FEMA work; and a "best-interest" extension for an additional seven-years (5-years with two 1-year extensions) at \$6,800,000 in additional dollars. This extension is specific to the work around Hurricane Sandy Projects for Bellevue, South Brooklyn Health, Coler and Metropolitan Hospital, which may go beyond city fiscal year 2030 as well as any Hurricane Ida needs.

Ms. Wang polled the committee for questions.

Mr. Pagán asked regarding the Direct Administrative Costs. Are these costs that have already been charged and are currently active or is that money we have now and we have not spent? Is it money that we can use that is not connected to any reimbursement from FEMA, therefore we can spend it in the next 6 months? Trying to understand where the money left over comes from.

Ms. Farag explained that FEMA projects have a percent of that project that is allowed under the DAC, 4-percent is applied to the cost of the whole project and that is the amount that you are allowed to spend on the administrative fees, which are basically services that qualify and can be internal or external. Mr. Pagán ask if these are our expenses plus any of our consultants' expenses. Ms. Farag responded, yes, any of our costs is included.

Mr. Pagan inquired regarding the \$1.4M for the next 6 month and then \$6.8M for 7-years, why does the amount go down over time? Do they get paid for the work they do or by some retainer?

Ms. Farag responded, payment is based on the scale and the number of hours that remain for the next 7-years.

Mr. Pagan added, is it reasonable to assume that they have more work over the next 6 months and less work in the 7 years after that?

Ms. Farag responded that the \$1.4M is for extending the term of existing work in order to continue to draw down the rest of the \$1.4M. It allows funds to be used for that 6-months term and wrap up any work related to that 2016 contract. The \$6.8M is the new work and new hours that they will be spending in the next 7-years.

Ms. Adams inquired about the dollars left. Where do they go and what do they do?

Mr. Farag clarified if these is referring to the COVID piece. Ms. Adams agreed. The dollars spent to date, what is left is what was previously authorized for COVID services. What has been drawn from that is \$2M out of the \$4.6M, what remains that we can spend in the fiscal year is the \$2.5M for the remaining COVID work and the contract ends in June 30, 2023.

Ms. Wang added the \$1.4M of the additional extension, is in addition to the \$2.5M we have left here?

Ms. Farag added the \$2.5M is related specifically to the COVID-19 emergency work order. The \$1.4M is specific to Superstorm Sandy which is original 2016 contract that was RFP.

Ms. Wang added the COVID-19 dollars we anticipate that are spent by June 30th. What is the cutoff date for COVID-19 issued by FEMA?

Ms. Farag responded May 11th.

Ms. Wang asked do all reimbursement request have to be in by May 11th?

Dr. Katz added we can only reimburse money spent up to the May 11th date. We can submit reimbursement requests after that but will only be reimbursed up to this date. For instance, if we spend money on May 12th it would not be reimbursable.

Ms. Wang asked on behalf of Sally, for all DAC BASE Tactical expenses, do we pay first and then wait for reimbursement from FEMA?

Ms. Farag responded for the DAC. We will get back to you as it works different than the rest of the reimbursement.

Ms. Wang asked on behalf of Sally, do we expect all the work to be completed by 2030?

Ms. Farag responded that it may potentially go past that date. Specific to this contract extension of 7-years we expect most of the work to be completed by then. Ms. Wang added the dollar amounts are for the full period.

Ms. Wang asked to clarify what BASE Tactical will do.

Mr. Gonzalez responded that they are essentially our FEMA experts and help us get our reimbursement through FEMA. There is a lot of paperwork that is involved to be able to access those funds. Any other contracting architects, engineers' contractors, we process all of that inhouse.

Ms. Farag added that they work side by side with our architects and provide their expertise on eligibility, reimbursement, structural work and applying for different areas of reimbursement under FEMA.

Ms. Gonzalez added, Base Tactical client list spread across the country and that vast experience knowledge about FEMA have been beneficial to Health + Hospital.

Ms. Farag added, they have large catastrophic events that they are handling.

Ms. Wang added the importance of the continuity and maintaining their expertise so if there are problems with a claim and it has been a long wait, they can help us and we cannot lose that continuity and experience. Ensuring the claims are right.

Ms. Wang thanked the team for their work and the diligence done to request the extension.

Following the discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: Housing Location and Placement Services

Ms. Leora Jontef - Assistant Vice President - Housing and Real estate read the resolution into the record and proceeded with the presented:

Authorizing 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 renewal option exercisable only by the System for an amount not to exceed \$14,054,014 over the potential four-year term.

Ms. Leora Jontef - Assistant Vice President, began by providing the background and strategy of Housing for Health. H+H Housing for Health facilitates housing opportunities and supports for patients experiencing homelessness. About 50,000 H+H patients are experiencing homelessness and about 22,000 H+H patients are also DHS clients. On average, patients experiencing homelessness visited the emergency department three times more often than non-homeless patients. To date, nearly 500 H+H patients have been permanently housed and over 800 H+H patients utilized medical respite with 25 percent stably housed post stay. Lastly, H+H Housing for Health efforts, including this proposal, were included in the Mayor's Housing Blueprint released in June 2022. H+H Patient Success stories on the programs impact on the lives of the patients were also

presented.

Ms. Leora Jontef continued by presenting the Health Indicators for Patients Housed by Housing for Health (HfH). National data indicates that permanent housing assistance reduces the use of costly acute care services for patients experiencing homelessness.

Ms. Fionnuala Seiferth presented the Current State of Housing Coordination at H+H. Currently, H+H patient care teams refer patients, complete housing profile/assessment, complete housing applications, collect vital and income documentation, outreach to shelter for housing updates and confirm HfH facilitated housing interviews and viewing with patient. Ms. Fionnuala Seiferth continued by providing the scope of work for Housing location and Placement services, which 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. Finding permanent housing opportunities and recruiting additional housing opportunities, including supportive, affordable and private market housing through CBC and partners' housing vacancies and relationships, to match patients to housing opportunities. Further, support by completing housing packets which include housing applications, vitals, income documentation and collecting all supporting materials.

Additionally, assisting patients by facilitating rent-ups including escorting patients to apartment viewings, working with management to complete rent-up process, submitting applicable move-in funds and coordinate with stakeholders on housing progression including shelter and H+H care teams. Lastly, the vendor will monitor, track, and report housing progression of H+H patients and support the successful transition to permanent housing by being responsive to tenants and owners and providing tenant move-in packages to ensure patients have what they need to succeed in their new housing.

The Future HLPS State of Housing Coordination at H+H was presented by Ms. Fionnuala Seiferth, H+H foresees to be able to allow the referrals sources and facilities to identify and engage homeless patients, and focus on their expertise, clinical and social services, and the vendor will take on these three levels of work.

Ms. Seiferth continued by providing an overview of the procurement process and RFP criteria. Provided an overview of the vendor's background and historical partnership with Health+Hospitals.

In terms of contract terms and expectations, NYC H+H will sign a 3-year contract with Coordinated Behavioral Care (CBC) with one-year option for renewal. The estimated average annual case load is 600 patients served, for a goal of 400 housing placements per year. This is an average cost of approximately \$5,000 per patient served. The plan is for CBC and partner agencies to recruit hundreds of additional housing opportunities including supportive, affordable and private market housing. The annual budget includes funding for

personnel, operations, tenant stability and a small amount in contingency funds for flexibility, innovation, and program improvement.

Dr. Katz added a testimonial of a similar experience he encountered in LA for this scope of work and why it is necessary to take it to the next step.

Ms. Rowe Adams thanked Dr. Katz and inquired on the age criteria. Do you need to be single, families or where do the age start, do you start at 16 or 18?

Ms. Seiferth responded that H+H does not have an age restriction on this program. This is for any patients who are receiving care at H+H and is experiencing homeless would be eligible for this service.

Ms. Rowe Adams asked if this includes permanent housing.

Ms. Seiferth responded that this is just for permanent housing. Ms. Rowe Adams inquired on the permanent housing term.

Ms. Jontef responded that H+H is interested in getting everyone a rent stabilized housing, this is permanent housing and they have rights to their apartments and it would be at least in their names for one year or two years depending on negotiations with the owner and what is available.

Ms. Rowe Adams asked if H+H will be negotiating these leases with landlords.

Ms. Jontef added that we are not going to be dealing with all landlords. To date we have been successful at getting people housed but there are limitations for the staff and that is one of the reasons that we are adding a vendor who can help talk to owners. Having someone on-board who can talk to owners and understand what patients need. Some people may need supportive housing, some people do not need supportive housing, and some people can live in non-supportive housing but if they have other outside support they will thrive. We want to understand what is good for the patient and where they will thrive and place them into the right category. The goal is for everyone to have a permanent lease and everyone will come with a rental subsidy as Dr. Katz alluded to, they are all experiencing homelessness.

Mr. Pagan asked on the current experience with CBC, is the scope the same and whether the same hand holding type of work is in the current contract or is it different?

Ms. Seiferth responded that the current contract with the Office of Behavioral Health is slightly different. There is not an overlapping scope of work here. They are not under both contracts doing the same work as it is slightly different.

Mr. Pagan asked for clarification on how would we be able to determine the vendor would perform according to our expectations.

Ms. Jontef added that we had an RFP and we scored them based on their staffing plan and their budget. They showed a model that for us is a

different model than the one for Pathway Home. The goal is to find housing and get people placed in housing and negotiate all those steps in the process.

Mr. Pagan asked if they have done this work for other clients.

Ms. Jontef responded that the way CBC works with a cohort of other non-profits and they have proven that they met the threshold and that they have placed people in permanent housing before. The answer is yes.

Mr. Pagan mentioned that he wanted to ensure that CBC is not getting into a new line of business with limited experience on that.

Ms. Jontef added that they have experience with the population and they have experience placing this population into housing. We are bringing a more focused vision and coordinated effort to do it. For us, we continue to drive this mission forward and they presented to us that they can deliver for our vision.

Mr. Pagan asked if the goal is the 600 per year. Trying to understand the huge need.

Ms. Jontef responded that many of our patients receive services from a lot of different places and as shown in one of the slides, we are working with a couple key referral points within our System such as the safety net clinic, MetroPlus, the Office of Behavioral Health, Health Homes and a variety of CHWs to get referrals in. We acknowledged it is too challenging to help every single person but we know we want to meet patients where they are at. If they are with hospice care and have expressed this need, and they wish for this to be an option of a service they receive, we can supply it. We will see what the scale looks like and take it from there. There are other people that receive similar services at other points and other places in the city, but we are not here to duplicate work. We can refer them to a vendor who can say, you are qualified for this housing type, what are the documents that need? And we can figure out a throughput.

Mr. Pagan added this sounds like a great idea. Very impressive.

Ms. Wang agreed and added there are some questions from Sally, do we have any sense of how many clients CBC has done actual placement into housing for?

Ms. Jontef responded that CBC is sort of a consortium and they are bringing their partner agencies and they all serves different niches in the market. Some groups in their consortium work better with market rate owners of housing, so the goal is to create a breath of options. Together the full partners have placed over 2,000 people into the last year.

Ms. Wang added, presumably having a vendor like this will help. The way you have been doing it your way, but they have access to networks for more potential.

Ms. Jontef added, they also have their own housing. That is what makes them a good fit. They are a mix of supportive housing

developers, supportive housing providers and in some cases, they have a network of landlords they have worked with.

Ms. Wang asked if we know how many units we expect to be available over the next four-year contract.

Ms. Jontef responded that we expect them to meet our goal which is 1200. 400 per year and hopefully they will exceed them.

Ms. Wang added how is the pricing of the contract working.

Ms. Jontef responded, this is very staff intensive. 70% of the annual contract is going to be staffing and 30% is going to be overhead and providing the move in people will get to transition. It costs about \$500 per month and about 9 months to get someone housed. As we get our system in place perhaps we will pick up the pace.

Dr. Katz clarified that Freda's question is more of how we are going to be invoiced.

Ms. Jontef responded that we will get invoiced on a monthly or quarterly bases we are still working on the mechanics with the lawyers and we have a lot of rights in the contract to set expectations and if we are unhappy with the service we would cancel it but we do not expect that to happen. Dr. Katz added that we will be reimbursing based on expenses with the expectation of an anticipated outcome. We would have a problem if we have many expenses with no outcome.

Ms. Wang added, if we are not getting on track for 400 patients to get housed we would have to reconsider the contract.

Dr. Katz added, sometimes with someone who has a special need per say they have a 24-hr caretaker for their disability, you would have to subsidize their subsidy a great amount in order to make it work. Is this an example of this? Ms. Jontef agreed and added that is a great example.

Dr. Katz continued, we had this frequently in LA where the person had \$1,200, but we could house them for \$1,300. Before the instance of this contract they could not be housed. The \$1,200 gets wasted as it is coming from federal government, and they are homeless. We use the contract to supplement the additional \$100 and we are now at the \$1,300 and suddenly they are housed. These are the things a good provider figures out; instead of the typical way of "I am sorry, you are not eligible". A good provider figures out how to leverage what you have.

Ms. Wang inquired upon H+Hs flexibility and monitoring what the vendor will be doing. If we will be getting the goals we are hoping to get, and if we will be on top of them. Ms. Jontef agreed.

Ms. Wang asked on behalf of Sally, why is there a payment for rent?

Ms. Seiferth responded that is for their rental space for operating out. Rental subsidy for their actual physical space.

Ms. Wang thanked the team for the great information presented in the

data slide and how it will be tracked moving forward. Glad there is a system to keep track of that.

Following the discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: Mental Hygiene Legal Services

Ms. Preethi Swamy - Senior Counsel, read the resolution into the record and proceeded with the presented:

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.

Ms. Preethi Swamy began by providing the background and current state of our legal services. NYC H+H requires expertise in Behavioral Health and Guardianship matters is mandated 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 H+H handles approximately 300 appearances for Behavioral Health matters. Over the last 3-year contract cycle, outside counsel usage was roughly \$2M per year. It is estimated that the average annual spend for outside counsel will increase by about 20 percent 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.

Ms. Preethi Swamy presented the historical and current contract values as well as current state of the panel and assignment. Current contracts were awarded after a 2019 RFP.

There are different assignments of firms for Behavioral Health and Guardianship matters. For Behavioral Health matters, generally one firm is assigned to handle matters arising for all hospitals within a borough. For Guardianship matters the 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 contract expires on March 31, 2023.

Ms. Preethi Swamy continued by providing an overview of the RFP Criteria. The minimum criteria to provide services under Behavioral Health and Guardianship were noted. Applicants for both Behavioral Health and Guardianship matters must meet the qualifications and minimum criteria stated by H+H. They must employ at least two

attorneys with 5-years of experience and expertise in handling these matters, and must be 5-years in business.

The Vendor Diversity Efforts were presented by Ms. Preethi Swamy. The vendor diversity team identified three potential MWBEs. One is currently providing services. The team outreached to the other two and 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 self-perform all work. The team performed its routine due diligence in reviewing the proposals and identified a subcontracting opportunity for MWBEs which was courier services. All firms have agreed to utilize MWBEs firms for their courier services. The Diversity Vendor Component Percentage has been revised and all vendors have agreed to a 10 percent Diversity Vendor Component Percentage. In addition, the selected firms are currently performing services under the prior agreements and the panel will remain the same.

Ms. Cohen added that no firm is guaranteed any work even if contracted. Ms. Wang polled the committee for questions. Ms. Rowe Adams asked if the vendor will bring their own security. Ms. Cohen noted it is a great question and responded that most hearings now are handled remotely and the patients are at the bedside or often in the clinical setting that is secured inside our Hospitals for the hearings. Ms. Swamy continued, when they are not, the court officers would provide the security. Pre-COVID there was a behavioral health aid with the patient when we were required to bring the patient to the facility for the hearing, depending by hospital there may have been HP involvement. Post-COVID there was success in virtual hearing which was great for the system as it ensured the patient could remain in the hospital, receive care and services throughout the day and not be in an unknown environment with potential stressors. Also, the physicians were able to remain in the facility so they can provide treatment services and testify when needed virtually. We are hoping to maintain that virtual system.

Dr. Katz added, it was a huge issue before when doctors had to spend a whole day at a court and then we lose the doctor at the facility. It is very important to us that this practice remains specially as we have some shortages in psychiatrists.

Ms. Wang asked on behalf of Sally, the minimum criteria is very modest can you elaborate on the number of attorneys and experience of each of the firms.

Ms. Swamy responded, generally the way a firm is set up is that usually there is one main partner who understand the behavioral health work and under that partner there are usually two to three senior attorneys doing the work and below that level there is an associate as well. In addition, there are paralegals, who have a different rate of cost that does the administrative role. For Guardianships the firms are smaller. We are looking at solo practitioner or a two-attorney shop. In those cases, is the attorney's handling all the work for the one case. However, for firms providing Guardianship services, we are looking at firms who have

done this for 20+ years and they are known in the courts as these are the types of proceedings.

Following the discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-23 Quarter 2 highlights. He conveyed that we closed Q2 with \$500M (21 days cash-on-hand). The budget underperformed at 1% and closed Q2 with a negative Net Budget Variance of \$89.1M.

Mr. Ulberg continued, stating that direct patient care receipts came in \$42.6M higher than the same period in FY-22 continuing the pace of positive performance that we experienced during FY-22. Patient care volume in FY-23 has returned to pre-COVID levels, and is 3% ahead of FY-20 in OP visits. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate. Overall, our strategic financial initiatives remain on track with, generating over \$397M thru Quarter 2 of FY-23 with a line of sight that meets our FY-23 target of \$675.6M. Several areas of strong net performance were noted.

Mr. Ulberg presented the cash projections for FY-23. The System closed January with approximately \$500 million (21 days cash-on-hand) and expects to close February with approximately \$650 million (26 days cash-on-hand). In addition, we continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position in relation to any ongoing uncertainty around patient volume and COVID-19.

Mr. Ulberg provided an overview of the State Budget. There were positive and negative highlights from the SFY23-24 Executive Budget. Several positive highlights included the 5% Medicaid Rate increase for Inpatient and Nursing homes, Essential Plan rates increases for hospital statewide, \$1B Capital transformation funds which we are seeking a set aside for safety net funding statewide, Extension of UPL Conversion authorization, and coverage and reimbursement expansions. Some of the negative highlights included the Implementation of the pharmacy carve-out (340B Pharmacy cut), elimination of the Quality Pools, Continuation of Capital Rate Cut, and Safety Net needs were not addressed.

Ms. Tyler presented the financial performance highlights for FY-23 thru December Net Budget Variance. She noted that December ended with a net budget variance of -\$89.1M (-1%). Receipts exceeded budget by \$189M Primarily driven by Patient Care Risk Revenue. Risk is higher due to MetroPlus payment on behalf of prior year and improved PMPM. Disbursement exceeded budget by \$278M, which includes expenses associated with COVID, and Temp coverage costs.

Ms. Tyler continued providing FY-23 thru December performance drivers updates. Cash receipts are 5% ahead of budget. Majority of the overage can be attributed to Risk revenue exceeding target due to prior year earnings, and higher than anticipated PMPM. FY-23 thru

December, cash disbursements are over budget by 7% primarily resulting from unbudgeted COVID and Temp spending and Agency costs exceeding target.

Dr. Katz added that this part is improving. We have been pushing down the rate of temporary staffing as it so expensive to us. We run trauma centers and have the need of staffing and paying what is available. We are hopeful that the City gets into an agreement with NYSNA and in the new contract we can push down our reliance on temporary staffing and hire up permanent staffing and clear up this deficit.

The revenue performance for FY-23 thru December was presented by Ms. Tyler. FY-23 direct patient care revenue is \$42.6M higher than FY-22 actuals. Patient revenue improvement year-over-year can be attributed to a combination of higher volume, solid performance and continued improvement in revenue cycle and other strategic initiatives.

Ms. Hartmann presented an overview of the Medicaid Recertification Strategy. NYSOH/HRA automatically extended Medicaid Coverage for members enrolled on or after March 18, 2020 due to the ongoing Public Health Emergency (PHE). NYC H+Hs MetroPlus Health and Healthfirst memberships have grown by 100k and over 14k, respectively, since April 2020. SDOH recently issued guidance on NY unwind timelines with Medicaid applications returning to normal rules on March 31, 2023 and the first group of discontinuances on July 1, 2023. As recertification requirement is phased back in, we want to ensure we assist members with maintaining coverage. NYC H+H is implementing standalone strategies and strategies with our MCO partners, including communications to patients via several engines, proactive outreach to patients who may need recertification assistance, coordination between centralized telephonic and local Financial Counseling teams, leverage interactions with patients to direct recertification resources, consistent approach for patients with Medicaid coverage regardless of plan, and continuing to monitor our success.

Several MetroPlus Health highlights from their strategy were noted.

Dr. Katz added on this presentation that some people may be not reachable and some people who will be reachable may no longer be eligible. If we are checking eligibility then everybody stays eligible but if you start asking about eligibility it may turn out some people are no longer eligible due to income or other factors. This means the number will drop and is just a question of how much will it drop and how successful we are at maintaining those people who are still eligible in the program.

Ms. Wang inquired on behalf of Sally, 57K Medicaid members are expected to be recertified each month. In our financial projections, how much revenue and how many patients do we project losing with Medicaid Recertification?

Mr. Siegler responded on the 57k Medicaid members that is across all of MetroPlus's memberships, our patients and other patients.

Mr. Ulberg added that in our financial plan for next year we are assuming that we will turn back to our pre-COVID state and we forecasted that there will be a drop in the risk pool and we are using the intelligence of Healthfirst and MetroPlus to help inform our estimates.

Ms. Tyler added for FY-24 we assumed things will flatten out as we get paid on a six-month lag. We will not necessarily see an impact

Ms. Wang added that it may not be a pure loss.

Dr. Katz inquired on State issue of undocumented persons over the age of 65?

Mr. Ulberg responded that the State is still working on that. In last year's budget they reserved about \$230M to take care of the undocumented. The proposal for this year this program goes away, but they are trying to access and use the essential as a means to ensure the undocumented.

Dr. Katz added if they succeeded all undocumented not only the ones over 65 would be able to enroll in the essential plan?

Mr. Ulberg added that he believes they are starting with the 65 and it is just a switch over.

Dr. Katz asked if there is a proposal to include everyone?

Mr. Siegler added that we believe Senator Rivera and others have a proposal.

Dr. Katz added that what is in the State budget is offering those over 65 to join the essential plan and would the premiums be sufficiently affordable that people would be able to do it?

Mr. Ulberg agreed and added that they have a big reserve of Federal dollars. We believe that they are trying to use those dollars appropriately and try to cover those that are over 65.

Mr. Siegler added that there are different tiers of the essential plans and some have very low premiums per month.

Ms. Rowe Adams expressed her concern on this as mentioned earlier that some will not be reachable. For the ones that are not reachable what do we do?

Mr. Ulberg responded that we are fortunate to receive the disproportionate share dollars. H+H enjoys a \$1B of the risk dollars and those are our safety net of the safety net dollars. When people are being not insured, we have to cover the cost of care. We use the DSH program to reimburse for that care. I understand it is very powerful for someone to have an insurance card that they call their own, and able to seek services when they need it. The State is trying to do this by accessing the essential.

Ms. Rowe Adams added that this is very serious that the message goes out. It will take all of us to get the message out on Medicaid.

Mr. Siegler provided a walkthrough the NYC H+H members at Financial

Risk as of February 2023. Since the beginning of the COVID pandemic, NYC H+H has seen significant membership growth, specifically for members with Medicaid Managed Care. For the past three years we have seen a percentage change of 25%.

Mr. Siegler continued by providing the Financial Goals for VBP Membership. The risk surplus focus for 2023 is to have accurate premium revenue and to shrink unnecessary utilization. Enrollment growth is the major driver of the risk surplus. The key strategies for accurate premium revenue include improving documentation accuracy on claims billed so that risk scores reflect patient complexity, likely increasing premium dollars into our risk pools. The key strategies for shrinking unnecessary utilization is to link members to supportive services and to improve internal data tools for analyzing real-time financial performance. Some of the risk surplus highlights are that H+H's risk pool savings continue to increase and earnings for the most recent quarter totaled \$129M. There is a lot more opportunity on patient's social needs that have not been historically captured in their medical records as well as with Asthma, that is a common fall off condition. There are additional possibilities for improvement by doing more outreach and engaging, for those not- utilizing members, and lastly improving patient satisfaction scores.

Mr. Siegler continued by providing an update on the VBP Quality Program performance. MetroPlus Final 2021 VBP Program results were noted. Some of MetroPlus program highlights include H+H earnings of \$8.9M in performance incentives which accounts for 74% of the maximum opportunity; H+H earned bonus points for performance by reaching stretch targets on both non- HEDIS, CRG measures; and H+H attributed membership results outperformed community membership for almost all measures. Some of the Healthfirst highlights included H+H performance is a quarter star better than at this time last year for Medicaid and half a star better for Medicare; and results are now

A walkthrough the 2023 VBP Goals was presented by Mr. Siegler. Two of the main goals include membership retention and access to quality care. The first goal is to retain members who will require recertification after a three- year hiatus during COVID. Mostly impacts Medicaid members, but some Medicaid members will no longer be eligible for Medicaid and newly qualify for Essential Plan or Qualifies Health Plan coverage. We anticipate 50k MetroPlus members will require recertification each month starting in June 2023. The second goal is to drive up scores on patient surveys of perception of care (HCAHPS) through better alignment of provider/member panels, enhanced scheduling options, and timely/targeted outreach for care interventions.

Mr. Pagán added it is great to get a sense of the magnitude of the resources we get from focusing on the quality measures. What are we talking about when looking at 2023?

Mr. Siegler responded that is difficult to project because it becomes factored into an overall formula. It is easily tens of millions of dollars a year for us and that scale of opportunity is very

meaningful. One of the hardest to drive and change. Completing documentation and supplemental chart review is relatively easy compare to opening up ambulatory care access in a way and improving patient's perception of their quality of care. However, that is the goal and it is interesting to learn more.

Mr. Pagán asked what drives those perceptions? Is it from internal data that we have or do other systems experience this?

Mr. Siegler responded, that the challenge is that everybody complaints about the absences of the sample size they are not accurate and sample size is too small so it is difficult. The best research that we have seen is really end to end, is the window washers at the hospitals being one of the most important people for example, are they greeted in a friendly manner by any of the hospital staff? And the ultimate one is that do you have any type of personal connection with you physician? Is that level of personal engagement at any point in your journey? Those are two most relevant we have seen and there will be more research on this.

INFORMATIONAL ITEM: OVERVIEW OF JANUARY 24 FINANCIAL PLAN

Mr. Cassidy provided an overview of the five-year financial plan, which is done in conjunction with the City of New York and counts as the basis of H+H's submission to the Public Authority Accountability Board. The plan projects the System with a negative operating margin of \$144M in FY-

23 due in large part to increased costs associated with temporary staffing and the delay in the receipt of Federal revenues. The System projects a continued negative operating margin in FY-24 of \$110M, as we continue to project delays in the receipt of Federal revenues. By FY-25, the System projects a positive operating margin of \$78M as we anticipate timeliness in Federal revenues being received. Over each of the three years, the System anticipates stable and relatively consistent ending cash balances between \$453M and \$563M, respectively. The plan includes strategic initiatives totaling \$1.1B in FY-23, growing to \$2B by FY-27 in order to partially offset the negative impact of DSH cuts, slated to begin on October 1, 2023 (resulting in \$600M in cuts annually). H+H is optimistic that the DSH cuts will continue to be delayed, but as a manner of prudent financial management, the cuts are shown here. The plan continues to look well-balanced over the next five-year and assumes H+H will break even.

Ms. Wang polled the committee for questions. Ms. Wang thanked the team.

ADJOURNMENT

There being no further business before this committee, the meeting adjourned at 12:32 PM.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
March 30, 2023

COVID-19 UPDATE

We know we can never let our guard down when it comes to COVID-19, however, we can report that cases are decreasing across the country. Here in New York City, all five boroughs have reported 'moderate' community transmission levels for the last few weeks. Because of the lower community transmission, the use of face masks in NYC Health + Hospitals clinical facilities is now optional in areas where patient care encounters are not expected to occur. This includes staff break rooms, conference rooms, administrative office spaces, lobbies and elevators.

The use of masks remains mandatory in areas where patients are being cared for, such as emergency departments, clinics, waiting rooms and other patient care units. Masks are optional at all Central Office and MetroPlus locations. Of course, we will continue to respect everyone's choice to go without a mask or continue wearing one in areas where they are no longer mandatory.

In preparation for the May 11th expiration of the Federal COVID-19 Public Health Emergency declaration that ends the funding source for pandemic response, NYC Health + Hospitals will continue to be a gateway for New Yorkers seeking COVID-19 testing, treatment, and vaccination, regardless of their insurance or immigration status.

Thanks to the extraordinary service of the NYC Test & Treat Corps and the strong connection to the front-line health care providers at NYC Health + Hospitals and the NYC Department of Health and Mental Hygiene, our City was able to respond to every stage of the COVID-19 pandemic. We can now transition the Test & Treat Corps emergency operations knowing that we have built a stronger, more responsive public health care System that can provide the appropriate level of services to our communities and seamlessly preserve access to the COVID-19 testing, vaccination, and treatment New Yorkers may need for as long as we need it.

On Friday, March 31, COVID-19 walk-in testing tents will close and we will transition mobile Test to Treat units over the next few weeks to shift services to clinics inside our hospitals and at our Gotham Health neighborhood clinics. We will continue offering these COVID-19 services:

- **COVID-19 testing, treatment and vaccinations** are available by appointment at our 11 hospitals and Gotham Health locations in every borough. To schedule an appointment, call 1-844-NYC-4NYC.
- **If you test positive using an at-home test**, you can get free at-home delivery of COVID-19 treatments like Paxlovid. New Yorkers can continue to rely on our team by calling 212-COVID19 or speak to directly to one of our providers available at [Virtual ExpressCare](#).
- **Anyone who is recovering from COVID-19 or has Long COVID**, can call 212-COVID19 to be connected to our AfterCare program or one of our

Centers of Excellence in the Bronx, Brooklyn and Queens.

I want to thank every NYC Test & Treat team member, clinician, contact tracer, and health care worker for their sacrifice and dedication to keeping New Yorkers safe through this pandemic.

NURSE CONTRACT NEGOTIATIONS

The City's Office of Labor Relations, and NYC Health + Hospitals, are actively engaged in the collective bargaining process with the New York State Nurses Association, whose contract with the City expired this month. We look forward to productive discussions and a fair new contract for our critical nurse professionals. We are focused on retaining employees, and ultimately reducing our dependency on temporary staff.

NYC HEALTH + HOSPITALS OPEN NEW LONG-STAY HOSPITAL UNIT FOR NEW YORKERS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

I had the opportunity to join the amazing team at NYC Health + Hospitals/Kings County to mark the opening of our second long stay unit for patients with severe and persistent mental illness. The new Extended Care Unit can house up to 25 patients at a time and offers psychopharmacological treatment, rehabilitative activities including music and art therapy, reading, and various exercises. Patients are assigned tasks that support interpersonal communication and skill development, such as doing their own laundry or curating a display of patient artwork. As part of a patient's treatment, staff may accompany patients for trips to the grocery store and the subway to practice re-acclimating to living and thriving in the community despite their mental illness. Staff also assist patients who are experiencing homelessness with securing housing upon discharge. Admission to the Extended Care Unit is voluntary and only available to patients ready to leave acute inpatient psychiatric care. The unit at Kings County Hospital is the second Extended Care Unit in the System; the first opened at NYC Health + Hospitals/Bellevue in 2020 and has served over 200 patients to date. On average, patients stay in the Extended Care Unit for 90 days, compared to an average 18-day stay for patients in acute psychiatric inpatient care.

PROMOTING COLON CANCER SCREENING

I want to thank NYC Health + Hospitals/Harlem CEO Georges H. Leconte for agreeing to have cameras follow him as he prepped and underwent a routine colonoscopy this month to encourage more New Yorkers ages 45 to 75 to get screened for the preventable cancer and to help de-stigmatize the potentially life-saving procedure. There is nothing like a compelling personal story to help dispel some of the misconceptions that it is hard to prep for the procedure or that it is painful or embarrassing. Georges' video testimonial has been viewed by thousands on our social media platforms and was featured on WCBS-TV as part of Colon Cancer Awareness Month. Our health System is also encouraging New Yorkers to screen for colon cancer with the at-home fecal immunochemical (FIT) test, which is easy and less invasive than colonoscopy. Both the FIT test and the colonoscopy can help prevent colon cancer or find it early when it is more treatable. You can view Mr. Leconte's video [here](#) and learn more about the

FIT test [here](#) from NYC Health + Hospitals Vice President and Chief Population Health Officer Dr. Nichola Davis.

DECriminalizing Substance Use Disorder in Pregnancy

Earlier this month, NYC Health + Hospitals sponsored a virtual conference for more than 400 providers and staff to discuss our important policies requiring written informed consent to drug-test pregnant patients and newborns. These screening policies were adopted in 2022 to drive equitable care across our health System and address a national trend of disproportionate testing among Black, non-Hispanic patients and the widespread separation of children from their families by child protective services. Participants were seeking answers, referrals and recommendations for change, and the distinguished panel of experts were able to shared prevention and treatment strategies to support family unification.

Speakers included Professor Dorothy E. Roberts, George A. Weiss University Professor of Law and Sociology, and the Raymond Pace and Sadie Tanner Mossell Alexander Professor of Civil Rights, University of Pennsylvania School of Law, and author of four books including Killing the Black Body and Torn Apart. Dr. Michele Morse, Chief Medical Officer, NYC Department of Health and Mental Hygiene. Jeanette Vega, Co-Executive Director of RISE Magazine and Administration of Children's Services Commissioner Jess Dannhauser.

HAPPY 287TH BIRTHDAY, NYC HEALTH + HOSPITALS/BELLEVUE

Tomorrow, March 31th, marks a special milestone in the proud history of the NYC Health + Hospitals public health care System. NYC Health + Hospitals/Bellevue celebrates its 287th birthday. From its origins in 1736 as a six-bed infirmary, to the formidable medical and academic institution it is today, the storied history of Bellevue Hospital spans the fields of research and science, education and medical training, and the progressive and innovative programs and services designed and offered for all New Yorkers then and now. As the oldest public hospital in the U.S., Bellevue is the site of many firsts including: first bladder stone removal surgery in 1850, first use of the hypodermic syringe in 1856, and among the first ambulance services, established in 1869. During the spring of 2020, when New York City was the epicenter of the COVID-19 pandemic, Bellevue Hospital served as a pillar of the City's response, providing innovative care to unprecedented numbers of critically ill patients, and delivering on our mission to serve all, regardless of immigration status or ability to pay. The hospital's remarkable history is equally matched by the exceptional team of health care professionals who provide outstanding inpatient and outpatient medical and mental health care to tens of thousands of New Yorkers every year. Happy 287th Birthday, Bellevue!

EXTERNAL AFFAIRS UPDATE

Federal - The COVID-19 Public Health Emergency will be ending on May 11, and with it, many of the Regulatory flexibilities that were helpful to our System's response. Advocacy continues to make some of these flexibilities permanent, in the hopes of reducing our overall regulatory burden.

State - The negotiations of the NYS fiscal year budget for 23-24 are

ongoing, with the new State fiscal year set to begin on April 1st NYC Health + Hospitals continues to advocate for access and equity for Medicaid reimbursement, safety net and capital funding as well as the pharmacy carve out.

City- We had a successful preliminary budget hearing before the City Council on 2/21. I had the able assistance of John Ulberg and Patsy Yang who helped answer many of the Council member's questions.

LEADERSHIP APPOINTMENT

I was pleased to announce the appointment of Manuel Saez as Vice President of Facilities for our health System. Mr. Saez will oversee an approximately \$10 billion-dollar portfolio consisting of over 300 projects, spanning from opening the recently constructed NYC Health + Hospitals/South Brooklyn Health to upgrading and maintaining critical hospital infrastructure throughout the System, in addition to a dedicated team of 100 facilities staff and 700 full-time engineers and tradespeople. Mr. Saez is an inspirational, hands on leader with more than 25 years of experience in the health care industry, including 11 years at NYC Health + Hospitals. Mr. Saez played a central role in our System's heroic COVID response - keeping critical systems on-line under enormous strain, rapidly adapting our facilities, and responding to the many unprecedented emergencies and curve balls during that horrible time. Mr. Saez will be a tremendous leader and a steady hand as we move forward with an ambitious infrastructure improvement agenda in the years ahead.

CONTRACTS DEVIATION

I have authorized the following contracted services. All of these agreements can be terminated on 30 days' notice.

- For food services at HERRC hotels with Rethink Food NYC, Inc., for a period of 12 months, and a not to exceed amount of \$87,800,000.
- Expanded the scope of the Medrite LLC contract to take over the HERRC wrap-around services of another vendor given Medrite's superior performance and lower cost. The new authorized not to exceed amount is \$304,900,000 for a period of 12 months.
- Expanded the period of performance for an existing HERRC contract, Rapid Reliable Testing NY, LLC (dba DocGo), which is providing triage and referral services for a period of 12 months, from 5 months originally.
- Increased the scale of an existing vendor contract for temporary security staffing at the hotels, Aron Security, Inc. The authorized not to exceed amount for this work is \$140,000,000 for a period of 12 months.
- For laundry services at the hotels with HappyNest, Inc., as well as Sodexo Laundry Services, Inc. in consortium with Nexera, LLC, for a period of 12 months, and a not to exceed amount of \$6,400,00 and \$10,500,000, respectively.
- Increased the scale of an existing vendor contract for temporary staffing services, RightSourcing, Inc. The authorized not to exceed amount for this work is \$83,000,000 for a period of 12 months.

- New hotel contracts with Holiday Inn 99 for a period of 14 months with a not to exceed amount of \$34,500,000; Wingate by Windham LLC for a period of 15 months with a not to exceed amount of \$11,000,000; Candler Building for a period of 12 months with a not to exceed amount of \$24,276,986.
- Renewed hotel contracts with The Row and the Wolcott for an additional 12 months, and the Watson for an additional 6 months.
- With Change Healthcare Solutions, LLC, for continuation of patient call center operation services for a period beginning January 1, 2023 through consummation of a new contract resulting from an RFP that is currently in process, with a not to exceed amount of \$18,000,000.

NEWS AROUND THE HEALTH SYSTEM

- [ICU at NYC Health + Hospitals/Woodhull Receives Gold-Level Beacon Award for Excellence from American Association of Critical Care Nurses](#)
- [Health + Hospitals Ensures New Yorkers Continue to Have Access to Covid-19 Services as End of Federal Emergency Nears](#)
- [NYC Health + Hospitals/Coler Ranks #5 in Newsweek's List of Best Nursing Homes in New York State](#)
- [NYC Health + Hospitals/Harlem CEO Shares Colonoscopy Experience on Video to De-Stigmatize Life-Saving Procedure](#)
- [Innovative New Unit for Patients with Severe Mental Illness Opens at NYC Health + Hospitals/Kings County](#)
- [NYC Health + Hospitals/Carter Ranks #4 in Newsweek's List of Best Nursing Homes in New York State](#)
- [Manny Saez, Ph.D. to Lead Facilities Management at NYC Health + Hospitals](#)
- [NYC Health + Hospitals' Nursing Excellence Leader Annie George Recognized by Press Ganey as Inaugural 'Nurse Leader of the Year'](#)
- [NYC Care Hosts Black History Celebration "Arts & Culture Brings Health and Wealth" at NYC Health + Hospitals/Lincoln](#)
- [Ana Rodriguez, NYC Health + Hospitals/Bellevue Nurse, Voted 2022 Amazing Employee of the Year](#)
- [NYC Test & Treat Corps' Aftercare Program Completes a Half Million Outreach Calls for New Yorkers Recovering From COVID-19](#)

RESOLUTION - 04

Reappointing **Dr. Eric Wei as a member of the Board of Directors of MetroPlus Health Plan, Inc.**, a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to serve for an additional five-year term beginning April 2023, in such capacity until a successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

WHEREAS, a resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) on October 29, 1998, authorized the conversion of MetroPlusHealth from an operating division to a wholly owned subsidiary of NYC Health + Hospitals; and

WHEREAS, the Certificate of Incorporation of MetroPlusHealth reserves to NYC Health + Hospitals the sole power with respect to appointing members of the Board of Directors of MetroPlusHealth; and

WHEREAS, the Bylaws of MetroPlusHealth authorize the President of NYC Health + Hospitals to nominate a Director of the MetroPlus Health Plan, subject to approval by the Board of Directors of NYC Health + Hospitals; and

WHEREAS, the President of NYC Health + Hospitals has selected Eric Wei, M.D. to serve as a member of the Board of Directors of MetroPlus; and

WHEREAS, on March 30th, 2023, the MetroPlusHealth Board of Directors considered and approved the submission of the resolution to the NYC Health + Hospitals Board of Directors for the reappointment of Dr. Eric Wei as a member of the Board of Directors of MetroPlus Health Plan, Inc. for another 5 years term;

NOW, THEREFORE, be it

RESOLVED, that Dr. Eric Wei, is hereby appointed to the MetroPlus Board of Directors to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in its Bylaws.

EXECUTIVE SUMMARY

Dr. Eric Wei, first joined the MetroPlusHealth Board in February 2018.

Dr. Wei is currently the Chairperson of MetroPlusHealth's Quality Assurance and Performance Improvement Committee (QAPI). We are very pleased that Dr. Wei has agreed to serve an additional 5-year term. He has been a great asset to the MetroPlusHealth Board, and we look forward to another 5 years of Dr. Wei's participation.

RESOLUTION - 05

Reappointing Mark Power as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”) to serve for an additional five-year term beginning April 2023, in such capacity until a successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

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

WHEREAS, the Bylaws of MetroPlus authorize the Executive Director of MetroPlus to nominate a Director who is a member of the MetroPlus Health Plan, subject to approval by the Board of Directors of the System; and

WHEREAS, Mark Power is a member of MetroPlusHealth and has been a member of the Board of Directors of MetroPlus since June 2021; taking over Nella Lewis’ Term; and

WHEREAS, the Executive Director of MetroPlus has selected Mark Power to serve an additional term as a member of the Board of Directors of MetroPlusHealth; and

WHEREAS, on March 30th, 2023, the MetroPlusHealth Board of Directors considered and approved the submission of the resolution to the NYC Health + Hospitals Board of Directors for the reappointment of Mark Power as a member of the Board of Directors of MetroPlus Health Plan, Inc. for another 5 years term.

NOW, THEREFORE, be it

RESOLVED, that the NYC Health + Hospitals Board of Directors hereby reappoints Mark Power to the Board of Directors of the MetroPlus Health Plan, Inc. to serve in such capacity until a successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

EXECUTIVE SUMMARY

Mark Power first joined the MetroPlus Board of Directors in June 2021 after Nella Lewis' resigned. The Executive Director of MetroPlus has nominated Mark Power to serve an additional 5-year term.

Mark Power has been a participating member of the MetroPlus Health Plan. MetroPlusHealth is very pleased that he has agreed to serve an additional term. Mark has been a great asset to the MetroPlus Board, and we look forward to another 5 years of Mark Power's participation.