

<p><u>CALL TO ORDER - 3 PM</u></p>	<p>Dr. Barrios-Paoli</p>
<p>1. Adoption of Minutes: July 28, 2016</p>	
<p><u>Chair’s Report</u></p>	<p>Dr. Barrios-Paoli</p>
<p><u>President’s Report</u></p>	<p>Dr. Raju</p>
<p>>>Action Items<<</p>	
<p>2. RESOLUTION adopting NYC Health + Hospitals’ Mission Statement and Performance Measures as required by the Public Authorities Reform Act.</p>	<p>Dr. Barrios-Paoli</p>
<p>3. RESOLUTION adopting, in the name of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) Board of Directors, the twelve Implementation Strategies prepared for each of NYC Health + Hospitals’ eleven acute care hospitals and for the Henry J. Carter Specialty Hospital and Rehabilitation Center as supplemental documents to the Community Health Needs Assessments, which were approved by the Board of Directors in June 2016. (Strategic Planning Committee – 09/08/2016)</p>	<p>Mr. Campbell</p>
<p>4. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a 99 year sublease (including tenant renewal options) with T Building Housing Development Fund Company, Inc. a to-be-formed single purpose as entity of which NYC Partnership Housing Development Fund Company, Inc. is the sole member as nominee for T Building LLC, a to-be-formed single purpose limited liability company, the managing member of which will be T Building Managers LLC a to be formed single purpose entity of which Dunn Development Corp. will be the sole member (“Tenant”), to rent a parcel of approximately 167,000 square feet including the existing 10 story “T Building” of approximately 238,000 gross square feet on the campus of Queens Hospital Center Jamaica, Queens, New York together approximately 129,000 square feet of surrounding land to be used for approximately 103 parking spaces for the building along with other uses. The building is to be renovated to create approximately 206 residential units including approximately 75 supportive housing units for single adults who are appropriate for independent living in the community and whose income is less than 60% of the Area Median Income (“AMI”); approximately 79 affordable units for households earning less than 60% of AMI; and approximately 51 moderate/middle income housing units for households earning less than 100% of AMI with 8,000 square feet to be provided for a community facility use; provided that, in lieu of rent to NYC Health + Hospitals, approximately 12,000 gross square feet will be retained by NYC Health + Hospitals at no charge other than for utilities and maintenance for the Facility’s non-direct medical care uses. (Public Hearing – 09/07/2016 – Capital Committee 09/08/2016)</p>	<p>Ms. Youssouf</p>
<p>5. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a sub-sublease with Emblem Health for a term of approximately seven years and six months for approximately 37,459 square feet of space on the 9th floor at 1 Metrotech Center, Borough of Brooklyn, to house MetroPlus’ call center and associated functions at an initial rent of \$26 per square foot, or \$568,128 for the first year of the term after factoring five months of free rent, and with the rent escalating for the balance of the term at a rate of 2.5% per year for a total base rent for the lease term of approximately \$7,620,309 plus a total of \$710,164 for electricity over the term for a total cost of \$8,330,473. (Capital Committee – 09/08/2016)</p>	<p>Ms. Youssouf</p>
	<p><i>(over)</i></p>

<p>6. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to execute a sub-sublease with the New York State Shipping Association, Inc. – International Long Shoremen’s Association Pension Trust Fund for a term of approximately four years and eight months for approximately 16,899 square feet of space on the 16th floor at 77 Water Street, Borough of Manhattan, to house the Office of the Inspector General at an initial rent of \$45 per square foot, or \$570,342 for the first year of the term after factoring three months of free rent, and with the rent escalating for the balance of the term at a rate of 2% per year for a total base rent for the lease term of approximately \$3,492,944 plus a total of \$216,869 for electricity over the term for a total cost of \$3,709,813. (Capital Committee – 09/08/2016)</p>	<p>Ms. Youssouf</p>
<p>7. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to increase the aggregate not-to-exceed threshold established for the Construction Management services contract pool, including the following firms: Gilbane Building Company; HAKS; Hunter Roberts Construction Group; Jacobs Engineering; LiRo Program and Construction Management; and, TDX Construction Corporation, by \$6.5 million, from \$8.5 million to \$15 million, to provide professional construction management services on an as-needed basis at various facilities throughout the system. (Capital Committee – 09/08/2016) EEO: / VENDEX: PREVIOUSLY APPROVED</p>	<p>Ms. Youssouf</p>
<p>8. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to increase the aggregate not-to-exceed threshold established for the Life Safety services contract pool, including the following firms: Code Consultants Professional Engineers; Hughes Associate Fire & Safety Engineers of New York, PC; Safety Management Services; and TSIG Consulting, Inc., by \$3.5 million, from \$1 million to \$4.5 million, to provide professional Life Safety services on an as-needed basis at various facilities throughout the system. (Capital Committee – 09/08/2016) EEO: / VENDEX: PREVIOUSLY APPROVED</p>	<p>Ms. Youssouf</p>
<p><u>Committee Reports</u></p> <ul style="list-style-type: none"> ➤ Audit ➤ Capital ➤ Equal Employment Opportunity ➤ Finance ➤ Strategic Planning 	<p>Ms. Youssouf Ms. Youssouf Mr. Nolan Mr. Rosen Mr. Campbell</p>
<p><u>Executive Session / Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ Woodhull Medical and Mental Health Center 	
<p>Semi-Annual Governing Body Report (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ Lincoln Medical and Mental Health Center ➤ Gouverneur Healthcare Services <p>2015 Performance Improvement Plan and Evaluation (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ Cumberland A Gotham Health Center <p>>>Old Business<< >>New Business<<</p>	
<p>Adjournment</p>	<p>Dr. Raju</p>

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 28th day of July 2016 at 3:00 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Dr. Ramanathan Raju
Ms. Helen Arteaga Landaverde
Mr. Steven Banks
Gary S. Belkin, M.D.
Josephine Bolus, R.N.
Dr. Jo Ivey Boufford
Dr. Vincent Calamia
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Dr. Herminia Palacio
Mr. Bernard Rosen

Dr. Oxiris Barbot was in attendance representing Dr. Mary T. Bassett in a voting capacity. Dr. Raju chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on June 30, 2016 were presented to the Board. Then on motion made by Dr. Raju and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on June 30, 2016, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON' S REPORT

Dr. Raju notified the Board of a public hearing being held on September 7, 2016 at NYC Health + Hospitals/Queens.

Dr. Raju also announced that a Board educational session will take place on September 12, 2016.

Dr. Raju updated the Board on approved and pending Vendex.

PRESIDENT' S REPORT

Dr. Raju's remarks were in the Board package and made available on HHC's internet site. A copy is attached hereto and incorporated by reference.

ACTION ITEMS

RESOLUTION

2. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with **The Boston Consulting Group** to provide consulting services to guide the structure and early operations of the NYC Health + Hospitals' Transformation Office over a six month term for a cost not to exceed \$3.365 Million with two six-month options available exclusively to NYC Health + Hospitals for a total amount not to exceed \$10.95 Million.

After discussion, Mr. Rosen moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

3. Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to negotiate and execute a five-year contract with **Canon Solutions America** to provide System-wide Managed Print Services with two, one year options to renew solely exercisable by NYC Health + Hospitals Corporation, in an amount not to exceed \$74.3 million for seven years.

Mrs. Bolus moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

4. Authorizing the Resolution adopted February 25, 2016 regarding the revision of the previously approved Draper Hall lease to authorize the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an amendment of the December 24, 2014 sublease with Draper Homes Housing Development Fund as nominee for Draper Hall Apartments LLC ("Tenant I") to provide for the return to NYC Health + Hospitals of approximately 15,150 square feet included in such lease (the "Draper II Site") on the **campus of Metropolitan Hospital Center** and to simultaneously **execute a sublease with Draper Family Housing Development Fund Corporation** or such other housing development fund company as shall be approved by both NYC Health + Hospitals and the New York City Department of Housing Preservation and Development ("HPD") (the "HDFC") as nominee for Gilbert on First LLC (in such capacities being referred to together with the HDFC as "Tenant II") of the Draper II Site for a term of 99 years, inclusive of Tenant II options **for the development of a 16 story structure on the Draper II Site** with approximately 153 apartments for low and moderate income individuals and families at a rent payable to NYC Health + Hospitals of not less than \$87,606 per year.

After discussion, a motion to adopt the resolution was made and was duly seconded and unanimously adopted by the Board.

RESOLUTION

5. Authorizing the NYC Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an **extension of the existing agreements with Arcadis U.S., Inc. and with Parsons Brinckerhoff, Inc.** for a term of twelve months for an amount not to exceed \$2,366,826.50 for both of such contractors drawing on funds left unused from the prior contract.

Mr. Rosen moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

6. Authorizing the NYC Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a **sub-lease** with the Howard Hughes Corporation for about two years and approximately 18,740 square feet of **space on the 31st floor at 199 Water Street, New York**, to house **HHC Assistance Corporation d/b/a OneCity HealthServices** at a rent of \$33/square foot or \$463,815/year after factoring three months of free rent for the first year and \$33.66/square foot or \$630,788.40 for the second year for a two year total of approximately \$1,094,603.40 plus the cost of sub-metered electricity.

A motion to adopt the resolution was made and was duly seconded and unanimously adopted by the Board.

RESOLUTION

7. Authorizing the NYC Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a **Capital Project** for an amount not to exceed \$28,349,000 for the **design, construction and outfitting of a new Diagnostic and Treatment Center at 155 Vanderbilt Avenue, Staten Island**, operated by NYC Health + Hospitals.

After discussion, a motion to adopt the resolution was made and was duly seconded and unanimously adopted by the Board.

RESOLUTION

8. Authorizing the NYC Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a revocable **license agreement** with the **Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island** for its continued use and occupancy of 4,284 square feet of space in the Surgical Pavilion to house the administrative functions of an ambulance service and 500 square feet of space for parking on the campus of **Sea View Hospital Rehabilitation Center and Home** at an occupancy fee rate of \$7,757 per year for a five year total amount of \$38,785.

A motion to adopt the resolution was made and was duly seconded and unanimously adopted by the Board.

RESOLUTION

9. Authorizing the NYC Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a **license agreement** with the **New York City Human Resources Administration** permitting HRA's continued occupancy of approximately 325 square feet of space in **Lincoln Medical and Mental Health Center** through June 30, 2017 with two one-year renewals for the operation of the **New York City Identification Card Program** with the occupancy fee waived but with HRA responsible for supplying its own security guard and paying the cost of the additional cleaning required in the amount of \$294/month such amounts to increase by 2% annually.

Dr. Boufford moved the adoption of the resolution which was duly seconded and adopted by the Board by a vote of eleven in favor with Mr. Banks, as Commissioner for HRA, recusing.

RESOLUTION

10. Authorizing the Executive Director of **MetroPlus Health Plan, Inc.** to negotiate and execute a contract with **Finity, Inc.** to provide education, engagement and rewards services for a term of three (3) years with three 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$11.5 million per year.

Mr. Rosen moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

11. Authorizing the NYC Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with **COPE Health Solutions** to provide **consulting services to help structure the partners in the NYC Health + Hospitals-Led Participating Provider System-PPS under the Delivery System Reform Incentive Payment-DSRIP program** to yield a network obtaining 90% of its patient service revenue from value-based payments including structuring the method for making DSRIP payments to lead to such a state over a term amount not to exceed \$6,810,000 in the initial 12-month period, 6,810,000 in the first renewal term and \$5,450,000 in the second renewal terms for a total not-to-exceed amount for the three-year period of \$19,070,000.

After discussion, a motion to adopt the resolution was made and was duly seconded and unanimously adopted by the Board.

BOARD COMMITTEE AND SUBSIDIARY REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees and Subsidiary Boards that have been convened since the last meeting of the Board of Directors. The reports were received by Dr. Raju at the Board meeting.

Dr. Raju received the Board's approval to convene an Executive Session to discuss matters of quality assurance.

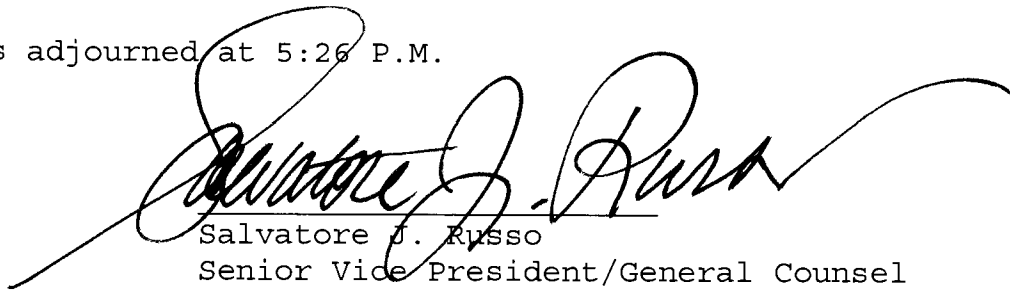
FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Dr. Raju reported that, 1) the Board of Directors, as the governing body of NYC Health + Hospitals/Queens, received an oral and written governing body submission and reviewed, discussed and adopted the facility's report presented; (2) as governing body of NYC Health + Hospitals/McKinney, the Board reviewed and approved its semi-annual written report; and (3) as governing body of NYC Health + Hospitals/Kings County, the Board reviewed and approved its semi-annual written report.

Additionally, the Board received and approved the 2015 performance improvement plan and evaluation from NYC Health + Hospitals/Belvis.

ADJOURNMENT

Thereupon, there being no further business before the Board,
the meeting was adjourned at 5:26 P.M.



Salvatore J. Russo
Senior Vice President/General Counsel
and Secretary to the Board of Directors

COMMITTEE REPORTS

Capital Committee – July 7, 2016

As reported by Ms. Emily Youssouf

Vice President's Report

Roslyn Weinstein, Vice President, Operations, advised that the meeting agenda would include; a license agreement with a volunteer ambulance service operating at Sea View Hospital Rehabilitation Center and Home; a request for project approval at 155 Vanderbilt Avenue; a lease at 199 Water Street for space for the Delivery System Reform Incentive Payment (DSRIP) program; an amendment to the Draper Hall II lease; a request for an extension of contracts providing Federal Emergency Management Agency (FEMA) project related design work; and, a license agreement at Lincoln Medical and Mental Health Center for operation of the NYC ID program.

Ms. Weinstein provided Committee members with an overview of accomplishments over the past fiscal year. Ms. Weinstein noted that the Committee had approved approximately \$58 million in Capital Projects. That included; two energy efficiency projects, at Harlem and Kings County Hospitals; the installation of new chillers for the Operating Rooms at Bellevue Hospital; renovations at Harlem for the geriatric unit; and, the build-out of six primary care sites, three of which were expected to open ahead of schedule, by October 2016.

In reporting on the savings being realized as a result of the energy conservation projects being completed with the New York Power Authority (NYPA) and the Department of Citywide Administrative Services (DCAS) throughout the system, Ms. Weinstein explained that the installation of new boilers at Coney Island Hospital had yielded a \$2.2 million savings in the year and a half since completion, the efficiency upgrade being performed at Metropolitan Hospital Center, which was not yet complete, was already showing that switching over from oil to gas would show a \$2.1 million savings, and the comprehensive energy upgrade at Elmhurst Hospital had already realized a \$413,000 savings.

Ms. Weinstein reported that the Committee had approved \$39.5 million in contracts for On-Demand Job Order Contracting and FEMA related services. Approved real estate agreements totaled approximately \$1 million in outgoing fees and payments and \$4.2 million coming into the Health + Hospitals system.

Ms. Weinstein explained that negotiations were ongoing regarding the T-Building in Queens, but there were hopes that a Public Meeting would be held by September.

Ms. Youssouf said Ms. Weinstein and her whole department were doing a fine job and she appreciated that projects were being reported as on time and on budget, and she was glad to hear that energy projects were yielding savings.

That concluded Ms. Weinstein's report.

Action Items:

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health and Hospitals") to execute a revocable license agreement with the Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island (the "Licensee") for its continued use and occupancy of 4,284 square feet of space in the Surgical Pavilion to house the administrative functions of an ambulance service and 500 square feet of space for parking on the campus of Sea View Hospital Rehabilitation Center and Home (the "Facility") at an occupancy fee rate of \$7,757 per year for a five year total amount of \$38,785.

Angelo Mascia, Executive Director, Sea View Hospital Rehabilitation Center and Home, read the resolution into the record.

Mr. Mascia explained that the organization, a not-for-profit organization comprised of 50 Staten Island residents, had been occupying space on campus since 1997 as a base of their operations. They serve the community by providing emergency medical coverage to many organizations, sporting events, health fairs and parades. They also participate in the 911 system, operating a tour from 7:00 PM to 12:00 AM, seven days a week. Mr. Mascia noted that the space occupied by the organization had been renovated, at their own cost.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to approve a Capital Project for an amount not to exceed \$28,349,000 for the design, construction and outfitting of a new Diagnostic and Treatment Center at 155 Vanderbilt Avenue, Staten Island, operated by NYC Health +Hospitals (the "system").

Daniel Collins, Director, Coney Island Hospital, read the resolution into the record on behalf of Anthony Rajkumar, Executive Director, Coney Island Hospital. Mr. Collins was joined by Roslyn Weinstein, Vice President, Operations.

Mr. Collins advised that the total square footage of the project was 8,340 square-feet. He explained that the existing one story building, on site, would be demolished. The project scope would also include site construction; including parking and utility connections for the new building; construction of the modular structure, off-site; and, delivery of the structure to the site.

Ms. Youssouf asked if this would be a temporary site. Ms. Weinstein said no, this clinic would be operating under Gotham Health, and was part of the Primary Care services expansion.

Ms. Youssouf asked if the Bonds that were financing the project were in place. Ms. Weinstein said yes the bonds were in place and the project was expected to be complete by next year.

Josephine Bolus, RN, said she was glad that we were increasing services on Staten Island. Ms. Weinstein said the clinic would offer primary care and some specialty services and would have elongated hours.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a sub-sublease with the Howard Hughes Corporation for about two years and approximately 18,740 square feet of space on the 31st floor at 199 Water Street, New York, to house HHC Assistance Corporation d/b/a OneCity Health Services at a rent of \$33/square foot or \$463,815/year after factoring three months of free rent for the first year and \$33.66/square foot or \$630,788.40 for the second year for a two year total of approximately \$1,094,603.40 plus the cost of sub-metered electricity.

Christina Jenkins, MD, Chief Executive Officer, OneCity Health Services, read the resolution into the record.

Dr. Jenkins explained that the Board approved the repurposing of an existing subsidiary, the HHC Assistance Corporation, at the end of 2014. The subsidiary was issued to house staff working to help Health + Hospitals, and their partner organizations, achieve DSRIP transformation goals. She noted that the Capital Committee had previously approved a sublease for half of a floor at 199 Water Street. This proposed sub-sublease was for the other half of that floor.

Dr. Jenkins said it was a great opportunity, as the space was needed, and would be used to house staff from the division of Medical and Professional Affairs, who work on DSRIP improvement planning and the Ambulatory Care transformation, and so it would make sense to have them all housed in one place.

Ms. Youssouf asked if the staff were currently housed elsewhere. Ms. Jenkins said yes, they were currently in offices on the fourth floor of 125 Worth Street, and were operating under space constraints. Ms. Youssouf asked if the space they would be vacating would be used by another group. Ms. Weinstein said yes, definitely.

Ms. Youssouf asked if the sub-metered electricity rate would be determinable based on the fact that the rate was already being charged in the existing leased space. Ms. Weinstein said they should be able to determine what those rates were, and that she didn't believe they had been sub-metered with NYPA rates, but she would look into it. Dion Wilson, Director, Legal Affairs, said that the current rate was \$3.25 per square foot, and the sub-sublease would be the same.

Dr. Jenkins noted that the proposed lease, and the previous lease at 199 Water Street, were both contracted to end in September of 2018, and at that time needs would be reviewed and it would be determined whether the space was still appropriate for Health + Hospitals' needs.

Ms. Youssouf asked if it was expected that the bulk of the staff would no longer be needed once the program got off the ground. Ms. Jenkins said that was dependent on how the remainder of the work would be completed. It was possible that at a future point more staff would be needed.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Authorizing the Resolution adopted February 25, 2016 regarding the revision of the previously approved Draper Hall lease to authorize the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an amendment of the December 24, 2014 sublease with Draper Homes Housing Development Fund as nominee for Draper Hall Apartments LLC ("Tenant I") to provide for the return to NYC Health + Hospitals of approximately 15,150 square feet included in such lease (the "Draper II Site") on the campus of Metropolitan Hospital Center and to simultaneously execute a sublease with Draper Family Housing Development Fund Corporation or such other housing development fund company as shall be approved by both NYC Health + Hospitals and the New York City Department of Housing Preservation and Development ("HPD") (the "HDFC") as nominee for Gilbert on First LLC (in such capacities being referred to together with the HDFC as "Tenant II") of the Draper II Site for a term of 99 years, inclusive of Tenant II options for the development of a 16 story structure on the Draper II Site with approximately 153 apartments for low and moderate income individuals and families at a rent payable to NYC Health + Hospitals of not less than \$87,606 per year.

Roslyn Weinstein, Vice President, Operations, read the resolution into the record. Ms. Weinstein was joined by Sydelle Knepper, SKA Marin.

Ms. Weinstein explained that the amendment would allow for two additional floors, and 22 more apartments to the previously approved agreement. She noted that rent would increase to \$87,606. She stated that no space would be provided for conference space, as was discussed in a previous meeting.

Ms. Youssouf asked why they could not accommodate a conference space. Ms. Weinstein said she believed it had something to do with the ability to receive tax revenue. Ms. Youssouf said she didn't think that was the reason.

Ms. Youssouf asked how they were able to increase the number of stories, and whether it was related to zoning. Ms. Weinstein said it was a result of the way the building was being constructed. Ms. Knepper explained that the project fell under a mixed income pro-forma and the discussion revolved around what percentage of low income units and how low the percentage would be. It was agreed that 25% of the units would be at 47% median income, equivalent to the Draper I site, which was low income senior housing. When that was factored in, there was a project shortfall. The structural engineer determined that additional square footage could be added by increasing the number of floors on the structure and that could be accomplished by using steel supports to build the structure.

Ms. Youssouf asked if there would need to be an additional Public Hearing, being that the first one was for a 14 foot structure. Salvatore Russo, General Counsel, Legal Affairs, said he didn't believe so, but would confirm.

Mrs. Bolus asked if parking was part of the project. Ms. Knepper said no but the site was close to the subway.

Mrs. Bolus asked how the application process would be handled. Ms. Knepper said that they would likely be done on-line by the housing Preservation Department (HPD). She said it was anticipated that 50% would be preferential but that would be determined by the pending lawsuit with regards to low income housing preferential.

Ms. Youssouf asked if Ms. Knepper knew the status of that lawsuit. Ms. Knepper said no.

Mrs. Bolus asked if there would be a lottery. Ms. Knepper said yes.

Mrs. Bolus asked what had happened to the mosaic tile mural that had been inside the structure. Ms. Knepper said she believed it had been removed by Health + Hospitals. Ms. Weinstein said she would check with Joe Schick, as the Art Program was managed by his department.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an extension of the existing agreements with Arcadis U.S., Inc. ("Arcadis") and with Parsons Brinckerhoff, Inc. ("Parsons") for a term of twelve months for an amount not to exceed \$2,366,826.5 for both of such contractors drawing on funds left unused from the prior contract.

Roslyn Weinstein, Vice President, Operations, read the resolution into the record.

Ms. Weinstein explained that both consultants were hired after Hurricane Sandy, to provide emergency architectural services and helped to compile details required for Project Worksheet submissions to FEMA. They had completed work at Bellevue, Coney Island, Metropolitan and Coler Hospitals. She noted that the do not exceed amount of \$5 million had not been reached, and their services were still required, so this request was to continue the contract under the same threshold. All funds were reimbursable by FEMA.

Mrs. Bolus asked if they performed work not related to emergencies. Ms. Weinstein said no, the contracts are for FEMA related projects only.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a license agreement with the New York City Human Resources Administration ("HRA") permitting HRA's continued occupancy of approximately 325 square feet of space in Lincoln Hospital and Mental Health Center ("Lincoln") through June 30, 2017 with two one-year renewals for the operation of the New York City Identification Card Program ("NYCID Program") with the occupancy fee waived but with HRA responsible for supplying its own security guard and paying the cost of the additional cleaning required in the amount of \$294/month such amount to increase by 2% annually.

Milton Nunez, Executive Director, read the resolution into the record.

Mr. Nunez stated that New York City had processed 162,000 ID NYC applications, through June 30, 2016. 35% of those applications, 57,000, were processed at Lincoln Medical and Mental Health Center. Mr. Nunez said the program was good for the community and the patients.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Mr. Russo said that he had confirmed that a new Public Hearing was not needed for the additional floors on the Draper Hall project.

Finance Committee – July 7, 2016
As reported by Mr. Bernard Rosen

Senior Vice President's Report

Mr. PV Anantharam stated that the Committee's agenda was short and included one action item. H+H ended May 2016 with a healthy cash balance. Since the last meeting, the City has adopted a budget and there has been some significant changes relating to NYC H+H. The City has prepaid \$400 million of their originally planned FY17 subsidy to H+H in June 2016. As previously reported, H+H was projected to end FY 16 with a cash balance of \$118 million; however, there have been a number of other revisions to that projection that will result in an estimated balance of \$440 million. Mr. Linhart who is acting as the Corporate Comptroller liaison

will report on the May 2016 cash balance and some of the large outgoing transactions in June 2016. Ms. Dehart will update the Committee on the status of H+H's DSH and UPL transactions. Ms. Olson will report on the change in the key indicators and Mr. Covino would report on the budget performance status and some of the details on the FTEs reduction efforts. The FTE targeted reduction continues to show improvement over the past seven months which is reflective of H+H's commitment to its gap closing actions which is due largely to the efforts of Mr. Martin's office and the finance office in addressing this issue. Through the end of May 2016, FTEs are down by 1,252 and preliminary estimates indicate that June 2016 will be lower. Lastly, there is one action item relating to a contract with Boston Consulting Group (BCG) for the Transformation office that would be presented by Dr. Wilson.

Cash Flow

Mr. James Linhart reported that Health + Hospitals cash flow as of May 31, 2016 was at 25 days cash on hand or a balance of approximately \$403 million and H+H is expected to end the fiscal year June 30th with approximately the same amount \$440 million or 27 days cash on hand. As Mr. Anantharam explained during the month of June 2016, H+H received unexpected revenues of \$400 million, related to a prepayment of FY 17 subsidy by the City, as well as a \$50 million payment of MetroPlus IGT; however, these were offset by the delay of receipts of DSH Max funding of \$102 million, I/P UPL payments (\$275 million) and DSRIP funding (\$37.6 million), for a total of \$414.6 million that was pushed into Fiscal Year 2017 receipts. The remaining pension liability of \$283.1 million was paid during the week of June 19th, (total pension liability for FY16 was \$497.7 million; \$215 million was paid in Jan'16, and a payment was made for the FDNY/EMS Fiscal Year 2015 of \$160 million on June 28th. H+H expects to make the balance of its FY16 obligations in the coming months.

Mr. Rosen asked if H+H paid everything in FY 16 that was scheduled for payment except for the one noted payment.

Mr. Linhart stated that there is a \$173 million payment for the FDNY that remains outstanding. Mr. Anantharam added that there is also a retirement payment of \$55.7 million also outstanding.

Mr. Page commented that with those total outstanding payments that are due but not yet paid although H+H received \$400 million from the City which in total there is a \$600 million impact on the cash balance as of June 2016.

Mr. Anantharam stated that although that was the situation there are some pending negative factors that contributed to that decision for those remaining outstanding payments which Ms. Dehart would present as part of the DSH/UPL reporting.

Mr. Linhart stated that the year-ending closing is ongoing for FY 16 and the final results will be reported at a later time. Mr. Linhart concluded his report followed by Ms. Dehart.

DSH/UPL UPDATE

Ms. Linda Dehart stated that last month the Committee was informed that as a result of Dr. Raju's continued engagement with officials at CMS, H+H expected to receive an advance on the pending 2015 inpatient UPL payment in June. CMS did approve that advance, however constraints in the State's quarterly payment systems did not allow for us to receive the funds in June. A payment of \$187 million is scheduled for July 12. H+H continues to work with both the State and CMS to achieve final approval of outpatient, clinic and nursing home UPLs for years through 2014, which are estimated to total approximately \$160 million OP FY 11-14 \$64million; NH FY 14 \$63 million; DTC FY 12-14 \$32 million. As previously committed, the State made a \$54 million DSH payment in June 2016, and continues to review timing for release of \$102 million of additional DSH funds projected to be available for the federal fiscal year ending in September 2016. In total, H+H had planned on receiving \$426 million in June from DSH/UPL and ended up getting \$54 million with another \$187 million next week. Additionally, the State was able to make a previously unscheduled \$50 million enhanced payment for MetroPlus in June 2016.

Ms. Youssouf asked if the payments that are pending included \$187 million, \$116 million and \$102 million.

Ms. Dehart stated that the \$187 million inpatient UPL, an advancement against the 2015 amount that is yet to be determined; \$160 million for other UPL payments through 2014. H+H financial plan has UPL 2015 and 2016 various services new calculations including the \$187 million totals over \$1 billion.

Ms. Youssouf asked if the \$102 million was included in that total. Ms. Dehart stated that it is the amount available thru September 2016, the last payment that is being held by the State pending the outcome of other DSH payments to other public hospitals.

Mr. Page commented that H+H appears to be constantly going back to the incremental reimbursements on Medicaid and what is of concern is what happens when this program theoretically ends by the federal government would H+H still have a right to whatever outstanding balance owed by CMS.

Ms. Dehart explained that if the reference was to the DSH program fund, the UPL payments will continue to be available and are not affected by the DSH cuts but are affected by the transition to managed care given that the bill is not available to manage care. The DSH cuts are reflected in the financial plan and there is always the issue of balancing the State's cash allotment for DSH payments that the State is allowed to make and that is what gets cut by the ACA and the requirements under State law to make payments to other providers. H+H continues to have room available. There are hospitals that are eligible to receive DSH; however, there was not enough cash available in the State's allotment to make those payments. That eligibility does not dissipate if there is more DSH cash available in the future years, those payments can be made. The cuts pose a greater risk for H+H to receive those payment but the impact of those cuts are reflected in the financial plan and the transformation plan to try to convert some of those payments to other types of funding that are expected to be more stable. Mr. Page asked about the UPL.

Ms. Dehart stated that on the UPL side, H+H is looking at options under the Medicaid waiver to convert those payments to those similar to DSRIP that are performance based. However, this action is subject to the waiver availability that the State is committed to. H+H continues to exercise this option under the existing waiver and continue to review the waiver renewal to see what can be done to continue that type of funding.

Ms. Youssouf asked if the State has the \$102 million funding where does it reside. Ms. Dehart explained that there are no State contributions in those payments. Those payments are federal and city funded. The State has a quarterly cash flow plan for federal dollars that they drawdown and once the payment is approved the State sends a request to the City to submit the local share funds to which the City complies quickly. The issue is regarding the advancement of the UPL payment, whereby the State's quarterly schedule for federal funds did not have sufficient funds to make that payment to H+H prior to this month and in order for the State to make that payment to H+H it would require a budget modification with the federal government which was not enough time to do given the quarter closing process. Therefore there are those type of constraints but there are no budget of fiscal impact on the State that would affect those payments.

Mr. Page asked what would be in it for the State not to have a conduit open to drawdown those funds from the federal and make the payment to H+H. Ms. Dehart stated that the State does have a conduit open these approvals are typically at the CMS level and tends to be very technical reviews of calculations with concerns that the review process is as thorough as it can be.

Dr. Raju stated that the issue of whether the State is holding those funds it is a timing issue through which H+H is attempting to get those funds. These has been a lot of involvement in this process of trying to get those funds and had personally reached out to CMS and scheduled meeting with those involved in the process in an effort to move those funds. There are a couple of problems, one being the changes in the methodology that involves the calculation of the UPL dating back years in some areas which is a very complex calculation that very few are familiar with and Ms. Dehart being one of those. There is a significant amount of dollars being held up as part of this action. Going forward there are some things that are part of the strategic transformation plan. One is to address the mitigation of the DSH cuts and the second part of that as Ms. Dehart mentioned is how to preserve the UPL that will decrease due to the changes in the fee-for-service which was UPL to a managed care service and UPL goes away. Based on that H+H has been working on how to preserve those funds which entails working with the City, State and federal governments on whether there is opportunity for H+H to do something with DSRIP. There are a lot of things that are pending; however, the two major issues involve H+H collecting all of the funds due in a timely fashion and the efforts in achieving this outcome has been successful. The State and federal governments have been extremely supportive in this process, particularly CMS who as part of their normal process do not interact directly with individual hospitals but made an exception for H+H. The future model is in jeopardy in terms of how to address or mitigate those DSH cuts and preserve the UPL funding in a changing healthcare environment of fee-for-service to managed care. This issue is expected to continue over the next five to ten years.

Ms. Youssouf asked if there are any risks in H+H getting those funds from the State.

Ms. Dehart stated that the risk is typically with UPL on the calculation issues so when there is an acknowledgement from CMS that the funding is owed to us, there is an agreement that there is a UPL payment that needs to be done and H+H will get a payment from the calculation; however, there is no commitment to what that amount will be but there is an ongoing review of it.

Mr. Page asked how close to the current reality as reflected in H+H financial plan for FY 17 are the periods of UPL payments that H+H is relying on. Ms. Dehart stated that H+H anticipates catching-up to 2016. Mr. Page added that based on that the plan is up-to-date through FY 17 to which Ms. Dehart replied in the affirmative.

Mr. Page added that the benefit in playing catch-up and getting extra funding out of that sources will end in FY 17 as reflected in the plan. The concern, however, is that the \$700 million benefit that is reflected in the cash flow will not be forthcoming in FY 17 given that it has been received in FY 16. As of now H+H looks obscure.

Dr. Raju agreed adding that there is a difference between the past and the future which reflects a structural deficit that has been an issue for H+H for year and there is a need to manage within the given resources as best as possible in order to meet the needs of the patient population that H+H serves. The challenges are great as Mr. Page pointed out but H+H has put forth every effort in conjunction with NYC OMB to produce a financial plan that addresses these funding issues and the steps that must be taken to balance the budget. H+H fully recognizes the need for fiscal constraints and has addressed this in the past and will continue to do going forward which requires that H+H must generate an additional \$1.1 billion in revenues along with a \$700 million reduction in expenses.

Ms. Youssouf added that the projected cash balance for FY 16 year end is not reflective of reality in terms of H+H's obligations for the beginning of FY 17, whereby those funds will be diffused and the cash balance will decrease to a very low level as reported throughout FY 16.

Mr. Anantharam stated that the fact that H+H postponed the receipt of those payments from June to July and August it was with that thought of having those fund offset that gap.

Mr. Rosen stated that there are a number of moving targets and the fact that H+H has a good relationship with the State and City make the reality more plausible.

Mr. Anantharam stated that this is where H+H relationship with the City's become very valuable. Mr. Page stated that it does; however, what is of concern is the structural deficit. H+H cash balances are at a reasonable level which is some instances contradicts H+H actual status or reality of where H+H is and affects its creditability.

Mr. Rosen stated that the City has been extremely supportive which has put H+H in a better position.

Dr. Raju added that the point Mr. Page makes is a good one in that the fluctuations in the cash flows are somewhat unsettling in that those savings are not necessarily reflective of the various resources that are available which is difficult to rationalize. This is a complicated issue as a public entity. Understanding the flow of monies in and out to the public hospitals is very difficult. However, H+H will continue its efforts as in the past to maximize and streamline its resources accordingly. Ms. Youssouf added that it is of concern to show this trend particularly for outside sources. The Committee agreed. The reporting was concluded.

Key Indicators Report

Ms. Krista Olson reported that the Key indicators were stable and maintaining the trends that have been reported in the past few months. Ambulatory care visits were up by .3% same as last month but less than last quarterly report. Discharges were down by 2.8%. Nursing home days are down by 1.1%. Coney still high on average vs expected length of stay. CMI was up by 4.7% over last year which is the same as last month as and higher than quarterly report.

Mr. Rosen commented that the inpatient has been fairly consistent to which Ms. Olson replied in the affirmative and that it has been up and in the last quarter up by 1.3%.

Ms. Youssouf asked what the reason was for the significant decline in workload at Cumberland. Ms. Olson stated that the facility has been showing a decline over the past few years primarily due to a workload reduction and neighborhood changes in Fort Greene. The location is a factor. The reporting was concluded.

Cash Receipts & Disbursements Report

Mr. Fred Covino reported that in May 2016 global FTEs declined by 325, bringing the total reduction since November to 1,252. May's reduction included 188 H+H staff members, 80 agency personnel and further reduction of 76 for hourly and overtime FTEs. Thru May 2016, global FTEs are now down 250 since the beginning of the fiscal year. The June 2016 number will continue this trend with full and part time FTEs down an additional 111. While May's global FTEs are still 658 above the initial target for June of 2016, three of the "Networks" have reached or exceeded their target (North Central Bronx (5), South Manhattan (162) and North Central Brooklyn (23).

Mr. Anantharam stated that it was important to note that since November 2015 there has been a significant reduction in the FTE target and each month there has been significant progress and if these trends continue by the end of the calendar year H+H will achieve the original target.

Ms. Youssouf asked why calendar year as opposed to the fiscal year. Mr. Covino interjected that what Mr. Anantharam was referring to was that a 1,000 FTE reduction target will be rolled into FY 17 and if the current trend continues, H+H will achieve that target.

Ms. Youssouf asked if that included the new IT positions as part of the total. Mr. Covino stated that it is the total net of any increases.

Mr. Covino continuing with the reporting stated that comparing the May 2016 cash receipts vs last year, receipts for the month were up \$64 million due to increased pool distributions of \$83.7 million for Supplemental/SLIPPA and Indigent Care. Fiscal year to date receipts were up by \$638 million. This increase was primarily in Tax Levy receipts from the City (\$450 million, primarily DSH Maint, CB and I/C payment advances) and DSH/UPL (\$170 million) offset by a decline in Outpatient Medicaid and Pool distributions. Comparing May 2016 cash disbursements vs last year May, disbursements for the month were down \$16.7m due reductions in OTPS payments (extending days in accounts payable 76 days vs 59), and prior year collective bargaining payments in FY 15. Fiscal year to date Disbursements are up by \$370 million. This increase is primarily due to payments made to the City (\$274 million), increased staffing levels and collective bargaining for the affiliates contained in the new contracts. Cash receipts and disbursements reports comparison to budget, comparing May cash receipts vs budget, receipts were up \$10 million for the month and down \$20 million fiscal year to date, due to a combination of some declines in workload and aggressive budgeting. Comparing May 2016 cash disbursements vs budget, disbursements for the month were \$1.7 million over budget as a result of global FTEs budgeted levels offset by reductions in OTPS expenditures (Extending days in AP to 76) Fiscal Year to date March disbursements are \$134 million over budget. This variance is primarily due to increased staffing levels (PS & Fringe), increased OTPS expenditures and prior year affiliates costs.

Mr. Page asked what the 2015 \$50 million was. Mr. Covino stated that it was for hospital medical home funds. Mr. Page asked for further clarification of hospital medical home funding. Mr. Covino stated that it is a grant.

Ms. Olson added that it is an award made to hospitals to help with the transition of patient centered medical homes to transform primary care sites from one that are population managed to a panel to provide care coordination and better serve the patient. Ms. Katz added that it is a case management care management program to ensure that patient are getting proper care.

Ms. Olson further stated that H+H over the past five years has had several levels of accreditation that can be received and H+H has always received the highest level but the bar was raised over the year and this was all part of the overall ambulatory care transformation to shift patient from inpatient to outpatient that requires some level of investments in order to make it happen.

Mr. Page added that sounded good but the static in the numbers in that funds are received from various sources that inflates the number and then disappears. There should be some way of showing what H+H is doing that will take out extraordinary swings in revenue that have very little to do on daily basis with what H+H does in providing healthcare.

Mr. Anantharam added that what Mr. Page is referring to is the fact that a significant amount of the budget is filled with those supplemental payments; however H+H's strategy over the next four years is driven toward minimizing those fluctuations.

Mr. Page stated that it is questionable whether H+H will be able to minimize those fluctuations; however, there needs to be a way to present what H+H is doing so that a comparison of the progress over a period of time can be documented.

Mr. Rosen added that there have been several discussions about restructuring the reports and to realign the reporting with the current changes in the healthcare financial environment. Ms. Youssouf also agreed that a change in the reporting and the reports was needed.

Mr. Anantharam stated that the Committee's point was a valid one and that a general projection of H+H business and what it is actually doing as opposed to being massed by the various factors relative to the supplemental payments. Corporate Finance will work on that.

Mrs. Bolus added that it would appear that three reports/charts would be needed, one that would show exactly what H+H is doing, second one would show all grants and other funding sources that impact what H+H is doing and the third one would combine the two to show the net impact.

Ms. Youssouf added that it could be one chart that could have some footnotes explaining the variances. The reporting was concluded.

Action Item:

Mr. Anantharam stated that all of the activities that H+H has been working on relative to the financial plan, there are a number of large initiatives that require significant input and review to determine how to bring a number of work streams together to close the financial gaps for FY 17 and going forward thereafter. Dr. Ross Wilson in his new role would present the contract that H+H has engaged with BCG for consulting services for the Transformation office.

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute an agreement with The Boston Consulting Group (“BCG”) to provide consulting services to guide the structure and early operations of the NYC Health + Hospitals’ Transformation Office over a six month term for a cost not to exceed \$3.65 million with two six-month options available exclusively to NYC Health + Hospitals for total amount not to exceed \$10.95 million.

Dr. Wilson stated that he would be presenting the action item for a contract engagement with BCG as part of his new role as Chief Transformation Officer. The office of transformation was created to oversee the strategic changes that H+H needs to make. These changes are consistent with the original 20/20 vision; totally consistent with the DSRIP enterprise that is already underway and being driven specifically the strategies in One NY Healthcare for Our Neighborhood. Therefore, the purpose of the transformation office is to align all of those activities into one cell of strategies. The specific objectives include but are not limited to improving the patient experience and through access to provide more coverage; workforce and workforce matching to inpatient capacity and a very strong focus on operational excellence; building of partnerships through which H+H will deliver care more appropriately in the future. These are very extensive and broad objectives that H+H must undertake. There is a sense of urgency in getting this done. In that purpose, H+H through a very rigorous procurement process efforts were specially focused on securing a consultant with the experience in large scale changes. That rapid procurement process was undertaken over the past month that resulted in firms being selected through a third part contract process of which three of five respondents were interviewed and reviewed by a selection group and out that process the recommendation was that BCG best met the needs of H+H requirements for this engagement pending the approval of the Board for this action. The three phase in the contract in a 26 week period include building the office of transformation and particularly the management component of that office which is a large set of undertakings and without the appropriate project management and oversight it would be very difficult to keep track of all the integrated pieces. In summary the purpose of this engagement is to get assistance in the structure of the office as well as the appropriate staffing requirements; to provide critical staffing functions on an interim basis while H+H hire appropriately into those roles in order for H+H to get up to speed as quickly as possible; to work with the various executive sponsors of each of the major strategies to develop work plans and time lines that will follow H+H financial plan; determine the performance metrics and the accountability mechanisms and create formal and routine reporting structures so that H+H’s Board, President and the Mayor’s office are kept routinely and regularly informed of the progress. BCG will provide assistance in data collection and analyses due to H+H overall data systems and structures within those systems in order to get appropriate data for the appropriate decision making requirements which is essential to the overall outcome of the process involved in get the appropriate data. This is a very board scope of work for the first twenty six weeks.

Ms. Youssouf asked if the intent is to engage them for the full term. Dr. Wilson stated that at the end of phase 1 H+H will review the requirements performance of the consultant and make a decision at that time whether to proceed with the 2nd phase. However, what is being presented in the resolution is the full authorization for the full phases but it should not be perceived as an automatic flow from one phase to the next as part of the contract but rather the continuation of each phase will be contingent upon a performance review before continuing to the next phase.

Ms. Youssouf asked if there would be any fees involved if H+H decides not to continue to the next phase. Dr. Wilson stated that there are no termination fees involved.

Mrs. Bolus asked who would be overseeing the project to insure that H+H requirements are being met.

Dr. Wilson stated that the transformation office led by himself in conjunction with the executive leadership, Dr. Raju and Mr. Anantharam would make that decision. The term of the contract for the first phase if for twenty six weeks with two six months options to renew. The dollars allocated to each phase is the same for a total contracted amount of \$10.6 million. Ms. Youssouf asked what was included in the \$3.65 million and are there any hidden costs.

Dr. Raju stated that BCG would address those specific areas outlined by Dr. Wilson in addition to adding some key analytical staff and on an interim basis BCG would provide staff while H+H recruits key staff. The important thing is that after the first phase BCG does not live up to the terms of the contract, H+H will not exercise the options for phase 2 &3. Under the management of Dr. Wilson and Mr. Anantharam there is a high level of confidence that this contract will be well managed. A status report will be provided to the Committee prior to or after the completion of the first six months phase.

Dr. Wilson stated that there are four partners in the firm another six operational managers and three support staff.

Mrs. Bolus asked if BCG would be able to fulfill its commitment to H+H given that the firm represents two other large contracts, NYCHRA and NYCHA. Dr. Wilson stated that BCG has assured H+H that they have the bandwidth and capacity to dedicate the appropriate level of staffing throughout the duration of the contract. However, H+H will monitor them very closely and as previously stated if the terms of the contract are not being fulfilled H+H will take the appropriate action at that time.

Mrs. Bolus asked how H+H would integrate the existing staff with some of the work that BCG will be doing.

Dr. Wilson stated that there is a process to identify all of these functions and the structure and if that can be quickly put into action early in the process which is to identify permanent staff, particular if that staff exist internally to be moved over into the Transformation office to assume those roles or to be trained to take on those roles by BCG. If there is no existing staff that can take on these new functions or the talent is there but being used in a critical function and cannot be move then an external recruitment would be done. These functions are not a six months role but rather a four to five year commitment to get those jobs done.

Mrs. Bolus added based on that BCG would not be replacing any current functions but adding new functions and based on that whether the unions have been involved.

Dr. Wilson stated that the jobs would be all new functions and the unions have been involved and there was a major meeting scheduled that afternoon with Commissioner Linn.

Ms. Youssouf asked Dr. Wilson who would take over his role as CMO. Dr. Wilson stated that the new acting CMO will be Dr. Michele Allen who was the Deputy CMO and is very familiar with the role and there will be continual support to her while H+H explores what the new structures and also an external search for a new person will be over the next six months.

Ms. Youssouf asked if a quarterly update on the status of the project work for BCG could be provided to the Committee.

Dr. Wilson stated that the status of the work done by BCG would be done through the Strategic Planning Committee; however, there are a number of issues that are very important for the full Board to be kept informed on a regular basis.

Dr. Raju added that the rollout of the Transformation Office is key and Dr. Wilson stated it is important to have the Board included in that process given that it is a very complex process.

Mrs. Bolus stated that over the past several months there have been a number of contracts presented to the Board for DSRIP and others and if there is a way to identify what each contract is providing and how or if these contracts interact with each other for comparison purposes.

Dr. Wilson stated that the integration of those activities is one of the roles of the transformation office. DSRIP structure will report into the transformation office so that the work being done by Dr. Jenkins is integrated into this process and not have them parallel. Also to review the existing process in planning and process improvement and identify how that office might support that as well rather than staying separate. There will be some changes over the next several months in conjunction with the senior leadership and then report back to the Committee with a diagram that will show how these activities will come together.

The resolution was approved for the full Board's consideration.

SUBSIDIARY BOARD REPORTS

HHC Capital Corporation – May 26, 2016

As reported by Dr. Lilliam Barrios-Paoli

HHC Bonds - Issuance History

Ms. Linda DeHart stated that page 1 of the presentation shows the history of the bonds issued under the security structure related to the HHC Capital Corporation. The par amount of bonds outstanding is \$784.4 million. Of the balance remaining, approximately 20% are variable rate and 80% are fixed rate bonds.

Construction Fund Balance on the 2010 Bonds

Ms. DeHart said that the following page shows the status of the construction fund for the Series 2010 bonds. Currently, just over \$4 million worth of bond proceeds remain in that fund. The outstanding encumbrances exceed the construction fund amount. Debt Finance and the Office of Development Capital Accounting staff are working to reconcile the amounts. The remaining construction funds are expected to be depleted in the near future.

Mr. Rosen asked if these bonds were used for construction. Ms. DeHart explained that the City of New York ("the City") funded

the larger major reconstruction projects. The 2010 bonds funded mainly smaller reconstructions, equipment and IT.

JP Morgan Chase, Loan Activity

According to Ms. DeHart, the next two pages show the activity on the short term leases or loans that H+H entered into recently. It starts with the drawdown loan of up to \$60 million from JP Morgan Chase which closed in July 2015 and had an initial loan drawdown of \$10 million. There were some delays in spending against this loan but the pace has picked up recently. To-date, \$25.4 million has been spent which is a considerable increase from the last reported amount. Another loan drawdown will take place very soon. The JPM Loan is scheduled to convert to a fixed rate mode in July 2016. Debt Finance is working with the lender on options for potentially extending the spend down period of the balance prior to the conversion date. Responding to Ms. Youssouf's query about the term of the loan, Ms. DeHart stated that the fixed rate loan has a term of six years. The rate of interest, based on market conditions on March 24, 2016 would have been 1.6681%, which is calculated at 67% of the 3-year SWAP Rate plus an index. Ms. DeHart said that the rates have been moving higher because of activity involving money market regulations and that she would supply the recent rates to Ms. Youssouf at a later date.

When asked by Ms. Youssouf as to why the encumbrances exceed the loan drawdown and spending to-date, Ms. DeHart replied that originally, the incremental loan drawdowns would have totaled \$60 million by this time, but the spend down rate was slower than anticipated. As the July conversion date approaches, Finance will take another look at the outstanding encumbrances and make the necessary loan drawdowns.

Citibank, Loan Activity

The Citibank Loan is structured similarly to a revolving line of credit. This loan is more flexible and can be used for smaller construction projects, IT projects and equipment. To date, spending against this loan continues to be very slow, just under \$2 million has been vouched out of the \$10 million loan drawdown.

Ms. Youssouf asked for the dollar amount of debt that NYC H+H pays and the amount that the City of New York pays. Mr. P.V. Anantharam answered that the annual amount is approximately \$30 million. Ms. Nini Mar added that the \$30 million is the approximate interest payment and that the principal payment is an additional \$50 million per year, so the amount is closer to \$80 million. Mr. Anantharam is in discussions with OMB to develop options for transitioning the HHC Bond debt obligation to the City. One idea is to defease the bonds. Ms. Youssouf replied that defeasance would "cost a fortune". Mr. Anantharam said that the discussions are still in the "investigatory phase" and the intent is for the City to take over the debt service payments. Mr. Bernard Rosen asked Mr. Anantharam if the City charges Health + Hospitals for the debt service on City-issued bonds. Mr. Anantharam answered that historically the re-payment of the City debt service is negotiated and in some years H+H reimburses the City for debt services while in other years, the debt service is either delayed or at times, waived. During the most recent Financial Plan, the City of New York waived the repayment of future debt service for fiscal years 2016 through 2020. Ms. DeHart responded "yes" when Mr. Rosen asked if the waiver includes debt service on bonds issued by the Dormitory Authority. Ms. Youssouf suggested that Mr. Anantharam ask the City to consider refinancing the existing H+H bonds as City General Obligation bonds given that the interest rates on City-issued bonds are lower and possibly take over the debt service payment obligation. Mr. Anantharam replied that the discussions are in the "investigatory phase".

Loans - Planned Spending by Category

The final page includes a table that breaks out the categories of spending for each of the two short term loans. Ms. Mar explained that the JP Morgan loan funds will be used primarily for medical equipment purchases – slightly over 80% of the \$60 million. The Citibank loan proceeds will finance mostly infrastructure and various IT projects. When combined, 41% of the total loan amount will be used for medical equipment, over 40% for various IT initiatives and the remainder for infrastructure improvements and lab equipment.

Mr. Rosen asked if the Epic EMR is funded with HHC capital dollars. Ms. DeHart replied that the majority of the capital cost for Epic is funded by New York City. Mr. Anantharam added that during the most recent Executive Budget process, the City added funds to the Capital Commitment Plan for the EMR. When asked if Epic is solely funded by the City, Ms. Mar answered that HHC Series 2010 bond proceeds were used for Epic. \$20 million was used to partially finance the Epic enterprise software license while approximately \$10 million was spent on computer hardware and consulting services. Mr. Anantharam clarified that at one point, the EMR was nearly fully funded in the City's Capital Budget but the uncommitted funds were rescinded a year ago. During the recent Executive Budget negotiations, the City agreed to add the Epic capital commitments back to the plan. Funding for the Vanderbilt clinic and other capital projects were also added during the Executive Budget.

MetroPlus Health Plan, Inc. – July 5, 2016**As reported by Mr. Bernard Rosen****Chairperson's Remarks**

Chair Rosen welcomed everyone to the MetroPlus Board of Directors meeting of July 5th, 2016. Mr. Rosen stated that the meeting would start with the resolution due to the presence of the vendor.

Action Item

The resolution was introduced by Dr. Saperstein, MetroPlus' Chief Executive Officer.

Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals Corporation authorizing the Executive Director of MetroPlus Health Plan, Inc. to negotiate and execute a contract with Finity, Inc. to provide education, engagement and rewards services for a term of three (3) years with three 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$11.5 million per year.

Mr. Seth Diamond, MetroPlus' Chief Operating Officer gave the Board a detailed overview of the services that Finity would be providing to the Plan. Ms. Deborah Stewart, President & CEO of Finity and Ms. Alexandra MacDonald, Senior Vice President of Population Health Management, were present and introduced to the Board. Mr. Diamond stated that in order to grow as a Plan, MetroPlus seeks to obtain new members while retaining its current members. The goal was to find a company that would help MetroPlus engage its members throughout the year and to provide them with a reason to stay with the Plan. Finity has a very strong program that has critical elements. Finity believes in relentless outreach, have an engaging and customer friendly member platform, as well as a website that contains great content. This will allow MetroPlus' members to become excited about using their healthcare services to redeem them for incentives/rewards for certain prizes. This strategy is currently being used in New Mexico and Philadelphia.

Dr. Saperstein mentioned that this type of program resides in the New York City Health and Hospital's (H+H) transformation plan that is currently being implemented. Mr. Antonio Martin mentioned that there is a certain amount of patients that do not make it to the doctor. He asked if it was Finity's responsibility to make sure that these patients/members seek care. Dr. Saperstein responded by saying that Finity will communicate and create a linkage between the Plan and its members. This will also help the Plan's Healthcare Effectiveness Data and Information Set (HEDIS) scores.

This resolution will go to the H+H Board for approval in late July.

The adoption of this resolution was duly seconded and unanimously adopted by the MetroPlus Health Plan and Board of Directors.

Executive Director's Report

Dr. Saperstein stated that in his June report enrollment was 498,337. Right before the meeting Dr. Saperstein spoke with Ms. Susan Sun and she informed him that there was retroactive activity, so as of June 1st the Plan was officially over 500,000 in membership. The Plan is bringing thousands of people in each month, but the challenges is to reduce the losses. When the July reconciliation comes out, June 1st will show the total plan enrollment as 501,736.

From November until now, Medicaid enrollment citywide has declined by over 176,000 individuals. A look across MetroPlus competitors (which includes HealthFirst and Fidelis) shows about 5% to 6% of the Medicaid population fell off the roster in the last few months. For anyone who lost eligibility from November through the end of May, plans have until August 31st to conduct outreach. Going forward, plans will have 60 days from the date of disenrollment to conduct outreach. While the State has not yet corrected the issue, they did allow plans to begin outreach to formerly enrolled individuals as long as they are not enrolled in another plane. Mr. Diamond is working on initiatives to make calls and outreach to try and get the disenrolled members back. Starting in July MetroPlus will deploy a text messaging campaign to new members. The messages would start shortly after enrollment and continue for several months. The texts would let people know about the member portal, remind members to get a checkup or get vaccinated or even ask if they need help with making appointments. The Quality Management Department has started to do clinical outreach in order to meet HEDIS standards as well as improve preventive care.

Dr. Saperstein stated that, in an effort for MetroPlus to provide its members and other stakeholders with better service, the member portal has been enhanced. Some of the new features include being able to view the details of a member's claim history with dates and the type of service rendered and allowing recurring payments from a credit card or a bank account. The goal of these enhancements is to reduce call volume to the call center and also help with fraud prevention.

MetroPlus is involved with the City's Action Health initiative. MetroPlus was asked by H+H to provide staff to screen people assuming the Plan would be able to get more members for enrollment to MetroPlus. Some individuals have come to H+H through the program but the number of individuals that the Plan was able to enroll is very close to minimal. By State limitations MetroPlus only has 150 marketing representatives and they are currently being used in a high capacity. The program has been extended to Queens and Bellevue Hospitals. The program has been extended until August 13th. This program is currently at the following three sites: Gouverneur, Elmhurst and Bellevue.

MetroPlus has been working diligently towards meeting the criteria for Utilization Review Accreditation Commission accreditation. Centers for Medicare and Medicaid Services (CMS) has withdrawn the requirement that plans had to be accredited as a condition of contracting with the State. MetroPlus will continue the work and reassess accreditation in the near future but it is extremely expensive.

Medical Director's Report

Dr. Schwartz reported that all Medical Management departments, have been reorganized and now all departments have developed goals and objectives along with departmental dashboards to manage against as well as track deliverables.

Utilization Management (UM) now has trackable outcomes. UM backlog has been reduced by 69% over the course of two and a half months. This actually ties into member retention. Members are not happy waiting for authorization for services that they require. Mr. Antonio Martin asked Dr. Schwartz to explain why members had to wait for authorization. Dr. Schwartz responded by saying that there is a required time frame that MetroPlus has to authorize an elective requested service. Once the backlog is cut down, the Plan can actually authorize services within two to three days rather than one to two weeks. Mr. Martin asked was there a strategy before in regards to backlog. Dr. Saperstein mentioned that this situation predates Dr. Schwartz. In October after about a year, the UM department had implemented a new UM system called CareConnect due to the old system no longer being supported by DST. The implementation had some flaws after the first couple of weeks. When asked of Dr. Dunn where the Plan was, he mentioned there were a lot of issues and the Plan had a backlog of 13,000 authorizations. From there, the numbers grew. When Dr. Schwartz came she actually took control of the process, looked at the workflow and its inefficiencies. Twice a week, based on reports, the number of authorization requests went down – from 13,000 to 11,000 then 9,000. It was a matter of reorganizing the department as well as adjusting the management staff.

Dr. Schwartz stated as previously mentioned, Dr. Saperstein and Mr. Diamond along with MetroPlus is currently utilizing text messages for HEDIS measures for adolescent well child as well as breast and cervical cancer screening. So far, 96,000 members have enrolled and began receiving text messages. Asthma messaging launched on June 23rd and diabetes test launch was set for June 27th. Twelve dedicated in-field staff members were transitioned from another department to support quality initiatives. Their primary function is to chase down members who have a gap in care from within the facility.

MetroPlus launched their own Zika virus campaign and have reached out to 800 currently pregnant women and screened them for being at risk for Zika. Seventeen women have been identified as at-risk but have not been screened yet. Since the submission of this report, one positive member has screened positively from H+H. All other screened were negative. Mr. Martin asked Dr. Schwartz if she has spoken with the facility, Dr. Schwartz said yes as there was a follow-up conducted.

Dr. Schwartz reported that the Managed Long-term Care (MLTC) program was audited by the Office of the Medicaid Inspector General (OMIG) for the 1st and 2nd quarter. Based on the findings of the OMIG audit, MetroPlus has instituted an internal audit of its own. The Plan now has a compliance rate that doubled for completion of care plans that are mandatory for MLTC members.

During the first five months of the year, over 1,700 HIV positive members were contacted. MetroPlus is transitioning to a field-based service delivery for HIV and case management in general. Staff are being moved from the office to the field because this is where the members are. This transition has already occurred at Jacobi Hospital with North Bronx and Metropolitan to soon follow. Dr. Schwartz stated that pharmacy is piloting 90 day fills for asthma and anti-hypertension medications. Medicaid is limited to only 30 day fills. There is an issue with compliance, therefore the Plan will have issues with the quality ratings. Starting August 1st, CVS will launch the 90 day fill program. 90 day fills gets a discount for the Plan, giving potential savings. MetroPlus was cited by CMS for an overuse of atypical anti-psychotics in nursing homes. MetroPlus is working closely with CVS to identify the providers who over prescribed atypical anti-psychotics medications. A campaign is being launched to reeducate the providers on appropriate prescribed pattern for the elderly.

Regarding Network Relations, 4,700 provider visits and 56,000 member encounters have been conducted so far for this year. This outreach will help close the gaps in service. MetroPlus facility representatives now assist members with making preventive health appointments during the face-to-face encounter.

In reference to Provider Contracting, there were some specialty access issues in Staten Island. A few months ago there were access issues for 21 specialties. The Plan is actually down to only having 4 specialty issues. It is expected that all specialty issues be resolved within the next few weeks. As mentioned at the Quality Assurance Committee meeting, the vendor management function was formed to hold all 26 vendors who provide service to medical management accountable to contractual requirements as well as expected results and impacts. Final presentations for the Pharmacy Benefit RFP have been completed. MetroPlus is in its final discussions for selection of a vendor.

Mr. Martin stated that Dr. Schwartz provided a very good report. There was a brief discussion regarding the Medical Management staff that was let go and if Dr. Raju was aware of the situation.

Information Item

Mr. Larry Klein, MetroPlus' Director of Behavioral Health, Health and Recovery Plan (HARP) Administration and Health Home presented and discussed Beacon Health Options. A copy of Mr. Klein's remarks is attached hereto and incorporated by reference. Mr. Klein stated that an update was requested by the Board on Beacon's progress over their first year. A chart that depicts the capitalization payment made to Beacon in 2015 by month for their services was provided. This is an administrative services only contract. There is no risk arrangement. This was done to discourage Beacon from denying care on the basis of MetroPlus' members. The costs have increased month over month and a larger increase occurred from October through December. As of October, that is when HARP membership started to flow in.

The 2015 Behavioral Health claims data was broken down into two parts – mental health claims and substance use disorder claims. The total claims spent was a little over \$107 million. The claim cost are 100% of MetroPlus. MetroPlus reimburses Beacon for the claims that are paid out. Mr. Martin asked if this was substance abuse inpatient, Mr. Klein responded by saying yes. When discussing substance abuse disorder claims, this includes inpatient detox and inpatient/outpatient rehabilitation. When HARP came into effect, it includes medication assistant treatment. Mr. Martin also mentioned that there is a very low censes for inpatient detox. The claim cost does reflect detox. There are some detox claims that are not paid by Beacon. They were paid by MetroPlus because those claims were considered medical claims due to the fact that they were handled while in a medical bed not an Office of Alcoholism and Substance Abuse Services licensed detox bed.

Mr. Klein mentioned in regards to inpatient services there were 230 new Core members admitted to inpatient monthly. Core refers to all other lines of businesses besides HARP because HARP was being tracked separately. 93 new HARP members were admitted to inpatient monthly. The mental health average length of stay of core members was about 12 days while the mental health average length of stay was 14 days for HARP members. There were no Fully Integrated Duals Advantage inpatient utilization in 2015. The goal is to bring the average length of stay down. Children services will be added in 2017.

When Supplemental Security Income was carved in and the HARP began the diversionary services, MetroPlus took over. Diversionary services include Intensive Psychiatric Rehabilitation Treatment, Chemical Dependency Treatment Program, Opioid Treatment Program, Assertive Community Treatment, Personalized Recovery Oriented Services, Partial Hospitalization Program and estimates based on claims and authorization data. Since the carve-in, issues receiving the expected numbers of claims

throughout the City of NY has occurred. Based on estimates of what was being received, fee for services, there is a gap. It has been discovered that the State continued to pay claims for some time thereafter. Dr. Jenkins asked what is the definition of a core member. Mr. Klein mentioned, since MetroPlus is tracking HARP, it is all other lines of business.

For 2015, 23,423 calls were received by Member Service/Crisis Call Center. 93% of these calls were answered within 30 seconds. Staff have been specifically trained to assist members with behavioral health needs and to escalate all crisis calls to clinical staff. MetroPlus has a 24 hours, 7 days a week crisis, member service and clinical authorization line. Most plans do not have this feature for their lines of business.

Regarding follow up on members after hospitalization from 7 to 30 days, the HEDIS rates were provided. A task force called 7/30 was created. Specific full time employees were hired to track down collateral information and progress notes.

* * * * * *End of Reports* * * * * *

RAMANATHAN RAJU, MD
NYC HEALTH + HOSPITALS PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
July 28, 2016

NYC HEALTH + HOSPITALS/HARLEM SELECTED TO PARTICIPATE IN LANDMARK MILLION-PERSON PRECISION MEDICINE STUDY

NYC Health + Hospitals Harlem is among four NYC Medical Centers selected to be part of National Institute of Health (NIH) research aimed at preventing and treating disease based on individual differences. The Precision Medicine Initiative (PMI) is a \$46 million dollar, five-year, study to extend personalized medicine to a variety of human diseases. We are delighted that Harlem has been included in this “participant-powered” research that holds out the promise of transforming our delivery of equitable care to the city’s most vulnerable populations. Our collaboration with Columbia University Medical Center (CUMC), Weill Cornell Medicine and New York-Presbyterian underscores the critical role that we play in medical education and cutting edge research to benefit the communities we serve.

The aim of the prestigious study is to engage a million people in a significant research effort to improve the nation’s ability to prevent and treat disease based on individual differences in lifestyle, environment, and genetics. Harlem and its partners will ensure that participants in the research represent the geographic, ethnic, racial and socioeconomic diversity of the country. On a local level, the goal is to enroll 150,000 culturally diverse volunteers/participants by 2021.

According to the NIH, the PMI Cohort Program is one of the most ambitious research projects in history and will set the foundation for new ways of engaging people in research. PMI volunteers will be asked to contribute a wide range of health, environment and lifestyle information. They will also be invited to answer questions about their health history and status, share their genomic and other biological information through simple blood and urine tests and grant access to their clinical data from electronic health records. In addition, mobile health devices and apps will provide lifestyle data and environmental exposures in real time. All of this will be accomplished with essential privacy and security safeguards. As partners in the research, participants will have ongoing input into study design and implementation, as well as access to a wide range of their individual and aggregated study results.

USING EMOJIS TO PROMOTE CONFIDENTIAL REPRODUCTIVE AND SEXUAL HEALTH CARE FOR YOUNG PEOPLE

Last week NYC Health + Hospitals launched an exciting new marketing campaign to promote health care services for adolescent New Yorkers.

Emphasizing sexual and reproductive health, the campaign features a new youth health services website at nycyouthhealth.org and extensive social media with provocative and fun emojis on Facebook, Instagram and other platforms expected to reach the social news feeds of up to 2.4 million NYC adolescents in the next three months.

The goal of the new campaign is to clearly let young people know that our NYC Health + Hospitals YouthHealth centers are here to help regardless of their ability to pay, their immigration status, gender identity or sexual orientation.

The campaign is garnering terrific interest from the media and its target audience of young people. The New York Times, the New York Post, Teen Vogue and Becker’s have all run feature stories, and the new website has received almost 10,000 unique page views since the launch last week.

Whether it's birth control, pregnancy testing, emergency contraception or depression screening, the public health system has affordable services in local community health centers, where we speak our young patient’s language, understand their culture and will always respect their privacy in a confidential and non-judgmental environment.

In 2015 alone NYC Health + Hospitals saw 152,000 adolescent patients. NYC Health + Hospitals community health centers are also uniquely situated in neighborhoods that experience disparities in care, where adolescent pregnancy rates and STD rates are higher, and where access to care is difficult.

In addition to the social media campaign and the new website, the YouthHealth campaign includes posters, brochures, wallet-size cards with the website address, and ad panels that will be posted in City hospitals. Community-based organizations near NYC Health + Hospitals health centers are partnering with the system to distribute the materials. Google search ads will also direct people searching for services to the website.

UNIFIED BRAND FOR NYC HEALTH + HOSPITALS CELEBRATED IN NEW BANNERS

This month we began posting bold, colorful, outdoor banners promoting NYC Health + Hospital services.

By the end of the summer, 840 banners will be installed in the vicinity of our hospitals, long term care facilities and neighborhood health centers for a total of 66 sites. They utilize great photography, and our new brand graphics to tell the story of our different facilities. The banners represent the first time ever that our system has presented a unified, outward-facing, identity to the city we serve. Metroplus is also featured on the banners as our sponsor.

NYC HEALTH + HOSPITALS PARTNERING WITH COMMUNILIFE TO BUILD SUPPORTIVE, AFFORDABLE HOUSING ON UNDERUTILIZED LOT

Earlier this month the New York City Council approved plans to build supportive, affordable housing on an underutilized parcel on the campus of NYC Health + Hospitals/Woodhull in Central Brooklyn. The project demonstrates our commitment to address housing instability, a major social determinant of health, by creating safe, supportive and accessible housing for low-income individuals and patients managing mental illness. It's also a good example of our Vision 2020 transformation in action: We are simultaneously improving our delivery of care while also strengthening the financial viability of the public hospital system.

The proposed six-story structure will be built on a leased hospital parcel by Comunilife, a non-profit, community based organization that will develop the building and provide on-site social services helping to keep residents closely connected to the hospital's comprehensive health services.

This type of supportive housing has been proven to improve the health of sick individuals, prevent some health conditions before they develop, and reduce costly health services. The New York City Council granted the last needed approval for NYC Health + Hospitals to lease 13,000 square feet of property to Comunilife. The project already received necessary state approvals and had the early endorsement of local Council Member Robert Cornegy.

The building will be located on the corner of Park and Throop in Bedford-Stuyvesant, and will feature 89 studio apartments for low income residents who earn less than 60 percent of the area's median income, or less than \$36,300; 54 of the units will be designated for income-eligible residents living with mental illness. Construction is expected to begin in late 2016 and be completed in 2018. Building features will include:

- On site social services
- Laundry room
- Community room
- Computer room
- Bike storage
- Landscaping
- 24 hour doorman security

NYC HEALTH + HOSPITALS APPOINTS NEW CHIEF EXECUTIVE OFFICER AT NYC HEALTH + HOSPITALS/ELMHURST

Last month we announced the appointment of Israel Rocha, Jr. as Chief Executive Officer of NYC Health + Hospitals/ Elmhurst in Queens. Mr. Rocha's expertise in hospital operations, legislative affairs, and federal and state funding programs will aid the NYC Health + Hospitals Vision 2020 transformation goals toward financial stability and growth.

His experience working with the Centers for Medicare and Medicaid Services (CMS) and the Delivery System Reform Incentive Payment Projects (DSRIP) as well as his knowledge of the workings of the federal government make him an important addition to our team as we confront policy shifts in Washington and work toward building more support for our essential public health care system.

Mr. Rocha was the Chief Executive Officer of Doctors Hospital at Renaissance (DHR) in Edinburg, Texas, a 513-bed facility which is comparable to Elmhurst's size with 545 beds. While at DHR he led key initiatives that helped the hospital transition from a general acute care hospital into a comprehensive medical and teaching center. Prior to becoming CEO, Rocha served as the Government, Public and Corporate Affairs Officer at DHR. A South Texas native who graduated from Columbia University, he also worked for 10 years at the U.S. House of Representatives. We are delighted to welcome Mr. Rocha to our health care system.

TWO MORE HOSPITALS IN NYC HEALTH + HOSPITALS SYSTEM EARN "BABY FRIENDLY" STATUS

NYC Health + Hospitals today announced two more hospitals in the city's public health care system have earned the prestigious "Baby-Friendly" designation for promoting the highest level of care for infants through breast feeding and promoting bonding between mother and baby. The recognition is awarded to hospitals all over the world by Baby-Friendly USA, part of an initiative of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

NYC Health + Hospitals/Bellevue in Manhattan and NYC Health + Hospitals/Jacobi in the Bronx received the designation this month for providing the optimal level of care to mothers and their babies. Other hospitals in the health system that have earned this designation include NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Queens and NYC Health + Hospitals/North Central Bronx. There are only eight hospitals in NYC that have received the designation.

To receive the designation, the hospitals were required to meet or exceed patient care standards in a rigorous on-site evaluation by the Baby-Friendly Hospital Initiative, including:

- A comprehensive education program that offers mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their babies.
- Immediate skin-to-skin contact for mother and baby after birth. Intensive education of both patients and hospital staff about the important benefits and management of breastfeeding.
- Allowing newborns to stay with their mothers 24-hours-a-day during postpartum care.
- Providing connections for breastfeeding support groups in the area.
- Train all health care staff in the skills necessary to implement this policy.

In 2015, 2,400 babies were born at Jacobi Hospital – 97% of the babies receive mother's milk. Jacobi has been a leader in maternal and pediatric care for many years. The hospital offers a Level 3 Neonatal Intensive Care Unit and is the Regional Perinatal Center for the area, meaning medical staff are highly trained and equipped to handle the most complicated maternity problems.

NYC HEALTH + HOSPITALS/CONEY ISLAND ENHANCES EMERGENCY CARE FOR PATIENTS WITH LIFE-THREATENING INJURIES AND ILLNESS

NYC Health + Hospitals/Coney Island recently marked the opening of its new critical care room in the hospital's emergency department designed specifically to treat patients with the most serious, life-threatening injuries and illness. The new 450 square-foot area can be used to treat and evaluate up to two critically ill patients simultaneously and will help alleviate the busy community hospital's emergency room. NYC Health + Hospitals/Coney Island Chief Executive Officer Anthony Rajkumar was joined by emergency department staff, Councilman Chaim Deutsch, Councilman Mark Treyger, Assemblywoman Pamela Harris, Assemblywoman Helene Weinstein, Assemblyman William Colton, District Leader Nancy Tong, and representatives from community organizations during a ribbon cutting ceremony to unveil the new space.

The new, fully equipped space is constructed with two patient bays, both including state-of-the-art medical equipment and technology necessary for staff to care for the most complex traumas. The area is large enough to accommodate many hospital team members such as respiratory, radiology, medical critical care, cardiology, surgery and others who may need to respond and assist the emergency department team. The cost of construction and equipment for the new critical care room is approximately \$100,000.

DSRIP UPDATE

- June 30, 2016 was the end of the first quarter of DSRIP Year Two and was a reporting deadline to the New York State Department of Health (NYS DOH) for our clinical projects which were underway across the entire OneCity Health network. We successfully surpassed our commitments for the Integration of Palliative Care into the Patient Centered Medical Home (PCMH) and Project 11. For the Integration of Palliative Care into the Patient Centered Medical Home (PCMH), 16 NYC Health + Hospitals neighborhood health centers and acute care facilities are providing simple advanced care planning to their adult patients. For Project 11, our NYC Health + Hospitals facilities and over 30 community partner teams have met all DSRIP commitments. We continue building workflows so that our non-Medicaid billing community based organizations can more easily link New Yorkers to primary care and care management providers.
- We continue progress with clinical project implementation across the entire OneCity Health network. A few highlights:
 - At Bellevue and Kings, transitions management teams are providing 30 days of supportive care management for patients at high risk of readmission. We expect to add two more NYC Health + Hospitals pilots over the next six weeks, and have identified five community based organizations who will work with our inpatient teams to provide the same service.
 - The OneCity Health team recently issued a Request for Proposal for consultant support in the integration of primary care and behavioral health services. This model of care includes the physical co-location of both services and will help NYC Health + Hospitals advance its good work beyond the collaborative care model currently in place.
- To support the building of a strong primary care network, the OneCity Health team is supporting PCMH certification for its community primary care partners. Our vendors are conducting outreach to partners for baseline assessment. Our NYC Health + Hospitals facilities will achieve certification via in-house efforts, as was successfully done in past.

BREAKTHROUGH UPDATE

Ambulatory Care:

At the two adult primary care clinics undergoing improvement: Kings County and Morrisania, the patient cycle time has been steadily decreasing for at least the past three months. At Kings County from 110 minutes in February to 76 minutes in June (31% decrease). At Morrisania from 74 minutes in February to 55 minutes in June (26% decrease). Morrisania now has the lowest patient cycle time of all adult clinics.

Emergency Services:

In the six facilities where Breakthrough is deployed (Bellevue, Jacobi, Kings, Metropolitan, Queens and Woodhull), the average length of stay for ESI 4&5s (subacute patients) has decreased since we started the improvements. Examples are: Kings County decreased from 183 minutes in March to 160 minutes in June, Bellevue from 137 minutes in March to 118 minutes in June, Woodhull from 156 minutes in March to 137 minutes in June.

Behavioral health:

At Kings County the total revenues for Adult, Child Adolescent and PHP services has increased by 15.4% since Breakthrough started a number of strategic improvements. One of the major improvements is the reduction of bed days per patients over 15 days per admission. This has resulted in \$357,896 in cost savings. When combined with other revenue producing initiatives, there has been a total of \$739,385 in new revenue and cost savings. In addition, The TNAA (third next available appointment) rate has been reduced from 37 days in January to 7 days in June (81% decrease).

THE FUND FOR NYC HEALTH + HOSPITALS UPDATE

- The Fund for NYC Health + Hospitals and the Department for the Aging are collaborating to launch a new community-based Music & Memory program in Bushwick. The program will bring personalized music playlists to seniors at the Woodhull-affiliated Diana H. Jones Innovative Senior Center who have dementia, and is the first of its kind in New York City. The senior center identified seniors for the program based on their dementia screening results and staff will monitor the impact of the program. Woodhull will provide speakers and special guests from its music therapy and pastoral care departments to augment the programming. This is NYC Health + Hospitals' 10th Music & Memory site, with programs now active in all 5 long term care facilities and 4 hospital rehabilitation departments.
- On July 23, four adolescent health experts from NYC Health + Hospitals led the health panel at the Soledad O'Brien and Brad Raymond Starfish Foundation's annual PowHERful Summit. This is the third consecutive year that The Fund has collaborated with the Foundation on this event, which brings together 250 young women from disadvantaged backgrounds for a day of educational, professional, and personal development.
- Since 2014, the Fund's partnership with the Starfish Foundation has evolved beyond the PowHERful Summits. This summer, 2 Starfish Scholars are interning for NYC Health + Hospitals, and more young women are expected to intern with us going forward. This fall, The Fund and NYC Health + Hospitals / Workforce Development will also launch a mentorship program for Starfish Scholars.

PROGRAM OF THE MONTH

NYC HEALTH + HOSPITALS' COMMITMENT TO HIGHEST CALIBUR

MEDICAL EDUCATION

Some institutions have an indelible footprint in certain fields: Think of the University of Chicago for economics, the Kaiser Family Foundation for health care policy, or the Urban Institute for crime prevention. They have the intellectual heft and influence necessary to lead the way in their fields. When it comes to medical education and research, NYC Health + Hospitals is one of these institutions. We are a major player in the medical education firmament, here in New York City, nationally, and across the globe.

Through our partnerships with NYU, SUNY, Sinai, Touro, Einstein and others we are recognized for both the quantity and the quality of our contributions to the training of physicians, nationwide.

The statistics speak to our magnitude, especially when many underserved areas across the nation suffer from a physician shortage: This year alone, NYC Health + Hospitals has over 2000 medical students rotating in and out of our system. Nearly half of them enter via our innovative CityDocs Program, where Health + Hospitals selects students based on merit and need, for scholarships to St. Georges University Medical School. In return these students commit to practicing in the public hospital system after graduation.

Last year we trained 2500 residents, roughly 15% of all residents in New York State and 20% of the residents here in the city, in nearly 300 separate programs. We offer Anesthesiology, Urology and almost every conceivable specialty in-between, with nearly 1100 residents focusing on Internal Medicine, Family Medicine, or Pediatrics. Over the past decade, well over 20,000 residents have received their training in our system. In fact, we train more residents annually than *all the teaching systems in most other states* (38 states including D.C. and Puerto Rico).

Our trainees come from backgrounds involving all four corners of the earth, and all five boroughs of our city---they represent every culture, language, ethnicity and sexual orientation---and mirror the incredible diversity of our patient base. At least 24% are foreign born, nearly 39% are Asian, 10% are Latino and over 8% are or African or Caribbean American.

But it's not just *quantity* that underscores Health + Hospitals' commitment to training the doctors of tomorrow, it's also *quality*. And that commitment is supported by a robust Research Administration which supports study of cutting edge medical interventions and devices, and new clinical and drug therapies.

We offer an unparalleled learning experience where doctors-in-training are exposed to patients from all over the world, who have very pronounced versions of illnesses or conditions. Many haven't received treatment before coming through our doors.

By assisting attending physicians, by being the doctors who often spend the most time with the patients I've just described, our residents are a powerful tool for delivering high quality care. They help us attract the highest caliber faculty for whom teaching and mentoring make our system a more attractive and stimulating place to practice.

One more point: The importance of our medical education lay not just in the number of physicians we train, or in the benefit they bring to our patients and our organization: It also lies in the tremendous opportunity we offer to people of excellence and drive, some from the most downtrodden areas of New York City and abroad. We provide them with a chance to exercise their talents in an incredibly meaningful way, which should make each of our hearts swell with pride.

The number of talented faculty members and medical education directors from around our system would never fit in our board room. But they are with us today in spirit. Let's offer a round of applause for the work that they do.

PERSON OF THE MONTH

LUIS F. CHAVEZ. MD

Last month I was delighted to give commencement remarks at residency graduations around our system, and to reflect on the fact that the medical education we offer is not just about creating doctors, it's about transforming good people into great physicians.

Because training in the public system helps a young physician focus on what doctoring truly means. It's not simply an assortment of skills and knowledge. Any system can teach that. But at NYC Health + Hospitals, we are different... Because in addition to the sort of categorical training a physician could learn in any teaching system, here we teach compassion. We teach empathy. We teach community involvement. We expose our trainees to the fullest experience of human struggle. And a great many of them come to us already well versed in those struggles.

Our Person of the Month, Dr. Luis Chavez recently graduated from the Internal Medicine residency program at Queens. He and his wife Francy Valencia not only suffered economic hardship, they experienced the searing pain of caring for a gravely ill child. And still, they endured. Dr. Chavez got himself to where he is today, in spite of all odds against him and his loved ones.

So, his story is a special one---so special that we are going to deviate from our normal practice and invite him to tell us directly about his career, his family, and about what NYC Health + Hospitals meant to his success.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute an agreement with The Boston Consulting Group (“BCG”) to provide consulting services to guide the structure and early operations of the NYC Health + Hospitals’ Transformation Office over a six month term for a cost not to exceed \$3.65 Million with two six-month options available exclusively to NYC Health + Hospitals for total amount not to exceed \$10.95 Million.

WHEREAS, Mayor Bill de Blasio issued a report in mid-April 2016 titled “One New York; Health Care for our Neighborhoods: Transforming Health + Hospitals (the “Report”) that identifies four high level goals to reform NYC Health + Hospitals to manage its looming fiscal crisis while meeting the critical health care needs of New Yorkers and twelve strategies that NYC Health + Hospitals should pursue to achieve the stated goals;

WHEREAS, in view of the enormity and the urgency of the reform task presented by the Report, NYC Health + Hospitals has established a Transformation Office within the Office of the President to coordinate and drive the reform agenda; and

WHEREAS, in further recognition of challenges presented by the Report and of quickly staffing and structuring the Transformation Office, NYC Health + Hospitals conducted a competitive procurement process among nationally known contractors familiar with the dynamics of urban safety net hospitals available through third party contracts (City, State or Group Purchasing contracts); and

WHEREAS, among the several firms that responded to NYC Health + Hospitals’ solicitation, BCG was selected as the one best able to meet the needs of the reform project; and

WHEREAS, the Transformation Office within the Office of the President will be responsible for managing the proposed BCG contract.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute an agreement with The Boston Consulting Group to provide consulting services to guide the structure and early operations of the NYC Health + Hospitals’ Transformation Office over a six month term for a cost not to exceed \$3.65 Million with two six-month options available exclusively to NYC Health + Hospitals for total amount not to exceed \$10.95 Million.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to negotiate and execute a five-year contract (the "Contract") with Canon Solutions America to provide System-wide Managed Print Services with two, one year options to renew solely exercisable by New York City Health and Hospitals Corporation, in an amount not to exceed \$74.3 million for seven years.

WHEREAS, New York City Health and Hospitals Corporation does not currently have a System-wide management program of its print devices creating inefficiencies and excess costs;

WHEREAS, a Request for Proposals to address this concern was issued on April 6, 2015 and Canon Solutions America was chosen by the selection committee based on the scoring criteria set forth in the Request for Proposals; and

WHEREAS, estimated savings from the contract are \$3.5 million over the initial term, and \$2.9 million for the two, one year options for an estimated total of \$6.4 million; and

WHEREAS, the Senior Vice President/Corporate Chief Information Officer shall be responsible for overall management and monitoring of the Contract.

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute a five-year contract (the "Contract") with Canon Solutions America to provide System-wide Managed Print Services with two, one year options to renew solely exercisable by New York City Health and Hospitals Corporation, in an amount not to exceed \$74.3 million for seven years.

RESOLUTION

Amending the Resolution adopted February 25, 2016 regarding the revision of the previously approved Draper Hall lease to authorize the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an amendment of the December 24, 2014 sublease with Draper Homes Housing Development Fund as nominee for Draper Hall Apartments LLC ("Tenant I") to provide for the return to NYC Health + Hospitals of approximately 15,150 square feet included in such lease (the "Draper II Site") on the campus of Metropolitan Hospital Center and to simultaneously execute a sublease with Draper Family Housing Development Fund Corporation or such other housing development fund company as shall be approved by both NYC Health + Hospitals and the New York City Department of Housing Preservation and Development ("HPD") (the "HDFC") as nominee for Gilbert on First LLC (in such capacities being referred to together with the HDFC as "Tenant II") of the Draper II Site for a term of 99 years, inclusive of Tenant II options for the development of a 16 story structure on the Draper II Site with approximately 153 apartments for low and moderate income individuals and families at a rent payable to NYC Health + Hospitals of not less than \$87,606 per year.

WHEREAS, the NYC Health + Hospitals' Board of Directors approved a resolution to authorize the modification of the Draper Hall lease previously approved to separate out the Draper II site to permit its separate lease to Tenant II; and

WHEREAS, the previous resolution authorized the construction of a new 14 story structure containing 131 apartments; and

WHEREAS, subsequently, Tenant II has determined that it will be possible to build a structure with two additional floors and approximately 22 additional apartments; and

WHEREAS, in view of the acute need for affordable apartments in the City it is desirable to take advantage of this increased development opportunity to construct additional apartments as part of the previously approved plan; and

WHEREAS, consistent with the increased number of units, it is appropriate that the rent payable to NYC Health + Hospitals commensurately.

NOW THEREFOR, be it

RESOLVED, that the New York City Health and Hospitals Corporation be authorized to ("NYC Health + Hospitals") to execute an amendment of the December 24, 2014 sublease with Draper Homes Housing Development Fund as nominee for Draper Hall Apartments LLC ("Tenant I") to provide for the return to NYC Health + Hospitals of approximately 15,150 square feet included in such lease (the "Draper II Site") on the campus of Metropolitan Hospital Center and to simultaneously execute a sublease with Draper Family Housing Development Fund Corporation or such other housing development fund company as shall be approved by both NYC Health + Hospitals and the New York City Department of Housing Preservation and Development ("HPD") (the "HDFC") as nominee for Gilbert on First LLC (in such capacities being referred to together with the HDFC as "Tenant II") of the Draper II Site for a term of 99 years, inclusive of Tenant II options for the development of a 16 story structure on the Draper II Site with approximately 153 apartments for low and moderate income individuals and families at a rent payable to NYC Health + Hospitals of not less than \$87,606 per year.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an extension of the existing agreements with Arcadis U.S., Inc. ("Arcadis") and with Parsons Brinckerhoff, Inc. ("Parsons") for a term of twelve months for an amount not to exceed \$2,366,826.50 for both of such contractors drawing on funds left unused from the prior contract.

WHEREAS, Bellevue Hospital Center, Coler Specialty Hospital and Rehabilitation Center, Metropolitan Hospital Center and Coney Island hospitals were all damaged by Hurricane Sandy; and

WHEREAS, in February 2013 NYC Health + Hospitals issued a Request for Proposals (the "RFP") to secure the services of architects and engineers to help to plan the necessary repair, restoration and hazard mitigation work; and

WHEREAS, Arcadis and Parsons were awarded contracts pursuant to the RFP which expired September 30, 2015; and

WHEREAS, on March 26, 2015, the NYC Health + Hospitals' Board of Directors approved an extension of the Parsons and Arcadis contracts for an amount not to exceed \$5 Million and for a term of one year expiring September 30, 2016; and

WHEREAS, of the \$5 Million approved for the Arcadis and Parsons' contracts, only \$2,633,173.50 has been spent; and

WHEREAS, work remains to be done to develop the over-all strategy and priority to further the repair, restoration and hazard mitigation work at the damaged NYC Health + Hospitals' facilities and to present the same to the Federal Emergency Management Agency; and

WHEREAS, NYC Health + Hospitals wishes to continue to use the services of Arcadis and Parson and to allow them to continue on-going work; and

WHEREAS, the Vice President for Corporate Operations shall be responsible for the administration of these contracts.

NOW THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation be authorized to execute an extension of the existing agreements with Arcadis U.S., Inc. and with Parsons Brinckerhoff, Inc. for a term of twelve months for an amount not to exceed \$2,366,826.50 for both of such contractors drawing on funds left unused from the prior contract

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a sub-sublease with the Howard Hughes Corporation for about two years and approximately 18,740 square feet of space on the 31st floor at 199 Water Street, New York, to house HHC Assistance Corporation d/b/a OneCity Health Services at a rent of \$33/square foot or \$463,815/year after factoring three months of free rent for the first year and \$33.66/square foot or \$630,788.40 for the second year for a two year total of approximately \$1,094,603.40 plus the cost of sub-metered electricity.

WHEREAS, the NYC Health + Hospitals participates in the New York State Delivery System Reform Incentive Payment ("DSRIP") program and leads the largest Performing Provider System in the City consisting of approximately 280 health care providers and other entities (the "PPS"); and

WHEREAS, HHC Assistance Corporation d/b/a OneCity Health Services, acts on behalf of NYC Health + Hospitals as the "Central Service Organization" for the PPS; and

WHEREAS, pursuant to resolution adopted in February 2015 by the NYC Health + Hospitals' Board of Directors, NYC Health + Hospitals entered into a sub-sublease with Health Care Finance Group LLC for half of the 31st floor of 199 Water Street in Manhattan consisting of 16,880 square feet, which is occupied by OneCity Health Services; and

WHEREAS, OneCity Health Services needs additional space to accommodate its expanded staff working on the DSRIP program; and

WHEREAS, the proposed sub-sublease will permit OneCity Health Services to occupy the other half of the 31st floor of 199 Water Street consisting of 18,740 square feet, fully furnished, under agreement with the Howard Hughes Corporation; and

WHEREAS, the rental costs of such occupancy will be funded through DSRIP planning grant and performance payments; and

WHEREAS, NYC Health + Hospitals' Senior Vice President and Chief Medical Officer and the Chief Executive Officer of OneCity Health Services will be responsible for the proposed sub-sublease.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a sub-sublease agreement with the Howard Hughes Corporation for about two years and approximately 18,740 square feet of space on the 31st floor at 199 Water Street, New York, to house HHC Assistance Corporation d/b/a OneCity Health Services at a rent of \$33/square foot or \$463,815 per year after factoring three months of free rent and \$33.66/square foot or \$630,788.40 for the second year for a two year total of \$1,094,603.40 plus the cost of sub-metered electricity.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (NYC Health + Hospitals) to approve a Capital Project for an amount not to exceed \$28,349,000 for the design, construction and outfitting of a new Diagnostic and Treatment Center at 155 Vanderbilt Avenue, Staten Island, operated by NYC Health +Hospitals (the "system").

WHEREAS, the Vanderbilt Health service area is located in and serves the St. George area of Staten Island, which has been designated as a **Primary** Care Health Professional Storage Area (HPSA) and a Special Population (Medicaid) Dental Care HPSA. There is a critical need for comprehensive primary, preventive and supplemental health care services in the proposed service area, as evidenced by low rates of preventative screening services, high rates of chronic conditions in both the general and Medicaid enrollee populations and high rates of emergency department and inpatient utilization for ACSC among Medicaid enrollee residents; and

WHEREAS, the NYC Health +Hospitals primary care expansion initiative which includes the Vanderbilt site, is responding to the identified health, health care and social needs of the community by providing high quality, patient-centered, comprehensive, and coordinated care; and

WHEREAS, the proposed project will include construction of a two-story modular structure at 155 Vanderbilt Avenue, Staten Island; and

WHEREAS, the Diagnostic and Treatment Center will offer primary care and specialty services; and

WHEREAS, bids for the construction of the Center have been received, and a budget for the cost of construction and outfitting has been developed; and

WHEREAS, the revision of Operating Procedure 100-5 requires that construction projects with budgets of \$3 million or more shall receive approval of the Board of Directors through Capital Committee; and

WHEREAS, the proposed total project budget, inclusive of all contingencies, is estimated to be \$28.4 million; and

WHEREAS, the overall management of the project will be under the direction of the Office of Facilities Development.

NOW THEREFORE, be it

RESOLVED, the NYC Health + Hospitals (NYC H+H) be and hereby is authorized to proceed with the design, construction and outfitting necessary for completion of a new Diagnostic and Treatment Center at 155 Vanderbilt Avenue, for an amount not-to-exceed \$28,349,000.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health and Hospitals") to execute a revocable license agreement with the Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island (the "Licensee") for its continued use and occupancy of 4,284 square feet of space in the Surgical Pavilion to house the administrative functions of an ambulance service and 500 square feet of space for parking on the campus of Sea View Hospital Rehabilitation Center and Home (the "Facility") at an occupancy fee rate of \$7,757 per year for a five year total amount of \$38,785.

WHEREAS, in July 2011, the Board of Directors authorized the President to enter into a license agreement with the Licensee; and

WHEREAS, the Licensee provides emergency medical services to the Staten Island community and has operated out of space on the Facility's campus since 1997; and

WHEREAS, the Facility continues to have space available on its campus to accommodate the Licensee's requirements; and

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "NYC Health and Hospitals") be and hereby is authorized to execute a revocable license agreement with the Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island (the "Licensee") for its continued use and occupancy of space in the Surgical Pavilion to house administrative functions of an ambulance service and 500 square feet of space for parking on the campus of Sea View Hospital Rehabilitation Center and Home (the "Facility") at an occupancy fee rate of \$7,757 per year for a five year total amount of \$38,785.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a license agreement with the New York City Human Resources Administration ("HRA") permitting HRA's continued occupancy of approximately 325 square feet of space in Lincoln Medical and Mental Health Center ("Lincoln") through June 30, 2017 with two one-year renewals for the operation of the New York City Identification Card Program ("NYCID Program") with the occupancy fee waived but with HRA responsible for supplying its own security guard and paying the cost of the additional cleaning required in the amount of \$294/month such amount to increase by 2% annually.

WHEREAS, on July 10, 2014, Mayor Bill de Blasio signed Local Law No. 35 of 2014, establishing the NYCID Program; and

WHEREAS, Mayor de Blasio issued Executive Order No. 6 of 2014 designating HRA as the administering agency of the NYCID Program; and

WHEREAS, the NYCID Program provides an identification card to many New York City residents who have difficulty acquiring alternative forms of identification, thereby helping all residents receive benefits from City services; and

WHEREAS, Local Law No. 35 requires the administering agency of the NYCID Program to designate at least one access site in each of the five boroughs and HRA desires to ensure that the Program reaches as many New York City residents as possible; and

WHEREAS, by exercise of his authority to deviate from NYC Health + Hospitals' contracting and procurement rules, President Ramanathan Raju, MD, executed a license agreement, subsequently reported to the NYC Health + Hospitals' Board of Directors permitting HRA to establish the Bronx site for the NYCID program at Lincoln in time for the launch of the NYCID Program; and

WHEREAS, NYC Health + Hospitals desires to continue to participate in and support the IDNYC Program by allowing the NYCID Program to continue to operate from and engage with applicants at the Hospital; and

WHEREAS, the Senior Vice President for Hospitals and the Executive Director of Lincoln shall be responsible for the administration of the proposed license agreement.

NOW THEREFOR, be it

RESOLVED, that the New York City Health and Hospitals Corporation is authorized to execute a license agreement with the New York City Human Resources Administration ("HRA") permitting HRA's continued occupancy of approximately 325 square feet of space in Lincoln Medical and Mental Health Center through June 30, 2017 with two one-year renewals for the operation of the New York City Identification Card Program with the occupancy fee waived but with HRA responsible for supplying its own security guard and paying the cost of the additional cleaning required in the amount of \$294/month such amount to increase by 2% annually.

RESOLUTION

Authorizing the Executive Director of MetroPlus Health Plan, Inc. to negotiate and execute a contract with Finity, Inc. (“Finity”) to provide education, engagement and rewards services for a term of three (3) years with three 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$11.5 million per year

WHEREAS, MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”), a subsidiary corporation of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”), seeks education, engagement and rewards services; and

WHEREAS, MetroPlus is certified under Section 4403(a) of the Public Health Law of the State of New York as a Health Maintenance Organization and has organized a plan for the provision of Prepaid Health Services to its members; and

WHEREAS, consistent enrollment in health insurance is a critical component of maintaining good health; and

WHEREAS, for those with chronic conditions it is critical to their health that they adhere to their clinically prescribed program; and

WHEREAS, MetroPlus seeks to improve the customer experience of all its members, increasing the likelihood they will remain with MetroPlus; and

WHEREAS, an RFP for education, engagement and rewards services was issued in compliance with the MetroPlus’ contracting policies and procedures; and

WHEREAS, Finity has been selected as the vendor with the demonstrated ability to provide these services; and

WHEREAS, the Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the sole power with respect to MetroPlus entering into contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of \$3,000,000; and

WHEREAS, the Board of Directors of MetroPlus has duly considered and approved the proposed contract between MetroPlus and Finity.

NOW THEREFORE, be it

RESOLVED, that the Executive Director of MetroPlus is hereby authorized to negotiate and execute a contract with Finity to provide education, rewards, engagement and rewards services for a term of three (3) years with three 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$11.5 million per year.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute an agreement with COPE Health Solutions (“COPE”) to provide consulting services to help structure the partners (the “Partners”) in the NYC Health + Hospitals-Led Participating Provider System (the “PPS”) under the Delivery System Reform Incentive Payment (“DSRIP”) program to yield a network obtaining 90% of its patient service revenue from value-based payments including structuring the method for making DSRIP payments to lead to such a state over a term of one year with two, one-year options to renew solely exercisable by the Corporation for total amount not to exceed \$6,810,000 in initial 12-month period, \$6,810,000 in the first renewal terms and \$5,450,000 in the second renewal term for a total not-to-exceed amount for the three-year period of \$19,070,000.

WHEREAS, the NY State Department of Health (“DOH”) accepted NYC Health + Hospitals’ application to participate in the DSRIP program under which it has established the PPS with Partners consisting of health care providers, governmental bodies, community organizations and other entities;

WHEREAS, among the key goals of the DSRIP program is to encourage health care providers to structure their payment models as value-based; and

WHEREAS, an additional and interrelated key goal of the DSRIP program and the NYC Health + Hospitals-Led PPS is the establishment of a sustainable integrated delivery system; and

WHEREAS, the PPS is challenged to structure DSRIP payments to its Partners to incentivize value-based billing and, over the long term, structure a sustainable value-based billing model; and

WHEREAS, NYC Health + Hospitals conducted a request for proposals (the “RFP”) competitive process to select a consultant to assist in meeting such challenges; and

WHEREAS, out of the five firms that responded to the RFP, the NYC Health + Hospitals’ Selection Committee selected COPE as the consultant in NYC Health + Hospitals’ best interest; and

WHEREAS, COPE has substantial experience working with other Participating Provider Systems operating under DSRIP programs across the country; and

WHEREAS, the Vice President heading the NYC Health + Hospitals’ DSRIP program will be responsible for managing the proposed COPE contract.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation is authorized to execute an agreement with COPE Health Solutions to provide consulting services to help structure the partners in the NYC Health + Hospitals-Led Participating Provider System under the Delivery System Reform Incentive Payment (“DSRIP”) program to yield a network obtaining 90% of its patient service revenue from value-based payments including structuring the method for making DSRIP payments to lead to such a state over a term of one year with two, one-year options to renew solely exercisable by the Corporation for total amount not to exceed \$6,810,000 in initial 12-month period, \$6,810,000 in the first renewal terms and \$5,450,000 in the second renewal term for a total not-to-exceed amount for the three-year period of \$19,070,000.

RESOLUTION

Adopting NYC Health + Hospitals' Mission Statement and Performance Measures as required by the Public Authorities Reform Act

WHEREAS, the New York State Public Authorities Reform Act of 2009 requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

WHEREAS, NYC Health + Hospitals has posted on its website a mission statement that is a refined version of the purposes of NYC Health + Hospitals as expressed in the legislation which created NYC Health + Hospitals and in the NYC Health + Hospitals By-Laws; and

WHEREAS, NYC Health + Hospitals keeps extensive data on numerous performance measures for internal monitoring and external reporting; and

WHEREAS, NYC Health + Hospitals has selected performance measures addressing the core functions and values of the Corporation for reporting to the Office of the State Comptroller's Authorities Budget Office (ABO) as required by the Public Authorities Reform Act; and

WHEREAS, the ABO has required reporting of NYC Health + Hospitals' mission and performance measures, as well as responding to certain additional questions, on a form provided by that office and requires that the Board of Directors read and understand the mission statement and read and understand the responses provided to the ABO; and

WHEREAS, the attached "Mission Statement and Performance Measures" uses the same indicators as the last report approved by the Board of Directors except that the performance measures have been updated;

NOW, THEREFORE, be it

RESOLVED that the attached "Mission Statement and Performance Measures" as required by the Public Authorities Reform Act is hereby adopted.

Executive Summary

NYC Health + Hospitals is required to adopt and to report to the New York State Office of the State Comptroller's Authority Budget Office ("ABO") each year a mission statement and performance measures to assist the System in determining how well it is carrying out its mission. The ABO requires completion of a specific form to achieve this reporting, as well as to respond to some additional questions. Attached is the complete report of our mission statement and the performance measures and the additional responses, all of which require the Board's adoption.

The attached "Mission Statement and Performance Measures" uses the same indicators as the last report approved by the Board of Directors except that the performance measures have been updated.

There have been minor variations on the Mission Statement over the years. All are refined versions of the purposes of NYC Health + Hospitals as expressed in the legislation which created System and in the System By-Laws. The mission statement on the ABO form is the version currently included on our website.

The System keeps extensive data on numerous performance measures for internal monitoring and external reporting. The measures included on the form were selected because they address the core functions and values of NYC Health + Hospitals. We were careful not to include any measures that were confidential quality assurance information not properly shared in this context.

The information on this form will be submitted annually so that we will have the opportunity to make whatever changes are deemed necessary for future filings.

Authority Mission Statement and Performance Measurements

Name of Public Authority:

New York City Health and Hospitals Corporation (“NYC Health + Hospitals”)

Public Authority's Mission Statement:

To extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect;

To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York;

To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

Date Adopted: September 22, 2016

List of Performance Measurements:

	Indicator Name	Indicator Description	FY16
1	General Care Average Length of Stay (days)	Average length of stay for a general care inpatient hospitalization	5.2
2	Uninsured Served	Number of patients without health insurance served	425,089
3	Total Medicaid Managed Care Enrollment	Total number of individuals served enrolled in Medicaid managed care	564,554 (CY15)
4	MetroPlus Enrollment	Total number of individuals enrolled in MetroPlus Health Plan	501,134
5	Percent of eligible women receiving screening mammograms	Total number of women aged 40 to 70 who received a mammogram screening in the reporting period with a primary care or gynecology visit in the past two years	76.7%%
6	Adult Psychiatry Average Length of Stay (days)	Average length of stay for adult psychiatry hospital stays	16.8
7	Total outpatient visits	Total outpatient visits	4,284,812
8	Total emergency room visits	Total emergency room visits	1,125,059
9	HIV connect to care	Percent of diagnosed HIV patients who are linked to care within 90 days of diagnosis	82.41%

Additional questions:

1. Have the board members acknowledged that they have read and understood the mission of the public authority?

Yes.

2. Who has the power to appoint the management of the public authority?

Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?

The Governance Committee to the Board of Directors, which is a special committee established by the Board, includes the functions of the former Personnel Committee and has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

4. Briefly describe the role of the Board and the role of management in the implementation of the mission.

In addition to standing and special committees which have defined subject matter responsibilities and which meet monthly or quarterly, the Board of Directors meets monthly to fulfill its responsibility as the governing body of HHC and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

5. Has the Board acknowledged that they have read and understood the responses to each of these questions?

Yes.

RESOLUTION

Adopting, in the name of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) Board of Directors, the twelve Implementation Strategies prepared for each of NYC Health + Hospitals’ eleven acute care hospitals and for the Henry J. Carter Specialty Hospital and Rehabilitation Center (“HJC”) as supplemental documents to the Community Health Needs Assessments (“CHNA”), which were approved by the Board of Directors in June 2016.

WHEREAS, NYC Health + Hospitals operates eleven acute care hospitals and HJC, a long term acute care hospital; and

WHEREAS, NYC Health + Hospitals has 501(c)(3) tax exempt status under the Internal Revenue Code; and

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

WHEREAS, regulations adopted under the Affordable Care Act specify that a CHNA be prepared for each licensed facility operated by hospital organizations enjoying 501(c)(3) status; and

WHEREAS, regulations further specify that the hospital organization prepare an Implementation Strategy that list and describe the facility’s clinical programs intended to meet the health needs identified in the CHNA; and

WHEREAS, on June 30, 2016 the NYC Health + Hospital’s Board of Directors approved the CHNAs conducted for the eleven acute care hospitals and HJC; and

WHEREAS, new regulations allow the Implementation Strategies to be adopted and made publicly available within five months and 15 days of the end of the taxable year in which the CNHA is conducted; and

WHEREAS, NYC Health + Hospitals has prepared Implementation Strategies for each of NYC Health + Hospitals’ eleven acute care hospitals and for the Henry J. Carter Specialty Hospital and Rehabilitation Center (“HJC”); and

WHEREAS, under the Affordable Care Act, a hospital organization’s governing body or a committee authorized by the governing body must adopt the Implementation Strategy.

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation’s Board of Directors hereby adopts the twelve Implementation Strategies prepared for each of NYC Health + Hospitals’ eleven acute care hospitals and for the Henry J. Carter Specialty Hospital and Rehabilitation Center as supplemental documents to the Community Health Needs Assessments, which were approved by the Board of Directors in June 2016.

EXECUTIVE SUMMARY

IMPLEMENTATION STRATEGY, 2016 UPDATE

Purpose of the Community Health Needs Assessment and Implementation Strategy

The Affordable Care Act (“ACA”) requires that any tax-exempt, Internal Revenue Service-designated 501(c) (3) hospital complete or update a publicly-available, comprehensive Community Health Needs Assessment (“CHNA”) every three years to document its understanding of the unique characteristics and needs of the local communities it serves. In a companion document known as the “Implementation Strategy,” each facility is also required subsequently to list and describe the clinical services and programs available to meet the health needs identified in the CHNA.

Required Components of the CHNA

- 1) Definition of community served
- 2) A prioritized description of the significant health needs of the community
- 3) Transparency in the process and methods used to conduct the CHNA, including how it took into account input from the community served and prioritized community health needs
- 4) A description of the resources potentially available to address the identified significant prioritized community health needs
- 5) An evaluation of the impact of actions taken to address the significant health needs identified in the previous CHNA report (June 2013).

The 2016 CHNA reports were adopted by the New York City Health + Hospitals Board of Directors in June 2016.

Requirements of the Implementation Strategy

The U.S. Department of the Treasury and the IRS requires a hospital organization to specifically address each of the community health needs identified in the CHNA, and describe the strategies that will be used to address these priority needs. This may entail providing a list of programs and/or clinical services (new or continuing) available to address each need. If the hospital facility does not intend to meet the needs identified in the CHNA, it is required to explain explicitly why it does not intend to meet such health need.

Process and Methods for Conducting the CHNA

A work group composed of representatives from the planning offices from all hospitals in the NYC Health + Hospitals system and Central Office was formed to coordinate and conduct the CHNA. To identify community health needs, the work group reviewed documentation from City, State and Federal public health resources, including but not limited to Take Care New York 2020, New York State Prevention Agenda 2013-2018 and Healthy People 2020, as well as previous need assessments conducted

for the hospital system. From this review, an initial list of over 40 potential community health needs were identified. To refine the list, the work group solicited input from other facility representatives, resulting in the 13 community health needs below (note: this is not in priority order):

- Heart disease, high cholesterol, stroke
- Cancer
- Diabetes
- Asthma and other breathing issues
- Hypertension/ high blood pressure
- Violence
- Mental illness and psychiatric disorders
- Dementia including Alzheimer's
- Obesity
- Premature births, low birth weight
- HIV, Hepatitis, STDs
- Alcohol and/or drug use
- Smoking

Community and Facility Input

Community Advisory Board (“CAB”)

The process used to conduct the 2016 CHNA was presented to each CAB individually. A survey was administered anonymously and confidentially to each CAB member asking them to indicate the relative importance of each of the 13 identified community health needs in their community. In an open discussion, CAB members were also asked about community health needs not included in the survey question. These responses were coded for inclusion in the prioritization matrix (see detailed explanation below).

Facility Users

NYC Health + Hospitals engaged approximately 150 adult facility users from each hospital throughout the main facilities and within community-based clinic sites to complete an anonymous and confidential survey. Survey questions included demographics, health insurance status, language preferences, health concerns, primary and preventive health care utilization, barriers in obtaining ambulatory care and reasons for use of emergency care. Respondents were asked to indicate the relative importance of each of the 13 identified community health needs in their community. These responses were coded for inclusion in the prioritization matrix.

Facility Leadership

Hospital leadership were engaged to indicate the relative importance of each of the 13 identified community health needs in their service area; and their responses were included in the prioritization matrix. Leadership was also invited to comment on the final ranking of health needs, and assisted in the identification of facility programs to address these concerns.

Secondary Data

To measure the prevalence of chronic conditions and health concerns, data were extracted from several publically available datasets, including the New York City’s Department of Health and Mental Hygiene’s Take Care New York 2020, New York State Department of Health’s Prevention Agenda 2013-2018, federal agencies, Centers for Disease Control and Prevention and Healthy People 2020. (For a full list of sources, please see the 2016 CHNA.)

Prioritization of Community Health Needs

For the 2016 CHNA, hospitals were required to identify community health needs and to rank them in order of priority. Hospitals developed their facility-specific community health needs prioritization by ranking the community needs as determined by CAB members, facility users, hospital leaders, and the prevalence of the conditions within their respective communities – independently - to create an overall blended rank score of each community health need.

Facility users, CAB members, and hospital leaders completed a survey which asked them to rate each of the 13 community health needs using the criteria: “Very Serious” = 3; “Somewhat Serious” = 2; “Not Serious” = 1. The option, “Don’t Know/Not Applicable” was also provided to respondents, but excluded for the scoring.

Condition prevalence within the hospital service area was considered in prioritizing the community health needs. A ‘z’ score, which represents the distance/variance between the raw score (service area average) and the population mean (citywide average) in units of the standard deviation, was calculated for each condition prevalence. A positive number suggests that the service area experiences a higher prevalence of the condition than the rest of the city, while a negative number suggest a lower prevalence in the area relative to other NYC neighborhoods.

Each of the community health needs were assigned a rank from 1 to 13 by each of the three groups –CAB members, facility users, and hospital leaders – based on their survey results. Community health needs were also assigned a rank from 1 to 13 based on their prevalence, using ‘z’ scores. Finally, scores from each of the four categories were added together and health issues were ranked based on their overall score.

Community health needs that were considered significant were ranked among the top five of identified needs. The final list, including the identified significant community health needs, were reviewed by hospital leadership.

NYC Health + Hospitals Comprehensive Response to Community Health Needs

NYC Health + Hospitals has developed numerous initiatives to address community health needs and to support and improve patient and population health, with additional programs to be launched soon. Programs include local, or facility-specific, innovations as well as system-wide projects undertaken as part of the New York City Delivery System Reform Incentive Payment Program (DSRIP). The Implementation Strategies include DSRIP projects as well as facility-specific initiatives that address the “significant,” or top five, community health needs identified through the CHNA process. Some of the more commonly employed implementation strategies employed at NYC Health + Hospitals are as follows:

Community Health Needs and Commonly Employed Implementation Strategies at NYC Health + Hospitals

Community Health Need	DSRIP Projects	Additional Projects
Hypertension and Heart Disease	Improve Cardiovascular Disease Management: Support primary care excellence and patient self-management	Cardiovascular Risk Registry: Identify and manage patients with hypertension to ensure disease management, adherence to medications and other treatment plans
		Treat to Target: Enroll patients with uncontrolled hypertension in an intensive care management program
Diabetes	n/a	Diabetes Registry: Identify and manage Diabetic patients to ensure disease management, adherence to medications and other treatment plans
		Diabetes Center of Excellence
Obesity	n/a	Farmers Market: Provide patients and staff access to fresh fruit and vegetables and promote healthy eating
		Community Garden: Educate community residents about healthy diet and nutrition, and grow to fresh produce.
Mental Illness / Substance Use	Integrate Primary Care and Behavioral Health Services: Ensure optimal care coordination by providing coordinated, accessible behavioral health and primary care to patients with behavioral health issues	Ambulatory Detox Program: Provide ambulatory access to substance abuse treatment services as an alternative to inpatient care.
Asthma	Home Environmental Asthma Management Program: Reduce avoidable ED use and hospitalizations related to asthma by changing the patient’s indoor environment to reduce exposure to asthma triggers	Asthma Educators: Engage patients with Asthma before and after provider visit to provide general information and inhaler techniques to reduce the number of asthma related ED visits
Cancer	Integrate Palliative Care into the PCMH Model: Integrate palliative care into appropriate settings including PCPs and other community resources.	No Cost Colon Cancer Screening Program
Smoking	n/a	Smoking Cessation Program: Provide education and support for tobacco cessation
Multiple Community Health Needs	Care Transitions: For patients discharged from the hospital at high risk of readmission, special teams will bridge the patient to community resources	
	Health Home At Risk: For patients with poor control of chronic disease; social problems; or behavioral health conditions, provide additional resources to address social determinants of health, including increased linkages to community support	

NYC Health + Hospitals’ Implementation Strategies for the Community Health Needs Assessments Update 2016

Sharon Abbott, PhD, Assistant Director
Steven Fass, Assistant Vice President
Corporate Planning

Board of Directors
September 22, 2016



Background

- The Affordable Care Act (ACA) mandates that each 501(c) (3) tax-exempt hospital must update or conduct a Community Health Needs Assessment (CHNA) every three years.
- The goal of the CHNA is to improve community health by identifying opportunities to improve health care delivery or address other community needs.
 - CHNAs conducted for New York City Health + Hospitals facilities were approved by the Board of Directors on June 30, 2016
- Hospitals are also required to develop and make available to the public an implementation strategy to meet the high priority needs identified in the CHNA.
 - An Implementation Strategy lists the actions the facility intends to take to address each identified health need, including anticipated impact, outcome measures, resources, and potential partners
 - If a facility does not intend to address an identified need, an explanation must be provided
- Implementation strategies must be adopted by an authorized body of the facility no later than November 15
- The ACA imposes an excise tax of \$50,000 on any hospital organization that fails to meet these requirements.



Process and Methods to Identify and Prioritize Community Health Needs

- A work group of facility planning directors and other representatives reviewed documentation from city, state and federal public health resources, the NYC Health + Hospitals' 2013 CHNAs, and the DSRIP Community Needs Assessment. A list of over 40 health needs were identified.
- Incorporating input from other facility representatives and tested with hospital users this list was refined to 13 community health needs.
- Each community's *most significant* health needs and their priority order was determined by blending input from:
 1. Facility Users (approximately 150 per facility) completed a survey with questions regarding issues include health concerns, barriers to care, reasons for ED use, and to prioritize their community's health needs. The surveys were translated into NYC Health + Hospitals' top 7 languages.
 2. Community Advisory Boards were asked to prioritize their community's needs.
 3. Facility Leadership were surveyed to identify and prioritize the health needs of their service area.
 4. Prevalence within community (variance to citywide average)
- Final results reviewed by hospital leadership and staff.





Community Health Needs and Commonly Employed Implementation Strategies

Community Health Need	DSRIP Projects	Additional Projects
Hypertension and Heart Disease	Improve Cardiovascular Disease Management: Support primary care excellence and patient self-management	Cardiovascular Risk Registry: Identify and manage patients with hypertension to ensure disease management, adherence to medications and other treatment plans.
		Treat to Target: Enroll patients with uncontrolled hypertension in an intensive care management program.
Diabetes	n/a	Diabetes Registry: Identify and manage Diabetic patients to ensure disease management, adherence to medications and other treatment plans.
		Diabetes Center of Excellence
Obesity	n/a	Farmers Market: Provide patients and staff access to fresh fruit and vegetables and promote healthy eating.
		Community Garden: Educate community residents about healthy diet and nutrition, and grow to fresh produce.
Mental Illness / Substance Use	Integrate Primary Care and Behavioral Health Services: Ensure optimal care coordination by providing coordinated, accessible behavioral health and primary care to patients with behavioral health issues.	Ambulatory Detox Program: Provide ambulatory access to substance abuse treatment services as an alternative to inpatient care.
Asthma	Home Environmental Asthma Management Program: Reduce avoidable ED use and hospitalizations related to asthma by changing the patient's indoor environment to reduce exposure to asthma triggers.	Asthma Educators: Engage patients with Asthma before and after provider visit to provide general information and inhaler techniques to reduce the number of asthma related ED visits.
Cancer	Integrate Palliative Care into the PCMH Model: Integrate palliative care into appropriate settings including PCPs and other community resources.	No Cost Colon Cancer Screening Program
Smoking	n/a	Smoking Cessation Program: Provide education and support for tobacco cessation.
Multiple Community Health Needs	Care Transitions: For patients discharged from the hospital at high risk of readmission, special teams will bridge the patient to community resources.	
	Health Home At Risk: For patients with poor control of chronic disease; social problems; or behavioral health conditions, provide additional resources to address social determinants of health, including increased linkages to community support.	



Next Steps

- Disseminate CHNA Implementation Strategy Reports to public before Nov. 15, 2016
- Ongoing assessment of community health needs
 - Community and patient demographics and health
 - Community healthcare providers and related community resources
 - Gaps between community needs and available resources
- Additional required community health needs assessments
 - Gotham FQHC (HRSA)
 - DSRIP (NYSDOH)



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a 99 year sublease (including tenant renewal options) with T Building Housing Development Fund Company, Inc. a to-be-formed single purpose as entity of which NYC Partnership Housing Development Fund Company, Inc. is the sole member as nominee for T Building LLC, a to-be-formed single purpose limited liability company, the managing member of which will be T Building Managers LLC a to be formed single purpose entity of which Dunn Development Corp. will be the sole member ("Tenant"), to rent a parcel of approximately 167,000 square feet including the existing 10 story "T Building" of approximately 238,000 gross square feet on the campus of Queens Hospital Center Jamaica, Queens, New York (the "Facility") together approximately 129,000 square feet of surrounding land to be used for approximately 103 parking spaces for the building along with other uses. The building is to be renovated to create approximately 206 residential units including approximately 75 supportive housing units for single adults who are appropriate for independent living in the community and whose income is less than 60% of the Area Median Income ("AMI"); approximately 79 affordable units for households earning less than 60% of AMI; and approximately 51 moderate/middle income housing units for households earning less than 100% of AMI with 8,000 square feet to be provided for a community facility use; provided that, in lieu of rent to NYC Health + Hospitals, approximately 12,000 gross square feet will be retained by NYC Health + Hospitals at no charge other than for utilities and maintenance for the Facility's non-direct medical care uses.

WHEREAS, Tenant is a leader in the development of affordable, moderate/middle income and supportive housing including mixed income and mixed use projects; and

WHEREAS, NYC Health + Hospitals and Tenant shall, consistent with applicable regulations, establish protocols allowing for the referral to Tenant of NYC Health + Hospitals' patients who qualify for residence in the planned supportive units and can benefit from a preference accorded to such patients; and

WHEREAS, the individuals who are to live in such supportive units shall be screened to ensure that they are suitable for independent living in the community; and

WHEREAS, CAMBA will provide a complement of social services for the benefit of the residents of the supportive units and will provide front desk attendant services for the building; and

WHEREAS, the negotiation and administration of the proposed sublease shall be the responsibility of the Vice President for Intergovernmental Relations; and

WHEREAS, a Public Hearing was held on September 7, 2016, in accordance with the requirements of the Corporation's Enabling Act; and

WHEREAS, prior to lease execution, the proposed sublease is subject to the approval of the City Council and the Office of the Mayor.

NOW, THEREFORE, be it

Page Two – Resolution
Sublease – Queens “T” Building

RESOLVED, the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) be and hereby is authorized to execute a 99 year sublease (including tenant renewal options) with T Building Housing Development Fund Company, Inc. a to-be-formed single purpose as entity of which NYC Partnership Housing Development Fund Company, Inc. is the sole member as nominee for T Building LLC, a to-be-formed single purpose limited liability company, the managing member of which will be T Building Managers LLC a to-be-formed single purpose entity of which Dunn Development Corp. will be the sole member (“Tenant”), to rent a parcel of approximately 167,000 square feet including the existing 10 story “T Building” of approximately 238,000 gross square feet on the campus of Queens Hospital Center Jamaica, Queens, New York (the “Facility”) together with approximately 129,000 square feet of surrounding land to be used for approximately 103 parking spaces and other uses for the building which is to be renovated to create approximately 206 residential units including approximately 75 supportive housing units for single adults who are appropriate for independent living in the community and whose income is less than 60% of the Area Median Income (“AMI”); approximately 79 affordable units for households earning less than 60% of AMI with 8,000 square feet to be provided for a community facility use and approximately 51 moderate/middle income housing units for households earning less than 100% of AMI provided that, in lieu of rent to NYC Health + Hospitals, approximately 12,000 gross square feet will be retained by NYC Health + Hospitals at no charge other than for utilities and maintenance for the Facility’s non-direct medical care uses.

EXECUTIVE SUMMARY

SUBLEASE AGREEMENT QUEENS HOSPITAL CENTER DUNN DEVELOPMENT CORP.

OVERVIEW:

New York City Health and Hospitals Corporation seeks authorization from its Board of Directors to execute a sublease with T Building Housing Development Fund Company, Inc. a to-be-formed single purpose as entity of which NYC Partnership Housing Development Fund Company, Inc. is the sole member as nominee for T Building LLC, a to-be-formed single purpose limited liability company, the managing member of which will be T Building Managers LLC a to-be-formed single purpose entity of which Dunn Development Corp. will be the sole member ("Tenant"), to rent the "T Building" on the campus of Queens Hospitals Center ("QHC"). The T Building is currently mostly empty. The building itself is approximately 238,000 gross square feet. The total lot that will be subleased will be approximately 167,000 square feet and will include approximately 129,000 square feet of land to be used as a parking lot for the building and for other uses which may include walkways, landscaped areas, passive recreation areas and a children's play area. The property will be renovated to create approximately 206 units of low income, moderate/middle income and supportive housing.

NEED/ PROGRAM:

The City of New York continues to suffer from an acute shortage of affordable housing with a particular need for supportive housing. Tenant is a leader in the development of affordable, moderate/middle income and supportive housing.

Tenant shall develop approximately 206 residential units of affordable, moderate/middle income and supportive housing including approximately 75 units of supportive housing for single adults who are appropriate for independent living in the community and whose income is less than 60% of the Area Median Income ("AMI"); approximately 79 affordable units for households earning less than 60% of AMI; and approximately 51 moderate/middle income housing units for household earning less than 100% of AMI. Tenant shall be responsible for all costs associated with the renovation of the residential portion of the building (and the development and operation of the housing program.

CAMBA will provide social services for the residents of the supportive units in the building and will provide front desk attendant services to the building. CAMBA has a substantial and respected record of providing social services to affordable housing developments including the CAMBA project on the Kings County Hospital Center Campus.

NYC Health + Hospitals shall establish protocols, consistent with applicable regulations for the referral to the Tenant of patients of QHC who are appropriate for independent living in the community and qualify for occupancy of the supportive housing units so that they may take advantage of the preference for QHC patients.

TERMS:

In lieu of rent, Tenant shall make available to QHC approximately 12,000 gross square feet at no charge other than for utilities and maintenance for QHC's non-direct medical care uses and approximately 8,000 gross square feet will be made available for a community facility use at a reasonable rent.

**SUMMARY OF ECONOMIC TERMS
SUBLEASE AGREEMENT
QUEENS HOSPITAL CENTER
DUNN DEVELOPMENT AND
NYC PARTNERSHIP HOUSING DEVELOPMENT FUND COMPANY, INC.**

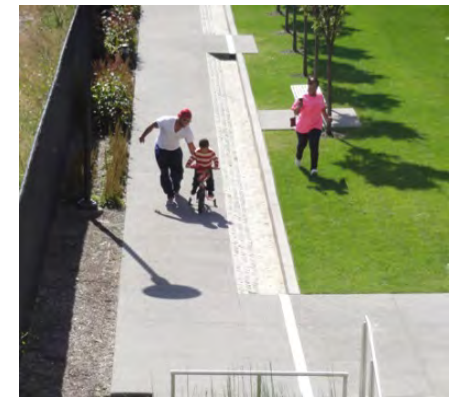
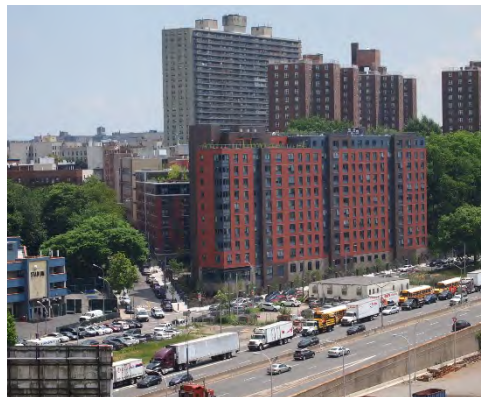
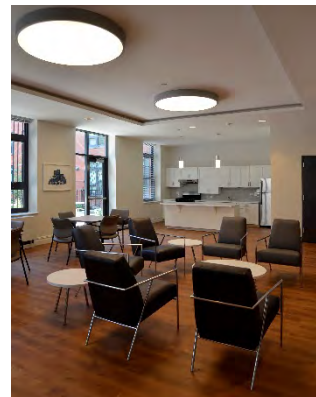
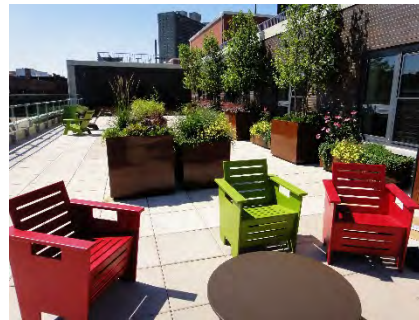
- SITE:** Queens Hospital Center
Borough of Queens
- SIZE:** Approximately 167,000 square feet currently occupied by a building of approximately 238,000 gross square feet
- RENT:** In lieu of rent, Tenant shall make available to QHC approximately 12,000 gross square feet at no charge other than utilities and maintenance for QHC's non-direct medical care uses and shall make available approximately 8,000 gross square feet for a community facility use at a reasonable rent.
- PROGRAM:** The Tenant is to develop approximately 206 units of housing including approximately 75 units of supportive housing units for single adults who are appropriate for independent living in the community and whose income is less than 60% of the Area Median Income ("AMI"); approximately 79 affordable units for households earning less than 60% of AMI; and approximately 51 moderate/middle income housing units for household earning less than 100% of AMI.
- CONSTRUCTION:** Tenant shall be responsible for all costs associated with the renovation of the residential portions of the building and the development and operation of its housing program.
- FINANCING:** Financing will be provided by using a combination of sources including: a first mortgage associated with private activity tax-exempt bonds through HDC; a second mortgage from NYC Housing Development Corporation; NYC Department of Housing Preservation and Development will provide a third mortgage loan from HPD's through its Supportive Housing Loan Program; and Low Income Housing Tax Credit equity will be used as both construction and permanent financing with a substantial portion bridged by the tax exempt bonds and HDC second mortgage financing during construction.
- UTILITIES:** Tenant shall be responsible for the cost of all utilities provided to the property other than utilities for the 12,000 square feet provided to QHC and the 8,000 square feet of community facility space.
- MAINTENANCE:** Tenant shall take good care of the property, the public sidewalk curbs in front of, or adjacent to, the property, water sewer and gas connections, pipes and mains, and shall keep the property in good and safe order and condition, and shall make all repairs, interior and exterior, structural and nonstructural necessary renovation of the building (other than to the 12,000 square feet provided to QHC and the 8,000 square feet of community facility space) to keep the property in good and safe order and condition.
- INDEMNITY:** Tenant shall indemnify NYC Health + Hospitals and the City of New York and shall provide adequate insurance covering all liability arising from its use and occupancy of the property, naming NYC Health + Hospitals and the City of New York as additional insured parties.

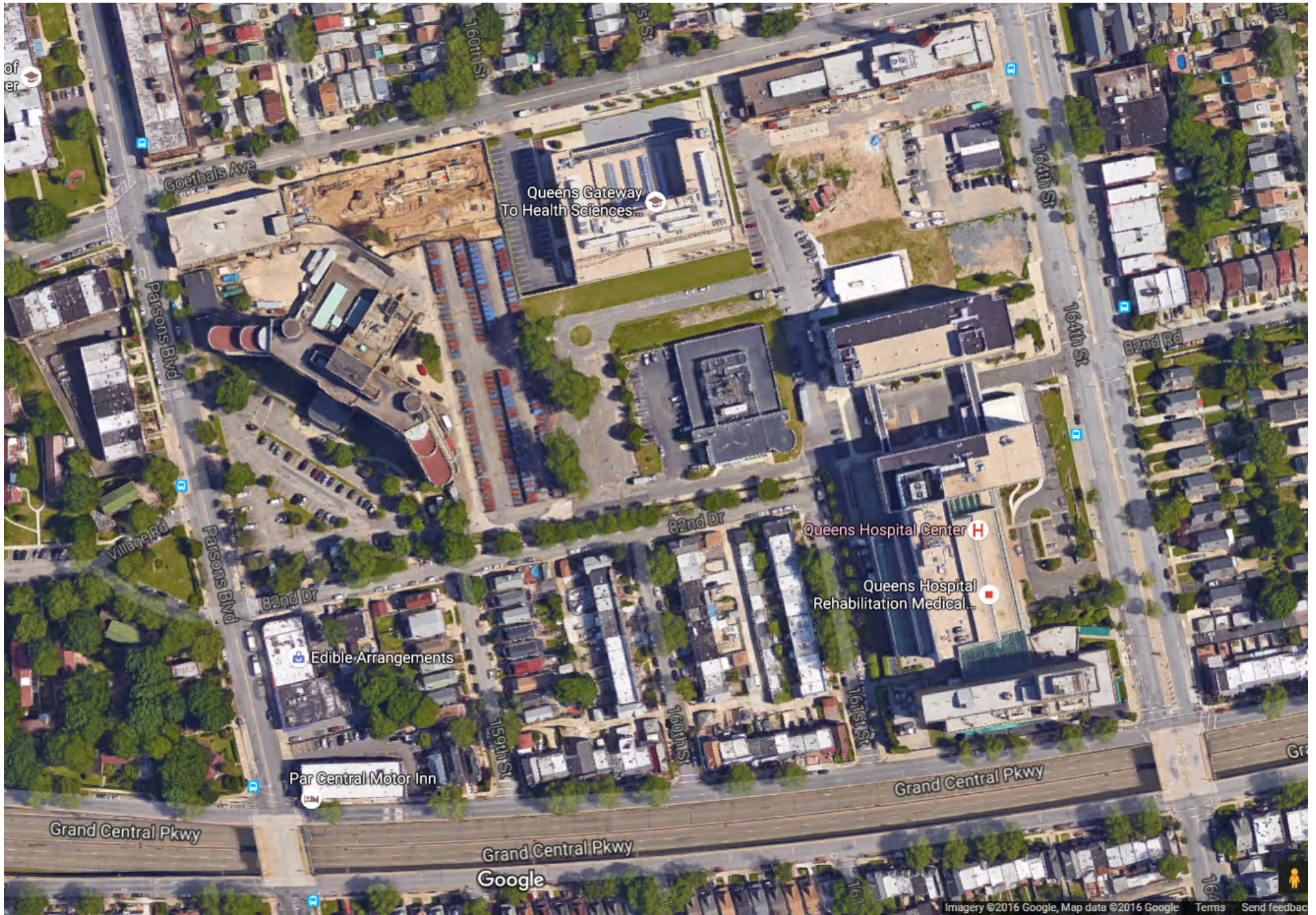
Page Two – Summary of Economic Terms
Sublease – Queens “T” Building

SECURITY: Tenant will not rely on NYC Health + Hospitals for the security of the property except to the extent HHC is utilizing a portion of the property



**DUNN DEVELOPMENT CORP.
T BUILDING
QUEENS HOSPITAL CENTER**







T Building, Queens Hospital Center

T BUILDING, QUEENS HOSPITAL CENTER PROPOSED USES

- 238,000 gross square feet of building area
- 206 residential units
- 12,000 gross square feet for NYC Health + Hospitals/Queens use
- 8,000 gross square feet for a community facility use
- 103 off-street parking spaces

** All numbers are approximate*

T BUILDING, QUEENS HOSPITAL CENTER PROPOSED UNITS

- 206 Residential Units
 - 75 units of supportive housing (all studios)
 - 131 low and moderate/middle income units
 - 79 units earning up to 60% AMI*
 - 51 units earning up to 100% AMI*
 - Studio 15 units
 - 1-Bedroom 49 units
 - 2-Bedroom 59 units (including a live-in superintendent)
 - 3-Bedroom 8 units

Median income for renter households in CB#8 is \$44,886 (2012 census data)

** All numbers are approximate*

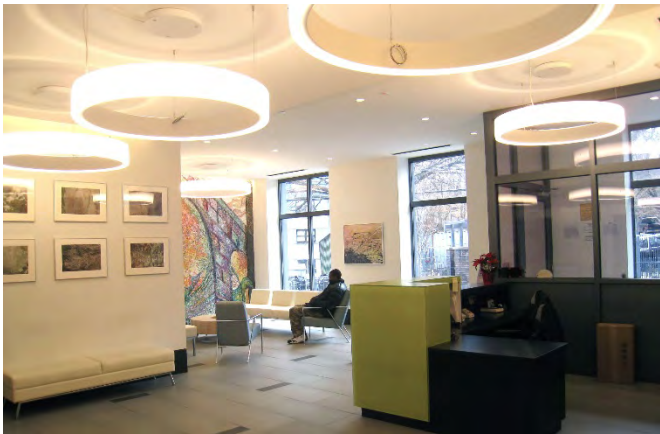
**PRELIMINARY RENTS/INCOME LEVELS
T-BUILDING, QUEENS HOSPITAL CENTER**

Apartment Size	Income*	Monthly Rent	Income Band	
			Minimum	Maximum**
Studio	60% AMI	865	\$ 30,994	\$ 38,100
	100% AMI	1,055	\$ 37,509	\$ 63,500
One Bedroom	60% AMI	929	\$ 33,223	\$ 43,500
	100% AMI	1,320	\$ 46,629	\$ 72,500
Two Bedroom	60% AMI	1,121	\$ 39,840	\$ 54,360
	100% AMI	1,591	\$ 55,954	\$ 90,600
Three Bedroom	60% AMI	1,289	\$ 46,046	\$ 63,060
	100% AMI	1,831	\$ 64,629	\$ 105,100

*Low income based on incomes up to 60% of Area Median Income (AMI) with rents set at 57% of AMI and moderate/middle income based on incomes up to 100% of AMI with rents set at 80% of AMI per HPD guidelines.

**Income limits vary by household size.

***Rent and income levels reflect 2016 AMI levels and utility allowances and are subject to change based on HPD and HDC underwriting standards.



INTEGRATING SUPPORTIVE HOUSING

- Units will be spread throughout the building – not separated by wing or floor
- Serving people who are ready to live independently and live in an integrated setting with families
- Extensive screening of residents
- We address any problems in the building or community promptly.
- The building being successful is our priority.
- Successful track record of implementing this model for more than a decade throughout New York City

CAMBA, Inc. will be the non-profit service provider at the T Building.

- 40-year old non-profit organization provides services to more than 45,000 individuals and families annually.
- Based in Brooklyn, CAMBA operates programs and provides services in Queens and throughout New York City.
- CAMBA has partnered with Dunn Development Corp. on 14 prior projects, providing on-site services for residents in integrated apartment buildings.
- CAMBA will provide dedicated on-site social services staffing to provide case management and other services to building residents, from offices within the T Building.
- CAMBA will provide 24-hour a day, 7-day per week front desk staffing to provide regular oversight and ensure effective operations.





T Building, Queens Hospital Center



Putnam Court, 40 Putnam Avenue, Brooklyn



Palmer's Dock, 20 North 5th Street, Brooklyn



Highbridge Overlook, Bronx



Navy Green, 7 Clermont Avenue, Brooklyn



Navy Green Townhouses, Brooklyn



Highbridge Overlook, Bronx



Highbridge Overlook, Bronx



Bergen Saratoga Apartments, Brooklyn



Navy Green, 7 Clermont Avenue, Brooklyn



Westwind Houses, 45 East 131st Street, Manhattan



Highbridge Terrace, Bronx



Navy Green, 7 Clermont Avenue, Brooklyn

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a sub-sublease with Emblem Health for a term of approximately seven years and six months for approximately 37,459 square feet of space on the 9th floor at 1 MetroTech Center, Borough of Brooklyn, to house MetroPlus' call center and associated functions at an initial rent of \$26 per square foot, or \$568,128 for the first year of the term after factoring five months of free rent, and with the rent escalating for the balance of the term at a rate of 2.5% per year for a total base rent for the lease term of approximately \$7,620,309 plus a total of \$710,164 for electricity over the term for a total cost of \$8,330,473.

WHEREAS, MetroPlus, a subsidiary of the NYC Health + Hospitals, currently occupies a total of 148,000 square feet at 160 Water Street and 24,047 square feet at 33 Maiden Lane; and

WHEREAS, MetroPlus' Customer Services Call Center currently occupies space on the 5th and 19th floors at 160 Water St. and Customer Services is an integral part of its strategy to expand membership; and

WHEREAS, MetroPlus' membership has grown by over 25,000 during the past year to over 500,000, and the H+H Transformation plan sets a MetroPlus goal of achieving membership of 675,000 by 2020; and

WHEREAS, to achieve the projected membership goal, MetroPlus will add Customer Service Call Center representatives and consolidate this function at 1 MetroTech Center, which will also make space at 160 Water Street available for other expanding MetroPlus functions.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a sub-sublease agreement with Emblem Health for a term of approximately seven years and six months for approximately 37,459 square feet of space on the 9th floor at 1 MetroTech Center, Borough of Brooklyn, to house MetroPlus' call center and associated functions at an initial rent of \$26 per square foot, or \$568,128 for the first year of the term after factoring five months of free rent, and with the rent escalating for the balance of the term at a rate of 2.5% per year for a total base rent for the lease term of approximately \$7,620,309 plus a total of \$710,164 for electricity over the term for a total cost of \$8,330,473.

EXECUTIVE SUMMARY

METROPLUS 1 METROTECH CENTER BOROUGH OF BROOKLYN

OVERVIEW: New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) seeks authorization from its Board of Directors to execute a sub-sublease of approximately seven years and six months duration with Emblem Health for approximately 37,459 square feet of space on the 9th floor of 1 Metrotech Center, Borough of Brooklyn.

**NEED/
PROGRAM:** MetroPlus, a subsidiary of the NYC Health + Hospitals, currently occupies a total of 148,000 square feet at 160 Water Street and 24,047 square feet at 33 Maiden Lane. MetroPlus’ Customer Services Call Center currently occupies space on the 5th and 19th floors at 160 Water St. and is an integral part of its strategy to expand membership. MetroPlus’ membership has grown by over 25,000 during the past year to over 500,000. The H+H Transformation plan sets a MetroPlus goal of achieving membership of 675,000 by 2020. To achieve the projected membership target, MetroPlus will add customer services representatives and consolidate this function at 1 Metrotech Center. MetroPlus also needs to enhance other member support, analytic and care management functions at 160 Water Street. Metroplus has reached the limits of its space utilization at 160 Water St. The lack of space has necessitated the conversion of conference rooms into large work areas and has made other adjustments necessary to accommodate current and future staffing requirements. Consolidating the Customer Service function at Metrotech will make space available at 160 Water Street for other MetroPlus functions and allow for more efficient use of space and better collaboration among staff serving MetroPlus members.

TERMS: The term of the sub-sublease with Emblem Health will be approximately seven years and six months for approximately 37,459 square feet of space on the 9th floor at 1 Metrotech Center. The initial rent will be \$26 per square foot, or \$568,128 for the first year of the term after factoring five months of free rent. The rent for the balance of the term will be escalated a rate of 2.5% per year for a total base rent for the lease term of approximately \$7,620,309 plus a total of \$710,164 for electricity over the term for a total cost of \$8,330,473. The space will be delivered with the existing furniture in place. Electricity will be billed at \$2.50 per square foot. There will be no operating expense pass-through. MetroPlus will pay its proportionate share of real estate tax increases above the 2016/2017 base year.

SUMMARY OF ECONOMIC TERMS

SITE:	9 th Floor 1 Metrotech Center – 1 Metro Tech New York, New York
LANDLORD:	Forest City Enterprises, Inc.
TENANT:	JP Morgan Chase
SUB-TENANT:	Emblem Health
TERM:	Approximately seven years and six months
FLOOR AREA:	37,459 square feet
RENEWAL OPTIONS:	None
BASE RENT:	\$26 per square foot
ESCALATION:	2.5% per year
FREE RENT:	Five months
UTILITIES:	Tenant will pay for electricity at a rate of \$2.50 per square foot.
OPERATING EXPENSES:	Tenant not responsible for payment of operating expense increases.
REAL ESTATE TAXES:	Tenant will be responsible for payment of its proportionate share of real estate tax increases above the 2016/2017 base year.

1 MetroTech Rent Schedule

<u>Year</u>	<u>Base Rent</u>	<u>Per Sq. Ft.</u>
Oct 1, 2016 - Sept 30, 2017	973,934	26.00
Oct 1, 2017 - Sept 30, 2018	998,282	26.65
Oct 1, 2018 - Sept 30, 2019	1,023,239	27.32
Oct 1, 2019 - Sept 30, 2020	1,048,820	28.00
Oct 1, 2020 - Sept 30, 2021	1,075,041	28.70
Oct 1, 2021 - Sept 30, 2022	1,101,917	29.42
Oct 1, 2022 - Sept 30, 2023	1,129,465	30.15
Oct 1, 2023 - April 29, 2024	<u>675,416</u>	30.91
Total (5 months free rent included)	7,620,309	

Note: First year rent = \$973,934 - 405,806 (five months free rent) or \$568,128

Term: 7 yrs and 6 months

SAVITT PARTNERS

September 7, 2016

Mr. Dion Wilson
Director of Real Estate
NYC Health + Hospitals
346 Broadway, 12 West
New York, NY 10013

**Re: Opinion of Reasonableness of Rent
1 MetroTech Center, 9th Floor
Brooklyn, NY 11201**

Dear Dion:

This letter confirms that I have reviewed the summary of the economic terms of the Sublease for the referenced property by and between Forest City Enterprises, Inc. as Landlord, JP Morgan Chase as Tenant, Emblem Health as Sub-Tenant, and NYC Health + Hospitals as Further-Sub-Tenant, comprising of the following terms:

Floor Area: 37,459 square feet
Base Rent: \$26.00 per square foot
Escalation: 2.5% per year
Free Rent: 5 months
Electric: \$2.50 per square foot
Real Estate Taxes: Tenant's proportionate share

Based on my review of the proposed lease term (7 years and 6 months), the base rent and escalations (\$26.00 per square foot with 2.5% escalations annually), and reviewing comparables presented for leased spaces of similar size and location, it is my professional opinion that the economic terms proposed and set forth above are fair and reasonable in the commercial marketplace found in the downtown Brooklyn area as of the date of this letter.

I am a licensed real estate broker in New York and am familiar with current market rates for professional and commercial spaces in the vicinity of this property.

Please feel free to contact me if you require additional information.

Sincerely,



Michael Dubin
Partner

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a sub-sublease with the New York State Shipping Association, Inc. – International Long Shoremen's Association Pension Trust Fund for a term of approximately four years and eight months for approximately 16,899 square feet of space on the 16th floor at 77 Water Street, Borough of Manhattan, to house the Office of the Inspector General ("H+H OIG") at an initial rent of \$45 per square foot, or \$570,342 for the first year of the term after factoring three months of free rent, and with the rent escalating for the balance of the term at a rate of 2% per year for a total base rent for the lease term of approximately \$3,492,944 plus a total of \$216,869 for electricity over the term for a total cost of \$3,709,813.

WHEREAS, in October 2105, the Board of Directors adopted a resolution authorizing the President to enter into a Memorandum of Understanding with the New York City Department of Investigation ("NYC DOI") to create an Office of the Inspector General for NYC Health + Hospitals under the authority and control of NYC DOI to replace the existing office within NYC Health + Hospitals; and

WHEREAS, pursuant to a letter agreement executed by NYC DOI and NYC Health + Hospitals the entire expenses of the H+H OIG, including but not limited to salaries and other benefits for the staff and the cost of office space shall be the responsibility of NYC Health + Hospitals; and

WHEREAS, the H+H OIG currently occupies approximately 16,500 square feet on the 17th floor at 160 Water Street and as a result of staffing increases, the 160 Water space no longer accommodates the existing staff and will not accommodate the anticipated new hires; and

WHEREAS, the space at 77 Water Street will temporarily house the H+H OIG pending their relocation to permanent space at 180 Maiden Lane, Borough of Manhattan that will be leased by NYC DOI.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") be and hereby is authorized to execute a sub-sublease agreement with the New York State Shipping Association, Inc. – International Long Shoremen's Association Pension Trust Fund for a term of approximately four years and eight months for approximately 16,899 square feet of space on the 16th floor at 77 Water Street, Borough of Manhattan, to house the Office of the Inspector General at an initial rent of \$45 per square foot, or \$570,342 for the first year of the term after factoring three months of free rent, and with the rent escalating for the balance of the term at a rate of 2% per year for a total base rent for the lease term of approximately \$3,492,944 plus a total of \$216,869 for electricity over the term for a total cost of \$3,709,813.

EXECUTIVE SUMMARY

OFFICE OF THE INSPECTOR GENERAL 77 WATER STREET BOROUGH OF MANHATTAN

OVERVIEW:

The New York City Health and Hospitals Corporation ("NYC Health + Hospitals") seeks authorization from its Board of Directors to execute a sub-sublease of approximately four years and eight months duration with New York State Shipping Association, Inc. – International Long Shoremen's Association Pension Trust Fund for approximately 16,899 square feet of space on the 16th floor of 77 Water Street, Borough of Manhattan.

NEED/ PROGRAM:

In October 2105, the Board of Directors adopted a resolution authorizing the President to enter into a Memorandum of Understanding with the New York City Department of Investigation ("NYC DOI") to create an Office of the Inspector General for NYC Health + Hospitals under the authority and control of NYC DOI to replace the existing office within NYC Health + Hospitals. Pursuant to a letter agreement executed by NYC DOI and NYC Health + Hospitals, the entire expenses of the H+H OIG, including but not limited to salaries and other benefits for the staff and the cost of office space shall be the responsibility of NYC Health + Hospitals. The H+H OIG currently occupies approximately 16,500 square feet on the 17th floor at 160 Water Street. As a result of staffing increases, the 160 Water space no longer accommodates the existing staff and will not accommodate the anticipated new hires. The space at 77 Water Street will temporarily house the H+H OIG pending its relocation to permanent space at 180 Maiden Lane, Borough of Manhattan. It is anticipated that the H+H OIG will vacate the space prior to the sub-sublease term end. The NYC Health + Hospitals plans to continue to utilize the space after the H+H OIG moves to 180 Maiden Lane. Among the likely possible users of the 77 Water Street Space is the NYC H+H DSRIP staff that is housed in space at 199 Water Street under two sub-subleases that both expire at the end of September 2018.

TERMS:

The term of the sub-sublease will be approximately four years and eight months for approximately 16,899 square feet of space on the 16th floor at 77 Water Street. The initial rent will be \$45 per square foot, or \$570,342 for the first year of the term after factoring three months of free rent. The rent for the balance of the term will be escalated a rate of 2% per year for a total base rent for the lease term of approximately \$3,492,944 plus a total of \$216,869 for electricity over the term for a total cost of \$3,709,813. The space will be delivered with the existing furniture in place. Electricity will be sub-metered. There will be no operating expense escalation pass-through. NYC Health + Hospitals will pay its proportionate share of real estate tax increases above an average of the 2016/2017 and 2017/2018 base years.

SUMMARY OF ECONOMIC TERMS

SITE:	16 ^h Floor 77 Water Street New York, New York
LANDLORD:	William Kaufman Organization
TENANT:	The Goldman Sachs Group
SUB-TENANT:	New York State Shipping Association, Inc. – International Long Shoremen's Association Pension Trust Fund
TERM:	Approximately four years and eight months
FLOOR AREA:	16,899 square feet
RENEWAL OPTIONS:	None
BASE RENT:	\$45 per square foot
ESCALATION:	2% per year
FREE RENT:	Three months
UTILITIES:	Tenant will pay for sub-metered electricity
OPERATING EXPENSES:	Tenant not responsible for payment of operating expense increases.
REAL ESTATE TAXES:	Tenant will be responsible for payment of its proportionate share of real estate tax increases above the average of the 2016/2017 and 2017/2018 base years.

77 Water St. Rent Schedule

<u>Year</u>	<u>Base Rent</u>	<u>Per Sq. Ft.</u>
Dec 1, 2016 - Nov 30, 2017	760,455	45.00
Dec 1, 2017 - Nov 30, 2018	775,664	45.90
Dec 1, 2018 - Nov 30, 2019	791,177	46.82
Dec 1, 2019 - Nov 30, 2020	807,001	47.75
Dec 1, 2020 - Aug 31, 2021	548,760	48.71
Total (3 months free rent included)	3,492,944	

Note: First year rent = \$760,455 - \$190,113 (three months free rent) or \$570,342

Term: 4 yrs and 8 months

Escalation: 2% per year

SAVITT PARTNERS

September 7, 2016

Mr. Dion Wilson
Director of Real Estate
NYC Health + Hospitals
346 Broadway, 12 West
New York, NY 10013

Re: Opinion of Reasonableness of Rent
77 Water Street, 16th Floor
New York, NY 10005

Dear Dion:

This letter confirms that I have reviewed the summary of the economic terms of the Sublease for the referenced property by and between William Kaufman Organization as Landlord, The Goldman Sachs Group as Tenant, New York State Shipping Association, Inc. – International Long Shoremen’s Association Pension Trust Fund as Sub-Tenant, and NYC Health + Hospitals as Further-Sub-Tenant, comprising of the following terms:

Floor Area: 16,899 square feet
Base Rent: \$45.00 per square foot
Escalation: 2% per year
Free Rent: 3 months
Electric: Sub-metered
Real Estate Taxes: Tenant’s proportionate share

Based on my review of the proposed lease term (4 years and 8 months), the base rent and escalations (\$45.00 per square foot with 2% escalations annually), and reviewing comparables presented for leased spaces of similar size and location, it is my professional opinion that the economic terms proposed and set forth above are fair and reasonable in the commercial marketplace found in the downtown Wall Street area as of the date of this letter.

I am a licensed real estate broker in New York and am familiar with current market rates for professional and commercial spaces in the vicinity of this property.

Please feel free to contact me if you require additional information.

Sincerely,



Michael Dubin
Partner

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to increase the aggregate not-to-exceed threshold established for the Construction Management services contract pool, including the following firms: Gilbane Building Company; HAKS; Hunter Roberts Construction Group; Jacobs Engineering; LiRo Program and Construction Management; and, TDX Construction Corporation (the "CMs"), by \$6.5 million, from \$8.5 million to \$15 million, to provide professional construction management services on an as-needed basis at various facilities throughout the system.

WHEREAS, the Corporation entered into contracts with the CMs for as-needed construction management services on November 30, 2011 for a not-to-exceed aggregate limit of \$6 Million following a competitive request for proposals process and pursuant to authorization of the Board of Directors; and

WHEREAS, the Board of Directors authorized a \$2.5 million increase to the not-to-exceed threshold, in November 20, 2014; and

WHEREAS, the Project Labor Agreement ("PLA"), executed in early 2016, had effected the issuance of a new Request for Proposals for the Construction Management Services pool; and

WHEREAS, the PLA is now in place, and revisions to reflect changes to the contract structure have been completed, solicitations for a new pool of contracts is underway, and anticipated for award in December of 2016; and

WHEREAS, work cannot be stopped on ongoing, time sensitive projects, utilizing the existing CM contracts (Mayor's Primary Care Initiative, EPIC network environmentals, and 155 Vanderbilt construction); and

WHEREAS, work orders issued for ongoing work cannot be reissued under the new contracts as a result of the changes in scope of services and labor requirements within the new contract structure; and

WHEREAS, dollars to complete ongoing projects have already been approved, and funded, and this request is to increase spending authority; and

WHEREAS, the additional aggregate funding will increase the pool allocation by \$6.5 million, bringing the new not-to-exceed threshold from \$8.5 million to \$15 million, and will allow for Construction Management related work to continue until new contracts are in place.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to increase the aggregate not-to-exceed threshold established for the construction management services contract pool, including the following firms: Gilbane Building Company; HAKS; Hunter Roberts Construction Group; Jacobs Engineering; LiRo Program and Construction Management; and, TDX Construction Corporation (the "CMs"), by \$6.5 million, from \$8.5 million to \$15 million, to provide professional construction management services on an as-needed basis at various facilities throughout the system.

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO
manasses.williams@nychhc.org

TO: Marsha K. Powell, R.A.
Director, Engineering Services
Office of Facilities Development

FROM: Manasses C. Williams 

DATE: October 14, 2011

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Gilbane Building Company, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC-Citywide

Contract Number: DCN 1950 Provide: Requirements Contract for Professional Consultant Services for Construction Management

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved

COMMENTS:

MCW:moe

C: M. Ball

Office of Legal Affairs

MEMORANDUM

To: Marsha Powell
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: January 12, 2012

Subject: VENDEX Approval

For your information, on January 12, 2012 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Gilbane Building Company

cc: Norman M. Dion, Esq.



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
125 Worth Street · Suite 401 · New York · New York · 10013
212-788-3380 · Fax: 212-788-3689 · E-mail: manasses.williams@nychhc.org

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

TO: Marsha Powell
Director, Engineering Services
Office of Facilities Development

FROM: Manasses C. Williams 

DATE: August 10, 2011

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, HAKS Engineers, Architects and Land Surveyors, P.C. has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC- Corporate Wide

Contract Number: _____ Project: Construction Management Services

Submitted by: Office of Facility Development

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved

COMMENTS:

MCW:pat

c:

MEMORANDUM

To: Elizabeth Youngbar
Facilities Development

From: Karen Rosen *KR*
Assistant Director

Date: March 29, 2016

Subject: VENDEX Approval

For your information, on March 29, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

HAKS Engineers, Architects and Land Surveyors, P.C.

cc: James Liptack, Esq.



Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

TO: Marsha Powell
Director, Engineering Services
Office of Facilities Development

FROM: Manasses C. Williams

DATE: August 17, 2011

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Hunter Roberts Construction Group, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC- Corporate Wide

Contract Number: _____ Project: Construction Management Services

Submitted by: Office of Facility Development

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved

COMMENTS:

MCW:pat

c:

Office of Legal Affairs

MEMORANDUM

To: Angela Mariani
Procurement Systems and Operations

From: Karen Rosen 
Assistant Director

Date: November 8, 2013

Subject: VENDEX Approval

For your information, on November 8, 2013 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Hunter Roberts Construction Group, LLC.

cc: Norman M. Dion, Esq.



Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

TO: Marsha Powell
Director, Engineering Services
Office of Facilities Development

FROM: Manasses C. Williams 

DATE: August 17, 2011

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Jacobs Engineering New York Inc. has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC- Corporate Wide

Contract Number: _____ Project: Construction Management Services

Submitted by: Office of Facility Development

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved

COMMENTS:

MCW:pat

c:

Office of Legal Affairs

MEMORANDUM

To: Marsha Powell
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: January 6, 2012

Subject: VENDEX Approval

For your information, on January 6, 2012 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Jacobs Engineering New York, Inc

cc: Norman M. Dion, Esq.



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
125 Worth Street · Suite 401 · New York · New York · 10013
212-788-3380 · Fax: 212-788-3689 · E-mail: manasses.williams@nychhc.org

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

TO: Marsha Powell
Director, Engineering Services
Office of Facilities Development

FROM: Manasses C. Williams 

DATE: August 10, 2011

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, LiRo Program and Construction Management, P.C. has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC- Corporate Wide

Contract Number: _____ Project: Construction Management Services

Submitted by: Office of Facility Development

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved

COMMENTS:

MCW:pat

c:

Office of Legal Affairs

MEMORANDUM

To: Marsha Powell
Office of Facilities Development

From: Karen Rosen *KR*
Assistant Director

Date: November 23, 2011

Subject: VENDEX Approval

For your information, on November 23, 2011 VENDEX approval was granted by the Office of Legal Affairs for the following company:

LiRo Program and Construction Management, P.C.

cc: Norman M. Dion, Esq.



NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
125 Worth Street · Suite 401 · New York · New York · 10013
212-788-3380 · Fax: 212-788-3689 · E-mail: manasses.williams@nychhc.org

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

TO: Marsha Powell
Director, Engineering Services
Office of Facilities Development

FROM: Manasses C. Williams 

DATE: August 12, 2011

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, TDX Construction Corporation, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC- Corporate Wide

Contract Number: _____ Project: Construction Management Services

Submitted by: Office of Facility Development

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved

COMMENTS:

MCW:pat

c:

MEMORANDUM

To: Elizabeth Youngbar
Facilities Development

From: Karen Rosen *KR*
Assistant Director

Date: March 18, 2016

Subject: VENDEX Approval

For your information, on March 18, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

TDX Construction Corporation

cc: James Liptack, Esq.

TO: Louis Iglhaut
Acting Assistant Vice President
Central Office – Office of Facilities Development

FROM: Manasses C. Williams

DATE: December 16, 2014

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Code Consultants Professional Engineers, P.C., has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC Corporate-Wide

Contract Number: Requirements Contract

Project: Provide Professional Consultant Services for Life Safety Services

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to increase the aggregate not-to-exceed threshold established for the Life Safety services contract pool, including the following firms: Code Consultants Professional Engineers; Hughes Associate Fire & Safety Engineers of New York, PC; Safety Management Services; and TSIG Consulting, Inc., (the "Consultant Pool"), by \$3.5 million, from \$1 million to \$4.5 million, to provide professional Life Safety services on an as-needed basis at various facilities throughout the system.

WHEREAS, the Contract Review Committee approved the Life Safety contracts on May 6, 2015, for a three year term comprised of one base year and two option years, with an aggregate not-to-exceed threshold of \$1 million; and

WHEREAS, Life Safety services include preparing corrective action plans; providing assistance in compliance with Environment of Care (EC) standards, readiness and documentation; providing electronic documentation of facility plant, systems, and conditions; providing assistance related to Joint Commission and other surveys; and other important compliance and regulatory related services; and

WHEREAS, the Office of Facilities Development conducted a selection process through a Request for Proposals (RFP), and determined that these consultants' proposals best met the system's needs; and

WHEREAS, \$905,706 in work orders have been issued against the existing threshold, leaving only \$94,294; and

WHEREAS, the additional aggregate funding will increase the pool allocation by \$3.5 million, bringing the new not-to-exceed threshold from \$1 million to \$4.5 million, and will allow for Life Safety contract services to continue to be provided through the remainder of their approved terms.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to increase the aggregate not-to-exceed threshold established for the Life Safety services contract pool, including the following firms: Code Consultants Professional Engineers; Hughes Associate Fire & Safety Engineers of New York, PC; Safety Management Services; and TSIG Consulting, Inc., (the "Consultant Pool"), by \$3.5 million, from \$1 million to \$4.5 million, to provide professional Life Safety services on an as-needed basis at various facilities throughout the system.

TO: Louis Iglhaut
Acting Assistant Vice President
Central Office – Office of Facilities Development

FROM: Manasses C. Williams

DATE: December 16, 2014

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Code Consultants Professional Engineers, P.C., has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC Corporate-Wide

Contract Number: Requirements Contract

Project: Provide Professional Consultant Services for Life Safety Services

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

Office of Legal Affairs

MEMORANDUM

To: Louis Iglhaut
Office of Facilities Development

From: Karen Rosen *KB*
Assistant Director

Date: February 5, 2015

Subject: VENDEX Approval

For your information, on February 5, 2015 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Code Consultants Professional Engineers, PC

cc: Norman M. Dion, Esq.

31359A

Manasses C. Williams
Senior Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Elizabeth Youngbar
Assistant Director
Central Office – Office of Facilities Development

FROM: Manasses C. Williams

DATE: April 23, 2015

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Hughes Associates Fire & Safety Engineers, PC, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC-Corporate Wide

Contract Number: DCN #2158 Project: Provide Life Safety Services

Submitted by: Office of Supply Chain Services

EEO STATUS:

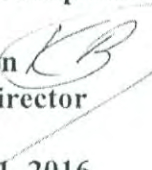
1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

MEMORANDUM

To: Elizabeth Youngbar
Facilities Development

From: Karen Rosen 
Assistant Director

Date: September 1, 2016

Subject: VENDEX Approval

For your information, on September 1, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Jensen Hughes Engineering PC

cc: James Liptack, Esq.

30300B

Manasses C. Williams
Senior Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Louis Iglhaut, Assoc. Executive Director
Office of Facilities Development
Contract Services

FROM: Manasses C. Williams

DATE: July 31, 2015

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Safety Management Services, Inc., has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Various Locations

Contract Number: _____

Project: Life Safety Consultant Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

MCW:srf

MEMORANDUM

To: Louis Iglhaut
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: March 25, 2016

Subject: VENDEX Approval

For your information, on March 25, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Safety Management Services, Inc.

cc: James Liptack, Esq.

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Louis Iglhaut
Acting Assistant Vice President
Central Office – Office of Facilities Development

FROM: Manasses C. Williams

DATE: December 16, 2014

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, TSIG Consulting Inc., has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): HHC Corporate-Wide

Contract Number: Requirements Contract

Project: Provide Professional Consultant Services for Life Safety Services

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

Office of Legal Affairs

MEMORANDUM

To: Louis Iglhaut
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: February 26, 2015

Subject: VENDEX Approval

For your information, on February 26, 2015 VENDEX approval was granted by the Office of Legal Affairs for the following company:

TSIG Consulting, Inc.

cc: Norman M. Dion, Esq.