

BOARD OF DIRECTORS MEETING  
THURSDAY, NOVEMBER 30, 2023

A•G•E•N•D•A•

<p><b><u>CALL TO ORDER - 2:00 PM</u></b></p>	<p>Mr. Pagán</p>
<p>1. <b><u>Executive Session   Facility Governing Body Report</u></b>          ➤ NYC Health + Hospitals   Harlem</p> <p><b>Semi-Annual Governing Body Report (Written Submission Only)</b>          ➤ NYC Health + Hospitals   Jacobi / North Central Bronx</p>	
<p>2. <b><u>OPEN PUBLIC SESSION - 3:00 PM</u></b></p>	
<p>3. <b>Adoption of the Board of Directors Meeting Minutes – October 26, 2023</b></p>	<p>Mr. Pagán</p>
<p>4. <b><u>Chair’s Report</u></b></p>	
<p>5. <b><u>President’s Report</u></b></p>	<p>Dr. Katz</p>
<p>6. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with <b>Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC for HERRC project management services</b> at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System. (Presented to the Medical &amp; Professional Affairs and Information Technology Committee 11/20/2023)  <b>Vendex Approved:</b> Huron Group and Indelible Solutions LLC / <b>Vendex Pending:</b> Witt O’Brien’s LLC and IEM  <b>EEO:</b> All Pending</p>	<p>Dr. Calamia</p>
<p>7. Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a contract with <b>New York Legal Assistance Group (“NYLAG”) as the sole source vendor under which NYLAG will provide certain free legal services</b> to the System’s patients for three years for an amount not to exceed \$7,862,000. (Presented to the Medical &amp; Professional Affairs and Information Technology Committee 11/20/2023)  <b>Vendex: Pending / EEO: Pending</b></p>	<p>Dr. Calamia</p>
<p>8. Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a five-year license agreement with <b>Everytable, PBC (“Everytable”) for its use and occupancy of approximately 360 square feet at NYC Health + Hospitals/Kings (“KCHC”)</b> for a retail food operation at an initial rate of \$45/square foot or \$16,200 per year to increase by 2% per year for a total occupancy fee over the term of \$84,305 with such agreement to be terminable by each party on thirty days’ notice without cause (Presented to the Capital Committee 11/20/2023)  <b>Vendex: NA / EEO: NA</b></p>	<p>Mr. Pagán</p>
<p>9. Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a five-year license agreement with <b>Everytable, PBC (“Everytable”) for its use and occupancy of approximately 468 square feet at NYC Health + Hospitals/Harlem (“Harlem”)</b> for a retail food operation at an initial rate of \$50/square foot or \$23,400 per year to increase by 2% per year for a total occupancy fee over the term of \$121,775 with such agreement to be terminable by each party on thirty days’ notice without cause (Presented to the Capital Committee 11/20/2023)  <b>Vendex: NA / EEO: NA</b></p>	<p>Mr. Pagán</p>
<p>10. Authorizing the New York City Health and Hospitals Corporation (<b>the “System”</b>) to sign a five-year license agreement with <b>Everytable, PBC (“Everytable”) for its use and occupancy of approximately 500 square feet at NYC Health + Hospitals/Queens (“Queens”)</b> for a retail food operation at an initial rate of \$50/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101 with such agreement to be terminable by each party on thirty days’ notice without cause (Presented to the Capital Committee 11/20/2023)  <b>Vendex: NA / EEO: NA</b></p>	<p>Mr. Pagán</p>

11. Authorizing New York City Health and Hospitals Corporation (the “System”) to further increase the funding by \$3,477,599 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for **architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”)**, which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, and \$1,960,238 in May 2023, such that the funding is increased from \$18,847,407 to \$22,325,006  
Presented to the Capital Committee 11/20/2023)  
**Vendex: Approved / EEO: Approved**

Mr. Pagán

12. Authorizing New York City Health and Hospitals Corporation (the “System”) to further increase the funding by \$2,400,000 for its previously executed agreement with **AECOM USA, Inc. (“AECOM”)**, to provide **program management services at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”)**, which follows previous funding increases of \$1,498,738 authorized in May 2023 such that the funding is increased from \$16,635,305 to \$19,035,305  
Presented to the Capital Committee 11/20/2023)  
**Vendex: Approved / EEO: Pending**

Mr. Pagán

13. Authorizing New York City Health and Hospitals Corporation (the “System”) to further increase the funding by \$43,022,528 and until April 2025 for its previously executed contract with **Consigli Construction Co., Inc. (“Consigli”)** to serve as **construction manager/builder under a guaranteed maximum price (“GMP”) structure for the construction and construction management of the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Unit (“OTxHU”) at NYC Health + Hospitals/Bellevue (“Bellevue”)**, which follows previous funding increases of \$19,421,612 authorized in May 2022, and \$19,638,719 authorized in May 2023, such that the current funding is increased from \$159,969,414 to \$202,991,942 to cover construction and construction management at Bellevue only and to extend the contract completion date to April 30, 2025  
Presented to the Capital Committee 11/20/2023)  
**Vendex: Approved / EEO: Approved**

Mr. Pagán

14. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute agreements with each of the vendors: **Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc., Med-Matrix, LLC and R1 RCM Holdco Inc. (Cloudmed)** for the provision of **Account Receivable Services** on behalf of the System for an initial period of three-years and two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$53,200,000 over the potential five-year term  
Presented Directly to the Board (11/30/2023)  
**Vendex: RTR Financial Services, Inc.; Med-Matrix LLC and R1 RCM Holdco Inc Approved / All Others Pending**  
**EEO: All Pending**

Ms. Wang

### COMMITTEE REPORTS

- Community Relations Committee
- Medical and Professional Affairs and Information Technology Committee
- Strategic Planning Committee
- Capital Committee

Dr. Katz  
Dr. Calamia  
Mr. Pagán  
Mr. Pagán

>>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 **26th day of October, 2023** at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated in person:

Mr. José Pagán  
Ms. Freda Wang  
Dr. Mitchell Katz  
Ms. Elizabeth Lauros - Joined at 3:00pm  
Ms. Karen St. Hilaire  
Ms. Deepa Avula - Left at 3:00pm  
Dr. William Fisher - Joined at 3:00pm  
Dr. Vincent Calamia  
Ms. Anita Kawatra  
Ms. Sally Hernandez-Piñero  
Ms. Barbara Lowe  
Mr. Robert Nolan  
Dr. Michelle Morse - Joined at 3:00pm  
Ms. Jackie Rowe-Adams - Joined at 3:00pm

José Pagán, Chair of the Board, called the meeting to order at 1:44 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

**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 3:08 p.m.

Mr. Pagán noted that Elizabeth Lauros is representing Deputy Mayor Anne Williams-Isom, Dr. William Fisher is representing Deepa Avula, Karen St. Hilaire is representing Molly Wasow Park and Dr. Michelle Morse is representing Dr. Ashwin Vasani - all in a voting capacity.

**ACTION ITEM 3 - ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on September 28,

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 Board of Directors Meeting held on September 28, 2023, copies of which have been presented to the Board be, and hereby are, adopted.

#### **ITEM 4 - CHAIR'S REPORT**

Mr. Pagán advised that during the Executive Session, the Board received and approved the governing body oral and written report from NYC Health + Hospitals/South Brooklyn Health.

The Board also received and approved the semi-annual governing body written submission from NYC Health + Hospitals/ Kings County.

The Board received and approved the 2022 annual performance improvement and evaluation plan written submission from NYC Health + Hospitals/ Gotham Health, Sydenham.

#### **VENDEX APPROVALS**

Mr. Pagán noted there are four items on the agenda requiring Vendex approval and that, three have that approval. There are three items from previous Board meetings pending Vendex approval. One Vendex approval has been received since the Board last met.

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

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

Mr. Pagán read the resolution

Approving the **application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of surgeons of NYC Health + Hospitals/Lincoln ("Lincoln") as a Level 1 Trauma Center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the American College of Surgeons, Committee on

Trauma.

(Presented Directly to the Board of the Directors: 10/26/2023)

Dr. Sheldon Teperman, Chief of Trauma Services, outlined the current American College of Surgeons "ACS" verified trauma centers across the System in the five Boroughs and explained the verification process and requirements. NYC Health and Hospitals/Lincoln is currently verified as a Level I adult trauma center with a re-verification visit due in December 2023. Changes to the regulatory standards require the exact level of verification to be specified in the Governing Body resolution. Dr. Teperman discussed other regulatory requirements such as research and scholarly activities, education, performance improvement and patient safety, and lastly, facilities and equipment resources.

After questions from the Board, Dr. Teperman explained that all five hospitals are indeed level I trauma centers however, subtle changes to the regulatory standards require the exact level of verification to be specified in the resolution. All accreditation components and approvals have been addressed. NYC Health + Hospitals/Lincoln will be the first to complete this new requirement because they are due for recertification, however, all other trauma centers moving forward will be on the same cycle.

Dr. Allen also responded to questions and explained that at this time, the System is not considering adding a new level I trauma center. With the exception of Staten Island, New York City is saturated with trauma centers. There is no current need for additional level I trauma centers. Adding a trauma center to the System will require substantial financial investment, staffing, resources and patient volume.

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

**INFORMATIONAL ITEM 6: FISCAL YEAR 2023 ANNUAL PUBLIC HEARING RESPONSES**

Deborah Brown, Senior Vice President of External and Regulatory Affairs provided a brief summary of the regulatory requirements for public meetings and the schedule of these meetings across the five boroughs for fiscal year 2023. Ms. Brown provided a compilation of main areas of concerns raised by the public and encouraged all to review the corresponding responses to these concerns in the full document which was included in the presentation. The five common areas of concerns were capital improvements, the allocation of the opioid settlement funds, a fair nursing contract, increased communication with communities and land use projects. Ms. Brown advised that the full document is also publicly available on the System's public website.

Mr. Pagán acknowledged Ms. Brown and the team for their great work.

Following questions from the Board regarding historical trends on issues affecting the community, Ms. Brown explained that in the last few years, access to COVID-19 vaccinations and safety were prevalent concerns across the boroughs.

Dr. Katz added that two of the five concerns, the fair nursing contract and allocation of the opioid settlement highlighted during the 2023 public meetings, have been resolved.

After questions regarding increasing access and awareness of the System's responses to concerns raised during the public meeting, Ms. Brown agreed that the team will explore more avenues to ensure the information is more accessible to community members.

**ACTION ITEM 7:**

Mr. Pagán read the resolution

Authorizing the amendment of the By-Laws of New York City Health and Hospitals Corporation (the "System") **to combine the standing Information Technology ("IT") and Medical and Professional Affairs ("M&PA") Committees into a single committee to be called the Medical and Professional Affairs and Information Technology Committee** such that all members of the two current committees be members of the new standing Medical and Professional Affairs and Information Technology Committee; and

Further authorizing the amendment of the By-Laws **to update the names and status of South Brooklyn Health and North Central Bronx Hospital to reflect the South Brooklyn Health name change from Coney Island Hospital and that North Central Bronx Hospital has been restructured as a second campus of Jacobi Medical Center;**

Such that the By-Laws of the System, as amended and restated, shall be as attached to this resolution.

(Presented to the Governance Committee: 10/16/2023)

Andrea Cohen, Senior Vice President and General Counsel, proceeded with the presentation of background information on the System By-Laws, when they were last amended, and the proposed amendment rationale. As a result of the proposed changes, there will be a new standing Medical and Professional Affairs/Information Technology Committee as well as the updated names of the two facilities reflected on the System By-Laws.

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

**ACTION ITEM 9:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contracts with **Aron Security Inc. D/B/A Arrow Security, GardaWorld Security Corporation D/B/A GardaWorld Security Services, Mulligan Security LLC, and SLSCO Ltd.** for security services at a not to exceed amount of \$323,700,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

(Presented to the Finance Committee: 10/16/2023)

Chris Keely, Senior Assistant Vice President Ambulatory Care and the HERRC program, provided the background and current state of NYC Health + Hospitals' existing and newly contracted security services for all HERRC sites operated by the System, including historical spend. Mr. Keely highlighted that expenses will be covered by the HERRC MOU with the Mayor's Office. Mr. Keely provided an overview of the RFP Criteria and procurement process, the NTE Cost Analysis, the MWBE analysis for each proposed vendor and the performance evaluation for both vendors.

After questions from the Board, Mr. Keely confirmed that there will be personnel under this contract, fire wardens, who will work closely with FDNY to ensure compliance and safety of the physical environment at the System operated HERRC sites.

Regarding the questions about the care model and provision of services at the HERRC sites, Mr. Keely provided an overview of the services available through HERRC centers, which range from clinical/access to healthcare, pre-natal care, depression screening, social services, immigration services, language access among others. In addition to these services, the System works with the vendors to address language barriers by hiring multilingual staff and utilizing other resources such as iPads, and the System's robust language line services.

Following questions from the Board, Mr. Keeley noted that while he is not certain about salary benchmarks, the prevailing pay rates increase overtime. In terms of training and prevailing security issues, Mr. Keely responded that most of the common disputes are within a family and that there are cultural practices that are not acceptable in the United States. The security teams are trained to assist in de-escalation of issues and reporting to the proper channels for further interventions and education, if needed. There are escalation protocols for both security and administrative staff for support in conflict resolutions and long-term interventions. The other component within the scope of security, is fire safety and safety of the physical space.

The Board asked what percentage of this population meet the goals of self-sufficiency and wellbeing. Dr. Long stated that as of today, the HERRC program has been able to help more than 130,000 asylum seekers, of which 65,000 have successfully left the City system. Dr. Long explained they have received substantial funding from New York State to launch a case management program in the coming weeks. Through this program there will be more contact with the clients to ensure they are completing the milestones in their case and addressing some of the barriers as they navigate the System.

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

**ITEM 5 - PRESIDENT REPORT - FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS**

Dr. Katz congratulated Dr. Morse on her write-up and overall work to ensure that ethnic minorities are not discriminated against in the transplant system or other medical settings due to structural racism and bias.

**RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS**

The 15 humanitarian centers ensure that asylum seekers and their children have on-site access to medical and mental health care, nutrition, language services, school enrollment, social programs, technology, and reunification resources. In addition, the staff at the arrival center have helped register about 55,000 asylum seekers and have administered over 40,000 vaccinations to asylum seekers at the arrival center and the humanitarian centers.

We are proud to see some of [our inspiring work recently recognized by NPR](#), who highlighted the maternity care coordinated between the HERRC and NYC Health + Hospitals/Bellevue staff, which has already ensured the delivery of 300 healthy babies born to mothers living in our humanitarian centers.

**VACCINES TO PROTECT FROM FALL RESPIRATORY VIRUS SEASON**

The CDC expects that, respiratory virus hospitalizations in the coming months will be higher than they were prior to the COVID-19 pandemic. The CDC recommends annual influenza vaccination for everyone 6 months and older. The patients and workforce are encouraged to get vaccinated against both the flu and COVID-19 to protect themselves. A new RSV vaccine will also be available this fall for those at higher risk of severe disease.

**TEAMWORK LEADS TO SAFE, SUCCESSFUL EVACUATION AND RE-OPENING OF NYC HEALTH + HOSPITALS/WOODHULL**

After being informed by Con Edison that they needed to shut off power to NYC Health + Hospitals/Woodhull because of storm-related damage late



Friday evening of September 29, 2023 the entire System pulled together to support the hospital. The hospital's skilled emergency managers, clinical leaders and administrators activated a full evacuation plan and began to transfer 116 patients to other NYC Health + Hospitals facilities. By early Sunday morning, a safe and successful transfer of all patients was complete.

After a thorough assessment and restoration of the electrical systems, our team was able to resume inpatient hospital operations on Saturday, October 7, 2023, opened outpatient clinics by the following Tuesday, and began to safely transfer back approximately 50 patients who were hospitalized at other NYC Health + Hospitals facilities.

Dr. Katz thanked all who worked around the clock to make this re-opening possible.

### **EXPANDING ABORTION CARE WITH TELEHEALTH SERVICES**

New York City patients can now receive abortion counseling and care from the comfort of their own homes, through the System's Virtual ExpressCare services. Mayor Adams made the announcement along with a team of clinicians and program leaders. NYC Health +Hospitals is the first public health system in the nation to make telehealth abortion services available. This service is available seven days a week, between 9:00 AM and 9:00 PM, and provides patients with access to safe, legal abortion care.

### **MAYOR ADAMS CELEBRATES MILESTONE OF 5,000 NEW NURSES TRAINED BY CITYWIDE NURSE RESIDENCY PROGRAM**

Earlier this week, Mayor Adams was joined by NYC Health + Hospitals Chief Nursing Executive Natalia Cineas and NYC Health + Hospitals/South Brooklyn Health staff nurse Wendy Zhao to announce that 5,000 Registered Nurses Citywide have participated in the Citywide Nurse Residency program. Over 1,700 nurses in the 18 participating NYC Health + Hospitals campuses have completed the program since its launch, and the retention rate for nurses has increased by over 40 percent and surpassed the national average year to date.

### **OUR NURSES HONORED IN CHICAGO**

More than 150 NYC Health + Hospitals nurses took the stage to celebrate their Pathway to Excellence achievements at the largest nursing conference in the country. The American Nurses Credentialing Center (ANCC) in Chicago invited nurses from around the world, more than 13,000 strong, to celebrate their coveted Pathway designations, and our squads from NYC Health + Hospitals/Kings, NYC Health + Hospitals/Queens and NYC Health + Hospitals/South Brooklyn Health were in attendance. It was the first time in the history of NYC Health + Hospitals that 3 facilities celebrated on stage for their ANCC Pathway to Excellence Designations.

## **EXPANDING LANGUAGE ACCESS THROUGH MYCHART PATIENT PORTAL**

The MyChart Patient Portal now includes 11 languages. This portal is a convenient and secure way for patients to access their information and communicate with their care team using a computer, smartphone or tablet. The 11 languages are: Arabic, Bengali, Simplified Chinese, Traditional Chinese, English, French, Haitian Creole, Korean, Polish, Russian and Spanish. This is an increase from the six languages originally available when MyChart first launched in 2016.

## **NEW COMMUNITY MURAL UNVAILED AT NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH**

The team unveiled a new mural as part of the Community Mural Project. Together We Heal is a two-part mural that pays homage to the vibrant history and culture of Coney Island. The first 26 murals are featured in a new book, Healing Walls: New York City Health + Hospitals Community Mural Project 2019-2021. This program is made possible through the generous support of the Laurie M. Tisch Illumination Fund.

## **RENOVATED CLINICAL UNITS MAKE ROOM FOR FUTURE OUTPOSTED THERAPEUTIC HOUSING UNITS AT NYC HEALTH + HOSPITALS/WOODHULL**

NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Correctional Health Services (CHS) celebrated the completion of two renovated patient clinical units and various administrative spaces that have been relocated to make room for a new Outposted Therapeutic Housing Unit in the hospital that will serve patients in custody with serious health conditions. The Outposted Therapeutic Housing Units will improve access to care for incarcerated individuals with complex medical, mental health and substance use needs.

## **EXTERNAL & COMMUNITY AFFAIRS UPDATE**

**City** - On October 16, 2023 NYC Health + Hospitals/Gotham Health secured \$4.85 million from Queens Borough President Donovan Richards Jr. to support infrastructure improvements and enhance patient services in the borough. On October 18, 2023 Bronx Borough President Vanessa L. Gibson announced the allocation of \$6 million to NYC Health + Hospitals facilities in the Bronx. NYC Health + Hospitals/Elmhurst secured \$17.5 million from the City Council to help with critical facility improvements throughout the hospital including emergency room updates, relocation of the neonatal intensive care unit, an MRI suite expansion, a mother baby lab, upgrades to the cardiac catheterization lab and a new surgical subspecialty suite for hand surgery.

## **COMMITTEE AND SUBSIDIARY REPORTS**

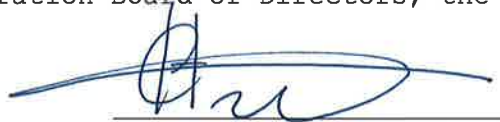
Mr. Pagán noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. Mr. Pagán welcomed

questions or comments regarding the reports.

**OLD BUSINESS/NEW BUSINESS**

**ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:11 P.M.

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

Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

**AUDIT COMMITTEE TALKING POINTS - October 16, 2023**

**As Reported by: Sally Hernandez-Piñero**

**Committee Members Present:** Ms. Sally Hernandez-Piñero, Jose Pagán, Dr. Machelles Allen representing Dr. Katz until he join - Dr. Mitchell Katz - join at 10:24; Freda Wang - join at 10:15; Ms. Barbara Lowe join at 10:35

The meeting was called to order by Ms. Sally Hernandez-Piñero at 10:00 A.M.

Ms. Hernandez-Piñero noted for the record that committee member Anita Kawatra is participating virtually in a listening capacity only and Dr. Michelle Allen will be representing Dr. Katz in a voting capacity until he join.

Ms. Hernandez-Piñero asked for a motion to adopt the minutes of the Audit Committee meeting held on June 5, 2023. A motion was made and duly seconded with all in favor to adopt the minutes.

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

The Committee reconvened in open session at 10:30 A.M.

Ms. Hernandez-Piñero introduced the information item regarding the Fiscal Year 2023 Draft Financial Statements and Related Notes. Mr. David Guzman, Corporate Comptroller reported on the results of the Financial Statements with a review of the consolidated financial information of the Statement of Net Position, Statement of Revenues, Expenses and Changes in Net Position, and Statement of Cashflows.

In response to the Committee's request for clarification on the Eliminations column, Mr. Guzman explained that these are related transactions between the two entities, MetroPlus and H+H, and what might be revenue to one is an expense of the other and those transactions need to be eliminated from the consolidated statements.

The Committee also requested clarification on whether the DC 37 agreement included the nurse's increase, both Dr. Katz and Mr. Guzman stated that was not included since the agreement was entered into this FY 2024 not FY 2023.

The Committee also wanted to know when we recognize funding from the City for HERRC, at what point; Mr. Guzman explained that those expenses are currently being recognized when they are incurred, the same as we do for T2.

Mr. Guzman further noted for the Committee that the cash flow ended at \$807 million, which is up by \$58.3 million over prior year and there was also a gross up of the balance sheet to recognize a new GASB standard associated with leases for about \$400 Million.

In response to questions Mr. Guzman explained the current financial ratios on page 7 of the financial statement, he indicated it is a measure of the

current assets divided by the current liabilities and speaks to our liquidity and our abilities to pay bills, which has improved since the number is getting larger in conjunction with cash on hand. He further explained that in the past the applicable leases were recognized as expenses, however the new GASB requires they be recognized as assets and liabilities and that is reflected in the balance sheet.

Page 48 indicates an appropriations due to/from the City of New York in FY 2023 is related to HERRC and collective bargaining accruals Due From the City.

Hearing no further questions Ms. Hernandez-Piñero moved the agenda to the Grant Thornton presentation.

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

Ms. Radinsky provided an overview of the responsibilities and process of Grant Thornton and Health and Hospitals for the Fiscal Year 2023 auditing process as a required communication to the Health + Hospitals Governing Body.

Ms. Radinsky presented the Audit Scope as follows: perform audits of financial statements as prepared by management, with your oversight, conducted under US Generally Accepted Auditing Standards (GAAS) and, where applicable, under Government Auditing Standards. Perform audits, as applicable, of cost reports for the year ended June 30, 2023 and issuance of certifications and attestation reports. They will also issue an unmodified opinion.

Clarification was made that MetroPlus was indeed audited twice in June 30 and December 31 year end - this is due to their statutory basis and GAAP basis.

Ms. Radinsky asked if any of the Committee members are aware of any fraud, waste or abuse that they should be aware of; Hearing none she continued with her presentation to discuss the responsibilities of management, and other open areas currently being worked on.

Mr. Dioguardi explained the audit approach, around risk of accounts receivables from patients, net patient services revenue and related contractual allowances and bad debts reserves process review; other focus areas are estimated settlement with third-party payers, cash and cash equivalents, investments assets restricted as to use and investment income; capital assets, including construction in progress, inventory, long-term debt, and compliance with debt covenants and debt transactions; he further highlights other post-employment benefits liabilities (OPEB) and grant revenues; account estimates; financial statements are reviewed for accuracy and required disclosures. Subsequent events is anything that occurred after June 30, 2023 that should have been included in the financial statements, he noted there was no such occurrence. The Committee requested an example of such an occurrence, Mr. Dioguardi explain that it could be a data entry of a significant debt arrangement or legal disclosure that was settled after the closure of the financial statement. An evaluation of the qualitative and quantitative value is access and then a determination is

made with management. There is also an in-depth procedure of fraud routines.

Brian Sullivan Senior manager for the review the MetroPlus portion of the audit, there are no exceptions noted in the audit for period ending June 30<sup>th</sup>. He highlights the significant risk areas for MetroPlus as claims payable reserves, premium revenue recognition, and management override of internal controls, with no exceptions noted.

Ms. Radinsky also outlined the phases of the Technology Support as part of the audit process, which included: Assess IT Risks, Identify IT controls that support audit objectives and Test technology-related controls. She then reviewed the required communications and indicated that there will be an unmodified opinion of the financial statement to management for signature. There was no alternative accounting treatment noted, GASB 87 and 96 was successfully implemented with no restatement necessary; materiality and use of the work of others were also presented.

The Committee requested clarification on how materiality is established. Ms. Radinsky explained that they use a certain percentage of revenues to determine the materiality and use a relevant benchmark.

The presentation moved to significant deficiency and material weakness in internal control over financials are required to be reported to the Committee, last year there was a material weakness noted in Grant Revenue as it related to expenditures, due to the improvements made in the department during the past year this year we are noting a significant deficiency in this area related to the T2 funding recording adjustments that needed to be done since this was done on estimated instead of actuals. The second item noted is the reconciliation of uniform audit Statement of Expenditure for Federal Awards for funding over \$750,000, which is due nine months after year end, best practices dictate a reconciliation be performed before submission.

Ms. Radinsky explained that the significant deficiency can be categorized as a downgrade of the previous year's findings, but still warrants the attention of the Committee.

Ms. Radinsky noted Grant Thornton commitment to diversity, equity and inclusion in-line with the same goals of NYC Health + Hospitals.

**After discussion and upon motion made and duly seconded the Committee voted unanimously to accept the Fiscal Year 2023 Financial Statement.**

Due to time constraints the Internal Audits Update, Compliance Update and Fiscal Year 2023 Assessment Process was noted as written submissions into the record.

Ms. Hernandez-Piñero asked if there were any old or new business to come before the committee. There being none, the meetings adjourned at 11:21 a.m.

**Finance Committee Meeting - October 16, 2023**

**As Reported By: Freda Wang**

**Committee Members Present:** Mitchell Katz, MD, José Pagán, Freda Wang, Sally Hernandez-Piñero, Barbara Lowe

**NYC Health + Hospitals Employees in Attendance:**

Michline Farag, Salema Tyler, Marji Karlin, Allison Hartmann, Linda DeHart, John Ulberg, David Guzman, James Cassidy, Baily Jones, Mariel McLeod, Ted Long, MD, Chris Keeley, Jeremy Berman, 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 11:28 a.m.

Ms. Wang called for a motion to approve the July 10, 2023 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on July 10, 2023 were adopted.

**ACTION ITEM: HERRC Security Services**

Mr. Chris Keeley - Senior Assistant Vice President - Office of Operations in Ambulatory Care and the HERRC program, read the resolution into the record and proceeded with the presented:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute contracts with Aron Security Inc. DBA Arrow Security, GardaWorld Security Corporation DBA GardaWorld Security Services, Mulligan Security LLC, and SLSCO Ltd. for security services at a not to exceed amount of \$323,700,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.**

Mr. Chris Keeley began by providing the background and current state of NYC H+H's existing and newly contracted Security services for all HERRC sites operated by NYC H+H. With the current State of Emergency based on the arrival of thousands of individuals and families seeking asylum in NYC, providing 24/7 security at HERRC sites operated by NYC H+H is needed to ensure the safety of all guests, clients, and staff. The System currently holds contracts with two of the proposed HERRC vendors; Aron/Arrow at an existing system level contract, and Mulligan Security holds an emergency authorization contract. The vendors historical spend at NYC H+H was presented. An RFP was done to competitively bid for these services and identify additional vendors that may be well-suited to this work. Multiple reference checks for both GardaWorld and SLSCO were conducted to ensure reliable service provision and capacity to meet contract service needs. NYC H+H expenses will be covered by HERRC MOU with the Mayor's Office.

An overview of the RFP Criteria and procurement process was presented by Mr. Keeley. The NTE Cost Analysis, the MWBE analysis for each proposed vendor was presented, the performance evaluation for Aron Security and Mulligan security was also presented.

The Office of Ambulatory Care is seeking approval to enter into contract with Aron Security Inc. DBA Arrow Security, GardaWorld Security Corporation DBA GardaWorld Security Services, Mulligan Security LLC, and SLSCO Ltd. to provide Security Services at a not to exceed amount of \$323,700,000 with an anticipated start date of November 1<sup>st</sup>, 2023.

Ms. Wang polled the committee for questions.

Ms. Lowe inquired in regards to the negative trends in staffing performance mentioned and what may have led to this to be an issue.

Mr. Keeley responded that there were a few instances at some locations, where security guards were found leaving their posts at the end of their shifts but before relief came in, for about 5 to up to 15 minutes. To mitigate, the supervisors either brought someone onsite for swing coverage, back from lunch, or provided coverage themselves as needed. The situation was well managed as there was never a gap in service. However, the issue needed to be addressed as we would not want that turning into a trend.

Ms. Lowe noted that security is very important at our hospitals.

Mr. Keeley agreed and added that at these locations where we are housing asylum seekers coming into New York City, they are going to be at the hotels, base camps such as Creedmoor as you may have seen on the news, or at the Randall's Island tent where we are housing asylum seekers; and what we do is have a very thorough security apparatus on site. In addition, every staff member and guest wear a badge at all times, so that if a staff member or guest wants to come in or leave the location, they need the exact QR code and make sure that only authorized people are on site and the security it is paramount at our location.

Ms. Hernandez-Piñero requested clarification on the start date for the Aron Security and Mulligan Security contracts.

Mr. Keeley responded that he does not have the exact date and will have to confirm with the procurement or the legal team. However, he believes Aron was well over a year ago and Mulligan has been more recent. In efforts to diversify our security services we are would like to move forward with four vendors in this RFP. We are going to have operational discretion to provide work or to assign work for the different vendors based on their strengths and the service level they provide. At first, we were only utilizing Aron System level contract as they were the only and most reliable option at the time and that is a reason why we added additional vendors to the mix to have a healthier competition in that space.



Ms. Hernandez-Piñero inquired about the hourly rates being paid to these two firms and if they were consistent with their bids or if they came in more aggressively for the RFP.

Mr. Keeley responded that it is a great question. There is a number of different roles that they may provide. For instance, a supervisor versus a frontline security guard, and between the four different vendors, they are all generally pretty competitive with each other. There might be one that has a slightly higher supervisor rate and one that might have a slightly higher or lower frontline guard rate. What we are able to do now with this competitive RFP is work aggressively with the four vendors to bring down those numbers even further as now we would have four vendors that we can work with and negotiate with. We can help bring down the cost across the board.

Ms. Hernandez-Piñero asked regarding the criteria that will be used to determine which vendor will be assigned to what location.

Mr. Keeley answered to date, what it has been largely based on operational capacity on the vendor side, when we are looking to go live at a location. If we have two new locations coming on over the next month, for instance, if that were to be happening, we would assign one to one vendor, and one to the other, or in the future, if we are going to bring the 3<sup>rd</sup> and 4<sup>th</sup> of the vendors, we might do the same as we do not want one vendor stretched too thin. Oftentimes the vendors are needing to recruit and hire new staff members and go out and get the uniforms, buy the rate and all of that operational and human resources on their back end. What we would like to do is try to sort of distribute accordingly to the extent to which each of the vendor can bring their own capacity to the table.

Ms. Hernandez-Piñero asked regarding the vendors experience. Are all the vendor experienced at different locations, hotels, hospitals.

Mr. Keeley responded that these four vendors selected all have at least some level of experience in hospitals. Our main focus from the scoring criteria was if they had experience working with asylum seekers, transient populations, immigrant populations, homeless, homeless New Yorkers in particular and that was a big driver on the scoring. These four vendors do have relevant experience in this.

Ms. Hernandez-Piñero thanked Mr. Keeley.

Ms. Wang inquired regarding Arrow Security, if they will still continue to work with our System, or if they will transition over to just doing the HERRC contract.

Mr. Keeley answered that the intent is that this new contract will have no impact on other pre-existing System level contract. We wanted to be able to bring this work over into its own separate contract and leave the hospital police and that team to be able to manage Arrow/Aron Security as they would otherwise.

Ms. Wang continued, the amount that has been spent historically on them was just for HERRC purposes. Mr. Keeley agreed.

Ms. Wang asked in regards to an update to the vendor diversity slide.

Mr. Keeley agreed and added that on the vendor diversity slide there will be additional information included where it says NYC/NYS. This will be in the board packet for the full board meeting later this month.

Ms. Hernandez-Piñero inquired regarding the hospital police resources, and if they have sufficient resources to oversee these contracts.

Mr. Keeley responded that for these contracts we have been with the two incumbents that we have. The intent is to go forward managing them primarily through the HERRC team. We continue to work very closely with the hospital police team. We have been able to hire a director of security on the HERRC team that will be working very closely with his colleagues, and the hospital police team so that you have the right level of support on that side of things.

Ms. Lowe added that given that many of them may not be as familiar with hospitals, how comfortable is H+H with the level of orientation and competence that they have.

Mr. Keeley noted that is a great question and that we have discussed a lot their relevant experience of working in homeless shelters, working with asylum seekers, transient populations, and they all do meet that criteria. We are currently putting a lot of time and effort into the orientation piece. In terms of ensuring that as they onboard their individual guards and that those guards are walking in with the proper mindset, that they are getting the right training and understanding of what it is that we are looking to do at these locations, in terms of providing the best possible care to those individuals while they are in our care. We want to provide the best possible support, and that is one of the key things that we are looking for, is how to get better and better over time.

Ms. Wang polled the committee questions.

Ms. Wang thanked the team for the presentation, and commended them for the great job they are doing.

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 Year-End Highlights. He conveyed that June closed with \$746M (29 days cash-on-hand). The budget nearly broke even and closed June with a negative Net Budget Variance of \$47.7M.

Mr. Ulberg continued that direct patient care receipts came in \$4.8M higher than the same period in FY-22 largely due to return of OP services in FY-23, offsetting losses in IP services. Patient care volume in FY-23 has returned to pre-COVID levels, and is 8% ahead of FY-20 pre-COVID OP visits. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate over the base. Overall, our strategic Financial Initiatives surpassed our FY-23 target of \$675.6M, generating over \$830M. Several areas of strong net performance were noted.

Mr. Ulberg presented the cash projections for FY-24. The System closed September with approximately \$950 million (35 days cash-on-hand) and expects to close October with approximately \$700 million (26 days cash-on-hand). We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position.

Ms. Tyler presented the financial performance highlights for FY-23 thru June Net Budget Variance. She noted that June ended with a net budget variance of -\$47.7M (0%). Receipts exceeded budget by \$467M Primarily driven by Patient Care Risk Revenue. Risk is higher due to improved PMPM and other FY reconciliations. Disbursement exceed budget by \$515M, which includes expenses associated with Temp coverage costs, and OTPS discretionary spend in medical/surgical supplies, and pharmaceuticals.

Ms. Tyler continued providing FY-23 thru June performance drivers updates. Cash receipts are 5% ahead of budget. Much of the overage can be attributed to Risk revenue exceeding target due to higher than anticipated PMPM. FY-23 thru June, cash disbursements are over budget by 6% primarily resulting from Temp spending and Agency costs exceeding target as well as other discretionary spending.

The revenue performance for FY-23 thru April was presented by Ms. Tyler. FY-23 direct patient care revenue (IP and OP) is \$4.8M higher than FY-22 actuals. Patient revenue decreases year-over-year can be partially attributed to Managed Care UPL coming in \$84M lower than FY-22. This decrease is offset by higher OP revenue netting to \$4.8M.

Ms. Karlin presented an update on Accounts Receivable initiatives. The accounts receivable days declined by about 13% since January. NYC H+H worked towards a target of 45 days in FY-23 and ended FY-23 just off the market a little higher than that, but have since achieved the 45 days target, and re-set the goal for FY-24 at a lower number of days. We continue defining challenges, identifying opportunities, resolving collaboratively across NYC H+H.

Ms. Karlin continued by presenting Several Initiatives Identified. In an effort to ensure targets were achieved in FY-24, two AR Day Summits were held with CFOs, Patient Account Directors and Revenue Cycle Services. The main focus relied in identifying themes and translating to workplan. Several areas of improvement such as team structure, optimization and metrics were noted.

A walkthrough on Medicaid Recertification results that are in line with NYC Health + Hospitals Financial Plan was presented by Ms. Hartmann. Assisting NYC H+H Medicaid patients in recertifying their coverage with the reinstatement of the renewal requirements at the end of the public health emergency. Tracking well against NYC H+H Financial Plan which assumed a decline of about 25% by June 2024 in membership associated with the reinstatement of the renewal requirement. NYC H+H currently performing better than expected by 3% to 5%. NYC H+H attributed membership increased slightly from June to August 2023. NY Statewide 83% of June Cohort, 82% of July and 78% of August cohort have renewed, with NYC lagging slightly behind the rest of the state. NYC H+H currently on pace with the rest of the state. Renewal rates include transitions between lines of business with 10% and 6% of Medicaid recipients who recertified statewide transitioning to EP and CHP, respectively. Ongoing analysis of outcomes for those that did not renew, but early indications that includes those with other coverage, no longer eligible, switching plans, or not completing the process.

Ms. Hernandez-Piñero commented on Healthfirst has gone from 65% to 80%.

Ms. Hartmann agreed and added that individuals continue to renew through the end of the month following the month they are due for renewal. That is why these numbers do tend to pick up.

Mr. Ulberg added that Healthfirst and MetroPlus are both doing very well. It is very much a collaborative effort and it makes a difference when you have provider owned plans working together in this area. It puts us in a slight advantage.

Mr. Ulberg presented the external risks. Staff recruitment and retention continues to present a challenge to NYC H+H. As most large health systems, NYC H+H is currently working on addressing these concerns. Temp services cost continues to present a financial challenge, reduction efforts are in effect for FY-24 as the System continues to diligently work on reducing dependencies and usage of temp services, nursing as well as non-nursing.

Ms. Farag continued the presentation by providing an overview of the Systemwide Collaboration meeting, leadership efforts related to staff recruitment and retention. Several areas of the glidepath presentation were noted. The nursing glidepath shows NYC H+H's goal for the next 18 months in staff recruitment, retention and temp conversion. The glidepath provided in the appendix, shows NYC H+H temp staff reduction targets and how shedding contract nurses is critical to the successful execution of the FY-24 budget.

Ms. Lowe commented on the agency staff usage. The skills and ability to integrate and get normal at that role takes time. The standards with the same people, less hours or to get them up to speed, takes time.

Mr. Ulberg agreed, and added that our major themes were recruit, retain and convert. The convert part is that we have had nurses that have been with us for a number of years, over 900 that we can just convert from being a contract nurse to an H+H nurse. We are proceeding with that, welcoming them

in and we have had a great relationship with them and that is why they stayed with us so many years. That is why we are trying to match their salary packages and we do not want to lose that continuity at this point.

Dr. Katz added that the nurse leaders throughout the department are very happy. Thinking of the morale of existing nurses, how it affects that we have job postings and nobody applies as nobody wants to work for that salary. We are working towards a competitive salary that motivates people to work at Health + Hospitals and now nurses want to work here. It is a huge morale lift for our nurse leaders who really felt bad about having to so heavily rely on registry.

Ms. Hernandez-Piñero commented that it would be interesting to know the average tenure experience of the new nurses coming in that we are now hiring, versus the nurses that we have lost. Are we having more at the entry level, or are we able with the salary increase, to attract more experienced nurses.

Dr. Katz responded that the vast majority are new nurses. That is how historically we have been and that is why John mentioned retention is such an important part. However, the nurse leaders have reported that for the first time in many years with the new salaries, we are actually getting experience nurses, interested in working with us, which we have not had in a very long time because of the salaries. Many institutions will not hire new nurses, even when our salaries were poor, there was certainly still a market of nurses who were interested in coming to get phenomenal training in the Lincoln emergency room for a year and then leave for a markedly higher job. We are hopeful that with the new salary structure, they will stay with us.

Mr. Ulberg continued presenting the external risks. Health + Hospitals is diligently working to address inflationary pressures and supply chain related costs continue to present a financial challenge due to rising pharmaceutical costs. City and State budget challenges remain and H+H continues to closely monitor this. Federal Budget and regulatory impacts continue to present a financial challenge due to the Medicare DSH cuts rule. Lastly, Medicaid Recertification is currently being addressed by NYC H+H and we expect improvements.

Ms. Hernandez-Piñero asked regarding the Social Determinants of Health.

Ms. Karlin added that on the Social Determinants of Health, the screening was happening, people were being screened in primary care and other places for social determinants but it was the codes that were not making their way onto the claims. We worked with the Epic team to automate movement. If you see the screening, then it is documented and it can go on to a claim. The activity was there and you can see the jump in reporting and we are tracking this very closely with MetroPlus who has been a partner. As we have been tracking this very closely, you can see that we have increased the documentation and therefore the translation of the social determinants' folks.

Mr. Ulberg added that this work will only get more important in the future as both the State and Medicare are looking at z-codes to measure social determinants. We appreciate that you believe Social Determinants should be looked at when you are trying to measure the needs of a patient and it goes beyond just healthcare needs. These are good trends for us. There is recognition that there is more work for us to do, and its coding work for the most part and educating our providers.

Ms. Lowe asked regarding how much strength do we put into determining these determinants of health, as in different geographic they are different and maybe defined differently and then it becomes standardized at the state level, and is imposed. We have our own ability to say, what are the strengths and weaknesses and these metrics.

Mr. Ulberg responded that this is all new area for the actuaries and the rate setting folks. There is a lot of new nuances here, it is too slow. I left the health department 5 years ago and is what we talked about then. It is good because in the future CMS is signaling that these will be more important measures, and they will work their way, not only to reimbursement, but also into quality measurements. We feel good about that since at least it is now getting recognition.

Ms. Lowe commented, let us start with those high-risk patients. Medically and socially. Mr. Ulberg agreed.

Mr. Ulberg presented the ACO Performance Year 2022 Results. For the 10<sup>th</sup> year in a row the NYC H+H ACO has earned shared savings.

Mr. Pagán inquired regarding the ACO Performance Year 2022 Results, quality metric decline. The measurement has changed, but how are we performing compared to other ACOs? There is a new scoring methodology, how did that impact?

Mr. Ulberg responded that he noticed it went from 92 down to 74. However, we do not have the answer to this question but we will follow up with Matt and his team regarding this one.

Ms. Jones commenced a presentation providing the Final financial update on Test and Treat. From FY-21 through FY-23, H+H has incurred \$2.94B in T2 expenses. OMB has provided NYC Health + Hospitals with sufficient revenue through the T2 MOU to cover expenses to date.

Ms. McLeod presented a Financial update on HERRC. H+H incurred \$468.8M of HERRC expenses in FY-23. A breakdown of the different HERRC Expense categories were noted. OMB has provided H+H with revenue through the HERRC MOU with the Mayor's Office to cover committed expenses to date.

Ms. Wang polled the Committee for questions. There being no further questions, Ms. Wang thanked the team for the excellent report.

## **ADJOURNMENT**

There being no further business before this committee, the meeting adjourned at 12:05 PM.

**GOVERNANCE COMMITTEE Meeting - Monday, October 16, 2023**  
**As Reported by: José Pagán**  
**Committee Members Present -** José Pagán; Freda Wang; Dr. Mitchell Katz; Michelle Morse; Sally Hernandez-Piñero

The meeting was called to order at 12:15 pm by José Pagán.

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

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on July 27, 2023. The motion was seconded and the minutes were unanimously approved.

Mr. Pagán noted next on the agenda is an action item to consider; Andrea Cohen read the resolution into the record:

**Authorizing the amendment of the By-Laws of New York City Health and Hospitals Corporation (the "System") to combine the standing Information Technology ("IT") and Medical and Professional Affairs ("M&PA") Committees into a single committee to be called the Medical and Professional Affairs and Information Technology Committee such that all members of the two current committees be members of the new standing Medical and Professional Affairs and Information Technology Committee; and**

**Further authorizing the amendment of the By-Laws to update the names and status of South Brooklyn Health and North Central Bronx Hospital North Central Bronx Hospital has been restructured as a second campus of Jacobi Medical Center;**

**Such that the By-Laws of the System, as amended and restated, shall be as attached to this resolution.**

Ms. Cohen began the presentation by noting there is a grammatical error in the resolution to be corrected to remove the repetition of North Central Bronx name for the Board presentation.

Ms. Cohen review the presentation starting with background information stating that the By-Laws was last amended October 31, 2019 and that the current By-Laws included two separate standing committees for Medical and Professional Affairs and Information Technology. She also clarified that previously the responsibilities of the respective committees was performed by the Medical and Professional Affairs Committee. However, due to the EPIC implementation that work was separated into two separate committees. She also noted the EPIC implementation is completed.

The October 31, 2019 By-Laws also listed the facilities operated by the System, which includes Coney Island Hospital and North Central Bronx.

The proposed amendment is to combine the Medical and Professional Affairs and Information Technology committees into one standing committee to be named the Medical and Professional Affairs and Information Technology Committee with the same members and combined responsibilities.

The proposed amendment also includes an update to reflect the change in name of Coney Island Hospital to South Brooklyn Health and North Central Bronx as a second campus of Jacobi Medical Center.

In response to questions, the committee was assured that there will also be a focus on the appropriate use of Artificial Intelligence in the System.

Upon motion made and duly seconded the resolution was unanimously approved for presentation to the Board of Directors.

There being no further business, the meeting adjourned at 12:26 p.m.



# SUBSIDIARY REPORTS

## SUMMARY OF MEETING

HHC ACO INC. BOARD OF DIRECTORS (Virtual)

September 29, 2023

The Board of Directors of HHC ACO Inc. (the "Board"), NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on September 29, 2023 to go over the results from Performance Year 2022 and to approve the Proposed 2022 Performance Payment Allocation.

The meeting of the Board was called to order by Dr. Mitchell Katz at 3:03 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the May 23, 2023 meeting without correction or modification.

Among other matters, the Board discussed the following:

- PY 2023 Shared Savings Forecast;
- PY 2022 Quality Performance;
- Clinical Initiatives; and
- Discussion on upcoming Board of Directors meeting.

The Board approved the following resolutions:

- Authorizing the Chief Executive Officer of the ACO to negotiate and execute an amendment to the ACO Participation Agreements and Collaborator Agreements consistent with the distribution methodology set forth in the Proposed 2022 Performance Payment Allocation (Exhibit B).

There being no further business, Dr. Mitchell Katz adjourned the meeting at approximately 3:34 PM.

**Mitchell H. Katz, MD**  
**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**October 26, 2023**

#### **RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS**

NYC Health + Hospitals' efforts to provide life-changing assistance to asylum seekers remain at the forefront of the City's response to this historic humanitarian crisis. Early this month, we began operations of a humanitarian center (HERRC) at Hall Street where we will provide housing and services to over 3,000 people. The City recently announced that we will also manage operations of a humanitarian center at Floyd Bennett Field, a semi-congregate tent facility that will house and provide services to approximately 500 families with children.

Our 15 humanitarian centers ensure that some 22,000 people staying with us - - three quarters of whom are families with children -- receive humane, dignified care and the services they need to take the next steps in their path for a better life. These facilities ensure asylum seekers and their children have on-site access to medical and mental health care, nutrition, language services, school enrollment, social programs, technology, and reunification resources. In addition, our staff at the Arrival Center have helped register about 55,000 asylum seekers and have administered over 40,000 vaccinations to asylum seekers at the Arrival Center and our humanitarian centers.

The comprehensive casework assessment we launched in early September has now reached 90% of asylum seekers Citywide. The results of this survey will help us determine individuals' goals and the barriers they must clear to move forward with their journey. Day in, day out, our HERRC and hospital staff are working tirelessly to provide housing, comprehensive services and the human right to health care many asylum seekers have long been denied. We are proud to see some of [our inspiring work recently recognized by NPR](#), who highlighted the maternity care coordinated between the HERRC and NYC Health + Hospitals/Bellevue staff, which has already ensured the delivery of 300 healthy babies born to mothers living in our humanitarian centers.

#### **VACCINES TO PROTECT FROM FALL RESPIRATORY VIRUS SEASON**

While it is difficult to predict how severe each year's respiratory virus season will be, the CDC expects that, similar to last year, respiratory virus hospitalizations in the coming months will be higher than they were prior to the COVID-19 pandemic. Flu and RSV activity in our region will likely increase in the fall and winter months. The CDC recommends annual influenza vaccination for everyone 6 months and older. Vaccination of people at higher risk for flu complications is especially important. Many people at higher risk from flu are also at higher risk for severe COVID-19. We are encouraging our patients and our workforce to get vaccinated against both the flu and COVID-19 to protect themselves. Even if you already had COVID-19 vaccines in the past, the updated monovalent vaccine will better protect everyone from the current strains of COVID-19 that are circulating in our communities. It is important to get an annual influenza vaccine at the

beginning of each influenza season. A new RSV vaccine will also be available this fall for those at higher risk of severe disease

### **TEAMWORK LEADS TO SAFE, SUCCESSFUL EVACUATION AND REOPENING OF NYC HEALTH + HOSPITALS/WOODHULL**

When Con Edison told us they needed to shut off power to NYC Health + Hospitals/Woodhull because of storm related damage late Friday evening of September 29, an amazing thing happened. Our entire health system pulled together to show its true colors with an inspiring display of teamwork, dedication, heart and expertise. The hospital's skilled emergency managers, clinical leaders and administrators activated a full evacuation plan and began to transfer 116 patients to other NYC Health + Hospitals facilities. Every single one of our other facilities stepped up to volunteer available beds and space. We never had to shut off power completely, but the power source remained unreliable. By early Sunday morning, a safe and successful transfer of all patients was complete.

After a thorough assessment and restoration of the electrical systems, our team was able to resume inpatient hospital operations on Saturday, October 7, opened outpatient clinics by the next Tuesday, and began to safely transferred back approximately 50 patients who remained hospitalized at other NYC Health + Hospitals facilities.

Thank you to all of the first responders, hospital staff, emergency management, engineering, communications and facilities management teams who worked around the clock to make this re-opening possible. When crises come, and they always do, NYC Health + Hospitals staff are ready willing and able to make the seemingly impossible possible, the unmanageable manageable. Their willingness to help colleagues, our patients and our City inspires me, today and every day.

### **EXPANDING ABORTION CARE WITH TELEHEALTH SERVICES**

As part of our steadfast commitment to reproductive freedoms, our New York City patients can now receive abortion counseling and care from the comfort of their own homes, through our Virtual ExpressCare services. Mayor Adams made the announcement along with our team of clinicians and programs leaders. We are the first public health system in the nation to make telehealth abortion services available – and further expand New Yorkers' access to abortion care while Americans' reproductive rights remain under attack across the nation. Patients in New York City seeking abortion care will be able to schedule a Virtual ExpressCare appointment to speak with a New York State-licensed health care professional by video or phone, on-demand, for an assessment and counseling. If clinically appropriate and prescribed, patients will be able to receive a medication abortion kit at their New York City address within a few days. This service is available seven days a week, between 9:00 AM and 9:00 PM, and provides patients with access to safe, legal abortion care. NYC Health + Hospitals offers access to a full spectrum of medication and procedural abortion services at their hospital-based clinics, and this launch will expand care to include telehealth medication abortion.

### **MAYOR ADAMS CELEBRATES MILESTONE OF 5,000 NEW NURSES TRAINED BY CITYWIDE NURSE RESIDENCY PROGRAM**

Earlier this week, Mayor Adams was joined by NYC Health + Hospitals Chief Nursing Executive Natalia Cineas and NYC Health + Hospitals/South Brooklyn Health staff nurse Wendy Zhao to announce that 5,000 Registered Nurses Citywide have participated in the Citywide Nurse Residency program. Since its launch in 2019, the program has helped thousands of New Yorkers get on the path to fulfilling, family-sustaining careers. As the nation's first city-led nurse residency consortium, the program offers on-the-job training and other supports to recently graduated, newly hired RNs. It has been implemented at over 28 health care facilities across the City - including at 18 NYC Health + Hospitals sites - and supported hospitals in training and retaining nurses - saving millions of dollars - while also helping new nurses succeed in their early careers.

Over 1,700 nurses in the 18 participating NYC Health + Hospitals campuses have completed the program since its launch, and the retention rate for nurses at our locations has increased by over 40 percent and surpassed the national average year to date. By reducing turnover rates and decreasing the costs associated with hiring and training new nurses, the program has saved private and public hospitals tens of millions of dollars. As we saw in 2020, nurses are essential to keeping New Yorkers healthy, and our investment to help nurses go from the classrooms to a hospital room will help keep New Yorkers healthy and prepared for the future.

#### **OUR NURSES HONORED IN CHICAGO**

It was a historic moment in Chicago, when more than 150 NYC Health + Hospitals nurses took the stage to celebrate their Pathway to Excellence achievements at the largest nursing conference in the country. The American Nurses Credentialing Center (ANCC), invited nurses from around the world, more than 13,000 strong, to celebrate their coveted Pathway designations, and our squads from NYC Health + Hospitals/Kings, NYC Health + Hospitals/Queens and NYC Health + Hospitals/South Brooklyn Health made the trip together. More than 150 RNs and nurse leaders from NYC Health + Hospitals acute and post-acute facilities attended the conference. It was the first time in the history of NYC Health + Hospitals that 3 facilities celebrated on stage for their ANCC Pathway to Excellence Designations. It was

#### **PROMOTING NYC CARE PROGRAM FOR UNINSURED NEW YORKERS**

The NYC Health + Hospitals NYC Care program continues to encourage eligible New Yorkers to enroll in the program while ensuring existing members schedule primary care appointments and renew their membership. In September, we launched an NYC Care citywide advertising campaign featuring placements in social media, transit, TV, radio, and print and digital newspapers, among others. This month, we announced a partnership with the Mayor's Public Engagement Unit to reach out to over 30,000 NYC Care members and encourage them to connect to primary care. Our work was prominently featured as the cover story in El Diario newspaper. Our NYC Care team also joined the Mayor's Office of Immigrant Affairs, LinkNYC, and NYC Office of Technology and Innovation last week to host a media roundtable on digital equity for immigrant New Yorkers, where NYC Care Executive Director Dr. Jonathan Jiménez reiterated the program's commitment to reaching New Yorkers without

internet access. As was highlighted in the Mayor's Management Report, enrollment in NYC Care increased 5.4% from 113,178 members in Fiscal Year 2022 to 119,234 in Fiscal Year 2023, and is up 352% from its first year in 2019.

#### **EXPANDING LANGUAGE ACCESS THROUGH MYCHART PATIENT PORTAL**

This month we expanded the MyChart Patient Portal to now include 11 languages. This portal is a convenient and secure way for patients to access their information and communicate with their care team using a computer, smartphone or tablet. This means more NYC Health + Hospitals patients can access MyChart's many features without any language barriers. The 11 languages are: Arabic, Bengali, Simplified Chinese, Traditional Chinese, English, French, Haitian Creole, Korean, Polish, Russian and Spanish. This is up from the six languages originally available when we first launched MyChart in 2016. The 11 languages now available are more aligned with the needs of our health System's diverse patient population.

#### **NEW COMMUNITY MURAL UNVAILED AT NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH**

We unveiled a new mural as part of the [Community Mural Project](#), run by our Arts in Medicine department. The mural, *Together We Heal* at NYC Health + Hospitals/South Brooklyn Health, was developed by artist Kristy McCarthy through a series of focus groups with community members, staff and patients and brought to life at a paint party where the community was invited to paint the mural together. *Together We Heal* is a two-part mural that pays homage to the vibrant history and culture of Coney Island. Located in the waiting room for adult primary care, the first section of the mural, includes rabbits, which originally inhabited the area and give Coney Island its name. The second section of the mural, located in the waiting room for pediatric primary care, portrays an enchanting underwater realm. *Together We Heal* is one of nine new murals that have been created this year, building on the 26 murals created in the first wave of the Community Mural Project. The first 26 murals are featured in a new book, [Healing Walls: New York City Health + Hospitals Community Mural Project 2019-2021](#). This program is made possible through the generous support of the Laurie M. Tisch Illumination Fund.

#### **RENOVATED CLINICAL UNITS MAKE ROOM FOR FUTURE OUTPOSTED THERAPEUTIC HOUSING UNITS AT NYC HEALTH + HOSPITALS/WOODHULL**

NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Correctional Health Services (CHS) celebrated the completion of two renovated patient clinical units and various administrative spaces that have been relocated to make room for a new Outposted Therapeutic Housing Unit in the hospital that will serve patients in custody with serious health conditions. More than 40 guests - including Council Member Chi Ossé, and representatives from Woodhull Hospital, CHS, Behavioral Health, Facility Management, and the architects-- cut a ceremonial ribbon to celebrate what is not only a major accomplishment for Woodhull Hospital, but a significant milestone in our pioneering housing efforts. This will be the second or three Outposted Therapeutic Housing Units that will improve access to care for incarcerated individual with complex medical, mental health and substance use needs.

## EXTERNAL & COMMUNITY AFFAIRS UPDATE

**Federal** – Representative Mike Johnson of Louisiana, with all 220 Republicans in favor and all 209 Democrats in opposition, was elected as the 56th speaker of the House of Representatives. The Continuing Resolution passed in late September extended federal government funding through November 17, so Congress must reach a funding agreement prior to then to avoid a government shutdown. We continue to advocate on behalf of the System's priorities, including ensuring that the Medicaid DSH cuts do not go into effect after November 17.

**State** – External Affairs is tracking the bills that passed both houses of the NYS Legislature earlier this year -- 896 bills passed both houses and 285 bills still need to be delivered to and acted on by the Governor before the end of the calendar year. We have also begun budget meetings for the upcoming cycle, reinforcing our needs and priorities. Last week, the Governor signed into law a bill that would make community violence prevention services available to Medicaid beneficiaries who receive medical treatment eligible for Medicaid reimbursement. NYC Health + Hospitals supported this bill as it will help with our continued efforts to support our hospital-based violence intervention programs which have a meaningful impact on victims and their families and can interrupt the cycle of violence.

**City** – On October 16, NYC Health + Hospitals/Gotham Health secured \$4.85 million from Queens Borough President Donovan Richards Jr. to support infrastructure improvements and enhance patient services in the borough. On October 18, Bronx Borough President Vanessa L. Gibson announced the allocation of \$6 million to NYC Health + Hospitals facilities in the Bronx. The allocation is as follows: NYC Health + Hospitals/North Central Bronx: \$2 million, NYC Health + Hospitals/Jacobi: \$2 million, NYC Health + Hospitals/Lincoln: \$1 million, and NYC Health + Hospitals/Gotham Health: \$1.6 million. NYC Health + Hospitals/Elmhurst secured \$17.5 million from the City Council to help with critical facility improvements throughout the hospital including emergency room updates, relocation of the neonatal intensive care unit, an MRI suite expansion, a mother baby lab, upgrades to the cardiac catheterization lab and a new surgical subspecialty suite for hand surgery.

**Community Affairs** – In partnership with the Centers for Medicare and Medicaid Services (CMS), we are hosting free health insurance symposium to prepare New Yorkers for the upcoming open enrollment periods. The first session was held at NYC Health + Hospitals/Woodhull in Brooklyn on October 12, and the next one is scheduled for NYC Health + Hospitals/Elmhurst in Queens on November 16. As our Community Advisory Members begin a new year of volunteer service, we are hosting several orientation sessions for new and returning members, and our External Affairs team also plans to visit each CAB at its facility to support them.

## NEWS AROUND THE HEALTH SYSTEM

- [NYC Health + Hospitals/Jacobi Celebrates Opening of \\$8M State-of-the-Art Adult Mental Health Outpatient Treatment Practice](#)

- [NYC Health + Hospitals/Jacobi|North Central Bronx Celebrates New Partnership with the Norwood Community Library](#)
- [NYC Health + Hospitals/Gotham Health Receives \\$4.85M from Queens Borough President Donovan Richards Jr.](#)
- [October is Breast Cancer Awareness Month: NYC Health + Hospitals Urges New Yorkers to Get Mammograms](#)
- [NYC Health + Hospitals Recognized for High Quality Diabetes Care](#)
- [NYC Health + Hospitals/Woodhull Resumes Hospital Operations at 8am Saturday, October 7th](#)
- [NYC Health + Hospitals Unveils the First of Nine New Community Murals, Starting with NYC Health + Hospitals/Kings County](#)
- [In Recognition of National Primary Care Week, NYC Care and Mayor's Public Engagement Unit Partner to Connect NYC Care Members to Primary Care](#)
- [Fierce Media Company Selects NYC Care as One of its Fierce 50 Honorees of 2023](#)
- [As Part of its Annual Daisy Awards, NYC Health + Hospitals Celebrates 10 Nurses Across its Five Skilled Nursing Facilities and Long-Term Acute Care Hospital](#)
- [Mayor Adams Makes Abortion Care Available via Telehealth to New Yorkers Through NYC Health + Hospitals](#)
- [NYC Health + Hospitals/Woodhull Completes Successful Evacuation: 116 Patients Transferred Across the Health System](#)
- [NYC Health + Hospitals/Woodhull to Temporarily Evacuate, Transfer All Patients Because of Power Outage, Electrical Damage Caused by Flood](#)

**RESOLUTION - 06**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC for HERRC project management services** at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

**WHEREAS**, the System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”); and

**WHEREAS**, HERRCs provide a range of holistic services to asylum seekers including a place to stay, food, medical care, reconnection services, and connection to social services; and

**WHEREAS**, the System currently operates multiple HERRCs throughout the City, with dedicated facilities serving families with minor children, single adult women and adult families, or single adult men; and

**WHEREAS**, the System has identified a need for HERRC project management services during go-lives and steady state operations at HERRC sites; and

**WHEREAS**, currently the System has been using Huron Consulting Services LLC to provide HERRC project management services; and

**WHEREAS**, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain to identify additional vendors, in which 45 firms attended a pre-proposal conference of which 10 submitted proposals; and

**WHEREAS**, of the 10 proposals submitted, the 4 vendors were given the highest ratings; and

**WHEREAS**, the awarded firms will be used on an as-needed basis without a minimum usage requirement; and

**WHEREAS**, the Office of Ambulatory Care will be responsible for the management of the proposed contracts.

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.



**EXECUTIVE SUMMARY  
HERRC PROJECT MANAGEMENT SERVICES  
AGREEMENTS WITH  
HURON CONSULTING GROUP, INC., INNOVATIVE EMERGENCY  
MANAGEMENT, INC., WITT O'BRIEN'S, LLC, AND INDELIBLE SOLUTIONS LLC.**

**OVERVIEW:** The System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”). The System currently operates multiple HERRCs throughout the City for the provision of a range of holistic services to asylum seekers. Project management services are required in order to ensure smooth operations and coverage for the HERRC program, which evolves quickly, with new sites coming online rapidly and with program practices constantly evolving. The proposed contracts will support go-live planning, steady state operations, execution for new site openings, and support the design and launch of new program attributes.

**PROCUREMENT:** The System conducted an open and competitive Request for Proposals (“RFP”) to establish a pool of vendors to provide project management services to the System on an as-needed basis. The RFP was sent directly to nine prospective vendors, and 45 prospective vendors attended a pre-proposal conference. A total of ten firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top four rated proposers to provide project management services to the System.

**COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential two-year term is not to exceed \$128,500,000.

Funding for these agreements will be covered by the City through an MOU with the New York City Mayor’s Office.

**MWBE:** An overall MWBE utilization goal of 35% has been established and accepted by Huron Consulting Group, Inc. and Witt O’Brien’s, LLC through the use of subcontractors.

Innovative Emergency Management, Inc. and Indelible Solutions LLC are New York City-Certified MWBE organizations.

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

From: Irmali Rivera-Bazan  
Associate Counsel  
Office of Legal Affairs

Rivera-  
Bazan, Irmali

Digitally signed by  
Rivera-Bazan, Irmali  
Date: 2023.11.27  
16:56:45 -05'00'

Re: Vendor Responsibility, EEO and MWBE Status for Board Review of Contract

Solicitation: RFP No. 2721 HERRC Project Management

Date: November 27, 2023

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Huron Group	Approved	Approved	35%
Innovation Emergency Management Inc.	Pending	Pending	100%
Witt O'Brien's LLC	Pending	Pending	35%
Indelible Solutions LLC	Approved	Pending	100%

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

# **Humanitarian Emergency Response and Relief Centers (HERRCs) Project Management Services**

**Application to Award Contracts - Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O'Brien's, LLC, and Indelible Solutions LLC**  
**Board of Directors Meeting**  
**November 30th, 2023**

**Chris Keeley**  
**Senior Assistant Vice President**  
**Office of Ambulatory Care**

## For Board Consideration

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- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC** for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

## Background / Current State

- Extensive project management support is needed to ensure smooth operations and coverage for a 24/7 project that functions at such a high scale
- Provide project management support during go-lives and steady state operations at HERRC sites operated by NYC Health + Hospitals
  - Examples: Drive completion of master checklist for new HERRC opening, organize future planning for Arrival Center, support outreach blitz for thousands of guests to apply for TPS/Work Authorization
- One existing contract
  - Huron Consulting Services LLC.
- Historical spend
  - Huron Consulting: H+H has committed \$26 million and paid out \$18.8 million through September 2023
  - The contract prices staff on an hourly basis. The hourly rate includes all vendor expenses
- No ancillary costs
- RFP was done to competitively bid for these services and identify additional vendors that may be well-suited to this work
- NYC Health + Hospitals expenses will be covered by HERRC MOU with the Mayor's Office

# RFP Criteria

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## ➤ Minimum criteria:

- Three years in business performing similar services
- M/WBE status, Utilization Plan, or Waiver Request
- \$5 million in annual revenue for each of the last three years

## ➤ Substantive Criteria

- 30% Relevant experience
- 25% Readiness to deploy
- 25% Cost
- 10% Cultural competency
- 10% MWBE

## ➤ Evaluation Committee:

- COO, Ambulatory Care
- Deputy COO, Ambulatory Care
- Program Director, HERRC
- Assistant Director of Fiscal Affairs, HERRC
- Corporate Health Project Advisor

- 07/11/23: Application to issue request for proposals approved by CRC
- 07/24/23: RFP Posted on City Record, sent directly to nine vendors
- 07/28/23: Pre-proposal conference held, 45 vendors attended
- 08/14/23: Proposals due, 10 proposals received
- 8/28/23: Evaluation committee debriefed and submitted final scores. Below are the top four proposers:
  - Huron Consulting Group, Inc.
  - Innovative Emergency Management, Inc. (IEM)
  - Witt O'Brien's, LLC.
  - Indelible Solutions LLC.

## Trajectory of the Work

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- HERRC was originally focused on housing and wraparound services, but now includes the Arrival Center and broader exit planning work
- Multiple vendors with various flexibility will allow us to tap different vendors at different times for various projects, if needed
- There is no guaranteed work assignment for any vendor
- Over time, these project management services will be scaled down as new go-lives cease



# Vendor Diversity

Vendor Name	MWBE Vendor	Subcontracted SOW	Certification	UP Goal %
Huron Group	MCCGusa	Project Mgmt Support	NYC/NYS Black MBE	35%
IEM	N/A	N/A	NYC Asian M/WBE	100%
Witt O'Brien's LLC	Grunewald Consulting	Strategic Planning & Implementation	NYC/NYS Non-Minority WBE	35%
	Karma Advisory	Data & Report Management	NYC/NYS Asian MBE	
Indelible Solutions LLC	N/A	N/A	NYC Black MBE	100%

- The Vendor Diversity team set a goal of **35%** on this solicitation.
- Two of the awarded vendors are MWBEs.
- The other two awarded vendors each submitted utilization plans meeting the 35% goal.
- Huron Group is an incumbent vendor with a current **30%** MWBE goal. To date, Huron has met that goal.



# Vendor Performance History

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

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Huron Consulting Group, Inc., Innovative Emergency Management, Inc., Witt O’Brien’s, LLC, and Indelible Solutions LLC** for HERRC project management services at a not to exceed amount of \$128,500,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

**RESOLUTION - 07**

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a contract with **New York Legal Assistance Group (“NYLAG”)** as the sole source vendor under which NYLAG will provide certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.

**WHEREAS**, NYLAG is a non-profit, civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty or in crisis; and

**WHEREAS**, the System’s relationship with NYLAG’s LegalHealth division dates back to 2002 when NYLAG started offering free legal services to the patients at NYC Health + Hospitals/Elmhurst from which the relationship expanded to virtually all of the System’s acute care hospitals, to several of its Gotham sites, and makes appointments available to residents of its Long-Term Care facilities as well; and

**WHEREAS**, the System issued a Request for Information (“RFI”) on June 23, 2023, which laid out new vision for the Medical Legal Partnership program (“MLP”), including deliverables that would be expected of vendors, and invited responders to share ideas for further innovation and collaboration; and

**WHEREAS**, NYLAG submitted the strongest proposal of the two vendors who responded to the RFI; and

**WHEREAS**, the System wishes to negotiate a three-year agreement with NYLAG; and

**WHEREAS**, the System’s Senior Vice President for Ambulatory Care and Population Health will be responsible for the management of the agreement.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to extend its contract with New York Legal Assistance Group (“**NYLAG**”) as the sole source vendor under which NYLAG provides certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.

**EXECUTIVE SUMMARY  
AGREEMENT WITH  
NEW YORK LEGAL ASSISTANCE GROUP  
FOR LEGAL SERVICES PROVIDER FOR  
MEDICAL LEGAL PARTNERSHIP**

- OVERVIEW:** NYLAG is a non-profit, civil legal services organization combatting economic, racial, and social injustice by advocating for people experiencing poverty or in crisis with which the System has worked since 2002. The Medical Legal Partnership (“MLP”) program provides great value to patients as well as support to the System’s frontline staff in addressing complex health-related social and legal needs. NYLAG attorneys will improve health outcomes by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources.
- PROCUREMENT:** The Request for Information for Legal Services Provider for Medical Legal Partnership was released on June 23, 2023 through the System’s Supply Chain Services Unit, under the supervision of the Contract Review Committee, leading to the selection of NYLAG to provide MLP program services.
- COSTS; TERMS:** The total amount for the full three-year term is not to exceed \$7,862,000. The System may terminate this agreement with or without cause at any time without liability for any damages resulting therefrom.
- MWBE:** NYLAG is a not-for-profit corporation and thus the System’s MWBE subcontracting goals are inapplicable.



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

From: Georgia Tsismenakis  
Associate Counsel *GT*  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE Status for Board Review of Contract

Solicitation: RFI NYLAG

Date: November 2, 2023

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
New York Legal Assistance Group	Pending	Pending	Exempt, non-profit

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

# New York Legal Assistance Group (NYLAG)

## Board of Directors Meeting

**November 30, 2023**

**Nichola Davis, MD, Chief Population Health Officer**  
**Emily Foote, Senior Director, Social Determinants of Health**  
**Ambulatory Care and Population Health**

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a contract with New York Legal Assistance Group (“NYLAG”) as the sole source vendor under which NYLAG will provide certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.



## Background

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- New York Legal Assistance Group (NYLAG) is a non profit, civil legal services organization combating economic, racial, and social injustice by advocating for people experiencing poverty or in crisis.
- NYLAG's LegalHealth division provides direct services to NYC Health + Hospitals patients at legal clinics across the system. LegalHealth attorneys work to improve health outcomes by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources. (The program overview and goals are in the appendix.)
- NYC Health + Hospitals has had a Medical Legal Partnership (MLP) agreement in place with NYLAG since 2002. The current contract is managed by the Office of Ambulatory Care and Population Health and expires on November 30, 2023.

# Request for Sole Source Contract

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- NYC Health + Hospitals issued an RFI in June 2023 to test the market for legal services vendors, and NYLAG submitted the strongest proposal.
- MLP program provides great value to patients as well as support to our frontline staff in addressing complex health-related social and legal needs.
- Additional investment needed of approximately 28% annually over current spending to cover staff salary increases and new deliverables including:
  - Improved systems for closing the loop on referrals and communications with staff
  - Standards for attorney documentation of patient outcomes
  - Provision of secure patient-level outcomes data
  - Participation in establishment of ongoing ROI analysis

# Due Diligence

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➤ **Request for Information (RFI) Results:**

- June 2023 – NYC Health + Hospitals released an RFI to test the market for legal services vendors
- RFI laid out new vision for the Medical Legal Partnership program, basic deliverables that would be expected of vendors, and invited responders to share ideas for further innovation and collaboration
- NYLAG’s submission was comprehensive and addressed every component of RFI
- Second organization spoke only to certain components; limited to working with patients who are immigrants

➤ **Intersecting funded services:**

- ActionNYC – immigration legal services funded by MOIA on site at 3 NYC H+H facilities
- Immigrant Health Initiative (IHI) – additional immigration legal services funded by City Council at NYC H+H

➤ **Pricing Due Diligence:**

- Attorneys are unionized and executed recent collective bargaining agreement.
- Additional increase in overall cost due to new deliverables – e.g. communications and data reporting systems

➤ **MWBE:** NYLAG is a non-profit vendor which is ineligible to qualify for MWBE certification and therefore excluded from MWBE requirements.

➤ **Performance:** NYLAG has maintained provision of legal services to NYC Health + Hospitals patients despite operational interruptions and barriers caused by the pandemic.

➤ **Cost Benefit Analysis:** Financial return based on establishment of Medicaid coverage for certain previously uninsured patients – e.g. immigrants who are Permanently Residing Under Color of Law (PRUCOL).

## Medical Legal Partnership (MLP) Program

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- 20+ year MLP between NYC Health + Hospitals and NYLAG
- Health care teams trained by NYLAG to identify legal needs and place referrals
- Attorneys on site at most legal clinics with option for virtual appointments
- 4,700 patients served in 2022
- A pioneering Epic-based referral and scheduling system launched in 2023 that provides previously unavailable patient-level data. Providers can refer patients and attorneys can access their appointment schedules directly within Epic.
- Preliminary analysis in September 2023 by the NYC Health + Hospitals internal budget team found positive financial return to the system among patients receiving an MLP intervention. Analysis looked at a subset of patients who received Medicaid Managed Care benefit after legal advocacy.

# Vendor Performance Evaluation

**Department of Supply Chain  
Vendor Performance Evaluation  
New York Legal Assistance Group (NYLAG)**

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

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a contract with New York Legal Assistance Group (“NYLAG”) as the sole source vendor under which NYLAG will provide certain free legal services to the System’s patients for three years for an amount not to exceed \$7,862,000.

# Appendix



## ***Distinguishing features***

- The LegalHealth medical-legal partnership at NYC Health + Hospitals provides:
  - direct legal assistance to patients by establishing attorneys as an extension of the care team
  - ongoing education and support to NYC Health + Hospitals staff managing complex social matters for patients, leading to legal referrals and remedies for patients
- Health-related legal services include assistance with public benefits, housing (eviction prevention and housing discrimination), immigration, health insurance, advance planning, employment, income maintenance, applications for green card or other immigration status, naturalization, sponsorship, and more.
- Level of service to patient ranges from advice-and-counsel to full representation

## ***Overall Program Goal***

- Sustain and strengthen medical-legal partnership to address health-harming legal needs of patients

## ***Program Objectives***

- Delivering effective, impactful health-related legal services through on-site, in-person and virtual appointments managed within NYC H+H's EMR system
- Education for NYC Health + Hospitals staff on health-harming legal issues (e.g. immigration, benefits denials, housing quality) and potential benefits of legal intervention
- Collection of robust patient-level data



# Preliminary Epic Data

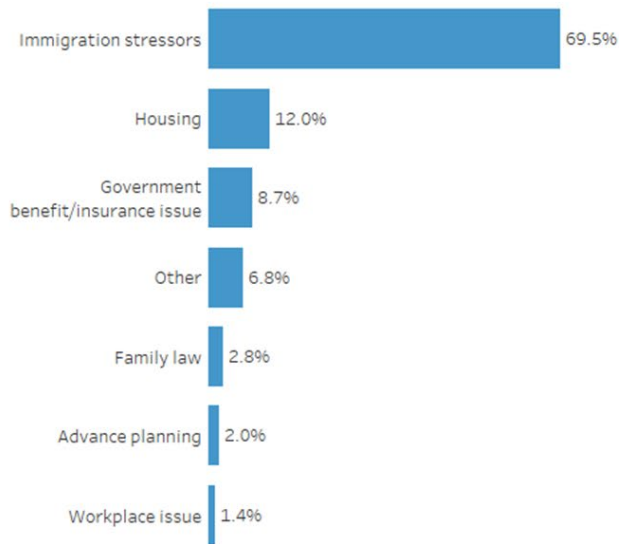
Patients Referred  
**955**

Referral Schedule Rate  
**75.5%**

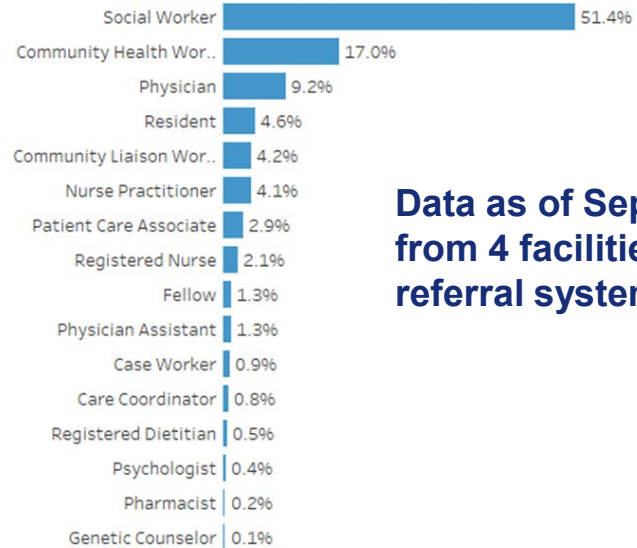
No Show Rate  
**20.9%**

Median Days from Referral to Appointment  
**42.0**

## Reason for Referral

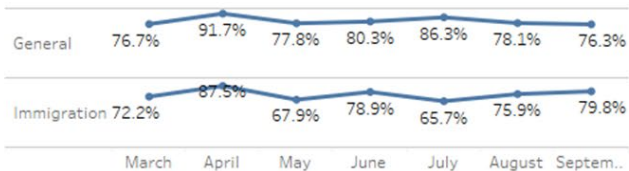


## Referring Provider



**Data as of September 2023 from 4 facilities live on Epic referral system**

## Utilization Rate

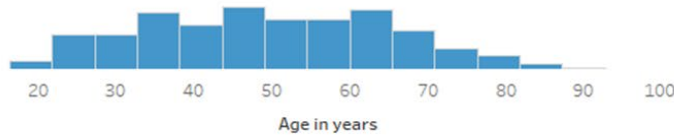


## Median TNAA



# Preliminary Epic Data

## Age



## Sex



## Language



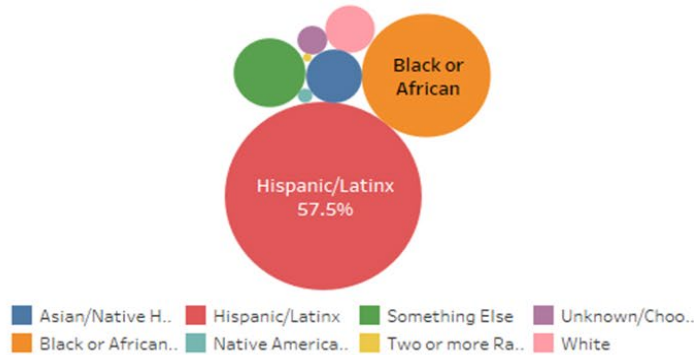
## High Risk



## NYC Care



## Race/Ethnicity



## Diagnoses

### HTN



### Diabetes



### Cancer



### Asthma



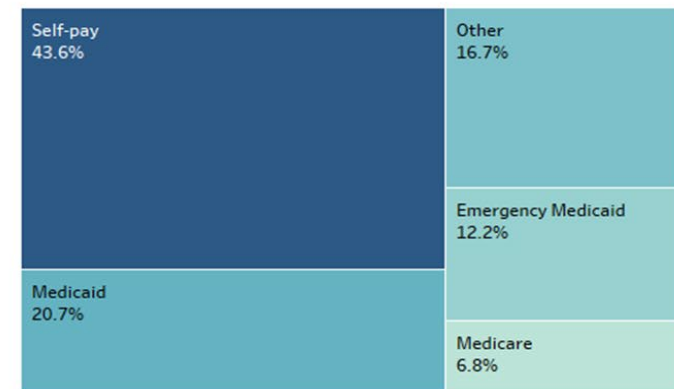
### CKD



### COPD



## Primary Payer Group



**RESOLUTION - 08**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a five-year license agreement with **Everytable, PBC (“Everytable”)** for its **use and occupancy of approximately 360 square feet at NYC Health + Hospitals/Kings (“KCHC”)** for a retail food operation at an initial rate of \$45/square foot or \$16,200 per year to increase by 2% per year for a total occupancy fee over the term of \$84,305 with such agreement to be terminable by each party on thirty days’ notice without cause.

**WHEREAS**, KCHC has no 24/7 retail food service to meet the needs of staff and visitors; and

**WHEREAS**, the System’s primary goal in establishing retail food service operations is to ensure affordable and healthy food for its staff and visitors and not to maximize the revenue; and

**WHEREAS**, Everytable offers inexpensive but healthy food using a retail food service model in which food is prepared remotely and delivered daily to its outlets thus requiring less space in which to operate thereby keeping its costs and prices low; and

**WHEREAS**, KCHC joined with other System facilities in searching for food vendors, participated in taste tastings, entertained competing proposals and chose Everytable as offering the best food and best value; and

**WHEREAS**, responsibility for the operation of the proposed food service operation and administering the proposed agreement will be with the Executive Director of KCHC.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign a five-year license agreement with Everytable, PBC (“Everytable”) for its use and occupancy of approximately 360 square feet at NYC Health + Hospitals/Kings (“KCHC”) for a retail food operation at an initial rate of \$45/square foot or \$16,200 per year to increase by 2% per year for a total occupancy fee over the term of \$84,305 with such agreement to be terminable by each party on thirty days’ notice without cause.

## EXECUTIVE SUMMARY

### EVERYTABLE PBC LICENSE AGREEMENT FOR FOOD SERVICE OPERATIONS AT NYC HEALTH + HOSPITALS/KINGS

**OVERVIEW:** KCHC needs additional retail food services to meet the needs of staff and visitors because there is currently no 24/7 operation within the facility. KCHC joined with other System facilities in performing informal searches for appropriate vendors over many months. They received presentations and taste testings, considered the very low prices of the Everytable menus and healthy quality of the food and all determined that Everytable was the best choice for their facility.

**VENDOR:  
BACKGROUND:** EveryTable is a Delaware Public Benefit Corporation with operations in Los Angeles, California and New York City. The company grew out of a non-nonprofit organization focused on addressing food related health problems in South LA. Everytable's mission is to transform the food system to make fresh, nutritious food accessible to everyone, everywhere. The food is prepared in a central kitchen in Brooklyn from which there are daily delivery of fresh food. EveryTable is currently operating at Jacobi and will soon be launching at Metropolitan and South Brooklyn. Together with this resolution, approval is also sought for EveryTable to operate at Harlem and Queens.

**TERMS:** The proposed agreement will be for five years and will be terminable by each party without cause on thirty days' notice. The three agreements will have similar menus and the same restriction on increases in prices, except as necessary to keep up with increases in the CPI. Though the menus will be similar, there will be variations to account for local cultural difference and preferences.

Everytable will be licensed approximately 360 square feet at KCHC at an initial rate of \$45/square foot or \$16,200 per year to increase by 2% per year for a total occupancy fee over the term of \$84,305.



NYC H+H Kings County  
451 Clarkson Avenue, Brooklyn, NY 11203

STORE ADDRESS:

DRAWN BY:

KL

DATE:

10/16/2023

SCALE:

1/8" = 1'-0"

STORE #

N/A

TEST FIT #

1 R3

**FURNITURE, FIXTURE & EQUIPMENT LIST:**

**FRONT SERVICE COUNTER:**

- (2) 72" MERCHANDISERS
- (1) 36" MERCHANDISER
- (1) 48" WIDE DOUBLE POS COUNTER WITH UC SAFE & OPEN SHELVES (CUSTOM MILLWORK)
- (1) 54" WIDE PASTRY / BUBBLER COUNTER WITH OPEN SHELVES (CUSTOM MILLWORK)
- (1) 42" WIDE MICROWAVE TOWER (CUSTOM MILLWORK)
- (4) MICROWAVES
- (1) UNDERCOUNTER SAFE

**BACK SERVICE COUNTER:**

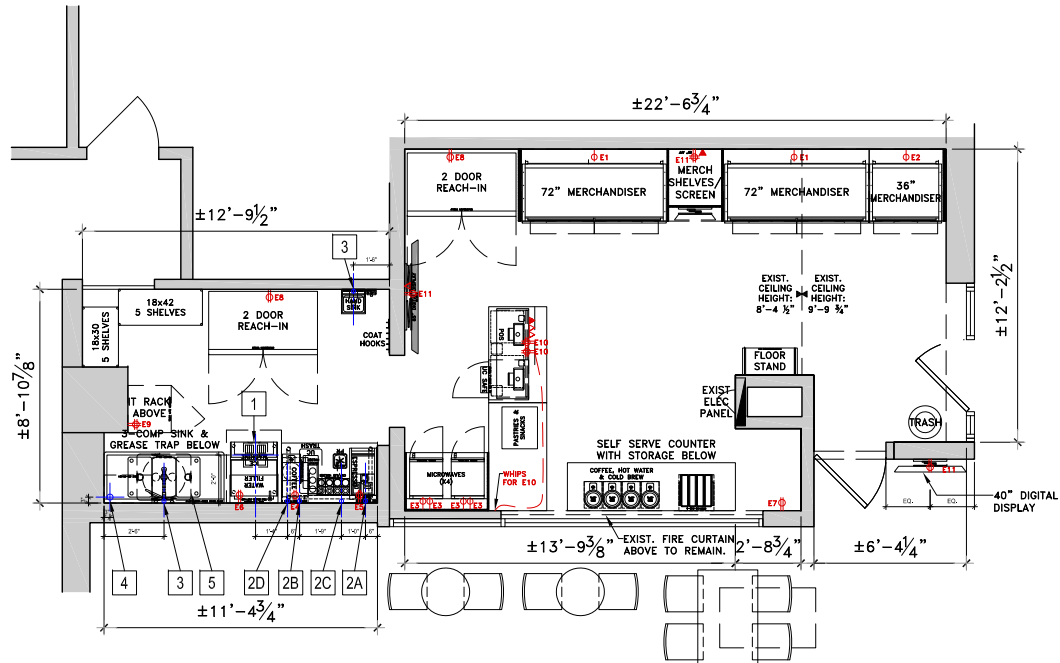
- (1) 30X48" STAINLESS STEEL COMMERCIAL OPEN BASE WORK TABLE WITH 4" BACKSPLASH (COFFEE & ESPRESSO)
- (1) ESPRESSO MACHINE
- (1) COUNTERTOP PITCHER RINSER
- (1) COFFEE BREWER
- (1) ICE MACHINE (REQUIRES FLOOR SINK)
- (1) 24" WIDE STAINLESS STEEL SHELF (FOR WATER FILLER)
- (1) 12" TALL PEDESTAL WATER FILLER
- (1) 60" WIDE 3-COMPARTMENT SINK WITH SPRAYER & SWING SPOUT
- (1) GREASE TRAP
- (1) 24X14" CHEMICAL SHELF (FOR 3-COMPARTMENT SINK)
- (1) WALL-MOUNTED HAND SINK WITH SIDE SPLASHES
- (1) BOBRICK HAND SOAP DISPENSER
- (1) BOBRICK PAPER TOWEL DISPENSER
- (2) 2-DOOR REACH-IN REFRIGERATORS
- (1) 65" DIGITAL SCREEN (WALL MOUNT)
- (2) 40" DIGITAL SCREEN (WALL MOUNT)
- (1) IT RACK
- (1) 18"X42" METRO SHELF
- (1) 18"X30" METRO SHELF

**SELF-SERVE COUNTER**

- (1) BUBBLER
- (6) COFFEE DISPENSERS
- (1) 84"X24" CABINET WITH STORAGE SHELVES AND DOORS (CUSTOM MILLWORK)

**MISCELLANEOUS FF&E:**

- (1) 30"X48" ADA TABLE
- (2) 24" ROUND TABLES
- (8) DINING CHAIRS
- (3) ART CANVAS PANELS (30X40)
- (5) ACRYLIC CHIP HOLDERS
- (1) DSD FLOOR STAND
- (1) COAT HOOK
- (1) J.G.F. ACRYLIC PANEL (ABOVE MERCHANDISERS)
- (2) 72" MERCHANDISER ACRYLIC SIGN PANELS
- (1) 36" MERCHANDISER ACRYLIC SIGN PANEL
- (1) 36" WIDE NON-ILLUMINATED SIGNAGE AT STOREFRONT



**GENERAL NOTES**

- EXISTING WALL
- EXISTING STOREFRONT
- EXISTING WALL TO DEMO
- NEW INTERIOR WALL
- NEW INTERIOR LOW WALL
- LEASE LINE
- LEASE AREA: 0,000 SF

**NOTES**

USABLE SF: +/-422  
(317 + 105 BOH)  
PREVIOUS TENANT:  
VACANT + OFFICE

**PLUMBING NOTES:**

1. PROVIDE FLOOR SINK FOR ICE MACHINE.
2. PROVIDE COLD WATER WITH SHUT OFF AND VACUUM BREAKER FOR (A) ESPRESSO MACHINE, (B) COFFEE BREWER, (C) PITCHER RINSER AND (D) ICE MACHINE/WATER FILLER.
3. PROVIDE HOT AND COLD WATER CONNECTIONS FOR 3-COMPARTMENT SINK AND HAND SINK.
4. PROVIDE 3" THROUGH THE FLOOR SOIL CONNECTION FOR GREASE TRAP.
5. PROVIDE SCHIER GB-1 GREASE TRAP FOR 3-COMPARTMENT SINK, PITCHER RINSER & ESPRESSO MACHINE.

**ELECTRICAL NOTES:**

\*SEE POWER REQUIREMENTS MATRIX

October 27, 2023

Ms. Leora Jontef  
Assistant Vice President, Housing + Real Estate  
NYC Health + Hospitals  
50 Water Street  
New York, NY 10004

Re: Fair Market Value/Appraisal of space within Kings County Hospital Center  
Regarding Food Service Operator  
On behalf of NYC Health + Hospitals Corporation

Dear Ms. Jontef:

Pursuant to your request, you have asked for a Fair Market Value/Appraisal report for the referenced property and location in order to assess its fair market value (FMV) at current rates. This assessment is inclusive of the value of tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, structural repairs, etc. As the licensor is designated as a not for profit, 501(c)(3) exempt corporation, real estate taxes are not applicable, however this should also be considered when evaluating the value of the space in order to provide a comprehensive FMV. This appraisal will assess the estimated value to establish a current base rent inclusive of the tenant improvements and operating expenses for use as a food service establishment. This evaluation is subject to the following:

- The contemplated unit is for use as food service, for food service prep, sales and consumption, and is appropriately zoned and legal for the current use of the space.
- The proposed licensee will occupy approximately a small portion of the first floor of the Main Hospital, within the referenced hospital center.
- This evaluation is for the purpose of establishing the current FMV to license the referenced properties and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

The referenced food service space is located within the medical complex of Kings County Hospital located at 451 Clarkson Ave, Brooklyn, NY 11203 in the North Brooklyn market area.

It is our experience that space within built medical facilities is valued at a premium, simply because it is a finite resource which is in demand. However, when assessing the value, that the client base is limited to foot traffic within the hospital, which may negatively impact the success of the licensee. The licensee will not promote its presence and the average pedestrian walking by the building would not be aware of this food service operation.

## CONCLUSION

For the purpose of this appraisal, we assume that all operating expenses, i.e., security, refuse removal, utilities, structural repairs and structural maintenance, service contracts, etc. are provided by the licensor/hospital.

This analysis finds that the FMV for this space is essentially a hybrid, due to the location of the spaces, use, captive audience, and lack of ability or need to promote as a true retail food service operation. It does provide the licensee with an immediate customer base. It is our professional opinion, therefore, that the value of the referenced ground floor space is approximately \$45 per RSF. It should be noted that available spaces in the area skew the net effective rents, as most of those are retail with significantly higher rents.

It would be appropriate for the licensee to negotiate an escalation provision to the base rent/fee of 2.5% commencing in the second year of the license agreement. This increase would be annually and compounded. These terms would be commercially fair and reasonable based on the data and information assessed in this report.

In the event that I can be of any further assistance to you, please do not hesitate to call.

Thank You.

Very Truly Yours,



Michael E. Dubin  
Executive Managing Director  
Helmsley Spear

**Comps for North Brooklyn, NY Submarket**

<b>Address</b>	<b>Cross Streets</b>	<b>Square Feet</b>	<b>Price Per SF</b>
605 Rogers Ave	Winthrop St & Rogers Ave	750	\$51/SF
1305 Nostrand Ave	Clarkson Ave & Nostrand Ave	1,000	\$31.20/SF
703 Rogers Ave	Lenox Rd & Rogers Ave	400	\$30/SF
1222 Nostrand Ave	Winthrop St & Nostrand Ave	1,000	\$57/SF
1310 Nostrand Ave	Btw Lenox Rd & Clarkson Ave	750	\$35.20/SF
1290 Nostrand Ave	Clarkson Ave & Nostrand Ave	800	\$75/SF



**RESOLUTION - 09**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a five-year license agreement with **Everytable, PBC (“Everytable”)** for its use and occupancy of **approximately 468 square feet at NYC Health + Hospitals/Harlem (“Harlem”)** for a retail food operation at an initial rate of \$50/square foot or \$23,400 per year to increase by 2% per year for a total occupancy fee over the term of \$121,775 with such agreement to be terminable by each party on thirty days’ notice without cause.

**WHEREAS**, Harlem has no retail food service to meet the needs of staff and visitors;  
and

**WHEREAS**, the System’s primary goal in establishing retail food service operations is to ensure affordable and healthy food for its staff and visitors and not to maximize the revenue;  
and

**WHEREAS**, Everytable offers inexpensive but healthy food using a retail food service model in which food is prepared remotely and delivered daily to its outlets thus requiring less space in which to operate thereby keeping its costs and prices low; and

**WHEREAS**, Harlem joined with other System facilities in searching for food vendors, participated in taste tastings, entertained competing proposals and chose Everytable as offering the best food and best value; and

**WHEREAS**, responsibility for the operation of the proposed food service operation and administering the proposed agreement will be with the Executive Director of Harlem.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to sign a five-year license agreement with Everytable, PBC (“**Everytable**”) for its use and occupancy of approximately 468 square feet at NYC Health + Hospitals/Harlem (“**Harlem**”) for a retail food operation at an initial rate of \$50/square foot or \$23,400 per year to increase by 2% per year for a total occupancy fee over the term of \$121,775 with such agreement to be terminable by each party on thirty days’ notice without cause.

## EXECUTIVE SUMMARY

### EVERYTABLE PBC

#### LICENSE AGREEMENT FOR FOOD SERVICE OPERATIONS AT NYC HEALTH + HOSPITALS/HARLEM

**OVERVIEW:** Harlem currently has no retail food service operation of any kind to meet the needs of staff and visitors because there is currently no 24/7 operation within the facility. Harlem joined with other System facilities in performing informal searches for appropriate vendors over many months. They received presentations and taste testings, considered the very low prices of the Everytable menus and healthy quality of the food and all determined that Everytable was the best choice for their facility.

**VENDOR:** Everytable is a Delaware Public Benefit Corporation with operations in Los Angeles, California and New York City. The company grew out of a non-profit organization focused on addressing food related health problems in South LA. Everytable's mission is to transform the food system to make fresh, nutritious food accessible to everyone, everywhere. The food is prepared in a central kitchen in Brooklyn from which there are daily delivery of fresh food. EveryTable is currently operating at Jacobi and will soon be launching at Metropolitan and South Brooklyn. Together with this resolution, approval is also sought for EveryTable to operate at KCHC and Queens.

**BACKGROUND:**

**TERMS:** The proposed agreement will be for five years and will be terminable by each party without cause on thirty days' notice. The three agreements will have similar menus and the same restriction on increases in prices, except as necessary to keep up with increases in the CPI. Though the menus will be similar, there will be variations to account for local cultural difference and preferences.

Everytable will be licensed approximately 468 square feet at Harlem at an initial rate of \$50/square foot or \$23,400 per year to increase by 2% per year for a total occupancy fee over the term of \$121,775.



September 29, 2023

Ms. Leora Jontef  
Assistant Vice President, Housing + Real Estate  
NYC Health + Hospitals  
50 Water Street  
New York, NY 10004

Re: Fair Market Value/Appraisal of space within Harlem Hospital Center  
Regarding Food Service Operator, Everytable  
On behalf of NYC Health + Hospitals Corporation

Dear Ms. Jontef:

Pursuant to your request, you have asked for a Fair Market Value/Appraisal report for the referenced property and location in order to assess its fair market value (FMV) at current rates. This assessment is inclusive of the value of tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, structural repairs, etc. As the licensor is designated as a not for profit, 501(c)(3) exempt corporation, real estate taxes are not applicable, however this should also be considered when evaluating the value of the space in order to provide a comprehensive FMV. This appraisal will assess the estimated value to establish a current base rent inclusive of the tenant improvements and operating expenses for use as a food service establishment. This evaluation is subject to the following:

- The contemplated unit for use as food service is currently occupied for food service prep, sales and consumption, and is appropriately zoned and legal for the current use of the space.
- The proposed licensee will occupy 468 SF on the first floor of the Martin Luther King building tower lobby, within the referenced hospital center.
- This evaluation is for the purpose of establishing the current FMV to license the referenced properties and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

The referenced food service space is located within the medical complex of Harlem Hospital located at 506 Lenox Ave, Harlem, NY 10037 in the Harlem/North Manhattan submarket.

It is our experience that space within built medical facilities is valued at a premium, simply because it is a finite resource which is in demand. However, when assessing the value, that the client base is limited to foot traffic within the hospital, which may negatively impact the success of the licensee. The licensee will not promote its presence and the average pedestrian walking by the building would not be aware of this food service operation.

## CONCLUSION

For the purpose of this appraisal, we assume that all operating expenses, i.e. security, refuse removal, utilities, structural repairs and structural maintenance, service contracts, etc. are provided by the licensor/hospital.

This analysis finds that the FMV for this space is essentially a hybrid, due to the location of the spaces, use, captive audience, and lack of ability or need to promote as a true retail food service operation. It does provide the licensee with an immediate customer base. It is our professional opinion, therefore, that the value of the referenced ground floor space is approximately \$50-\$54 per RSF.

It would be appropriate for the licensee to negotiate an escalation provision to the base rent/fee of 2.5% commencing in the second year of the license agreement. This increase would be annually and compounded. These terms would be commercially fair and reasonable based on the data and information assessed in this report.

In the event that I can be of any further assistance to you, please do not hesitate to call.

Thank You.

Very Truly Yours,



Michael E. Dubin  
Executive Managing Director  
Helmsley Spear

**Comps for Harlem/North Manhattan, NY Submarket**

<b>Address</b>	<b>Cross Streets</b>	<b>Square Feet</b>	<b>Price Per SF</b>
51-55 East 125 <sup>th</sup> St	Madison Ave & 125 <sup>th</sup> St	5,000	\$55/SF
135 East 125 <sup>th</sup> St	Lexington Ave & 125 <sup>th</sup> St	12,700	\$50/SF
218 Lenox Ave	121 <sup>st</sup> St & Lenox Ave	1,400	\$51.43/SF

**RESOLUTION - 10**

Authorizing the New York City Health and Hospitals Corporation (**the “System”**) to sign a five-year license agreement with **Everytable, PBC (“Everytable”)** for its use and occupancy of approximately 500 square feet at NYC Health + Hospitals/Queens (**“Queens”**) for a retail food operation at an initial rate of \$50/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101 with such agreement to be terminable by each party on thirty days’ notice without cause.

**WHEREAS**, Queens has no 24/7 retail food service to meet the needs of staff and visitors; and

**WHEREAS**, the System’s primary goal in establishing retail food service operations is to ensure affordable and healthy food for its staff and visitors and not to maximize the revenue; and

**WHEREAS**, Everytable offers inexpensive but healthy food using a retail food service model in which food is prepared remotely and delivered daily to its outlets thus requiring less space in which to operate thereby keeping its costs and prices low; and

**WHEREAS**, Queens joined with other System facilities in searching for food vendors, participated in taste tastings, entertained competing proposals and chose Everytable as offering the best food and best value; and

**WHEREAS**, responsibility for the operation of the proposed food service operation and administering the proposed agreement will be with the Executive Director of Queens.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the **“System”**) be and hereby is authorized to sign a five-year license agreement with Everytable, PBC (**“Everytable”**) for its use and occupancy of approximately 500 square feet at NYC Health + Hospitals/Queens (**“Queens”**) for a retail food operation at an initial rate of \$50/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101 with such agreement to be terminable by each party on thirty days’ notice without cause.

## EXECUTIVE SUMMARY

### EVERYTABLE PBC LICENSE AGREEMENT FOR FOOD SERVICE OPERATIONS AT NYC HEALTH + HOSPITALS/QUEENS

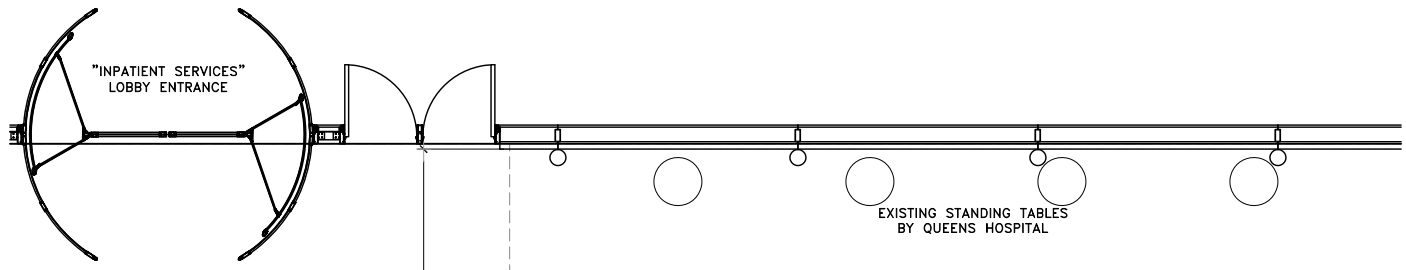
**OVERVIEW:** Queens needs additional retail food options because none are currently 24/7. Queens joined with other System facilities in performing informal searches for appropriate vendors over many months. They received presentations and taste testings, considered the very low prices of the Everytable menus and healthy quality of the food and all determined that Everytable was the best choice for their facility.

**VENDOR:  
BACKGROUND:** EveryTable is a Delaware Public Benefit Corporation with operations in Los Angeles, California and New York City. The company grew out of a non-nonprofit organization focused on addressing food related health problems in South LA. EveryTable's mission is to transform the food system to make fresh, nutritious food accessible to everyone, everywhere. The food is prepared in a central kitchen in Brooklyn from which there are daily delivery of fresh food. EveryTable is currently operating at Jacobi and will soon be launching at Metropolitan and South Brooklyn. Together with this resolution, approval is also sought for EveryTable to operate at Kings County and Harlem.

**TERMS:** The proposed agreement will be for five years and will be terminable by each party without cause on thirty days' notice. The three agreements will have similar menus and the same restriction on increases in prices, except as necessary to keep up with increases in the CPI. Though the menus will be similar, there will be variations to account for local cultural difference and preferences.

Everytable will be licensed approximately 500 square feet at Queens at an initial rate of \$50/square foot or \$25,000 per year to increase by 2% per year for a total occupancy fee over the term of \$130,101.





**FURNITURE, FIXTURE & EQUIPMENT LIST:**

**FRONT SERVICE COUNTER:**

- (2) 72" MERCHANDISERS
- (1) 48" WIDE DOUBLE POS COUNTER WITH UC SAFE & OPEN SHELVES (CUSTOM MILLWORK)
- (1) 87" WIDE PASTRY / SELF-SERVE BEVERAGE COUNTER WITH OPEN SHELVES (CUSTOM MILLWORK)
- (1) 60" WIDE MICROWAVE TOWER (CUSTOM MILLWORK)
- (3) MICROWAVES
- (1) UNDERCOUNTER SAFE
- (6) COFFEE DISPENSERS
- (1) BUBBLER

**BACK SERVICE COUNTER:**

- (1) WALL-MOUNTED HAND SINK WITH SIDE SPLASHES
- (1) BOBRICK HAND SOAP DISPENSER
- (1) BOBRICK PAPER TOWEL DISPENSER
- (1) UNDERCOUNTER REFRIGERATOR
- (1) 30X48" STAINLESS STEEL COMMERCIAL OPEN BASE WORK TABLE WITH 4" BACKSPLASH (COFFEE & ESPRESSO)
- (1) ESPRESSO MACHINE
- (1) COUNTERTOP PITCHER RINSER
- (1) COFFEE BREWER
- (1) ICE MACHINE (REQUIRES FLOOR SINK)
- (1) 24" WIDE STAINLESS STEEL SHELF (FOR WATER FILLER)
- (1) 12" TALL PEDESTAL WATER FILLER
- (1) 60" WIDE 3-COMPARTMENT SINK WITH SPRAYER & SWING SPOUT
- (1) GREASE TRAP
- (1) 24X14" CHEMICAL SHELF (FOR 3-COMPARTMENT SINK)
- (1) 2-DOOR REACH-IN REFRIGERATOR
- (1) 1-DOOR REACH-IN REFRIGERATOR
- (1) 65" DIGITAL SCREEN (WALL MOUNT)
- (1) IT RACK
- (1) 60"x36" STORAGE CABINET (CUSTOM MILLWORK)

**MISCELLANEOUS FF&E:**

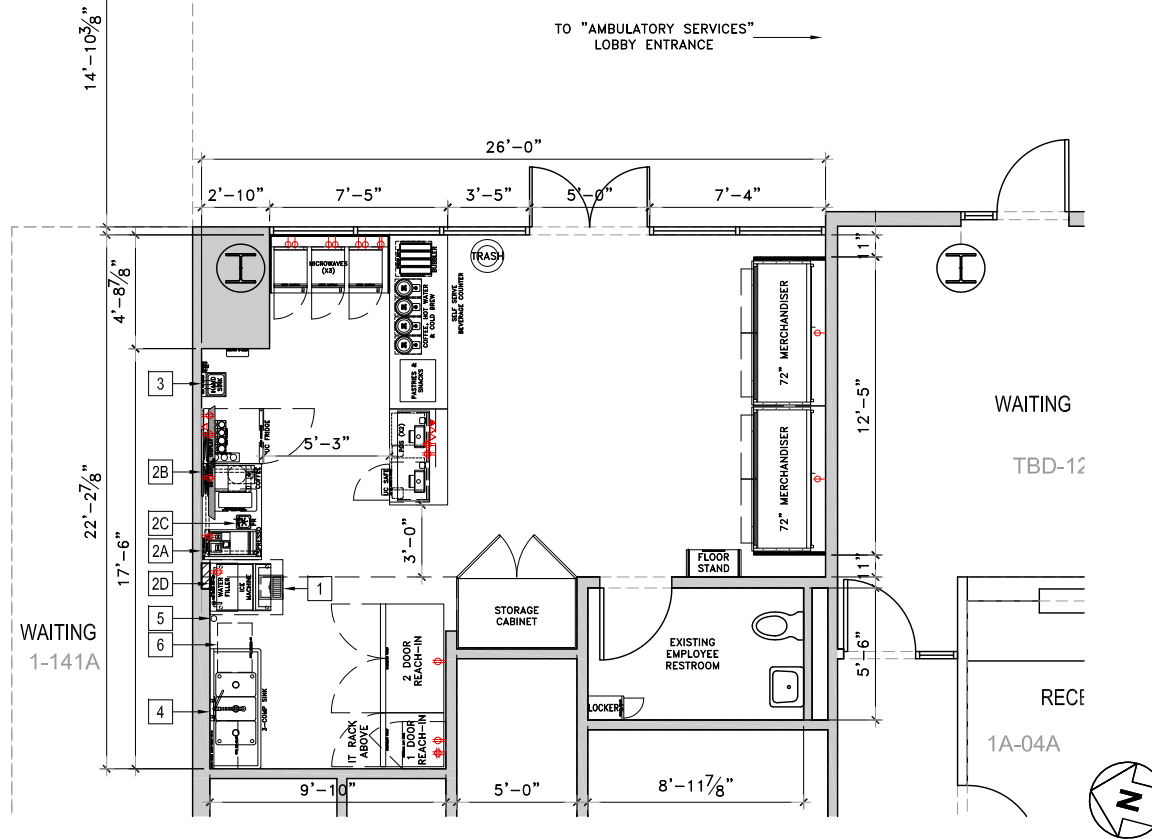
- (3) ART CANVAS PANELS (30X40)
- (4) ACRYLIC CHIP HOLDERS
- (1) DSD FLOOR STAND
- (1) 3-COMPARTMENT LOCKER
- (1) J.G.F. ACRYLIC PANEL (ABOVE MERCHANDISERS)
- (2) 72" MERCHANDISER ACRYLIC SIGN PANELS ("FRESHLY MADE SALADS" & "CHEF PREPARED HOT PLATES")
- (1) NON-ILLUMINATED SIGNAGE AT STOREFRONT

LOBBY  
1-139

TO INFORMATION DESK AND  
ELEVATOR LOBBY

WAITING  
1-141A

TO "AMBULATORY SERVICES"  
LOBBY ENTRANCE



**PROPOSED FLOOR PLAN**

**GENERAL NOTES**

- EXISTING WALL
  - EXISTING STOREFRONT
  - EXISTING WALL TO DEMO
  - NEW INTERIOR WALL
  - NEW INTERIOR LOW WALL
  - LEASE LINE
- LEASE AREA: 0,000 SF

**NOTES**

USABLE SF: +/-507  
PREVIOUS TENANT: ANDY'S CAFE  
MOP SINK LOCATED IN REMOTE JANITORIAL ROOM, PROVIDED BY QUEENS HOSPITAL.

**PLUMBING NOTES:**

1. PROVIDE SHARED FLOOR SINK FOR (A) ICE MACHINE, (B) ESPRESSO MACHINE AND (C) PITCHER RINSER.
2. PROVIDE COLD WATER WITH SHUT OFF AND VACUUM BREAKER FOR (A) ESPRESSO MACHINE, (B) COFFEE BREWER, (C) PITCHER RINSER AND (D) ICE MACHINE/WATER FILLER.
3. CONNECT NEW HAND SINK TO EXISTING HAND SINK PLUMBING.
4. PROVIDE HOT AND COLD WATER CONNECTIONS FOR 3-COMPARTMENT SINK.
5. PROVIDE 3" THROUGH THE FLOOR SOIL CONNECTION FOR GREASE TRAP.
6. PROVIDE SCHIER GB-1 GREASE TRAP FOR 3-COMPARTMENT SINK.

STORE ADDRESS:

Queens Hospital Center - Evertable Store  
82-68 164th Street, Queens, NY 11432

DRAWN BY:

KL

DATE:

08/10/2023

SCALE:

1/8" = 1'-0"

STORE #

N/A

TEST FIT #

2

September 29, 2023

Ms. Leora Jontef  
Assistant Vice President, Housing + Real Estate  
NYC Health + Hospitals  
50 Water Street  
New York, NY 10004

Re: Fair Market Value/Appraisal of space within Queens Hospital Center  
Regarding Food Service Operator, Everytable  
On behalf of NYC Health + Hospitals Corporation

Dear Ms. Jontef:

Pursuant to your request, you have asked for a Fair Market Value/Appraisal report for the referenced property and location in order to assess its fair market value (FMV) at current rates. This assessment is inclusive of the value of tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, structural repairs, etc. As the licensor is designated as a not for profit, 501(c)(3) exempt corporation, real estate taxes are not applicable, however this should also be considered when evaluating the value of the space in order to provide a comprehensive FMV. This appraisal will assess the estimated value to establish a current base rent inclusive of the tenant improvements and operating expenses for use as a food service establishment. This evaluation is subject to the following:

- The contemplated unit for use as food service is currently occupied for food service prep, sales and consumption, and is appropriately zoned and legal for the current use of the space.
- The proposed licensee will occupy approximately a total of 500 SF on the first floor of the Main Hospital near the lobby, within the referenced hospital center.
- This evaluation is for the purpose of establishing the current FMV to license the referenced properties and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

The referenced food service space is located within the medical complex of Queens Hospital located at 82-68 164th St, Queens, NY 11432 in the Hillcrest market area.

It is our experience that space within built medical facilities is valued at a premium, simply because it is a finite resource which is in demand. However, when assessing the value, that the client base is limited to foot traffic within the hospital, which may negatively impact the success of the licensee. The licensee will not promote its presence and the average pedestrian walking by the building would not be aware of this food service operation.

## CONCLUSION

For the purpose of this appraisal, we assume that all operating expenses, i.e., security, refuse removal, utilities, structural repairs and structural maintenance, service contracts, etc. are provided by the licensor/hospital.

This analysis finds that the FMV for this space is essentially a hybrid, due to the location of the spaces, use, captive audience, and lack of ability or need to promote as a true retail food service operation. It does provide the licensee with an immediate customer base. It is our professional opinion, therefore, that the value of the referenced ground floor space is approximately \$50-\$53 per RSF.

It would be appropriate for the licensee to negotiate an escalation provision to the base rent/fee of 2.5% commencing in the second year of the license agreement. This increase would be annually and compounded. These terms would be commercially fair and reasonable based on the data and information assessed in this report.

In the event that I can be of any further assistance to you, please do not hesitate to call.

Thank You.

Very Truly Yours,



Michael E. Dubin  
Executive Managing Director  
Helmsley Spear

**Comps for Hillcrest, Queens, NY Submarket**

<b>Address</b>	<b>Cross Streets</b>	<b>Square Feet</b>	<b>Price Per SF</b>
8315 Parsons Blvd	Grand Central Pkwy & Parsons Blvd	3,267	\$50/SF
7543 Parsons Blvd	76 <sup>th</sup> Ave & Parsons Blvd	1,000	\$56/SF
162-16 Union Tpke	164 <sup>th</sup> St & Union Tpke	3,700	\$42/SF

# **Everytable**

## **License Agreements**

### **NYC Health + Hospitals/**

**Queens Hospital**  
**Harlem Hospital**  
**Kings County Hospital**

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

**Leora Jontef, Assistant Vice President**  
**Jeremy Berman, Deputy Counsel**  
**Mercedes Redwood, Assistant Vice President**

# Board of Directors Consideration

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Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to sign five-year license agreements with Everytable, PBC (“**Everytable**”) for its use and occupancy of space in each of the three facilities (the “**Facilities**”) for retail food operations with each agreement to be terminable by both parties on thirty days without cause as follows:

Approximately 500 square feet at NYC Health + Hospitals/Queens (“**Queens Hospital**”) at an initial rate of \$50/square foot or \$25,000 year to increase by 2% per year for a total occupancy fee over the term of \$130,101.

Approximately 468 square feet at NYC Health + Hospitals/Harlem (“**Harlem Hospital**”) at an initial rate of \$50/square foot or \$23,400 year to increase by 2% per year for a total occupancy fee over the term of \$121,775.

Approximately 360 square feet at NYC Health + Hospitals/Kings (“**Kings County Hospital**”) at an initial rate of \$45/square foot or \$16,200 year to increase by 2% per year for a total occupancy fee over the term of \$84,305.

- Convenient onsite food options are important to staff and patient satisfaction.
  - Many facilities are not near retail corridors
  - Work schedules require safe and easy access to food 24/7
  - Healthy food options are core to H+H values
  - Cost conscious pricing allows access to all hospital visitors
- Kings Hospital's current food service vendor is not 24/7 and is not providing sufficient service to our visitors and staff, with limited menus and limited hours of service.
- Queens and Harlem has no current food service vendor.
- Covid caused several food service vendors to close within the system, leaving many hospitals without food services or with old operations in need of updating.

# Selection Process

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- Each facility independently selects the vendors that suit their patient and staff needs taking into consideration:
  - evaluating menus for healthy options
  - ability to provide culturally sensitive foods, as well as ethnic and culturally appropriate food options to serve the specific community needs of each hospital
  - pricing and tastings
  - cultural sensitivities
  - 24/7 operations
- The hospitals diligently searched for the best candidate to provide food services, including presentations and sampling food offerings.
- After considering other vendors, the facilities chose Everytable due to their ability to have 24/7 operations and offer low prices, as well as an extremely diverse menu that met the dietary needs of our staff.
- Under the System's rules, real estate space license agreements, such as the proposed agreements, do not require an RFP.



# Food Vendors at Facilities

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- Panera – Bellevue
- Au Bon Pain- Elmhurst
- Everytable – Jacobi, Metropolitan, South Brooklyn (11/27)
- Andy’s – South Brooklyn, Kings
- Tasty Picks – NCB, Metropolitan (opening TBD)
- Towers- Lincoln, Woodhull

# NYC HEALTH+ HOSPITALS Food Vendor: Everytable

- Everytable, PBC, is a Delaware Public Benefit Corporation with operations in Los Angeles and New York City.
  - Grew out of a non-nonprofit organization focused on addressing food related health problems in South LA.
  - Everytable's mission is to transform the food system to make fresh, nutritious food accessible to everyone, everywhere.
  - Currently has 8 stores in NYC.
  - Operates a central prep kitchen in Brooklyn with guaranteed daily delivery of fresh food.



# Food Vendor: Everytable

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- Operations at the facility will be 24/7; 365 days
- Queens, Harlem and Kings County Hospitals will offer the following menu of fresh food
  - Hot breakfast and bakery items \$1.50-\$5.95
  - Fresh salads with homemade dressings \$6.95-\$8.45
  - Hot plates, sandwiches and wraps; Soups, stews, sides \$5.00 - \$8.95
  - Full complement of snacks, desserts, fountain drinks, bottles, cans, hot and iced coffee and tea. \$1.89 - \$3.75
  - Culturally sensitive foods, such as Kosher and Halal options, will be offered
- Price range is \$1.50 - \$8.45.

# Queens

- Queens Hospital: 2,500 staff, patients and visitors daily.
- Currently has one food vendor with limited service and menu.
- Location: approximately 500 square feet on 1<sup>st</sup> Floor Main Hospital near lobby.
- Everytable will fund and modify space for their proposed layout.
- Rent: \$50/SF
  - Term: 5 years
  - Year 1 rent: \$25,000 with 2% escalation each year
  - Total rent over 5 years \$130,101
- Agreement commences when executed and may be terminated upon thirty days' notice. Rent payments begin the earlier of when serving patrons or a period to be negotiated between 60-90 days.
- All price increases above CPI increases must be approved by facility.

Year	Amount
1	\$25,000
2	\$25,500
3	\$26,010
4	\$26,530
5	\$27,061
<b>Total</b>	<b>\$130,101</b>

# Harlem

- Harlem: 3,300 staff daily.
- Has not had a food vendor since Feb 2020.
- Location: 468 square feet space on the 1<sup>st</sup> Floor MLK Building Tower Lobby (Gift Shop).
- Everytable will fund and modify space for their proposed layout.
- Rent: \$50/SF
  - Term: 5 years
  - Year 1 rent: \$23,400 2% escalation
  - Total rent over 5 years \$121,775
- Agreement commences when executed and may be terminated upon thirty days' notice. Rent payments begin the earlier of when serving patrons or a period to be negotiated between 60-90 days.
- All price increases, other than to keep up with CPI increases, must be approved by the facility.

Year	Amount
1	\$23,400
2	\$23,868
3	\$24,345
4	\$24,832
5	\$25,329
<b>Total</b>	<b>\$121,775</b>

# Kings County

- Kings County Hospital: 6,000 staff, patients and visitors daily
- Currently has one food vendor, but service and menu is limited.
- Location: approximately 360 square feet on 1<sup>st</sup> Floor Building D near lobby
- Everytable will fund and modify space for their proposed layout.
- Rent: \$45/SF
  - Term: 5 years
  - Year 1 rent: \$16,200 with 2% escalation each year
  - Total rent over 5 years \$84,305
- Agreement commences when executed and may be terminated upon thirty days' notice. Rent payments begin the earlier of when serving patrons or a period to be negotiated between 60-90 days.
- All price increases above CPI increases must be approved by facility.

Year	Amount
1	\$16,200
2	\$16,524
3	\$16,855
4	\$17,192
5	\$17,535
<b>Total</b>	<b>\$84,305</b>

# Board of Directors Approval Request

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Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to sign five-year license agreements with Everytable, PBC (“**Everytable**”) for its use and occupancy of space in each of the three facilities (the “**Facilities**”) for retail food operations with each agreement to be terminable by both parties on thirty days without cause as follows:

Approximately 500 square feet at NYC Health + Hospitals/Queens (“**Queens Hospital**”) at an initial rate of \$50/square foot or \$25,000 year to increase by 2% per year for a total occupancy fee over the term of \$130,101.

Approximately 468 square feet at NYC Health + Hospitals/Harlem (“**Harlem Hospital**”) at an initial rate of \$50/square foot or \$23,400 year to increase by 2% per year for a total occupancy fee over the term of \$121,775.

Approximately 360 square feet at NYC Health + Hospitals/Kings (“**Kings County Hospital**”) at an initial rate of \$45/square foot or \$16,200 year to increase by 2% per year for a total occupancy fee over the term of \$84,305.

## RESOLUTION - 11

Authorizing New York City Health and Hospitals Corporation (the “System”) to further increase the funding by \$3,477,599 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for **architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/Woodhull Hospital (“Woodhull”) in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”)**, which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, and \$1,960,238 in May 2023, such that the funding is increased from \$18,847,407 to \$22,325,006.

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

**WHEREAS**, since the approval of the subject agreement, the scope and cost of the OTxHU initiative has increased to meet security operations, programmatic, and regulatory requirements, the requirement that the progress of the program be substantially accelerated, and inclusion of contingencies, at Bellevue and Woodhull; and

**WHEREAS**, the budget was increased to provide for further security operations, programmatic, and regulatory changes to the OTxHU initiative that resulted in conceptual design revisions, and such revisions required an increase in Array’s budget for the project by \$1,960,238 to account for their increase level of effort; and

**WHEREAS**, since the budget was increased in May 2023, additional design revisions have been identified related to security needs and inclusion of a new emergency power generator which require an increased level of effort on the part of Array; and

**WHEREAS**, the increased level of effort requires an increase in Array’s budget for the project by \$3,477,599.

### **NOW THEREFORE BE IT:**

**RESOLVED**, the New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding by \$3,477,599 for its previously executed agreement with Array Architects, Inc. (“**Array**”) for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/ Woodhull Hospital (“**Woodhull**”) over a five year term in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) which follows previous funding increases totaling \$10,183,407 such that the funding is increased from \$18,847,407 to \$22,325,006.



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

- OVERVIEW:** The System's CHS OTxHU initiative is to treat more clinically complex patients within secured units located at Bellevue and Woodhull hospitals. Considerable work will have to be done to complete these spaces. The System executed a contract with Array to design the OTxHU spaces and assist with the procurement of construction contractors and with construction administration. The contract with Array was approved by the Board of Directors in June 2020 with an NTE of \$8,663,000. In November 2021 the System returned to the Board of Directors to request \$1,814,880 in increased funding bringing the contract NTE to \$10,477,880. This request was triggered by the need to accelerate the project and to respond to requested design changes at Bellevue. In November 2022, the System returned to the Board of Directors to request \$6,409,289 in increased funding bringing the contract NTE to \$16,887,169. This request was triggered by required design changes at Bellevue. In May 2023, the System returned to the Board of Directors to request \$1,960,238 in increased funding bringing the contract NTE to \$18,847,407. This request was triggered by conceptual design revisions.
- NEED:** Modifications to the OTxHU initiative have been identified in relation to security needs and installation of a new emergency power generator which need to be incorporated into the design at Bellevue.
- PROPOSAL:** The design changes at Bellevue will cost an additional \$3,477,599. When that amount is added to the prior NTE of \$18,847,407, the new requested NTE becomes \$22,325,006.
- FUNDING:** The proposed contract will be financed with City Capital Funds.
- TERM:** The term of the agreement remains unchanged at three years with two one-year options to renew solely exercisable by the System.
- MWBE:** Array previously submitted a plan for 32% MWBE utilization. 31% of Array's invoices to date are to MWBEs. Array has provided a 31% utilization plan for the increased funding. Array's effective MWBE % with new contract value is 37%.



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

From: Franco Esposito *Franco Esposito*  
Senior Counsel  
Office of Legal Affairs

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

Vendor: Array Architects PC

Date: November 27, 2023

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The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

30%

**RESOLUTION - 12**

Authorizing New York City Health and Hospitals Corporation (the “System”) to further increase the funding by \$2,400,000 for its previously executed agreement with **AECOM USA, Inc. (“AECOM”)**, to provide program management services at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”) in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”), which follows previous funding increases of \$6,097,369 IN November 2021 and \$1,498,738 authorized in May 2023 such that the current funding is increased from \$16,635,305 to \$19,035,305.

**WHEREAS**, in June 2020 the System’s Board of Directors authorized a five-year agreement with AECOM to provide program management services at Bellevue and Woodhull to serve as sites for the OTxHU initiative with funding of \$9,039,198 authorized; and

**WHEREAS**, in November 2021 the Board authorized an increase in the contract amount by \$6,097,369 to a new projected total of \$15,136,567 to meet programmatic and regulatory requirements and to facilitate the acceleration of the Bellevue site; and

**WHEREAS**, in May 2023 further security operations, programmatic, and regulatory changes to the OTxHU project were identified which resulted in conceptual design revisions to the 2<sup>nd</sup> floor recreation area, visitation areas, staff support and administrative areas, patient spaces and field conditions which resulted in an increase to AECOM’s budget for the project by \$1,498,738; and

**WHEREAS**, additional security design changes related to security needs and installation of an emergency power generator require an increased level of effort on the part of AECOM; and

**WHEREAS**, the increased level of effort requires an increase in AECOM’s budget for the project by \$2,400,000.

**NOW THEREFORE BE IT:**

**RESOLVED**, the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to increase the funding for its agreement with AECOM USA, Inc. (“AECOM”) to provide program management services at NYC Health + Hospitals/Bellevue Hospital (“Bellevue”) and NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”) in connection with the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“OTxHU”) in Bellevue and Woodhull such that the funding is increased from \$16,635,305 to \$19,035,305.

**EXECUTIVE SUMMARY  
PROGRAM MANAGEMENT  
FOR THE OTxHU PROGRAM  
AECOM USA, INC.**

**OVERVIEW:** In June 2020 the System’s Board of Directors authorized a five-year agreement with AECOM to provide program management services at Bellevue and Woodhull to serve as sites for the OTxHU initiative with funding of \$9,039,198 authorized. Following the approval of the AECOM contract in June 2020, the scope revisions for the OTxHU program at Bellevue resulted in an additional need for AECOM’s services. Accordingly, in November 2020 the Board authorized an increase in the contract amount by \$6,097,369 to a new projected total of \$15,136,567 with the increase being all focused on the Bellevue part of the project. Additional design changes to the 2<sup>nd</sup> floor recreation area, visitation areas, staff support and administrative areas, patient spaces field conditions resulted in an increase in the contract amount to \$16,635,305.

New changes to the design of the project in relation to security needs and the installation of a new emergency power generator require an increase in the contract amount by \$2,400,000 from \$16,635,305 to \$19,035,305.

**NEED:** Modifications to the OTxHU initiative have been identified which have resulted in conceptual design revisions which need to be incorporated into the design at Bellevue.

**PROPOSAL:** The changes at Bellevue will cost an additional \$2,400,000 for Program Management services. When that amount is added to the prior NTE of \$16,635,305, the new requested NTE becomes \$19,035,305.

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

**TERM:** The term of the agreement remains unchanged at three years with two one-year options to renew solely exercisable by the System.

**MWBE:** AECOM original MWBE utilization plan was 30%. 35% of AECOM’s invoices to date are to MWBEs. AECOM has provided a 35% utilization plan for the increased funding. AECOM’s effective MWBE % with new contract value is 35%.



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

From: Franco Esposito *Franco Esposito*  
Senior Counsel  
Office of Legal Affairs

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

Vendor: AECOM USA, Inc.

Date: November 1, 2023

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The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

**Vendor Responsibility**

Approved

**EEO**

Pending

**MWBE**

30%

**RESOLUTION - 13**

Authorizing New York City Health and Hospitals Corporation (the “System”) to further increase the funding by \$43,022,528 and until April 2025 for its previously executed contract with **Consigli Construction Co., Inc. (“Consigli”)** to serve as construction manager/builder under a guaranteed maximum price (“GMP”) structure for the construction and construction management of the System’s Correctional Health Services (“CHS”) initiative to treat its patients who require higher levels of care in its **Outposted Therapeutic Housing Unit (“OTxHU”)** at NYC Health + Hospitals/Bellevue (“Bellevue”), which follows previous funding increases of \$19,421,612 authorized in May 2022, and \$19,629,719 authorized in May 2023, such that the current funding is increased from \$159,969,414 to \$202,991,942 to cover construction and construction management at Bellevue only and to extend the contract completion date to April 30, 2025.

**WHEREAS**, in November, 2021, the System’s Board of Directors approved a contract with Consigli as a GMP, which is an industry standard contracting/procurement approach by which a construction manager commits to a price and divides with the owner any amount by which the final cost is less than the contract price thereby incentivizing the construction manager to control costs and find economies; and

**WHEREAS**, the design of the OTxHU is subject to state regulatory review and approval; and

**WHEREAS**, in January, 2022, design and construction modifications for the Bellevue OTxHU recreation area were needed, for patient and staff flow, and for the program floorplan; and

**WHEREAS**, in collaboration with Array and AECOM, the plans for the project were revised to meet regulatory requirements; and

**WHEREAS**, on March 29, 2022 regulatory approval for the project was received, which integrated the required changes and after factoring in such changes, the System and Consigli arrived at a new Guaranteed Maximum Price of \$140,339,695 with an extended Substantial Completion date of March 31, 2023; and

**WHEREAS**, additional design changes to the 2<sup>nd</sup> floor recreation area, visitation areas, staff and support administrative areas, patient spaces and field conditions resulted in the project budget being increased by \$19,629,719 and extend the contract completion date to December 31, 2023; and

**WHEREAS**, additional costs related to security needs have been identified along with time related delays and inclusion of emergency power generator which results in the project budget being increased by \$43,022,528 and extending the contract completion date to April 30, 2025.

**NOW THEREFOR IT IS RESOLVED** that New York City Health and Hospitals Corporation (the “System”) is authorized to increase the funding of its contract with Consigli Construction Co., Inc. (the “CONSIGLI”) to serve as construction manager/builder under a guaranteed maximum price (“GMP”) structure for the construction and construction management of the System’s Correctional Health Services (“CHS”) Outposted Therapeutic Housing Unit (“OTxHU”) initiative at NYC Health + Hospitals/Bellevue (“Bellevue”) from the \$159,969,414 approved by the Board in May, 2023 to \$202,991,942 and to extend the contract completion date to April 30, 2025.

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

**BACKGROUND:** In November, 2021, the System’s Board of Directors approved a contract with Consigli as a GMP, which is an industry standard contracting/procurement approach by which a construction manager commits to a price and divides with the owner any amount by which the final cost is less than the contract price thereby incentivizing the construction manager to control costs and find economies. The not-to-exceed price approved by the Board was \$120,918,083 (based on a contract price of \$109,925,530 and a 10% project contingency).

In May, 2022, Consigli’s contract was increased to \$140,339,695 as a result of required changes. Subsequent to this increase, additional design changes to the 2<sup>nd</sup> floor recreation area, visitation areas, staff and support administrative areas, patient spaces and field conditions have been made to the project which necessitate dan additional increase in the Consigli’s budget of \$19,629,719, which brought the total contract value to \$159,969,414 and which extended the date of completion of the project to December 31, 2023. Now, additional costs related to newly identified security needs along with time related delays and inclusion of an emergency power generator, which brings the total contract value to \$202,991,942 and extends the contract completion date to April 30, 2025.

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

**TERMS:** The amended contract cost approved by the Board in May, 2023 was \$159,969,414. The new design changes result in a cost increase to \$202,991,942 and extend the date of completion to April 30, 2025.

**MWBE:** Consigli originally committed to a 31% M/WBE Utilization Plan. 40% of Consigli’s invoices to date are to M/WBEs. Consigli has provided a 31% utilization plan for the increased funding. Consigli’s effective M/WBE % with new contract value is 31%.



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

From: Franco Esposito *Franco Esposito*  
Senior Counsel  
Office of Legal Affairs

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

Vendor: Consigli Construction Co., Inc.

Date: November 23, 2023

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The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

30%



# **Request for Contract Amendments at Bellevue Outposted Therapeutic Housing Unit (OTxHU)**

**Design Services – Array Architects, Inc.**  
**Program Management Services – AECOM USA, Inc.**  
**CM Build Guaranteed Maximum Price – Consigli  
Construction Co. Inc.**

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

**Manny Saez, PhD., Vice President of Facilities Development**  
**Oscar Gonzalez, CCM, Senior Assistant Vice President, Facilities Development**  
**Cary Cheung, Senior Assistant Vice President, Correctional Health Services**  
**Luis Mendes, Senior Director, Facilities Development**

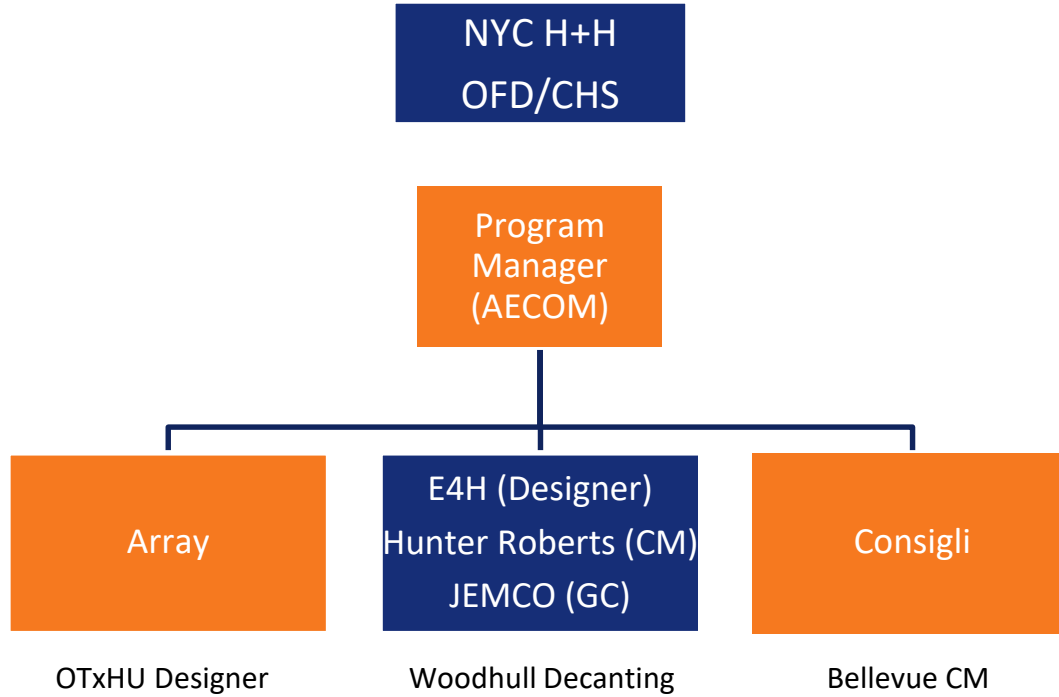
- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to further increase the funding by \$3,477,599 for its previously executed agreement with Array Architects, Inc. (“**Array**”) for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/Woodhull Hospital (“**Woodhull**”) in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, and \$1,960,238 in May 2023, such that the funding is increased from \$18,847,407 to \$22,325,006
- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to further increase the funding by \$2,400,000 for its previously executed agreement with AECOM USA, Inc. (“**AECOM**”), to provide program management services at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/Woodhull Hospital (“**Woodhull**”) in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”), which follows previous funding increases of \$6,097,369 IN November 2021 and \$1,498,738 authorized in May 2023 such that the current funding is increased from \$16,635,305 to \$19,035,305.
- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to further increase the funding by \$43,022,528 and until April 2025 for its previously executed contract with Consigli Construction Co., Inc. (“**Consigli**”) to serve as construction manager/builder under a guaranteed maximum price (“**GMP**”) structure for the construction and construction management of the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Unit (“**OTxHU**”) at NYC Health + Hospitals/Bellevue (“**Bellevue**”), which follows previous funding increases of \$19,421,612 authorized in May 2022, and \$19,629,719 authorized in May 2023, such that the current funding is increased from \$159,969,414 to \$202,991,942 to cover construction and construction management at Bellevue only and to extend the contract completion date to April 30, 2025.

# Background

- The Outposted Therapeutic Housing Units (OTxHU) project was announced November 2019.
- The Board previously approved contract amounts four times, all within the allocated capital budget for the Bellevue project:

Board Date	Vendors	Description	Increase to NTE	NTE	Time Increase
June 2020	Array and AECOM	Design and Program Management at Bellevue and Woodhull		Array - \$8,663,000 AECOM - \$9,093,198	Array – 5 years AECOM – 5 years
November 2021	Array, AECOM, Consigli	Increased funding for schedule acceleration for designer and Program Manager – established CM Builder contract	Array -\$1,814,880 AECOM - \$6,097,369	Array - \$10,477,880 AECOM - \$15,136,567 Consigli -\$120,918,083	Consigli – through March 31, 2023
May 2022	Consigli	Increased funding for recreation area, sallyport, and exterior elevator at Bellevue	Consigli - \$19,421,612	Consigli - \$140,339,695	
December 2022	Array	SCOC approval of design changes required design adaption at Bellevue and Woodhull	Array - \$6,409,289	Array - \$16,887,169	
May 2023	Array, AECOM, Consigli	Increase funding for additional security revisions at Bellevue	Array – \$1,960,238 AECOM - \$1,498,738 Consigli - \$19,629,719	Array – AECOM - \$16,635,305 Consigli - \$159,969,414	Consigli – through December 31, 2023

# OTxHU Team



## Justification:

- New requirements for security operations resulted in a pause in work and the need to modify existing design and construction scope for:
  - Emergency power coverage during a power outage to include door controls, lighting, security cameras, and the fire safety system
  - Patient spaces, including the intake areas
  - Visitation areas
  - General conditions
- Increase funding to keep administrative and support staff through project completion.
- Funding for these new requirements have been provided by OMB in the September Capital Plan.
- There is conditional approval granted by the NY State regulatory agency (SCOC) for revised design

## Potential Amendments for Further Board Approval:

- There could be potential further changes after future review that would require additional board approval

- Additional costs totaling \$49M related to security needs have since been identified for Bellevue and were added to the project cost by OMB
  - Newly identified security considerations – design and construction \$13.5M
  - Delays/general conditions \$9.5M
  - Emergency power generator \$26M

# Proposed Amendments for Bellevue

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## Proposal:

- **Array** – Increase funding by **\$3,477,599**
  - Certificate to Proceed (CP) for \$3,477,599 have been submitted to OMB.
  
- **AECOM** – Increase funding by **\$2,400,000**
  - Certificate to Proceed (CP) for \$2,400,000 have been submitted to OMB.
  
- **Consigli** – Increase funding by **\$43,022,528** and extend **contract expiration to April 2025**
  - Certificate to Proceed (CP) for \$43,022,528 have been submitted to OMB.
  - Bellevue Outposted Therapeutic Housing Unit - targeted construction completion of November 2024, barring significant unforeseen field conditions and further design changes.
  - Emergency power generator - targeted construction completion of February 2025, barring significant unforeseen field conditions, but may extend to April 2025 given possible global supply chain issues.

# MWBE Utilization Plan

Array's Utilization Plan Subcontracted Scopes of Work	Utilization Plan %
MEP, Structural, Hazmat, Cost estimating	37%

- Array has achieved 31% to date
- Vendor performance is good to date

AECOM Utilization Plan Subcontracted Scopes of Work	Utilization Plan %
Construction management, program controls, project administration services	35%

- AECOM has achieved 35% to date
- Vendor performance is good to date

Consigli Utilization Plan Subcontracted Scopes of Work	Utilization Plan %
Resinous Flooring, Masonry, Plumbing, Door Frames & Hardware, HVAC, Drywall & Ceilings, Electric & Lighting, Painting, Plumbing	31%

- Consigli has achieved 40% to date
- Vendor performance is excellent to date





# Board of Directors Approval Request

- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to further increase the funding by \$3,477,599 for its previously executed agreement with Array Architects, Inc. (“**Array**”) for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/Woodhull Hospital (“**Woodhull**”) in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”), which follows previous funding increases of \$1,814,880 authorized in November 2021 and \$6,409,289 in November 2022, and \$1,960,238 in May 2023, such that the funding is increased from \$18,847,407 to \$22,325,006
- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to further increase the funding by \$2,400,000 for its previously executed agreement with AECOM USA, Inc. (“**AECOM**”), to provide program management services at NYC Health + Hospitals/Bellevue Hospital (“**Bellevue**”) and NYC Health + Hospitals/Woodhull Hospital (“**Woodhull**”) in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”), which follows previous funding increases of \$6,097,369 IN November 2021 and \$1,498,738 authorized in May 2023 such that the current funding is increased from \$16,635,305 to \$19,035,305.
- Authorizing New York City Health and Hospitals Corporation (the “**System**”) to further increase the funding by \$43,022,528 and until April 2025 for its previously executed contract with Consigli Construction Co., Inc. (“**Consigli**”) to serve as construction manager/builder under a guaranteed maximum price (“**GMP**”) structure for the construction and construction management of the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Unit (“**OTxHU**”) at NYC Health + Hospitals/Bellevue (“**Bellevue**”), which follows previous funding increases of \$19,421,612 authorized in May 2022, and \$19,629,719 authorized in May 2023, such that the current funding is increased from \$159,969,414 to \$202,991,942 to cover construction and construction management at Bellevue only and to extend the contract completion date to April 30, 2025.

## RESOLUTION - 14

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute agreements with each of the vendors: **Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc., Med-Metrix, LLC and R1 RCM Holdco Inc. (Cloudmed) for the provision of Account Receivable Services** on behalf of the System for an initial period of three-years and two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$53,200,000 over the potential five-year term.

**WHEREAS**, Accounts Receivable Vendors provide services that support NYC Health + Hospitals’ Patient Accounting workflow by providing expertise and resources that would be cost prohibitive for NYC Health + Hospitals to deploy; and

**WHEREAS**, the Request for Proposals for the provision of Account Receivable Services was released on May 10, 2023 through its Supply Chain Services Unit, followed by a pre-proposal conference, attended by twenty-nine vendors; and

**WHEREAS**, of the twenty-nine vendors that attended the pre-proposal conference, eighteen vendors submitted proposals; and

**WHEREAS**, in conformance with its procurement operating procedure, the System received and evaluated proposals from eighteen vendors and evaluated such proposals among a diverse evaluation committee; and

**WHEREAS**, the following five vendors were selected to receive contract awards: Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc., Med-Metrix, LLC and R1 RCM Holdco Inc. (Cloudmed); and

**WHEREAS**, the Assistant Vice President for Revenue Cycle Services and the Director for Revenue Cycle Services will be responsible for the administration of the proposed amended agreement.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute agreements with each of the five vendors Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc., Med-Metrix, LLC and R1 RCM Holdco Inc. (Cloudmed) for Account Receivable Services on behalf of the System. The initial term shall be three-years and two one-year renewal options, solely exercisable by the System. The total contract value shall not exceed \$53,200,000 over the potential five-year term.

**EXECUTIVE SUMMARY  
RESOLUTION TO AUTHORIZE CONTRACT  
WITH FIVE VENDORS**

**Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc.,  
Med-Metrix, LLC and R1 RCM Holdco Inc. (Cloudmed)**

**OVERVIEW** The purpose of this agreement is to provide Account Receivable Services.

**PROCUREMENT** The System undertook an RFP to procure vendors to provide Account Receivable Services. Eighteen vendors provided proposals. After evaluation, the following five vendors were selected to provide services: Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc., Med-Metrix, LLC and R1 RCM Holdco Inc. (Cloudmed)

**NEED** Accounts Receivable Vendors provide services that support NYC Health + Hospitals' Patient Accounting workflow by providing expertise and resources that would be cost prohibitive for NYC Health + Hospitals to deploy.

**TERMS** The total not-to-exceed cost for the five-year contract is \$53,200,000. The proposed vendors will provide the following services: low dollar/high volume insured accounts, self-pay, no fault, worker's compensation and secondary review claims.

**MWBE** All proposers were required to meet an M/WBE goal of 30%. Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc., Med-Metrix, LLC and R1 RCM Holdco Inc. (Cloudmed) have provided a 30% MWBE utilization plan.

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

From: Irmali Rivera-Bazan Associate Counsel  
Office of Legal Affairs  
Rivera-Bazan, Irmali  
Digitally signed by Rivera-Bazan, Irmali  
Date: 2023.11.27 15:14:35 -05'00'

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

Contract: Account Receivable Services

Date: November 27, 2023

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

<b><u>Vendor Name</u></b>	<b><u>Vendor Responsibility</u></b>	<b><u>EEO</u></b>	<b><u>MWBE</u></b>
Eclat Health Solutions, Inc	Pending	Pending	30%
Firstsource Solutions Limited	Pending	Pending	30%
RTR Financial Services, Inc.	Approved	Pending	30%
Med-Metrix, LLC	Approved	Pending	30%
R1 RCM Holdco Inc. (Cloudmed)	Approved	Pending	30%

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

**Application to Award Contracts  
Accounts Receivable Vendors -**

**Eclat Health Solutions, Inc., Firstsource Solutions Limited,  
RTR Financial Services, Inc., Med-Matrix, LLC and R1 RCM  
Holdco Inc. (Cloudmed)**

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

**Robert Melican, AVP, Revenue Cycle Services  
Jeannie Ryan, Director, Revenue Cycle Services**

## For Board Consideration

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- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute agreements with each of the vendors: **Eclat Health Solutions, Inc., Firstsource Solutions Limited, RTR Financial Services, Inc., Med-Metrix, LLC and R1 RCM Holdco Inc. (Cloudmed)** for the provision of Account Receivable Services on behalf of the System for an initial period of three-years and two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$53,200,000 over the potential five-year term.

# Background

- Accounts Receivable Vendors provide services that support NYC Health + Hospitals' Patient Accounting workflow by providing expertise and resources which are cost prohibitive for NYC H+H to deploy.
- Vendors all work on a contingency basis; that is paid on a percentage of collections which ranges based on the typical age of the claim and the complexity to collect
- For 5 years RCS has managed a portfolio of vendors, first established in the legacy financial systems and currently all in Epic
- Five specialty claim types are included in this RFP:
  - Workers Compensation & No Fault claims are unique claim types that NYC H+H, and many hospital systems, outsource to specialty vendors
  - Secondary Claims Review (\$0 Balance) evaluates paid claims to identify variances between the paid amount and NYC H+Hs' contract language. Vendor finds errors in insurer's interpretations of contracts and addresses with insurance companies on NYC H+H's behalf
  - Low Dollar / High Volume Insured Accounts are outstanding claims with a balance less than \$3,000 that vendor follows up and appeals on behalf of NYC H+H
  - Self Pay vendors conduct outreach to uninsured patients to facilitate insurance applications and/or refer back to NYC H+H to evaluate for financial assistance. Note; this is **not** a traditional collection agency. The vendors have financial counselors to assist patients applying for Medicaid and/or refer for NYC Care.

# Current Portfolio

- RCS is working with Supply Chain to extend the contract lengths to allow for a transition period

Service Line	Vendor (s)	Contract		Current FY '23 Expense
		Start Date	End Date	
Workers Compensation	Betz Mitchell	1/24/2020	1/24/2025	\$400,000
No Fault	Betz Mitchell JZanus	5/1/2017 5/1/2017	6/30/2024 11/30/2023	\$2,200,000
Secondary Claims Review	CloudMed	3/4/2020	3/4/2024	\$4,600,000
Low Dollar / High Volume Insured Accounts	Med-Metrix Sutherland	1/1/2019	12/31/2023	\$2,300,000
Self Pay	Betz Mitchell JZanus Sutherland	1/1/2019	12/31/2023	\$1,600,000



# Overview of Procurement

- 03/14/23: CRC approved request to issue RFP with the engagements
- 05/10/23: RFP published in the City Record and provided directly to 18 vendors
- 05/30/23 & 6/2/23: Two rounds of pre-proposal calls conducted with 29 vendors attending
- 06/23/23: Proposal deadline and received proposals from 18 unique providers across the 5 engagements.
  - Proposals Received (most vendors applied to multiple engagements):
    - Insured - 11
    - Self Pay - 9
    - Worker's Compensation - 6
    - No-Fault - 6
    - Secondary Review - 8
- 07/20/23: Evaluation committee completed 1st round scoring
- 08/14-8/16/23: Highest scoring vendors presented to evaluation committee via WebEx
- 09/07/23: Evaluation committee completed 2nd round scoring
- 09/07/23: Vendors selected for each line of business

# RFP Criteria

## Minimum Criteria

- At least 5 years' experience with each specific population
- Demonstrated familiarity with NYS rules and regulations pertaining to each specific population
- Certified NYS Medicaid enroller (Self Pay Vendors only)
- Annual gross revenues greater than \$10M for each of its last three fiscal years

## Substantive Criteria

- Cost – 50%
- Quality of Proposed Operational Approach – 40%
- MWBE Utilization Plan or MWBE Status – 10%

## Evaluation Committee

- Director Vendor Management
- Manager Patient Accounts (Elmhurst)
- Manager Patient Account (Bellevue)
- Sr. Director Patient Accounts
- Manager Coordinating (Jacobi)
- AVP, Managed Care
- Asst Director Patient Account
- HIM
- Sr. Director EITS/Risk Mgmt.
- Sr. Director Billing Inquiry

# MWBE Summary

Engagement	Vendor Name	MWBE Vendor	MWBE Status	UP Goal %
Low Dollar	Eclat	NIHA Technologies	NYC - Asian MBE	30%
Self-Pay	Firstsource	Absolute Staffing & Consulting	NYC - Black MWBE	30%
	RTR Financial	Tanya Hobson-Williams PC/ Hi & Low Computers	NYC - Black MWBE/ Asian MBE	30%
No Fault	Med Metrix	The Chappelle Group	NYC - Black MBE	30%
Workers Comp	Med Metrix	The Chappelle Group	NYC - Black MBE	30%
Secondary Review	CloudMed	Expedient Staffing Solutions	NYC - Non-minority WBE	30%

- The vendor diversity team set a 30% overall goal on this procurement, recognizing that some vendors responding to certain engagements may request a full or partial waiver due to specialization and proprietary software
- None of the awarded vendors submitted a waiver request

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