

CALL TO ORDER

Emily A. Youssouf

- ADOPTION OF MINUTES October 13, 2016 Emily A. Youssouf
- VICE PRESIDENT'S REPORT Roslyn Weinstein

ACTION ITEMS

- **Resolution** Ernest Baptiste
Authorizing the NYC Health + Hospitals to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$8,936,612 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Boiler Plant Upgrade (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").
- **Resolution** Louis Iglhaut
Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute a contract with the following six construction management firms: AECOM, Gilbane Building Company; HAKS; LiRo Program and Construction Management; TDX Construction Corporation; and Turner Construction to provide professional construction management services on an as-needed basis at various facilities operated by NYC Health + Hospitals. The proposed contracts shall each be for a term of one year with two one-year options to renew, solely exercisable by the NYC Health + Hospitals, for an aggregate cost of not more than \$8,000,000 for all six firms over the initial and the two option terms.

Vendex: Approved for Gilbane and LiRo. Pending for TDX, Turner, AECOM and HAKS.

INFORMATION ITEMS

- Update: Primary Care Sites

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

CAPITAL COMMITTEE MEETING MINUTES

October 13, 2016

MINUTES

Capital Committee

Meeting Date: October 13, 2016

Time: 11:00 A.M.

Location: Board Room

Board of Directors:

Members of the Capital Committee

Gordon Campbell, Vice Chair, Acting Chairman of the Board

Josephine Bolus, RN, NP, BC

Mark Page

Emily A. Youssouf

Ramanathan Raju, MD, President

HHC Staff:

Muti Agbosasa – Assistant Director, Metropolitan Hospital Center

Machelle Allen – Assistant Senior Vice President, Office of Healthcare Improvement

PV Anantharam – Senior Vice President, Finance

Paul Albertson – Vice President, Supply Chain

Jeremy Berman – Deputy General Counsel, Office of Legal Affairs

Daniel Collins – Director, Coney Island Hospital

Robert de Luna – Senior Director, Communications and Marketing

Jonathan Goldstein – Assistant Director, Corporate Planning

Colicia Hercules – Chief of Staff, Office of the Chairman

William Hicks – Executive Director, Bellevue Hospital Center

Louis Iglhaut – Assistant Vice President, Office of Facilities Development

Mahendranath Indar – Senior Director, Office of Facilities Development

John Jurenko – Senior Assistant Vice President, Intergovernmental Relations

Patricia Lockhart – Secretary to the Corporation, Office of the Chairman

Randall Mark – Chief of Staff, Office of the President

Steven Newmark – Senior Corporate Health Project Advisor, Office of the President

Michael Rawlings – Associate Executive Director, Bellevue Hospital Center

Christopher Roberson – Director, Bellevue Hospital Center

Salvatore Russo – General Counsel, Legal Affairs

Udai Tambar – Assistant Vice President, Office of the President

Cyril Toussaint – Director, Office of Facilities Development

Rickie Tulloch – Senior Director, Office of Facilities Development

Roslyn Weinstein – Vice President, President's Office

Dion Wilson – Director of Real Estate, Office of Legal Affairs

Ross Wilson, MD – Senior Vice President, Medical and Professional Affairs

Elizabeth Youngbar – Assistant Director, Office of Facilities Development

Frank Zanghi – Manager, Internal Audits

Other Attendees:

Justine DeGeorge – Office of the State Comptroller

Gary Kalkut – NYU Affiliation

Shaylee Wheeler – NYC Office of Management and Budget
Joni Watson – Office of the State Deputy Comptroller

CALL TO ORDER

The meeting was called to order by Gordon Campbell, Vice Chair, Acting Chairman of the Board, at 11:11 A.M.

On motion, the Committee voted to adopt the minutes of the September 8, 2016, Capital Committee meeting.

VICE PRESIDENT'S REPORT

Ms. Weinstein announced that the Office of Facilities Development had received close to \$20 in grants for energy savings projects. That was in addition to over \$111 million in grants received in the past few years. In FY 16 there had been \$21 million savings, in cash, on energy costs and energy use had decreased by 10% over that same period. She said that Health + Hospitals was well on their way to meeting mandated energy usage reduction.

Ms. Weinstein provided an update on the JCI/CBRE contract. She explained that the contract had been renegotiated and amended to allow for better control of services. She advised that some managers had been kept in place under the CBBRE contract, and that their procurement system was still being used, but all Directors and Assistant Directors of Engineering had been moved to Health + Hospitals payroll and were now reporting to the Office of Facilities Development.

Ms. Weinstein asked Salvatore Russo, General Counsel, Legal Affairs, to provide a brief overview of the contract with Manatt Health that would be presented.

Mr. Russo explained that while there were various committees that fell under the Board of Directors, and those committee meetings provided vetting for resolutions to be presented to the full Board of Directors, there was no requirement that any item be presented to a committee. There was also no requirement as to which committee an item may go before. With regards to the Manatt Health contract, on the meeting agenda, it was decided that the timing of the Capital Committee was most convenient for presenting and would provide an appropriate forum for discussion. With that in mind, it was also noted that any member of the Board of Directors may sit on any Committee they wish if they would like to take part in discussion on a particular item.

Mr. Russo also noted that Gordon Campbell, Acting Chairman, and Ms. Youssouf, Committee Chair, were both faculty members at New York University, and would therefore be recusing themselves from discussion and voting on the resolution requesting authorization to license space at Bellevue Hospital Center to New York University (NYU). It was also decided that resolution would be the last action item presented. Josephine Bolus, RN, asked if there would be adequate votes. Mr. Russo said there would be.

ACTION ITEMS

- **Authorizing the President of NYC Health + Hospitals to approve a Capital Project for an amount not-to-exceed \$9,237,739 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Installation of a 1.6 megawatt (MW) Micro-turbine Cogeneration (CHP) System (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").**

Louis Iglhaut, Assistant Vice President, Office of Facilities Development, read the resolution into the record. Mr. Iglhaut was joined by Cyril Toussaint, Director, Office of Facilities Development.

Mr. Toussaint explained that over the past two years Consolidated Edison (Con Ed) had been working to decrease demand on the power grid, particularly in certain overloaded areas like Richmond Hill, Crown Heights, and Ridgewood. When Con Ed determined that it would cost approximately \$1 billion to build a new substation they looked for more cost effective ways of decreasing demand, and decided that awarding \$200 million in incentive programs would help accomplish that goal. The grant was divided into two categories; Utility, which included storage, solar, fuel cell and voltage optimization; and, Customer, which included thermal and battery storages, demand response, solar photovoltaic, fuel cell, and energy efficiency projects. Kings County Hospital was identified as one of the largest consumers of energy within their service area. With that knowledge available the Office of Facilities Development submitted a grant request to the New York State Energy Research and Development Authority (NYSERDA) to fund construction of a cogeneration plant for the facility.

Mr. Toussaint explained that cogeneration, also known as Combined Heat and Power (CHP), was the simultaneous production of electricity and heat from a single fuel source – such as natural gas. Constructing a cogeneration plant would generate electricity on site, capture waste heat, and convert was heat into usable energy, resulting in less draw on the grid and the enhancement of functionality in existing boilers and chillers for heating, cooling, domestic hot water, steam or sterilization. This would reduce energy costs, improve environmental performance and increase energy reliability.

Mr. Toussaint noted that RSB systems was selected to install the system, following Operating Procedure.

Mr. Toussaint reviewed economic benefits of the project, explaining that annual savings over the first ten years would be \$10,094,458. Mr. Page asked if that number assumed that the City was providing funding at no cost. Mr. Toussaint said yes, and the City has said that was the case. Mr. Page asked how it would affect the bottom line of the project if there were debt service on the funding. Mr. Toussaint said it would decrease estimated savings to approximately \$3,000,000 over ten years.

Ms. Weinstein noted that cogeneration may be considered at additional sites in the future. Mr. Page asked that future resolutions reflect what the cost would be if monies were not covered by the City of New York. He said he would like to know what it would look like if they were counting the cost of the City money, because he believed that if you got money for one thing, you may not get it for another.

Mrs. Bolus stated that the resolution mentioned only one building on the campus, and asked why. Mr. Iglhaut explained that this unit would only provide supplemental energy, and only for a portion of one building on the campus.

Mrs. Bolus asked how large the unit would be, and where it would be located. Mr. Toussaint said they would be located adjacent to the power plant, and shared an image of what the units looked like.

Mrs. Bolus asked what type of security would be in place. Mr. Iglhaut said the site would be fenced in, with lighting surrounding the area.

Mrs. Bolus asked if new staff would need to be trained to operate the unit. Mr. Iglhaut said that ten years of maintenance was included in the funding summary, and would be provided by the consultant, RSB.

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" or the "System") to execute an agreement with Manatt Health, a division of Manatt, Phelps & Phillips LLP ("Manatt") to: build upon and modify the preparation of legislative initiatives for a Medicaid waiver and an adjustment of DSH cuts in anticipation of a change of administration in Washington; build on prior planning to create safety net ACOs with the goal of obtaining firm agreements from the voluntary hospitals to participate and to request funding from governmental sources; advance data analysis previously initiated to prepare recommendations for ambulatory, post-acute and acute care service delivery structural adjustments reflecting a shift from acute to post-acute and ambulatory care with greater integration among these service lines; and to provide further and more robust support to the Commission and the System's Office of Transformation at cost not to exceed \$3,100,000 for work performed and to be performed during the period July 1, 2016 through January 31, 2017.**

Ross Wilson, MD, Senior Vice President, Medical and Professional Affairs, read the resolution into the record.

Ramanathan Raju, President, NYC Health + Hospitals, provided summary information on the contract. He advised that this contract with Manatt Health could be considered Phase III, as two prior contracts were already in place. He noted that Manatt was tasked with assisting in making Health + Hospitals a financially sustainable system. Manatt was selected as a result of the experience they had in working with Health + Hospitals on Delivery System Reform Incentive Payment (DSRIP) program initiatives, and their intimate knowledge of the organization and its financial situation.

The original contract with Manatt, "Phase I", for \$2.7 million, compiled a report on the system's financial situation which was provided to the Mayor's Office. After the report was released, it was decided that Health + Hospitals needed to find a new strategy for financial operations, and to manage that process, Manatt was issued another contract, "Phase II". That contract, for \$2.895 million, went through the Contract Review Committee (CRC) for required review and approval. This contract, "Phase III", is requesting the ability to continue prior services and help build a strategy to deal with those roadblocks. Goals include synchronization of services and plans for clinical transformation. Manatt had been selected for various reasons; their familiarity with the system and its financial operations, continuity of services being provided, and the need to meet difficult time deadlines.

Dr. Raju explained that there were questions regarding the Manatt contract and contracts with BCG and COPE. He noted that the BCG contract was established to develop overall Project Management Operations (PMO) structure and tools, and partnering with PMO working teams to support setup, charters and milestone definitions, and to pressure test and ensure quality/consistency on PMO work streams. The COPE contract was related specifically to DSRIP, and related road-mapping.

In summary, Dr. Raju advised that the first contract was issued under Operating Procedure, as a result of tight deadlines. The second contract went through proper contract channels, and so had this third contract.

Ms. Youssouf asked if there was one person in charge of these multiple contracts. Dr. Raju said that Dr. Wilson was overseeing the transformation office and these contracts.

Ms. Youssouf asked if there was Health + Hospitals staff working on the system transformation. Dr. Wilson said yes, they were working on establishing the transition from consultant to Health + Hospitals staff, but that required some hiring.

Mr. Campbell said that as he understood it there would not be a request to extend these contracts past their December and January expirations. Dr. Raju agreed. He added that there was a desire to enter into requirements contracts with particular consultants so that if specific services or expertise were needed then they would be on hand and available for those specific services. He said that there would likely be things along the way for which Health + Hospitals did not have the necessary expertise.

Ms. Youssouf asked what type of expertise that would be. Dr. Raju said that if the State requested alterations to the analysis provided by Health + Hospitals, then those alterations would likely need to be made by the consultant. Ms. Youssouf cautioned against relying on consultants. Dr. Raju agreed. He said that consultants should be used only when needed for expertise and then move on, and that he agreed that an outside organization should not run an internal office and they wouldn't be for long.

Mr. Page said he understood this was a unique need for specialized services but agreed that working with Health + Hospitals staff should be a goal. All parties agreed.

Ms. Youssouf asked that Strategic Planning provide reports to the full Board of Directors.

Dr. Wilson advised that the BCG contract had three modules and it was being determined whether either the second or third module would be initiated. Dr. Raju said that any additional contract services would need to come before the Board of Directors.

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 President of the NYC Health + Hospitals (the "Health care system") to execute a revocable five year license agreement with New York University School of Medicine (the "Licensee" or "NYUSoM") for its continued use and occupancy of 9,500 square feet of space at NYC Health + Hospitals/Bellevue (the "Facility") for the NYU-HHC Clinical Translational Science Institute ("CTSI") with the occupancy fee waived.**

William Hicks, Executive Director, Bellevue Hospital Center, read the resolution into the record. Mr. Hicks was joined by Michael Rawlings, Associate Executive Director, and Christopher Roberson, Director, Bellevue Hospital Center.

Mr. Hicks explained that this agreement provided for an applied research program operating in the C& D building at Bellevue. It has supported over 120 funded collaborative research opportunities since 2011. CTSI provides Health + Hospitals patients with investigational therapies, studies and clinical interventions that they would not otherwise have access to. The program supports collaborative interventions to improve quality and delivery of care. Approximately 54% of the patients seen are Bellevue patients, and over 1,000 visits since January 2015. There have been 14 pilot grants awarded to Health + Hospitals, amounting to over \$1 million, over the term of the agreement. Approximately \$1.1 million annually to support staff who operate the CTSI and over \$6 million in upgrading facility space that they use. NYU has also agreed to pay \$400,000 annually in sub-award agreements that support our research efforts. So the agreement is proposed with an occupancy fee waived in lieu of the benefits received by the Corporation.

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.

There being no further business, the meeting was adjourned at 12:05 P.M.

CUSTOMER INSTALLATION COMMITMENT (CIC)

**NEW YORK CITY DEPARTMENT OF CITYWIDE
ADMINISTRATIVE SERVICES (DCAS)**

&

NEW YORK POWER AUTHORITY (NYPA)

**BOILER PLANT UPGRADE
NYC HEALTH + HOSPITALS / KINGS COUNTY**

RESOLUTION

Authorizing the President of NYC Health + Hospitals to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$8,936,612 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Boiler Plant Upgrade (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").

WHEREAS, in March 2005, NYC Health + Hospitals, the City University of New York, the New York City Board of Education, and the City of New York, through the Department of Citywide Administrative Services (collectively, the "Customers"), entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA; and

WHEREAS, in September 2014, the City mandated a 80% reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management within Department of Citywide Administrative Services ("DCAS"); and

WHEREAS, in December 2009, as part of PlaNYC 2030, the City passed major legislation known as the "Greener, Greater Buildings Plan" that included more stringent code requirements; required installation of lighting upgrades and tenant meters in non-residential spaces; and required all buildings over 50,000 square feet to undertake benchmarking and audits; and implement retro-commissioning measures. Local Law 87 mandated Comprehensive Energy Audits be completed within a 10 year time frame (2013 – 2023); and

WHEREAS, a component of the project will make the Facility compliant with fuel combustion standards through elimination of No. 6 fuel oil; and

WHEREAS, the City, through DCAS, has allocated funding under the Accelerated Conservation and Efficiency ("ACE") program for improvements and upgrades to increase energy efficiency and energy cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy and greenhouse gas emissions of municipal operations 80% by 2050; and

WHEREAS, NYC Health + Hospitals has determined that it is necessary to address the proposed project at the Facility by undertaking the project at a not-to-exceed cost of \$8,936,612 (see Exhibit A – Executive Project Summary), to enhance the reliability of its systems, as well as increase the comfort and safety of the building occupants; and

WHEREAS, DCAS has deemed this ACE project to be eligible under the PlaNYC initiative and has allocated \$3,936,612 in the PlaNYC capital budget; and

WHEREAS, NYPA demonstrates that the project will produce total annual cost savings to the Facility estimated at \$183,848; and

WHEREAS, the overall management of the construction contract will be under the direction of the Assistant Vice President - Facilities Development.

NOW THEREFORE, be it

Page Two – Resolution
CIC – Kings County Boiler Plant Upgrade

RESOLVED, the President of the NYC Health + Hospitals to execute a Customer Installation Commitment (“CIC”) with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”) for an amount not-to-exceed \$8,936,612 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Energy Conservation Measures upgrade project (the “Project”) at NYC Health + Hospitals / Kings County (the “Facility”).

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS / KINGS COUNTY BOILER PLANT UPGRADE

OVERVIEW: NYC Health + Hospitals is seeking to undertake an energy efficiency project, which addresses mandated energy reduction use while complying with elimination in the combustion of No. 6 (six) fuel oil, which will be no longer be used in most New York City buildings. The project is fully design, estimated, and completely bid under NYPA. The project cost is not-to-exceed \$8,936,612.

NEED: During the Comprehensive Energy Efficiency Audit it was determined that the Facility's existing boiler burners do not meet the emissions requirements for both natural gas and No. 6 fuel oil. New York City Department of Environmental Protection (NYCDEP) regulations require that No. 6 fuel oil be phased out, and that all City-owned buildings are mandated to convert to a cleaner fuel. The Facility currently operates five (5) high steam pressure boilers installed in the 1980's, which have dual fuel burners and have the ability to operate No. 6 residual fuel. By April 2019, the facility cannot use No. 6 residual fuel.

Since the existing boilers are in good condition and are expected to provide reliable service for years to come, this measure proposes the installation of new burners and conversion to No. 2 fuel oil. If the boilers are not upgraded next year, they would be deemed inoperable.

In 2013, the City of New York, through the Department of Citywide Administrative Services ("DCAS") allocated funding for improvements and upgrades to increase energy efficiency and energy cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy costs and greenhouse gas emissions ("GHG") of municipal operations 30% by 2017¹. DCAS developed the Accelerated Conservation and Efficiency ("ACE") Program to fund capital-eligible energy efficiency and clean energy projects. DCAS approved PlaNYC funding for the "Boiler Plant Upgrade" project at the Facility.

SCOPE: The scope of work requires upgrading the existing steam boiler plant systems and fuel oil tanks.

TERMS: NYPA has competitively bid this project and has submitted a final total project cost to NYC Health + Hospitals.

COSTS: \$8,936,612

SAVINGS:

<u>Electrical:</u>	
Energy Consumption Savings:	72,752 kilowatts-hours (kWh)
Annual Electrical Energy Savings:	\$8,730
<u>Fuel:</u>	
Gas / Oil Savings:	174,420 therms
Gas / Oil Energy Savings:	\$175,118
CO2 Reductions:	958.8 metric tons
Total Annual Estimated Savings:	\$183,848
Simple Payback:	48.61 years

Page Two – Executive Summary
CIC – Kings County Boiler Plant Upgrade

FINANCING: PlaNYC Capital - \$3,936,612 (no cost); and General Obligations Bonds- \$5,000,000. NYC Health + Hospitals expects to proceed with this project upon the approval of this resolution, and the execution of the Customer Installation Commitment (“CIC”) (see Exhibit B).

SCHEDULE: NYC Health + Hospitals expects NYPA to complete this project by June 2018.

¹ In September 2014, New York City released a comprehensive, 10-year plan called “*One City: Built to Last- Transforming New York City’s Buildings for a Low Carbon Future*” to address the energy used in our buildings. The plan has an overall target of reducing greenhouse gas (GHG) 80% below 2005 levels by 2050, with an interim target to reduce building-based GHG emissions by 35% from 2005 levels by 2025.

**CONTRACT APPROVAL
CONSTRUCTION MANAGEMENT SERVICES**

**AECOM
GILBANE BUILDING COMPANY
HAKS**

**LIRO PROGRAM AND CONSTRUCTION MANAGEMENT SERVICES
TDX CONSTRUCTION CORPORATION
TURNER CONSTRUCTION**

NYC HEALTH + HOSPITALS / SYSTEM WIDE

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute a contract with the following six construction management firms: AECOM, Gilbane Building Company; HAKS; LiRo Program and Construction Management; TDX Construction Corporation; and Turner Construction to provide professional construction management services on an as-needed basis at various facilities operated by NYC Health + Hospitals. The proposed contracts shall each be for a term of one year with two one-year options to renew, solely exercisable by the NYC Health + Hospitals, for an aggregate cost of not more than \$8,000,000 for all six firms over the initial and the two option terms.

WHEREAS, NYC Health + Hospitals requires professional construction management services; and

WHEREAS, NYC Health + Hospitals has determined that the needs of its facilities for such services can best be met by utilizing outside firms, on an as-needed basis, through a requirements contract; and

WHEREAS, NYC Health + Hospitals conducted a selection process for professional construction management firms through a request for proposals, and determined that the six firms’ proposals best meet NYC Health + Hospitals’ needs; and

WHEREAS, the proposed contracts shall be administered by the Vice President for Corporate Operations.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) is authorized to negotiate and execute contracts with the following six construction management firms: AECOM, Gilbane Building Company; HAKS; LiRo Program and Construction Management; TDX Construction Corporation; and Turner Construction, to provide professional construction management services on an as-needed basis at various facilities operated by NYC Health + Hospitals. The proposed contracts shall each be for a term of one year with two one-year options to renew, solely exercisable by NYC Health + Hospitals, for an aggregate cost of not more than \$8,000,000 for six firms over the initial and the two option terms.

EXECUTIVE SUMMARY

REQUIREMENTS CONTRACTS

AECOM, GILBANE, HAKS, LIRO, TDX, TURNER

CONSTRUCTION MANAGEMENT SERVICES

OVERVIEW: NYC Health + Hospitals seeks to execute six requirements contracts for one year, with options to renew for two additional one-year periods, for a total amount over three years not-to-exceed \$8,000,000 for all six contracts, to provide professional construction management services on an as-needed basis throughout the NYC Health + Hospitals system.

NEED: From time to time various of the NYC Health + Hospitals facilities require construction management services to be provided under their supervision due to fluctuating demands in construction activity. NYC Health + Hospitals has determined that such needs can best be met by utilizing outside firms on an as-needed basis through requirements contracts.

TERMS: Each of the six firms have committed to a schedule of rates that will be incorporated in agreements for each firm. Additionally, before any project are given to any of the firms NYC Health + Hospitals will conduct an informal selection process among the six firms to select the one with the greatest expertise in doing the desired work and the one that offers the best price for the specified work. The terms for each project will be reflected in a written work order for each project.

COSTS: Not-to-exceed \$8,000,000 total over three years, for all work of the six firms.

FINANCING: Capital, expense or other funds.

SCHEDULE: Upon contract execution, a base period of one year, with an option to renew for two additional contract periods of one year each, solely at the discretion of the Corporation.

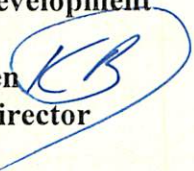
PRIOR SYSTEM EXPERIENCE:

AECOM	New Contract
Gilbane	8-year consultant requirements contract for \$4,000,000 2008-present
HAKS	4-year consultant requirements contract for \$ 420,000, 2012 - present
LiRo	8-year consultant requirements contract for \$3,500,000 2009 to present
TDX	6-year consultant requirements contract for \$4,600,000 2010 to present
TURNER	New Contract

Vendex: AECOM – Pending. Gilbane – Approved. HAKS – Pending. LiRo – Approved. TDX – Pending. Turner – Pending.

MEMORANDUM

To: Elizabeth Youngbar
Facilities Development

From: Karen Rosen 
Assistant Director

Date: October 6, 2016

Subject: VENDEX Approval


For your information, on October 6, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Gilbane Building Company

cc: James Liptack, Esq.

MEMORANDUM

To: Elizabeth Youngbar
Facilities Development

From: Karen Rosen 
Assistant Director

Date: October 11, 2016

Subject: VENDEX Approval

For your information, on October 11, 2016 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Liro Program and Construction Management, Pe P.C.

cc: James Liptack, Esq.

INFORMATION ITEMS



Gotham Health

Primary Care Expansion
Construction

Caring Neighborhoods Initiative



Background

The mandate to renovate and open six of the following NYC H+H primary care clinic sites within NYC DOHMH's buildings are apart of the Mayor's Caring Neighborhood Initiative Project. The initial project scope consist of eight sites. After feasibility studies were conducted in order to confirm the locations two were omitted. We received an initial funding source of 12 million dollars.

- Crown Heights
- East Tremont
- Bushwick
- Junction
- Brownsville
- Bedford/Throop
- Sutter – **Decline**
- Washington Heights - **Decline**



Crown Heights- 2308 Sq. Ft. +/-

Brooklyn - Bed Stuy-Crown Heights
1218 Prospect Place
Bklyn, NY 11213

For \$838,078.41 we procured the following services at a
\$363 square foot cost (All Included):

- Feasibility Studies (Test Fits)
- State CON Packages
- Abatement – HAZMAT
- Design
- ADA Compliance Code Analysis and Implementation
- Medical Equipment
- Branding Implementation
- Furniture
- General Construction Services
- EITS Improvements(Unify Communications, Network Upgrade Voice Over IP)



Crown Heights

Receptionist Area



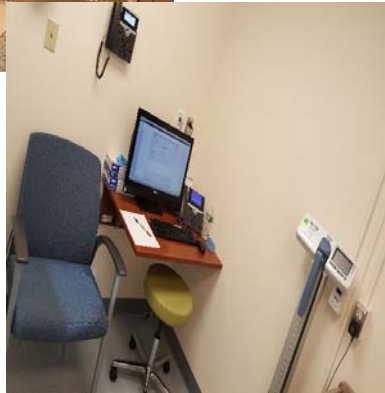
Waiting Area



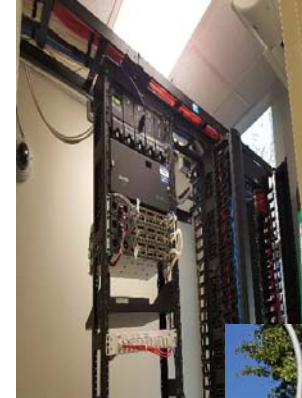
Clinic Entrance



Examination Room
/Physician Work Surface



IDF Hub/Closet



Branding



East Tremont - 3,646 Sq. Ft. +/-

Bronx – Corona - Tremont
1826 Arthur Avenue
Bronx, NY 10457

For \$1,218,917 we procured the following services at a \$334 square foot cost (ALL Included):

- Feasibility Studies (Test Fits)
- State CON Packages
- Abatement – HAZMAT
- Design
- ADA Compliance Code Analysis and Implementation
- Medical Equipment
- Branding Implementation
- Furniture
- General Construction Services
- EITS Improvements(Unify Communications, Network Upgrade Voice Over IP)



Tremont

Waiting Area



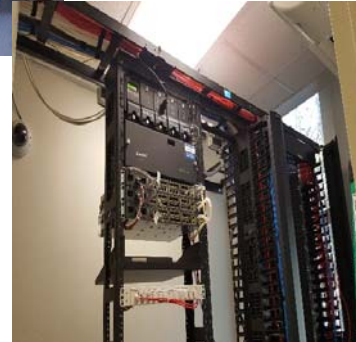
Receptionist Work Area



Clerical Work Area



IDF Closet





Gotham Health

Primary Care Expansion
Executive Summary

Caring Neighborhood Initiative



Background

The following executive summary lays out the key considerations for the initial primary care locations that NYC H+H has been directed to open as per the Mayor's Caring Neighborhood Initiative.

- Crown Heights
- East Tremont
- Bushwick
- Bedford/Throop
- Brownsville
- Junction
- Vanderbilt



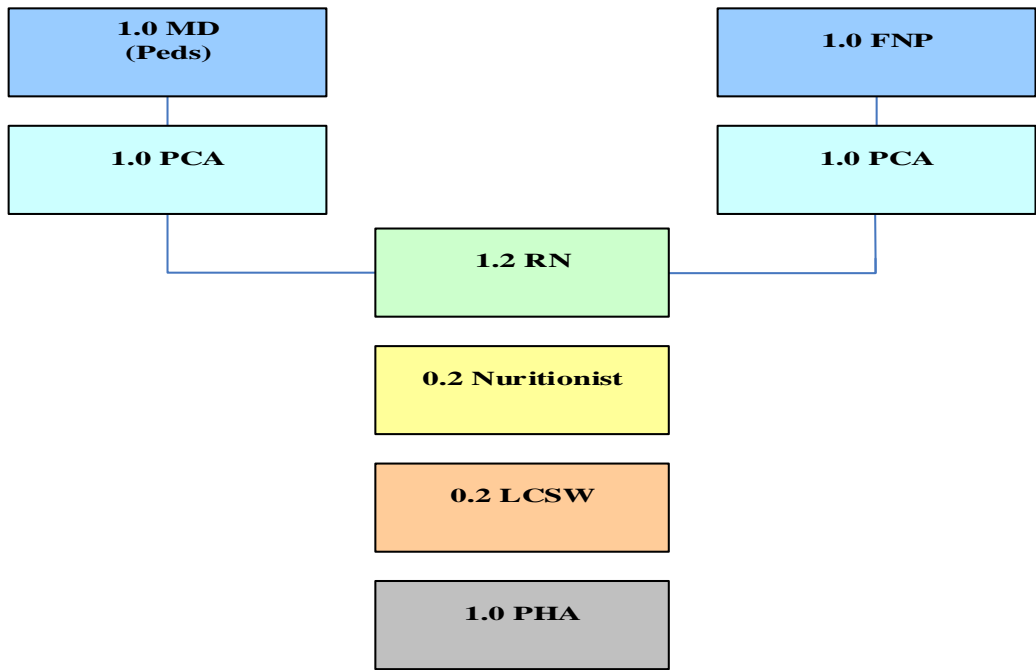


Gotham Health

Primary Care Expansion
Staffing and Services



Primary Care Expansion Site
Crown Heights CHC



Services:
Women's Health Services
Pediatrics
Behavioral Services

Hours of Operation:
Monday to Friday
8:30 am – 4:30 pm

*In our initial recommendation and negotiation with DOH or interest was in obtaining additional real estate to provide Adult Primary Care Services. The request was re-considered and denied by DOH. Left with the original footprint Women's Health was chosen as the best compliment to the existing Child Health Services.



Primary Care Expansion Site
Tremont Clinic

**1.0 MD
(Family)**

**1.0 MD
(Family)**

**0.4 MD
(Family)**

1.0 PCA

1.0 PCA

**1.0 RN
(Head Nurse)**

1.0 RN

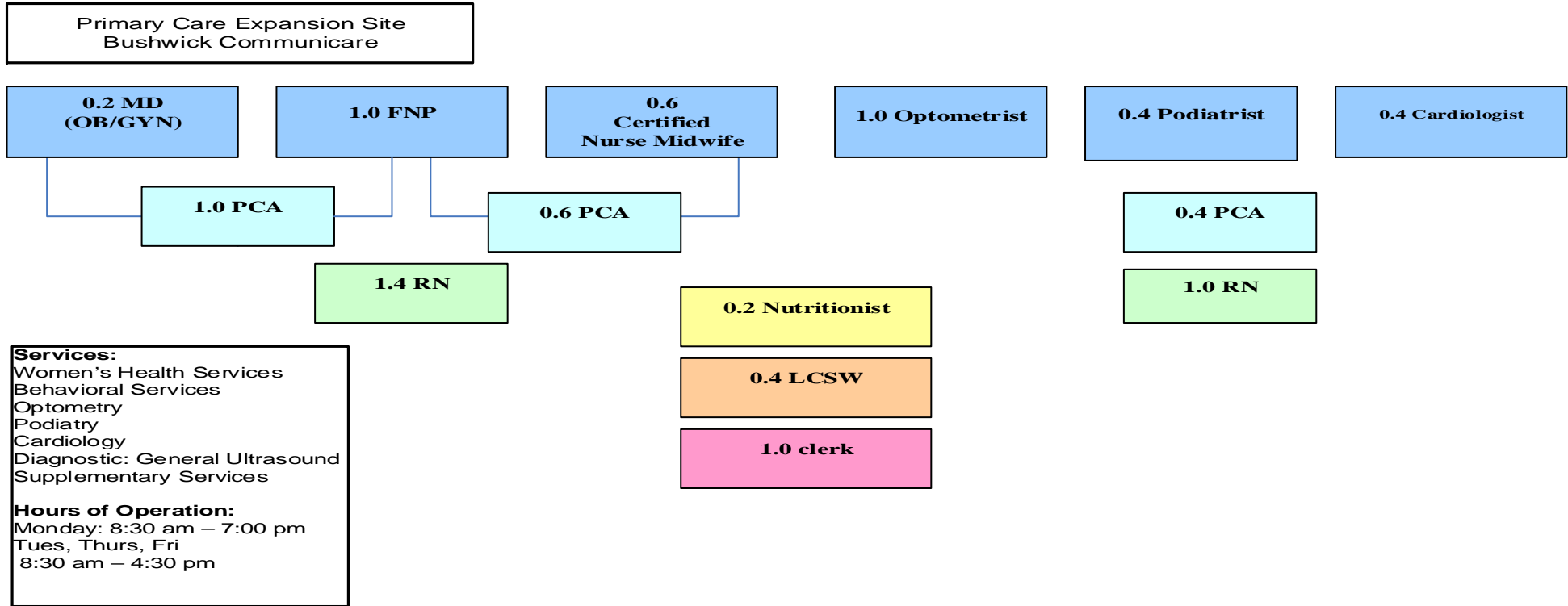
1.0 Nutritionist

0.2 LCSW

1.0 Clerk

Services:
Family Practice
Behavioral Services
Hours of Operation:
Monday to Friday
8:30 am – 4:30 pm





*The Current Primary Care Services (Adult Medicine and Pediatric) are delivered on the 3rd floor by H+H. This model supports/compliments those services as well as improves patient compliance in managing their chronic diseases. This will assist us in increasing our QARR dollars. As well, we anticipate this model will help increase patient base and retention.



Primary Care Expansion Site
Bedford/Throop Clinic

Services:
Family Practice
Behavioral Services

Hours of Operation:
Monday to Friday
8:30 am – 4:30 pm

1.0 FNP

2.0 PCA

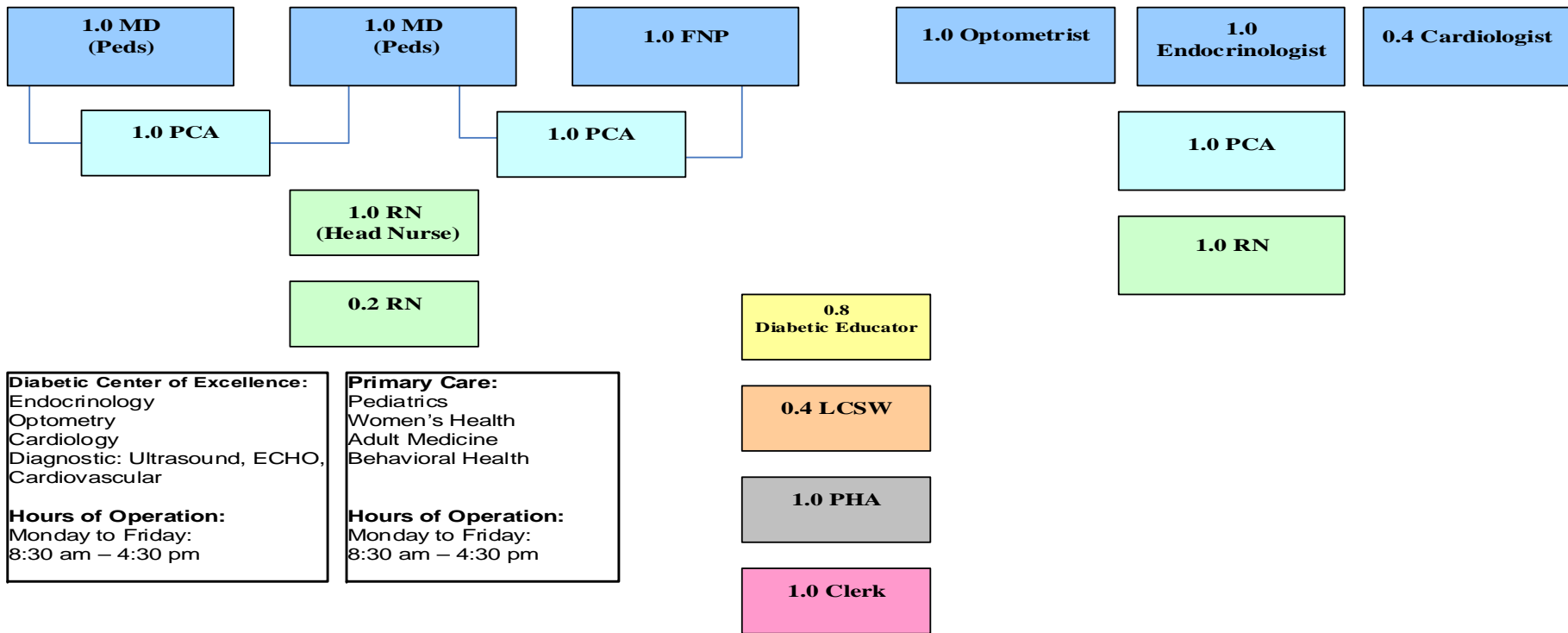
1.0 RN

1.0 Clerk



Primary Care Expansion Site
Brownsville CHC

Diabetic Center of Excellence



Diabetic Center of Excellence:
Endocrinology
Optometry
Cardiology
Diagnostic: Ultrasound, ECHO,
Cardiovascular

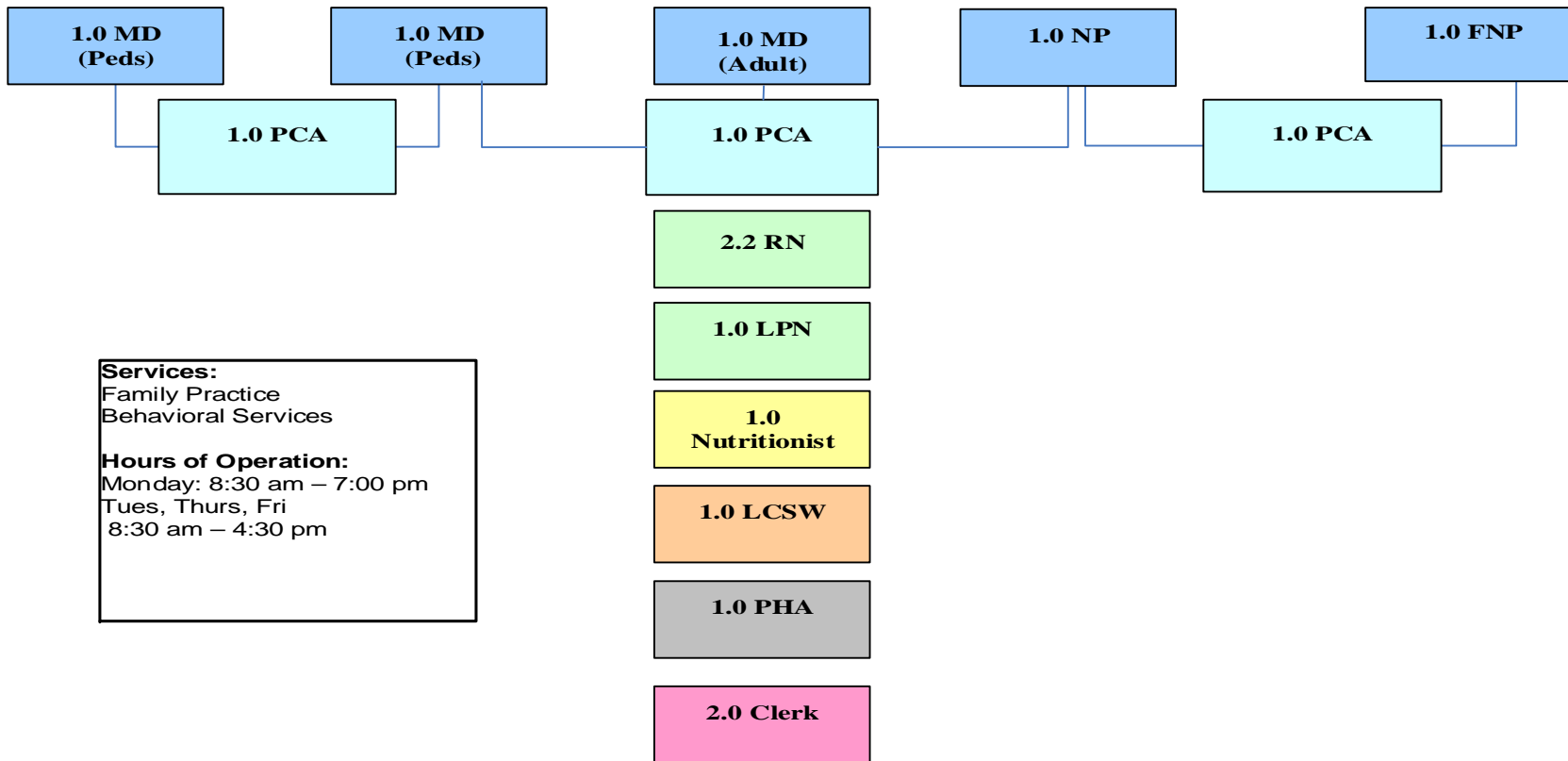
Hours of Operation:
Monday to Friday:
8:30 am – 4:30 pm

Primary Care:
Pediatrics
Women's Health
Adult Medicine
Behavioral Health

Hours of Operation:
Monday to Friday:
8:30 am – 4:30 pm



Primary Care Expansion Site
Junction CHC



Services:
Family Practice
Behavioral Services

Hours of Operation:
Monday: 8:30 am – 7:00 pm
Tues, Thurs, Fri
8:30 am – 4:30 pm



Subspecialty Justification

After reviewing the community needs assessment we have identified that there is a prevalence of chronic disease treatment needs in our facility catchment area.

We intend to offer specialty services as an extension of the Primary Care services already being offered within the facility.





Gotham Health

Brownsville subspecialties

We have chosen to focus on Diabetes Disease Management to completely execute the patient's treatment plan and align with PCMH standard of care.

To do this, we offer subspecialties directly related to symptom management of the disease including, optometry,





Gotham Health

Bushwick subspecialties

We currently provide Adult medicine and Pediatric Care on the 3rd floor at the Bushwick clinic.

To expand services and provide patients with a more seamless approach to care, we plan to offer subspecialties that fill service gaps in the community, e.g. optometry, podiatry, cardiology.



Primary Care Only Visits – yr. 6 projections*

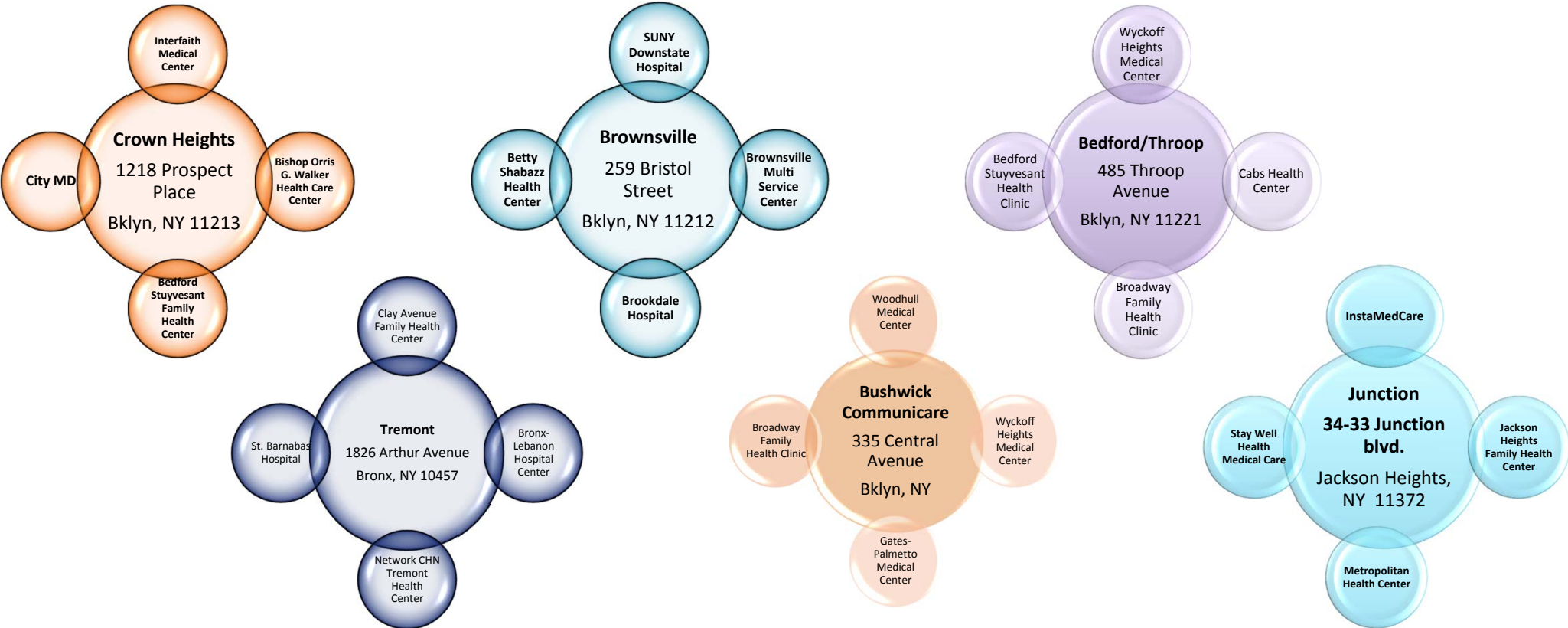
- Crown Heights 4,725 visits
- Tremont 5,043 visits
- Bushwick * Only provides WH services
- Bedford/Throop 2,101 visits
- Brownsville 8,401 visits
- Junction 11,025 visits

*Projections based on 90% productivity at year 6 for providers servicing Adult medicine and pediatrics patients only.

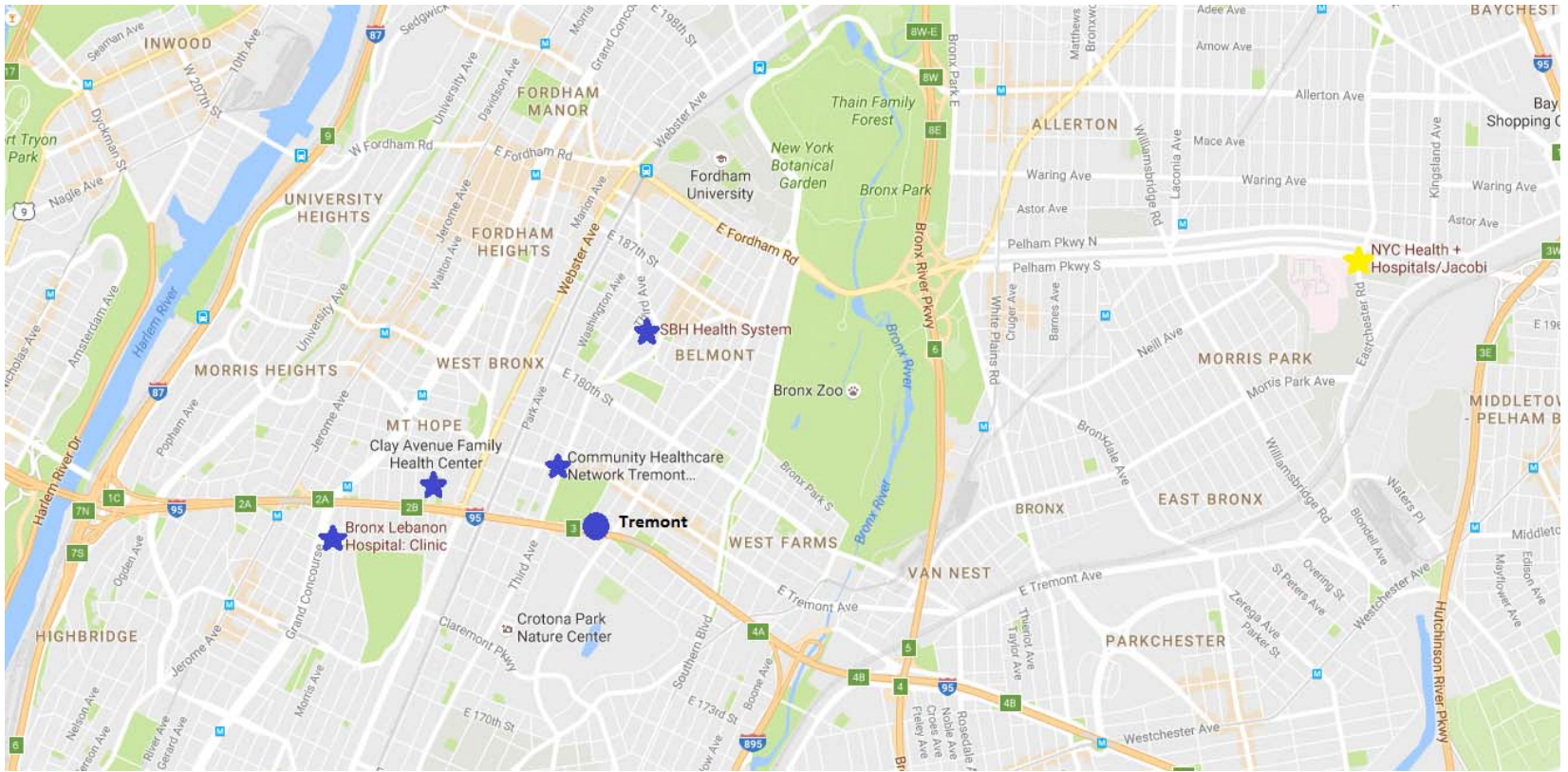


Risks

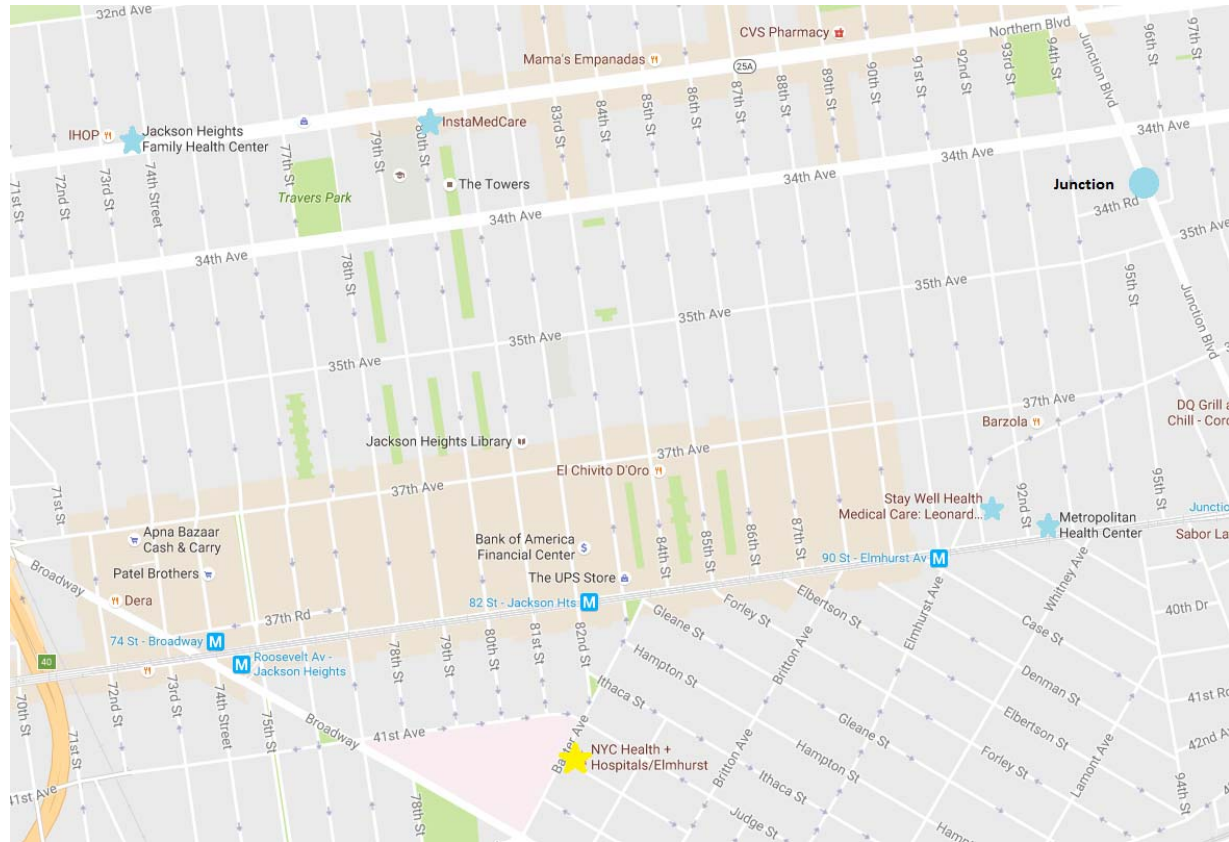
Competitors by Facility Zip Code



Bronx Map



Queens Map



Anticipated New Patients (ANP) Year 6 Projection

■ Crown Heights	2,307 ANP
■ East Tremont	2,738 ANP
■ Bushwick	3,846 ANP
■ Bedford/Throop	1,076 ANP
■ Brownsville	4,953 ANP
■ Junction	6,153 ANP

