

**First Amendment to  
Data Use Agreement Between  
The New York City Department of Health and Mental Hygiene  
And  
The New York City Department of Homeless Services**

This First Amendment to Data Use Agreement ("First Amendment") dated May 2, 2019 ("Effective Date") made by and between the New York City Department of Health and Mental Hygiene ("DOHMH"), Division of Family and Child Health, having its principal office located at 42-09 28th Street, Long Island City, New York, 11101, and the New York City Department of Homeless Services ("DHS"), Division of Family Services, having its principal office, located at 33 Beaver Street, New York, New York, 10004 (each a "Party," and collectively the "Parties").

**WHEREAS**, DOHMH operates the Newborn Home Visiting Program (NHVP), a home visiting service that is offered to eligible mothers in New York City;

**WHEREAS**, NHVP strives to give newborns a healthy start in life by speaking with and educating eligible mothers on maintaining a safe and nurturing environment for an infant;

**WHEREAS**, DHS provides short-term, emergency shelter to homeless families with children, including families with infants;

**WHEREAS**, DHS and DOHMH agree that NHVP will be an effective program in providing new mothers in DHS shelters the services they need to ensure their infants have a healthy start in life;

**WHEREAS**, to achieve the purposes stated above, DOHMH and DHS entered into a data use agreement on October 27, 2015, which was replaced and superseded by the Data Use Agreement ("Agreement") entered into by the Parties on May 26, 2016.

**WHEREAS**, this First Amendment is entered into by the Parties to incorporate additional data that DOHMH will share with DHS;

**NOW THEREFORE**, in consideration of the mutual promises and covenants herein set forth, the Parties agree as follows:

**ARTICLE 1. EFFECT OF AMENDMENT**

1.1 Except as modified herein or modified previously, all of the covenants, terms and conditions of the Agreement shall remain unchanged, and are hereby ratified and confirmed as in full force and effect.

**ARTICLE 2. AMENDED SCOPE OF WORK**

2.1 The "DHS List" of data elements in Article 3.2 of the Agreement is hereby replaced in its

entirety with the following amended DHS List:

<b>Data Element</b>	<b>Description</b>
Case ID	Unique Identifier of a case in CARES.
Application Type	Add on or Initial
Placement Exit Date	If null, indicates client is in shelter. Otherwise indicates when placement ended.
Infant CARES ID	CARES Id of assigned to the infant.
Infant Last Name	Surname of child.
Infant First Name	First name of child.
Infant DOB	Date of birth of child.
Infant Gender Code	Code for Gender of the child.
Infant Gender Text	Text of gender of infant.
Infant Relationship to HOC Code	Code value that identifies the relationship of the child to the head of case.
Infant Relationship to HOC Text	Text that defines the infant to HOC relationship.
HOC CARES ID	The CARES ID of the head of case (HOC).
HOC Last Name	Surname of HOC.
HOC First Name	First name of HOC.
HOC DOB	The DOB of the head of case.
HOC Gender Code	The gender of the HOC.
HOC Gender Text	Text of gender of infant.
Facility Code	Four-character code used by DHS in common parlance to identify a shelter.

Facility ID	Fixed system ID assigned to a shelter.
Shelter Name	Name of shelter in which infant is placed.
Compartment Reference #	Identifier of specific unit (room) in which an infant is placed.
Facility Type	Identifies the type of shelter at which the client resides.
Unit Name	Name/number of specific unit in which infant is placed.
Facility/Unit Name	Text name of a unit; will commonly be a concatenation of shelter name, building, floor, and unit.
Unit Street Address	Street number and street name of the unit at which the infant is placed.
BIN	Building Identification Number
Unit Borough	Borough of the unit.
Unit Community District	Community district of the unit.
*Record Locator	DHS generated ID that will enable DHS to investigate the interface record.
*Query Date/Time	Date and time of the query
*Query Messages	Any messages appended to query record by DHS.
DHSCaseworker	Name and contact information for clients' DHS caseworker.

Mother's contact information	Client Telephone Number
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- 2.2 DOHMH shall share with DHS the names of families on the DHS List that DOHMH has been unable to engage so DHS may assist in either encouraging those families' engagement with DOHMH or identifying alternate engagements for the family. There shall be no adverse actions taken against any family for declining engagement with NHVP, which is a voluntary program.
- 2.3 Attachment A to the Agreement is hereby replaced in its entirety with a new Amended Attachment A, attached hereto and incorporated herein by this reference.

**ARTICLE 3. NOTICES**

Article 6 of the Agreement is hereby amended to read as follows:

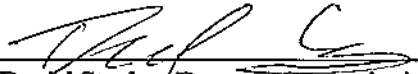
**DOHMH:** New York City Department of Health and Mental Hygiene Gotham Center, 42-09 28<sup>th</sup> Street  
Queens, NY 11101  
Attention: Ericka Moore, MCH Director

**DHS:** New York City Department of Homeless Services, 33 Beaver Street, 15<sup>th</sup> Floor  
New York, NY 10004  
Attention: Christine Fellini, Director of Quality Assurance,  
Division of Family Services

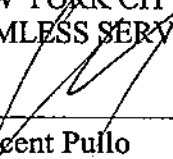
**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]**

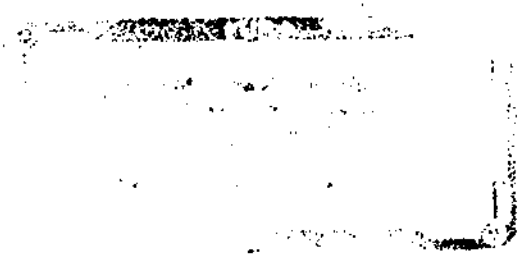
**IN WITNESS WHEREOF**, the parties hereto have executed this First Amendment as of the Effective Date.

**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

By:   
Dr. Daniel Stephen, Deputy Commissioner  
Division of Family and Child Health

**NEW YORK CITY DEPARTMENT OF  
HOMELESS SERVICES**

By:   
Vincent Pullo  
Agency Chief Contracting Officer  
NYC Department of Social Services /  
Department of Homeless Services



STATE OF NEW YORK )

:SS

COUNTY OF Queens)

On this 28<sup>th</sup> January day of 2020, before me personally came Dr. Daniel Stephen, to me known and known to me to be Deputy Commissioner of the NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, the person described in and who executed the foregoing instrument, and she/he acknowledged to me that she/he executed the same for the purpose therein mentioned.

Jerome A. Baa  
Notary Public

JEROME A. BAA  
Notary Public, State of New York  
Reg. No. 01BA8326114  
Qualified in Kings County  
Commission Expires 06/22/2023

STATE OF NEW YORK )

:SS

COUNTY OF NEW YORK )

On this 13<sup>th</sup> day of 20, before me personally came Vincent Pilla to me known and known to me to be Acco of the DEPARTMENT OF SOCIAL SERVICES / DEPARTMENT OF HOMELESS SERVICES of the CITY OF NEW YORK, the person described in and who executed the foregoing instrument, and she/he acknowledged to me that she/he executed the same for the purpose therein mentioned.

SHARON JAMES-LEONCE  
Commissioner of Deeds  
City of New York No. 2-13026  
Certificate Filed in New York County  
Commission Expires May 01, 2020

Sharon James-Leonce  
Notary Public

## **AMENDED ATTACHMENT A – DATA POINTS**

In accordance with Paragraph 3.5 of the Agreement, client individually identifiable information shall mean the data collected by DOHMH and shared with DHS, or its contractors or vendors operating shelters on behalf of DHS, pursuant to the Agreement, and will only include the specific description and data elements set forth below:

### **Section A: Data Elements for Issue List**

1. CaseNoID = unique identifier for the client within NHVP's data system.
2. bgPHAAssignment = staff ID number for the PHA assigned to the case.
3. CaseStatusCode = indicates whether case is open for PHA, open for supervisor, or closed.
4. Casestatus = indicates if case what was status of closed as (e.g.: success, refusal, utl)
5. iaDate = date of second and third successful interaction recorded for this case
- 6.
7. Firstinter = date of the first interaction recorded for this case. Note that this is usually NOT the date of the first visit; it's the first date the PHA did any work on this case. (Note: generated variable).
8. Successdate = Date of first successful interview visit. (Note: generated variable).
9. Dateclosed = the date the case was closed (if closed). (Note: generated variable).
10. bgInterviewed = person interviewed (mother, father, or other).
11. mmDeprCon = depression concern noted, based on PHA's observations and results of PHQ-9 (Yes or No).
12. mmDVConcern = domestic violence concern noted, based on PHA's observations and discussion with client (Yes or No).
13. mmCACConcern = child abuse concern noted, based on PHA's observations and discussion with client (Yes or No).
14. asHousingEmerg = housing emergencies or structural problems noted (Yes or No).
15. asEmergtype = description of any housing emergencies or structural problems.
16. asWguard = window guards needed (Yes or No).
17. asWguardLoca = location of window guards needed.
18. orAdditionalComment = any additional comments to be noted on the landlord letter.
19. asFireProdNeeded = fire detection productions needed (smoke detector, CO detector, both, or none).
20. asFireProdProvided = fire detection productions provided (smoke detector, CO detector, both, or none).
21. asAnyPest = any pest issues noted including rats, mice, roaches, bedbugs (yes or no).
22. asAnyPestCtrl = any pest control materials provided (Yes or No).

23. asPossPb = any peeling or chipped paint noted (Yes or No).
24. asPossPbLocation = location of any peeling or chipped paint.
25. bgHeadOfCaseCARESID = head of case CARES ID associated with this case, as reported by DHS.
26. Momfname = mother's first name. (Note: generated variable)
27. Momlname = mother's last name. (Note: generated variable)
28. bbSleepLayCode = How do you most often lay your baby down to sleep (on back, on side, on stomach, all, don't know, on back and side, or refused). (Note: this field is specific to the baby; if multiple infants on a case there will be multiple iterations of this field).
29. bbSleepBedCode = How often does your baby sleep in the same bed with you or anyone else. (always, often, sometimes, rarely, never, don't know, or refused). (Note: this field is specific to the baby; if multiple infants on a case there will be multiple iterations of this field).
30. bbCribNeedCode = Crib needed? (yes, no, or was not assessed). (Note: this field is specific to the baby; if multiple infants on a case there will be multiple iterations of this field).
31. bbCribGivenDate = Date crib given. (Note: this field is specific to the baby; if multiple infants on a case there will be multiple iterations of this field).
32. bbFeedMethodCode = Infant feeding Type. Options are Breastmilk Only, Formula Only, Both, Refused.
33. orPsychNotes = any notes the NHVP social worker makes related to the case. Free text field.
34. orPsychFinal = NHVP social worker's final assessment of case (unable to contact; refused; consultation not necessary; complete: no further help needed; need more services-referred out; was not assessed).

### **Section B: Data Elements for Referral List**

1. CaseNoID = unique identifier for the client within NHVP's data system.
2. ActionNo = unique identifier for this referral/action.
3. bgPHAAssignment = staff ID number for the PHA assigned to the case.
4. CaseStatusCode = indicates whether case is open for PHA, open for supervisor, or closed.
5. bgHeadOfCaseCARESID = head of case CARES ID associated with this case, as reported by DHS.
6. Momfname = mother's first name. (Note: generated variable)
7. Momlname = mother's last name. (Note: generated variable)
8. Action = type of referral (see below for the full list of referrals we make).
9. issue1-6 = the issue or issues to which this referral is linked (i.e. depression concern, pest issues, etc.). Note that each referral may have multiple issues associated with it – if this is the case there will be data in issue2, issue3, etc. fields. If not, only issue1 field will be filled. (Note: generated variables)



10. ActionNotes = any notes PHA provided regarding this referral.
11. Actdate = the date the referral was made. (Note: generated variable)
12. BIN =Building Identification Number; the unique identifier for the building.
13. Agency = name of agency/organization client was referred out to
14. OtherDesc = name of agency/organization client was referred out to not already in system

**Section C: Action Types to be Included in the Referral List**

1. ACS = communication with the Administration for Children's Services and referrals to New York State Central Registry.
2. Consulting Nurse= referrals made to the Program nurse and to an International Board Certified Lactation Consultant,
3. HPD/Window Guards = any referrals to Housing Preservation and Development, including for window guards.
4. LPPP Sanitarian = referrals to DOHMH's Healthy Homes program regarding lead paint.

5. Social Service = any social service referrals for reasons other than maternal depression or DV. These are captured via separate referral types (see below).
6. Social Worker = any referrals to our internal NHVP social worker(s).
7. IPM = Referrals to any Integrated Pest Management company or entity. (Note: there are three separate action types related to IPM in our data system: IPM Company, Healthy Nest IPM, NYCHA IPM. The report will combine all three).
8. Landlord letter sent = indicates a landlord letter was sent for environmental/safety issues in the unit.
9. Other = any referrals made that do not fit into one of the other categories.
10. Asthma Program=any referrals made to DOHMH or external asthma programs. (Note there are three separate action types related to asthma in our system: Asthma Program, Harlem Childrens Zone Asthma Program, East Harlem Asthma Program.
11. NRT Mom = a referral for nicotine replacement therapy for the mom.
12. NRT\_Resident = a referral for nicotine replacement therapy for a household resident other than the mother.
13. EI Referral\_Baby = a referral to the Early Intervention program for the baby.
14. EI Referral\_Resident = a referral to the Early Intervention program for any other household resident age 0-3.
15. WIC = referrals made to Women, Infant and Children
16. UPK= referrals to Universal Pre-K
17. DHS Provider = any referral made to the client's caseworker or other shelter provider staff.
18. Maternal Depression = any referral to an external organization regarding maternal depression.
19. Domestic Violence = any referral to an external organization regarding DV.
20. Refused Action= an issue was encountered but client refused any referrals or actions being taken on her behalf.