

**STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS**

**FEBRUARY 10, 2015
10:30 A.M.
HHC BOARD ROOM
125 WORTH STREET**

AGENDA

- I. CALL TO ORDER** **JOSEPHINE BOLUS, RN**
- II. ADOPTION OF JANUARY 13, 2015
STRATEGIC PLANNING COMMITTEE MEETING MINUTES** **JOSEPHINE BOLUS, RN**
- III. SENIOR VICE PRESIDENT'S REPORT** **LARAY BROWN**
- IV. INFORMATION ITEM**
- i. PRESENTATION: ENDING THE AIDS EPIDEMIC**
- TERRY HAMILTON**
ASSISTANT VICE PRESIDENT, CORPORATE PLANNING SERVICES
- DAN O'CONNELL**
DIRECTOR, AIDS INSTITUTE, NEW YORK STATE DEPARTMENT OF HEALTH
- DEMETRE DASKALAKIS, MD**
ASSISTANT COMMISSIONER, BUREAU OF HIV PREVENTION AND CONTROL
NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- V. OLD BUSINESS**
- VI. NEW BUSINESS**
- VII. ADJOURNMENT** **JOSEPHINE BOLUS, RN**

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

JANUARY 13, 2015

The meeting of the Strategic Planning Committee of the Board of Directors was held on January 13, 2015 in HHC's Board Room located at 125 Worth Street with Josephine Bolus presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Chairperson of the Committee
Ram Raju, M.D.
Anna Kril
Robert F. Nolan
Bernard Rosen
Patricia Yang, representing Deputy Mayor Lilliam Barrios-Paoli

OTHER ATTENDEES

K. Raffaele, Analyst, Office of Management and Budget
J. Wessler, Guest

HHC STAFF

M. Belizaire, Assistant Director of Community Affairs, Office of Intergovernmental Relations
C. Barrow, Associate Director, Lincoln Medical and Mental Health Center
L. Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations
K. Baumann, Senior Director, Organizational Innovation and Effectiveness
T. Carlisle, Associate Executive Director, Corporate Planning Services
D. Cates, Chief of Staff, Office of the Chairman
M. Dunn, EEO Officer, North Bronx Health Network
M. Elivert, Sr. Associate Executive Director, Queens Hospital Center
D. Green, Senior Assistant Vice President, Corporate Planning Services
L. Guttman, Assistant Vice President, Intergovernmental Relations

S. James, Assistant Director, Harlem Hospital Center
L. Johnston, Senior Assistant Vice President, Medical and Professional Affairs
J. Jurenko, Senior Assistant Vice President, Intergovernmental Relations
S. Kleinbart, Director of Planning, Coney Island Hospital
Z. Liu, Senior Management Consultant, Corporate Planning Services
P. Lockhart, Secretary to the Corporation, Office of the Chairman
R. Mark, Chief of Staff, President's Office
A. Martin, Executive Vice President and Chief Operating Officer, President's Office
H. Mason, Deputy Executive Director, Kings County Hospital Center
T. Miles, Executive Director, World Trade Center Environmental Health Center
K. Park, Associate Executive Director, Finance, Queens Health Network
S. Penn, Deputy Director, World Trade Center Environmental Health Center
C. Philippou, Assistant Director, Corporate Planning Services
S. Ritzel, Associate Director, Kings County Hospital Center
S. Russo, Senior Vice President and General Counsel, Office of Legal Affairs
W. Saunders, Assistant Vice President, Office of Intergovernmental Relations
K. Whyte, Senior Director, Corporate Planning, Community Health and Intergovernmental Relations
C. Wong, Director of Planning, Corporate Planning Services

CALL TO ORDER

The Strategic Planning Committee Chairperson, Ms. Josephine Bolus, NP-BC, called the meeting of the Strategic Planning Committee to order at 10:32 A.M. The minutes of the December 9, 2014 meeting of the Strategic Planning Committee were adopted.

SENIOR VICE PRESIDENT REMARKS

Federal Update

New Republican controlled Congress

Ms. Brown reported that, on January 6, 2015, Congressman John Boehner was sworn in for his third term as Speaker of the U.S. House of Representatives. Ms. Brown added that Congressman Boehner was re-elected by a vote of 216-164 over Democratic Leader (and former Speaker) Nancy Pelosi. Twenty-four Republicans voted against the Speaker, which demonstrated the divisions between Congressman Boehner and his allies versus the Tea Party conservatives. Ms. Brown explained that many on the right were upset that the Speaker (and now Senate Majority Leader Mitch McConnell) had supported a yearlong omnibus spending measure during the December 2014 Lame Duck Session of Congress. She added that the Republicans had a large majority of 246 to 188 Democrats, with one seat vacant due to the resignation of Congressman Michael Grimm of Staten Island. On the Senate side, Ms. Brown reported that Senator McConnell commanded a majority of 54 to 46. She commented that this was the first time in eight years that the Republicans would control both houses of Congress.

Ms. Brown reported that, on December 11, 2014, during the Lame Duck Session of Congress, the House of Representatives had approved a \$1.1 trillion omnibus spending plan to fund most government agencies through September 2015, by a narrow vote of 219 to 206. Ms. Brown informed the Committee that the Senate did not approve the spending plan until December 13th by a close 56-40 vote. The bill includes \$5.4 billion in domestic and international Ebola funding and \$733 million for a "Public Health and Social Services Emergency Fund." Ms. Brown explained that the Public Health and Social Services Emergency Fund would be used to improve response capacity at the state and local levels, hospital renovations and alterations, and the development of vaccines and medical supplies. The spending plan also included \$10 million for the training of workers to minimize exposure to diseases such as Ebola. Ms. Brown informed the Committee that the bill was negotiated by congressional leaders and had the support of the White House. Notwithstanding, most Democrats in the House, led by Nancy Pelosi opposed the bill because of provisions that were included in the bill that weakened the Dodd-Frank Wall Street Reform Consumer Protection Act. Ms. Brown reported that, in the Senate, Senator Elizabeth Warren of Massachusetts led Democrat opposition to the spending plan. On the Republican side, the most conservative members of both houses opposed the bill because they wanted to find a way to de-fund President Obama's executive order on immigration and Obamacare. The spending plan approves funding for the Department of Homeland Security through February 27, 2015, giving Republicans in the new Congress a chance to weaken the President's immigration policy.

HHC-Gotham FQHC-LAL Application

Ms. Brown reminded Committee and Board Members that the HHC-Gotham FQHC-LAL was still a major issue and a priority for the Corporation. Ms. Brown reported that her office had prepared a letter that was signed by nearly all of New York City's House congressional members. In addition, a Senate letter was signed last week by Senators Charles Schumer and Kirsten Gillibrand in strong support of the HHC-Gotham application for FQHC-LAL status. Both letters were sent to HHS Secretary Sylvia Burwell and HRSA Administrator Mary Wakefield.

Ms. Brown reported that, over the course of the last three months, the Gotham Board had organized a series of campaigns which included sending letters, e-mails and making telephone calls to HRSA, particularly to HRSA Administrator, Mary Wakefield. Most recently, a letter from the Gotham Board Chair was sent to the HHS Secretary and HRSA Administrator, Mary Wakefield, urging a quick approval of the application and a request for a meeting. Ms. Brown added that members of HHC's Community Advisory Boards had also provided their support by sending e-mails and making phone calls. Ms. Brown informed the Committee that the Executive Director and President of CHCANYS had spoken to Mr. Jim McCray, the Assistant Administrator for HRSA, who assured her that it was only a matter of time for HHC to receive its approval. This assurance was relayed to HHC by many people for many months. Ms. Brown shared with the Committee that Congress Member Crowley had also been a forceful champion. She stated that, while meeting with the HHS Secretary, Congress Member Crowley had raised the issue of HHC's FQHC-LAL designation. Additionally, his staff has been making weekly phone calls to the HRSA Administration.

Ms. Brown also informed the Committee that HHC had also received support from Deputy Mayor Lilliam Paoli through the support provided by Ms. Patsy Yang. She added that Ms. Yang had enlisted the support of the Mayor's Office of Legislative Affairs to reach out to not only the congressional delegation, but very specifically to the HRSA Administration.

Ms. Brown commented that "hope springs eternal." She emphasized that securing FQHC-LAL designation for Gotham Health was an important initiative and HHC was looking forward to a favorable response.

Ebola Reimbursement for Bellevue Hospital

Ms. Brown reported that, on January 6, 2015, she accompanied HHC's President, Dr. Ram Raju to a meeting in Washington, D.C., to meet with Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response (ASPR), Ed Gabriel, Principal Deputy to the ASPR and some HHS staff in the ASPR Office to discuss Ebola funding and reimbursement for New York City and HHC. Dr. Mary Bassett, NYCDOHMH Commissioner and staff from the Mayor's Washington Office also participated in the meeting with HHS officials. Ms. Brown added that the meeting focused on the extremely successful coordination that occurred among the various city agencies, most notably, EMS, DOH and HHC and the City's response.

Ms. Brown informed the Committee that Bellevue Hospital's successful treatment of Dr. Craig Spencer and NYC DOHM's monitoring of the Ebola patient's contacts were acknowledged. Dr. Bassett and staff from the Mayor's Office made a strong and compelling case for reimbursement and the HHS officials responded positively, indicating that they wanted to work with NYC to resolve this issue. Ms. Brown added that some issues still remained unresolved; in particular, how to address the loss in revenue that Bellevue had incurred by creating the Ebola treatment unit and deploying various nursing and clinical staff to treat Dr. Spencer, and therefore not being able to continue all level of services in the ICU. Ms. Brown reported that New York

City's preparation and continued response to the Ebola epidemic was a multi-agency effort with a resulting cost to the city of more than \$22 million to date. HHC's cost was more than \$11 million of the NYC total.

Ms. Brown stated that, during the meeting, Dr. Lurie and her team stated that they wanted to learn more about New York City and HHC's response. Consequently, a meeting/visit to Bellevue Hospital was scheduled for Dr. Lurie and her team on January 16, 2015, for their continued learning and information gathering.

STATE UPDATE

2015 State Legislative Session Underway

Ms. Brown reported that the 2015 Legislative Session commenced last week when the Assembly and Senate each convened brief sessions to elect their respective leaders and adopt the rules that would govern their proceedings. Ms. Brown informed the Committee that Democrat Sheldon Speaker was elected to serve a two-year term as Speaker of the New York State Assembly, placing him in a position to break the record of longest serving Speaker. She noted that Silver had served as Speaker since February 1994.

Ms. Brown reported that, in the Senate, Republican Dean Skelos was once again elected to serve as Majority Leader. The Senate also revised their rules to outline a diminished role for the Independent Democratic Conference (IDC), a five-member group that enjoyed a power-sharing arrangement with the Republican Conference during the previous two-year session. Ms. Brown explained that, under the new rules, the IDC leader, Jeff Klein, would no longer hold the title of co-President. In addition, the IDC will no longer share control of which bills would come to the floor for a vote, but will be allowed to lay aside one bill each day. Ms. Brown added that it was still unclear what role the IDC would play during negotiations on the State Budget.

Ms. Brown announced that, although the legislative session would traditionally begin with the Governor's State of the State address, the Governor had rescheduled the event for January 21, 2015, due to the death of his father, former Governor Mario Cuomo. Ms. Brown added that the Governor had also announced yesterday that his State of the State address would also include his State Budget proposal.

CITY UPDATE

Council Hearing on HPV Vaccinations and Cervical Cancer Screenings

Ms. Brown reported that last week the City Council Health and Women's Issues Committees had conducted an oversight hearing on the city's efforts to administer the HPV (Human Papillomavirus) vaccine and screen for cervical cancer. She informed the Committee that Dr. Ross Wilson and Dr. Mabelle Allen had provided testimony on HHC's successful efforts to offer the HPV vaccine. They were joined by colleagues from the New York City Department of Health and Mental Hygiene (NYC DOHMH) who explained the department's activities. Ms. Brown stated that HHC was a national leader in this area and its facilities were at the forefront of providers offering the vaccine since 2006. At that time, HHC embarked on a plan to increase access to the vaccine, educate and train its providers and increase awareness among its patients and its communities. Ms. Brown explained that HHC's early efforts proved successful and these practices were now embedded into its workflow. Ms. Brown informed the Committee that, in the same manner that HHC offered children other

vaccines, HHC offered the HPV vaccine to children when they were approximately between the ages of 11 and 12. In addition, HHC also offers the vaccine to older children, adolescents and young adults who have not previously received the vaccine.

Ms. Brown reported that HHC's vaccination rate had surpassed city, state and national rates. Ms. Brown added that, in 2013, 77% of HHC's patients age 13 – 17 initiated the HPV vaccination series of three shots and 47% completed the series. The rate for boys was 44%. This rises to 50% for girls. The national completion rates for the same time period are nearly 14% for boys and nearly 38% for girls. Ms. Brown also reported that in 2014, HHC's overall completion rate had increased to 52%. Initiation rates are 83% for boys and 80% for girls. Ms. Brown stated that the continued improvement in these rates reflected the importance that HHC has placed on this aspect of health care.

Ms. Brown thanked the Council for allowing HHC to testify on this important public health issue and applauded Speaker Melissa Mark-Viverito for bringing attention to this issue last summer when she announced that she had tested positive for HPV, and for highlighting the importance for individuals to be tested and to seek immunizations.

INFORMATION ITEM

Presentation: Metro East 99th Street Medicaid Redesign Team Housing Project Update

Dona Green, Senior Assistant Vice President, Corporate Planning Services
Christopher Wong, Director of Planning, Corporate Planning Services

Ms. Brown introduced Ms. Dona Green, Senior Assistant Vice President, Corporate Planning Services and Mr. Christopher Wong, Director of Planning, Corporate Planning Services and invited them to provide a status report on HHC's efforts to develop affordable housing for HHC's patients with disabilities and special needs through a unique partnership with a developer to construct an apartment building on East 99th Street, which is located across the street from Metropolitan Hospital, called Metro East 99th Street. Ms. Brown reminded the Committee that both the Strategic Planning and Capital Committees were engaged from the inception of this project through presentations made by the developer in connection with efforts to restructure HHC's long term care facilities, most notably HHC's transition from Goldwater to Henry J. Carter Skilled Nursing Facility. The Board convened a public hearing; and HHC received Board approval to seek City Council approval for this project. Ms. Brown stated that in coming full circle that there was a need to provide the Committee with an update on this very important project.

Ms. Green greeted Committee members and invited guests. She began her presentation by highlighting key federal and state health care policy changes that affected the way that patients receive and access health care services as described below:

1999-2001: United States Department of Justice expands enforcement of the Supreme Court's Olmstead decision, which requires states to eliminate unnecessary segregation of persons with disabilities and ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs.

2010-2011: New York's Medicaid Program expenditures were \$53 billion a year, which is twice the national average when compared on a per recipient basis, to serve 5 million people. To remedy this situation, New York State created the Medicaid Redesign Team to identify significant health care cost savings and enhance health care delivery through the improvement of health outcomes and quality of care.

2008-Present: Programs such as the Nursing Home Transition and Diversion Medicaid Waiver and Mandatory enrollment in managed long term care plans are aligned with having medically cleared individuals access health care services in a home and community based setting rather than in an institutional setting.

2013: New York State Department of Health recognizing that affordable and stable housing with the proper supportive health care services improves health, reduces hospital use, and decreases health care costs and prioritizes permanent housing for the disabled as part of the Medicaid Redesign Team's work.

Ms. Green stated that the burning platform for HHC which led to the establishment of partnerships that created the Metro East 99th Street Development was the following:

Aging Physical Plant

The more than 70-year-old Goldwater campus on Roosevelt Island required significant and cost prohibitive infrastructure upgrades to comply with new state and federal regulations governing skilled nursing facilities.

Relocated Long Term Care Facility

Rightsizing of Coler-Goldwater and the relocation of the Goldwater long term care facility to East Harlem would result in the restoration of health care services to the community, reduction of LTACH and SNF beds and necessitate the transition of eligible patients/residents to other community-based care settings.

Lack of Discharge Options

Certain HHC skilled nursing facility (SNF) residents achieved medical stability through the medical care received at Coler-Goldwater; but they could not be discharged because they lacked access to affordable and stable housing options. At a point in time, there were more than 400 SNF residents needing housing at Coler Goldwater.

Affordable Housing

The existing NYNY supportive/affordable housing eligibility designation does not include persons at risk for homelessness upon discharge from either skilled nursing facilities or hospitals. In addition, much of the existing housing stock was not accessible to persons with physical disabilities.

Ms. Green reported that, looking back at the current state between December 2011 and December 2013, the key factors that needed to be addressed included the following:

- Right-sizing Coler-Goldwater LTACH and SNF would reduce the LTACH by 426 beds and the SNF by 410 beds
- A Fall 2011 CPS assessment of administrative data of all Coler-Goldwater SNF residents identified 413 SNF residents potentially eligible for discharge
- Coler-Goldwater SNF residents eligible for discharge had to be transitioned by November 2013

- CPS and Coler-Goldwater met bi-weekly with NYCHA and NYS Nursing Home Transition Diversion (NHTD) program to prioritize the identification of affordable and accessible housing for Coler-Goldwater residents
- To house individuals who were disabled and who could not be served through the existing housing stock, HHC identified a parcel leased to the Corporation - across from Metropolitan Hospital Center - to develop accessible and affordable housing for the Coler-Goldwater SNF residents.

Ms. Brown explained that HHC was successful in getting the State to agree to prioritize the focus of the Nursing Home Transition and Diversion (NHTD) Program for HHC's patients and that HHC's patients was also a great fit for that program. She explained that the NHTD program was a federal waiver program that existed since 2008 to provide eligible participants an opportunity for rental assistance along with the wraparound services from social services agencies and other type of financial support. Ms. Brown stated that the program had not been successful and had only placed 208 participants statewide. Ms. Brown added that the intent of the program was to serve as a mechanism that would help move people who were sitting in nursing facilities into community settings. Ms. Brown stated that the program's performance was brought to the attention of the Assistant Commissioner of the Department of Health (DOH) who was convinced that HHC could make the program successful by linking it to a shared agenda of right-sizing Coler-Goldwater by identifying housing for hundreds of people in need. HHC was given priority for this program that was being administered by a not-for-profit organization whose instruction was to give priority to HHC's patients, especially those patients from Coler-Goldwater.

Ms. Green described key action steps:

- HHC established partnership with city, state, and federal agencies and a private developer, SKA Marin, to develop 175 units of affordable and accessible housing on Metropolitan Hospital parcel at East 99th Street. Originally slated for completion in 2013 (project would not be completed until 2014).
- SKA Marin, working with HHC, responds to July 2012 RFP from NYS Homes and Community Renewal for housing for tenants who are ready for independent living. The developer receives first MRT funding for permanent housing for long stay disabled Medicaid beneficiaries.
- Coler-Goldwater SNF residents were assessed for capability to reside independently and surveyed for their interest in permanent housing at the Metro East 99th Street development. Prospective tenants were provided with on-site skills training and transition orientation through both Coler-Goldwater and community-based partners such as Center for the Independence of the Disabled, New York (CID-NY)
- The project originally envisioned being exclusive for Coler-Goldwater discharges; however, CPS and facility were successful in placement of a significant number of the original 413 SNF residents. Therefore, patients/residents from other HHC facilities who are high Medicaid users and/or unstably housed were afforded an opportunity to apply for units.
- HHC facility social workers and discharge planners were engaged in identifying patients/residents that met the eligibility (i.e. income, level of functioning etc.) criteria

Mr. Christopher Wong continued the presentation and provided a description of the Metro East 99th Street Development. Mr. Wong stated that the Metro East 99th Street Building was located at East 99th Street between First and Second Avenues, across the street from the Metropolitan Hospital Center campus. There are 175 units consisting of 93 one-bedroom and 83 studio apartments. He added that all of the units in the building comply with the Americans with Disabilities Act (ADA) standards for accessibility. In addition, 14 of the 83 studios are equipped with 42" doorways to accommodate bariatric patients who require additional doorway clearance and turning radius. Ms. Brown clarified that these expanded doorways exceed ADA standards to accommodate patients in large wheelchairs to help them to turn around, specifically in the bathroom area. Mr. Wong informed the Committee that rent up commenced in November 2014 and concluded on December 24, 2014.

Mr. Wong stated that among the several partnerships HHC had developed, the most important partnership had been with the New York State Department of Health's Medicaid Redesign Team (MRT). Mr. Wong explained that the Metro East 99th Street was the first development in the state to receive MRT funds for projects focused on high Medicaid utilization populations. He added that the MRT had provided a \$7.3 million MRT mortgage loan to SKA Marin (developer) for construction for which the total cost was \$51.8 million. Other sources of funds were from HPD, HDC and through low-income housing tax credits. Mr. Wong explained that through MRT funding, the assumption was that the state would be able to save \$10 million annually in state and federal Medicaid expenditures. He informed the Committee that the State Department of Health (SDOH) and the State Housing and Community Renewal (HCR) would be tracking tenants' Medicaid expenditures and patients' health outcomes on a monthly basis to assess the program's effectiveness.

Mr. Wong reported on other partnerships that were developed to support the Metro East 99th Street Development:

- **New York City Housing Development Corporation (HDC)**

Mr. Wong stated that the New York City Housing Development Corporation is the financing entity that provided the majority of the funding toward the project. In addition, HDC had oversight responsibility for the marketing plan by specifically looking at the rent-up process and logistics.

- **New York City Housing Preservation and Development (HPD)**

Mr. Wong explained that the New York City Housing Preservation and Development also provided financing to realize the creation and preservation of affordable housing.

- **New York City Housing Authority**

Mr. Wong stated that the New York City Housing Authority worked with HHC to obtain HUD approval for project-based Section 8 vouchers for all apartments. He added that the NYC Housing Authority had partnered with HHC to transition another 67 Coler-Goldwater SNF residents into public housing and independent living as part of the relocation of the Goldwater campus and the rightsizing of Coler-Goldwater. In addition, NYC Housing Authority had provided on an expedited basis required eligibility determination for all HHC patients referred for these 175 units.

New York City Human Resources Administration (HRA)

Mr. Wong stated that the New York City Human Resources Administration provided expedited tenant funding assistance with first month's rent, security and a modest furniture allowance through the One Shot Deal program. Ms. Green explained that HRA was amazing through this process. She added that some of the tenants who were coming from shelters would not have been able to furnish their units. With HRA's help, they were able to furnish their units with some basic furniture.

- **SKA Marin (developer)**

Mr. Wong stated that the developer SKA Marin had significant experience in affordable housing, senior housing and construction management within New York State and New York City. In addition, the founder/principal of the firm has more than thirty years of experience in the community and real estate development industry.

- **The Carter Burden Center (community based organization)**

Mr. Wong reported that the developer SKA Marin partnered with The Carter Burden Center to integrate a social adult day care center into the building with dedicated onsite space for programming and activities. He informed the Committee that the New York State Balancing Incentive Program Innovation Fund had been awarded to The Carter Burden Center to provide transition support for those transitioning into Metro East 99th Street, which includes Tele-health monitoring. Ms. Brown shared with the Committee that HHC's contribution to the Carter Burden Center's award. She stated that the community-based organization had requested funding from HHC. Since HHC was unable to honor their request, HHC, in turn suggested that they applied to the New York State Balancing Incentive Program and wrote a letter of support on their behalf and connected them with the heads of the state program.

- **The Fund for HHC**

Mr. Wong reported that, in addition, to the New York City Human Resources Administration, the Fund for HHC had awarded funding to provide each household with a \$100 gift card to supplement their needs for furnishings and other essential household items.

Mrs. Bolus inquired about the eligibility requirements for participation in the Carter Burden Center Program. She asked if some HHC's employees who may be in need of placing a family member in an Adult Day Care Program while at work could take advantage of the Carter Burden Center. Ms. Brown responded that the adult day program was principally for the 175 tenants of the Metro East 99th Street Development. She added that the Carter Burden Center had a larger program that was located at 109th Street in East Harlem, called the Leonard Covello Senior Center, which served the East Harlem community. Ms. Brown added that the Carter Burden Center was a satellite site of their main center in East Harlem.

Mr. Rosen, Board Member, asked if the 175 referenced above referred to individuals. Ms. Brown clarified that there may be couples in some instances. Ms. Brown further explained that Mr. Wong referred to them as households as per the HUD and NYCHA definitions. Considering the 67 Coler-Goldwater SNF residents placed into public housing and independent living and the other 175 referenced individuals, Mr. Rosen asked if the total number of placements was 242. Ms. Brown responded that the number may be even greater as there are also households of two of two individuals, as part of the 175 households. She added that HHC was able to place more than 200 individuals in other housing opportunities.

Mr. Wong reported that many of the residents would be accessing services at the Leonard Covello Senior Center and the Carter Burden Center had made that transition and facilitation.

Mr. Wong stated that it did take a village to achieve HHC's goal and comply with the various regulatory processes. He added that Corporate Planning Services was involved in both the planning and the application review stages of the process. He informed the Committee that during the planning stage, from January 2014-March 2014, Corporate Planning Services staff had been engaged in the following tasks:

- Develop the process overview to provide a road map as to where the project was heading; also develop the eligibility criteria to comply with the many different rules from HUD, NYCHA and the Housing Development Corporation, and to provide an application to the facilities to facilitate the application in a way that was both meaningful to themselves and their patients
- Produce an instructional guide to be used as a blueprint so that HHC facility staff can assist patients in completing applications
- Provide consultation services and technical support to HHC facilities for both routine and complex situations to readily understand how that would impact regulatory requirements. Ms. Green interjected that it also involves going to a few of the nursing facilities to determine among the medically stable patients who might be a good candidate for housing and what some of the criteria and obstacles might be transitioning someone into the community
- Convene conference calls with designated HHC facility liaisons to explain the application process and eligibility criteria prior to process commencement
- Engage the HHC Executive Directors to identify liaisons who would serve as a centralized point of contact with CPS to facilitate the housing selection process and help streamline the process

Mr. Wong informed the Committee that during the review stage, from March 2014 - Present, Corporate Planning Services staff had been engaged in the following activities:

- Review applicants' application package for accuracy and completion
- Perform criminal background checks using state and federal databases
- Engage facility social work and case management staff to troubleshoot eligibility concerns and/or incomplete applications
- Engage facilities to coordinate dates and locations for applicant interviews
- Submit application packages to SKA Marin
- Convene weekly workgroup conference calls with SKA Marin, NYCHA, HDC, and Wavecrest (developer's compliance and background check agent)

In addition to HHC's responsibilities, SKA Marin, NYCHA and HDC performed various functions during the review stage. Mr. Wong reported that the developer, SKA Marin, reviewed application packages submitted from HHC, interviewed qualified candidates onsite at HHC facilities and performed criminal background and credit checks through an intermediary. NYCHA had also reviewed the application materials for Section 8 eligibility and performed verification of application packages and conducted background checks of applicants. Mrs. Bolus asked how far back does a criminal background check go. She also asked if the applicant committed a felony in his/her teen years, would it be counted at the time of the application. Ms. Green responded that it varied based on the type of felony as there are different classes of felonies. She added that for certain types of felonies the look back could be five, six or seven years. Ms. Brown added that, though applicants were not always penalized, it was still tough to comply with the federal rules that stipulated that people with felonies were not eligible for certain benefits. Mr. Wong also reported that NYCHA had provided HHC with an opportunity to present mitigating information that they would take into account once a determination had been reached.

Mr. Wong explained that HDC reviewed the application materials for accuracy and performed verification of the information that was submitted. In addition, HDC certified that eligible applicants were in compliance with the low-income housing tax credit regulations.

Mr. Wong reported on the final stage of the Metro East 99th Street Housing Project. Applicants had signed leases and received move-in dates for their new apartments. Throughout this process, HHC facilities continued to work with patients to support continuity of care through case management (managed care plans, health homes, Nursing Home Transition and Diversion Medicaid waiver program, etc.), home care, primary care/ specialty care appointment scheduling and follow-up.

Mr. Wong reported that a total of 500 applications were received for the Metro East 99th Street Housing Project; 127 of them were ineligible applications because of criminal background checks or credit history (eviction default) and another 190 were incomplete requiring additional information. Mr. Wong reported that the remaining 183 applications were certified by NYCHA (approval for Section 8) and of that number, 175 were certified by HDC (approval for the low-income housing tax credit) and were placed at the Metro East 99th Street. Mr. Wong clarified that, in order to be an approved tenant of the building, the applicant had to receive certification from both NYCHA and HDC.

Ms. Green added that there were many criteria to be considered about credit histories in the rental arena. However, HHC and the developer had agreed to some leeway in reviewing credit histories. Mr. Wong stated that for the most part, eviction was the main criteria that made an applicant ineligible. Mrs. Bolus asked if applicants were informed of the status of their credit history so that they could work on improving it to take advantage of future opportunities. Ms. Brown responded that it was impossible to do so for all 127 ineligible applicants; however, she stressed that the 183 applications certified by NYCHA involved a lot of different interactions with each applicant and with the Social Worker who referred them to help that person get the needed paperwork and to obtain responses for all questions.

Ms. Green and Ms. Brown shared with the Committee some notable examples of the complexities involved to get applicants to the goal of being certified by both NYCHA and HDC. Ms. Green shared the first example about an individual who was evicted from NYCHA, but in fact had to leave because of domestic violence issues. That was a mitigating situation that had to be addressed. The applicant had to eventually repay the owed debt to NYCHA and was able to get through the process. Ms. Brown provided an example of a couple who was living in NYCHA housing with an adult son. They were referred by Elmhurst hospital

because of the disability of one spouse including mental health issues. HHC had to first prove that the couple needed to move out of that setting into the Metro East 99th Street Development. Ms. Brown gave another example of an individual who was blind and illiterate and did not understand how to complete or get the necessary information to even get through the process. Ms. Brown summarized that there were a lot of social work being done but not necessarily being done by social workers.

Mr. Nolan commented that each of the 190 applicants would have a different story. However, he asked, "What were the odds about the number of incomplete applications?" He asked if getting 190 incomplete applications (40%) from a total of 500 was common. Ms. Brown answered that it was a good result because usually less than 10% of the people who seek out affordable housing actually got into subsidized housing. Mr. Nolan commented that the number was very low. Ms. Brown commented that the thresholds to meet the federal requirements were also very high and the competition for housing is very tough. She commented that it takes a lot of work and persistence on the part of potential tenants and those who assist them with the process.

Ms. Green added that HDC's normal application process was to accept a total of 16 applications for one unit. She explained that reviewing 2,800 applications for the available 175 units would have been beyond the capacity of HHC's Corporate Planning Services unit. To achieve a total of 500 applications, Ms. Green stated that CPS had reviewed three applications per unit. She emphasized that a lot of work was involved to ensure that the applicants were ready and eligible for these units. Ms. Brown clarified HHC's involvement in the Metro East 99th Street Housing Project. She stated that HHC had committed to its patients that every single one of the 175 units would be for qualified individuals receiving their care at HHC facilities. She added that the opportunity for that not to happen was extremely high because the developer's objective was to rent up these apartments; HDC's objective was to make sure that every tenant was approved based on low-income tax credits; and HHC's objective was to make sure that residents from Coler-Goldwater and patients from HHC's hospitals and diagnostic and treatment centers got access to affordable housing and achieve better health outcomes.

Mr. Wong explained that the application is 20 pages long and could easily turn into 40 pages considering the supplemental documentation that goes along with it. Mr. Nolan asked if these were mostly federal and state guidelines and rules. Ms. Brown responded that they also included city and the developer's forms. She added that the developer's religion is to their financiers. She added that the developer's goal is to ensure that there will be tenants occupying the building for 30 years that will be paying the rent or otherwise it would not be a financially viable project.

Ms. Green reported on HHC's referral sources for the tenants at Metro East 99th Street as described below:

HHC Facility	# of Tenants Referred by Facility
Bellevue	15
Coler	19
Dr. Susan Smith McKinney	4
Elmhurst	18
Gouverneur	25
Harlem	15
Henry J. Carter	1
Jacobi	14

HHC Facility	# of Tenants Referred by Facility
Kings	17
Lincoln	2
Metropolitan	21
Queens	6
Woodhull	18
Total	175

Mrs. Bolus suggested to Ms. Green to also mention in future presentations revenues saved by moving these patients from hospital beds to these apartments. She reminded the Committee that these individuals were occupying space at the hospital that could have been used for sicker patients. Ms. Brown agreed with Mrs. Bolus and added that the state's objective was to save \$10 million a year by virtue of these individuals not staying longer than medically necessary in a hospital or nursing home.

Mr. Rosen stated that his understanding was that the housing project would place patients from Goldwater, which included Bellevue, Coler and Henry J. Carter. He asked why there were placements from other HHC facilities. Ms. Brown explained that the project was targeted to be completed in 2013 which would have been synchronized with HHC's move from Goldwater to the Henry J. Carter Skilled Nursing Facility while downsizing. Therefore, some patients were identified as ineligible to transfer to Henry J. Carter as they were rather in need of housing. As such, these patients were placed in other housing settings. Consequently, by the time the Metro East 99th Street Housing project was completed, there were fewer individuals from Goldwater in need of housing, which created the opportunity for other facilities who also had patients in need of housing occupying hospital beds or were high users of HHC's Emergency Departments to take advantage of these units.

Ms. Brown clarified that the intent was not to waste the space. She emphasized that HHC had fought hard to ensure that this project was uniquely qualified by HUD for every single apartment to be for individuals receiving their care from HHC facilities. Ms. Brown explained that the Metro East 99th Street Housing Project was the only project in the country that was developed as permanent housing with rental assistance for people coming directly out of a public hospital system.

At the request of Mr. Nolan, Ms. Brown explained that the 14 tenants from Jacobi Medical Center either were in acute care beds, long-term care beds or were high users of services because of the instability of their housing including some individuals who had been in shelters.

Ms. Green provided a profile of the tenants of Metro East 99th Street Housing Development. She reported that 47.5% of the tenants were female and 52.5% male. A total of 48.8% were under 60 years of age and 51.2% were older than 60 years. In addition, 205 of these tenants are diagnosed with behavioral health issues and 17.1% have mobility impairments or are using an assistive device (cane, wheelchair, walker, scooter etc.).

Ms. Green concluded her presentation by sharing with the Committee some of the activities that would be taking place following the full occupancy of the Metro East 99th Street Housing Project. Those next steps were described as the following:

- Create opportunities for Metro East 99th Street tenants to speak with representatives from managed care plans (i.e. MetroPlus, Healthfirst, Independent Care Systems and others)
- Continue to coordinate with Metropolitan Hospital Center to identify opportunities to inform tenants of available health care services, have tenants become better acquainted with the hospital, and provide tenants with the option of receiving some or all of their care at Metropolitan. Tenants have the option of continuing their care at their existing HHC facility
- Engage the HHC facility liaisons to develop standard work for contractual maintenance of a wait list of viable potential tenants and requisite assurances that patient connections and support post-discharge are maintained
- Provide ongoing monthly monitoring and reporting to the New York State Department of Health's Medicaid Redesign Team on patients with established tenancy at Metro East 99th Street; work with SKA Marin on provision of data
- Conduct in service on standard work for all relevant HHC staff
- Distribute \$100 gift cards to Metro East 99th Street households in January 2015 so that patients can continue to furnish their apartments

Mrs. Bolus commented that the project was so unique and so well handled. She asked if it would be published for others to see its success. Ms. Brown responded that she would give it some thought. To reinforce Mrs. Bolus's request, Mr. Rosen stated that he remembered how the project started with the relocation of Goldwater patients and the community's initial objection to the construction of the housing project.

Mr. Nolan thanked Ms. Green for her presentation and the extraordinary work done by a great team. He commented that capital projects are never completed on time and are considered timely even when they are completed six month or a year later.

Ms. Brown recapped some of the project's stumbling blocks. Ms. Brown stated that, in addition to a delay in the financing of this project, the construction had just begun when Hurricane Sandy hit. Therefore, it was realized that, because of the location of the building, which had not included a basement in the original design, the building had to be raised. This created the need for a new set of plans based on new FEMA guidelines. These changes not only alter the design, but also added more time to the construction time.

Mrs. Bolus emphasized the need to publish the success of this project as it showed good advocacy on the part of the New York City Health and Hospitals Corporation. Mr. Rosen and Mrs. Bolus agreed that it was a great presentation.

ADJOURNMENT

There being no further business, the meeting was adjourned at 11:35 AM.

Ending AIDS

Presentation to the Strategic Planning Committee
February 10, 2015

The **Global** Agenda

- UNAIDS - Global Cities – backdrop to End of AIDS
- NYS Ending the Epidemic (EoE) - first state in U.S.
- HHC's Role and Partnerships
 - Patient-Centered Care
 - EoE Activities
 - DSRIP Collaborations
- NYC EoE Formula, Programs and Partnerships

UNAIDS Ending AIDS 2030

Melbourne Conference: Cities for Social Transformation on Ending AIDS, 2014

- **Target** treatment scale-up in the cities most affected to End AIDS

Rationale:

- Cities and urban areas especially affected by HIV (200 cities account for 35 million infected persons)
- No one left behind
- Resources follow need by leveraging public and private partnerships

UNAIDS Ending AIDS 2030

Twenty-five (25) high HIV incidence cities lead the way by:

- Removing laws that hinder gender equality, human rights, and establish travel restrictions
- Reducing and preventing transmission - sexual, behavioral, and vertical transmission
- Eliminating stigma
- Strengthening care integration
- Closing the resource gap - more investment, engage young people and impacted communities

UNAIDS Ending AIDS 2030

Vision Zero:

- Zero new infections, zero discrimination and zero AIDS-related deaths
- Prevent 28 million new infections and 21 million deaths by 2030

NYS Ending the Epidemic

- Reshape the approach to care by integrating HIV and other STIs
- Focus on developing diverse ways to end AIDS – need flexibility for a changing epidemic
- Extraordinary community engagement



Governor Cuomo Announces Plan to End the AIDS Epidemic in New York State

Three-pronged Plan Focuses on Improved HIV Testing, Preventing the Spread of the Disease, and Better Treatment for People Who Have It

Albany, NY (June 29, 2014)

Governor Andrew M. Cuomo today announced a three-point plan to “bend the curve” and decrease new HIV infections to the point where the number of people living with HIV in New York State is reduced for the first time. The end of the AIDS epidemic in New York will occur when the total number of new HIV infections has fallen below the number of HIV-related deaths.

The “Bending the Curve” three-point program includes:

- 1. Identifying persons with HIV who remain undiagnosed and linking them to health care;**
- 2. Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and**
- 3. Providing access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.**

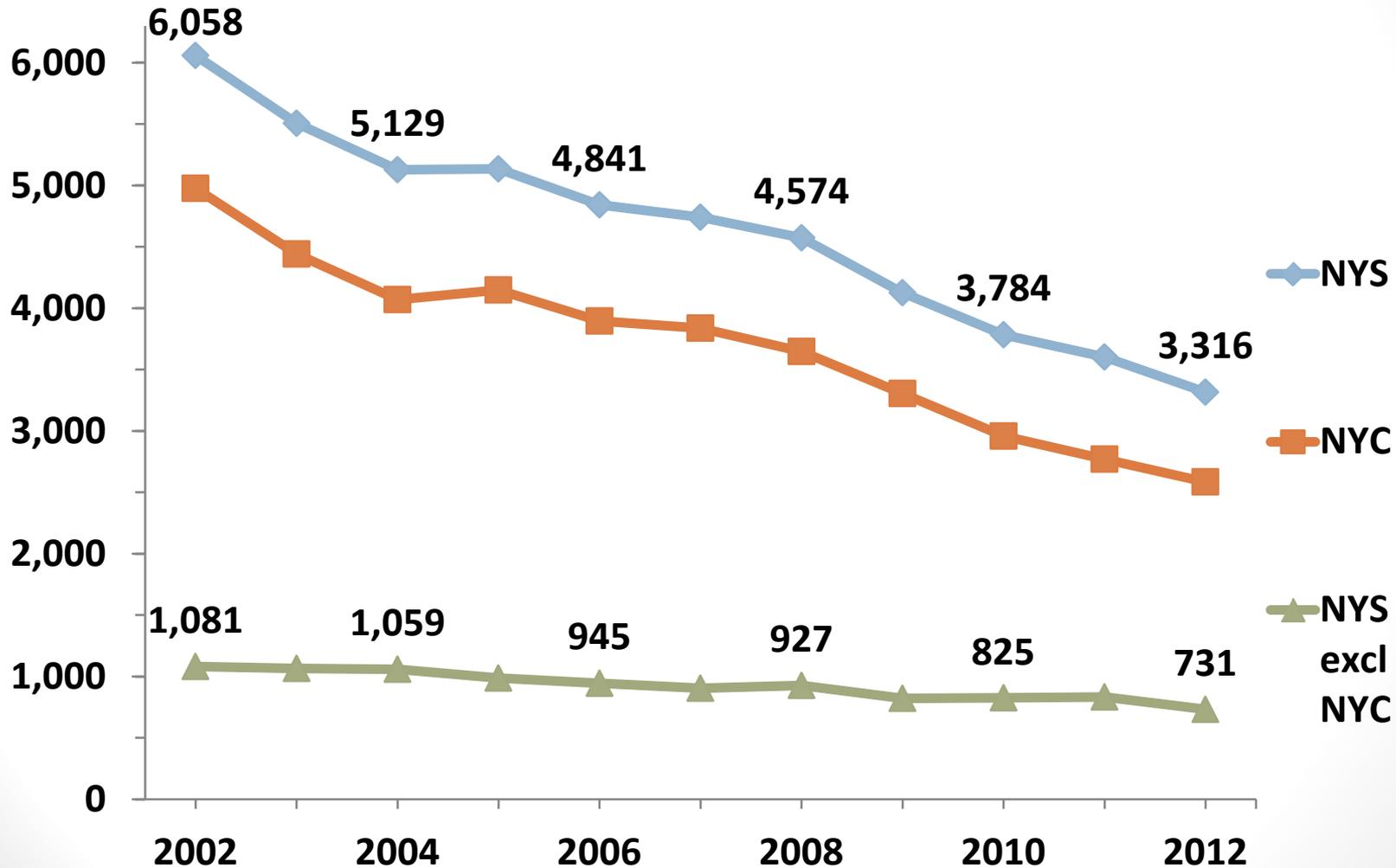
NYS Ending of AIDS Goals

Reduction in new HIV infections

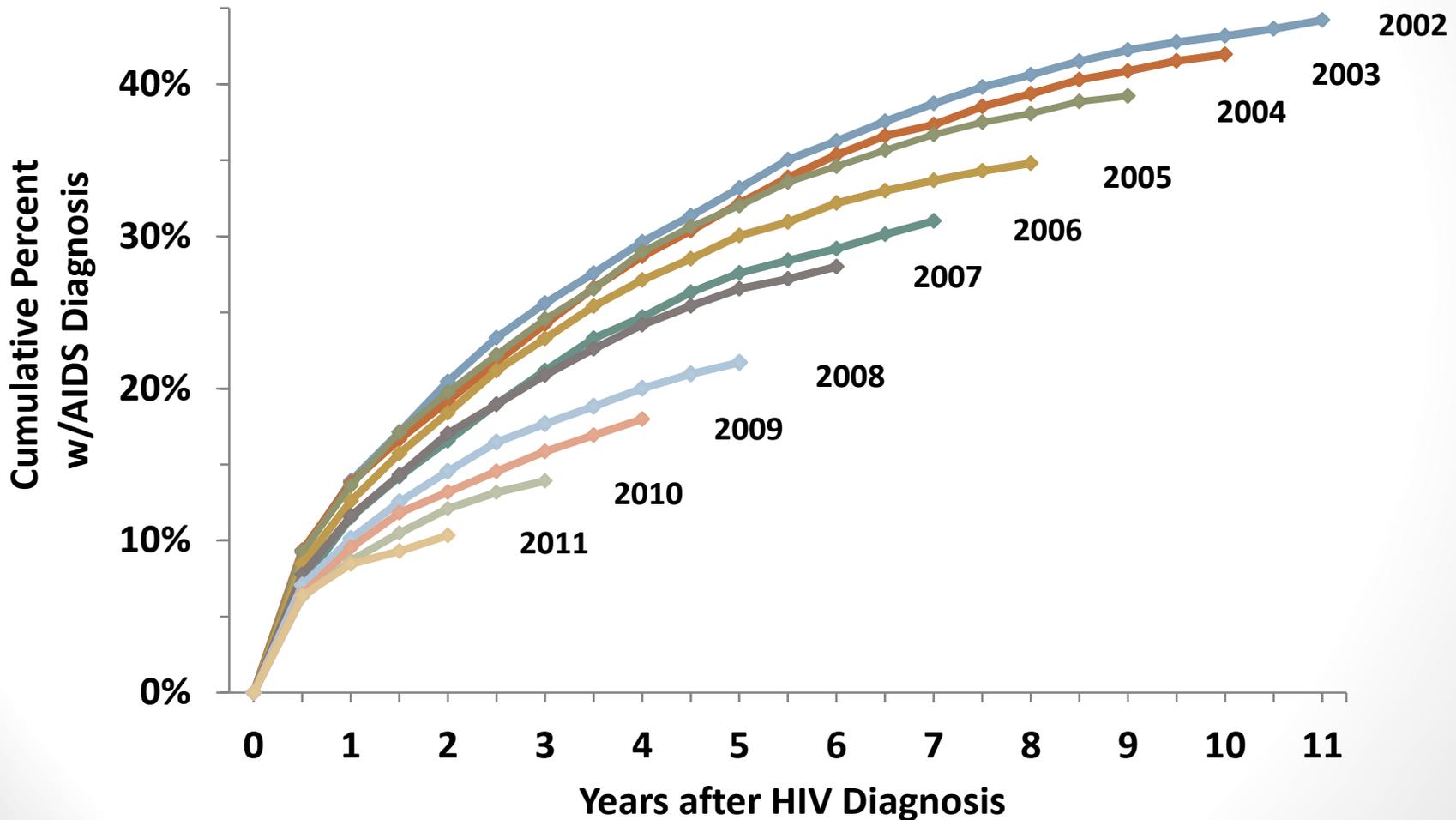
- Reduce from 3,000 to 750 new HIV infections per year by 2020.
- Decrease the number of New Yorkers living with HIV for the first time.

Reduce by 50% the rate at which persons diagnosed with HIV progress to AIDS within two years.

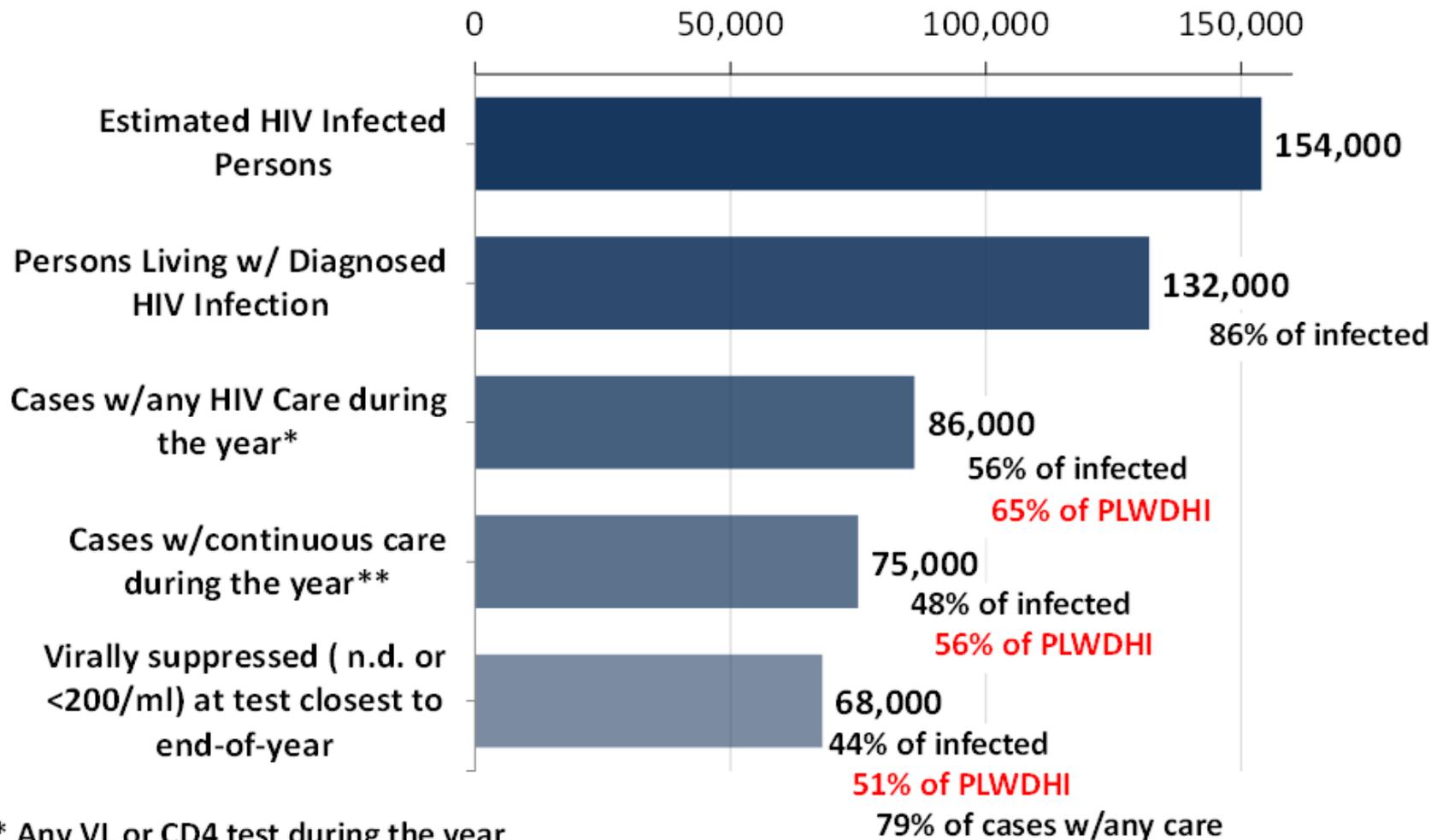
Newly Diagnosed HIV Cases New York State, 2002-2012



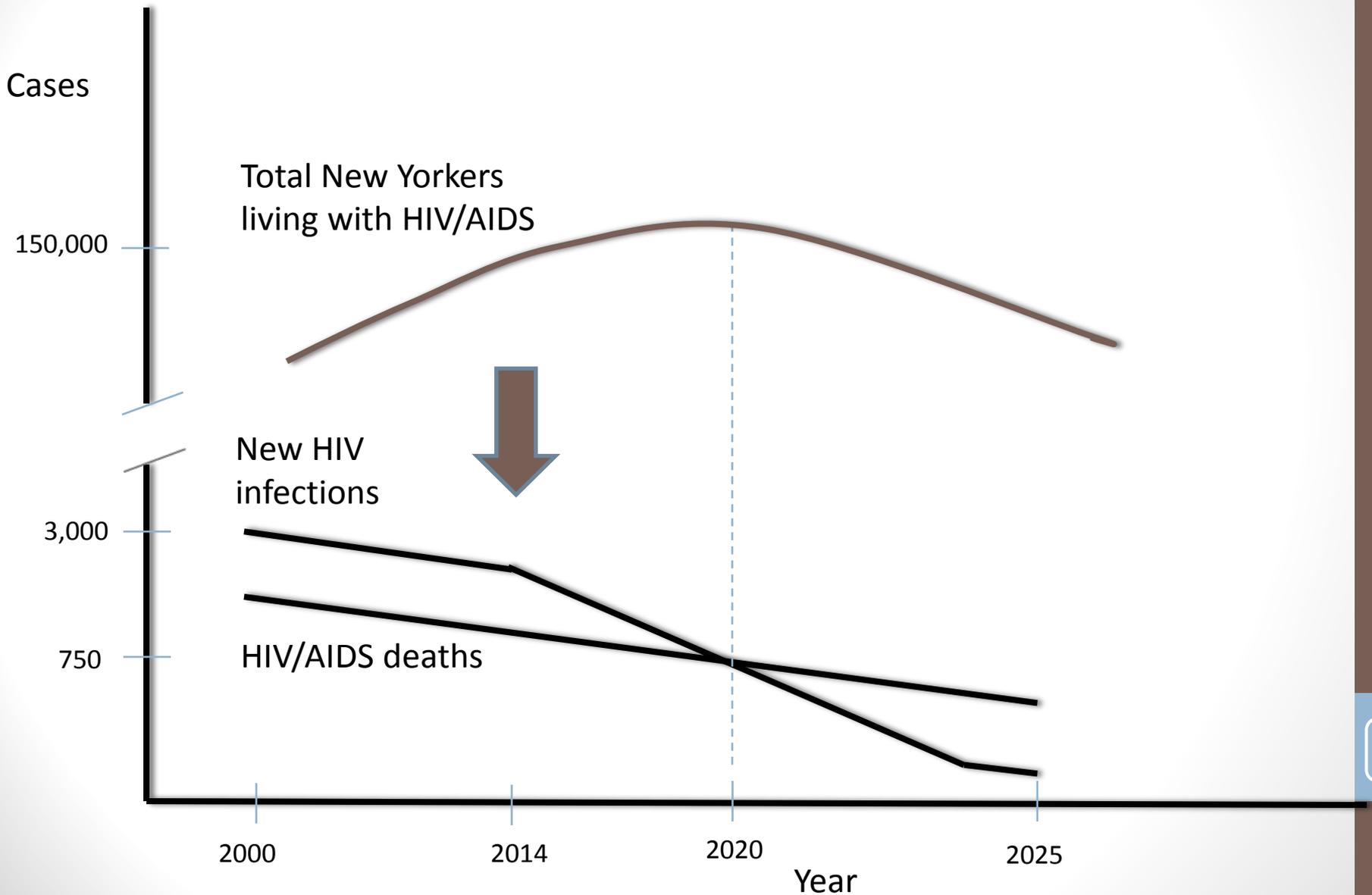
Time to AIDS Diagnosis for New HIV Cases That Were Not Concurrent HIV/AIDS Diagnoses, NYS by Year of HIV Diagnosis

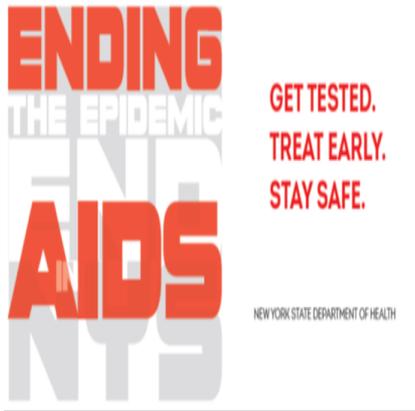


Cascade of HIV Care New York State, 2012



Bending the Curve





On January 13, 2015 the NYS Ending the Epidemic Task Force completed its charge and finalized 44 committee recommendations that address HIV related prevention, care and supportive services.

2015

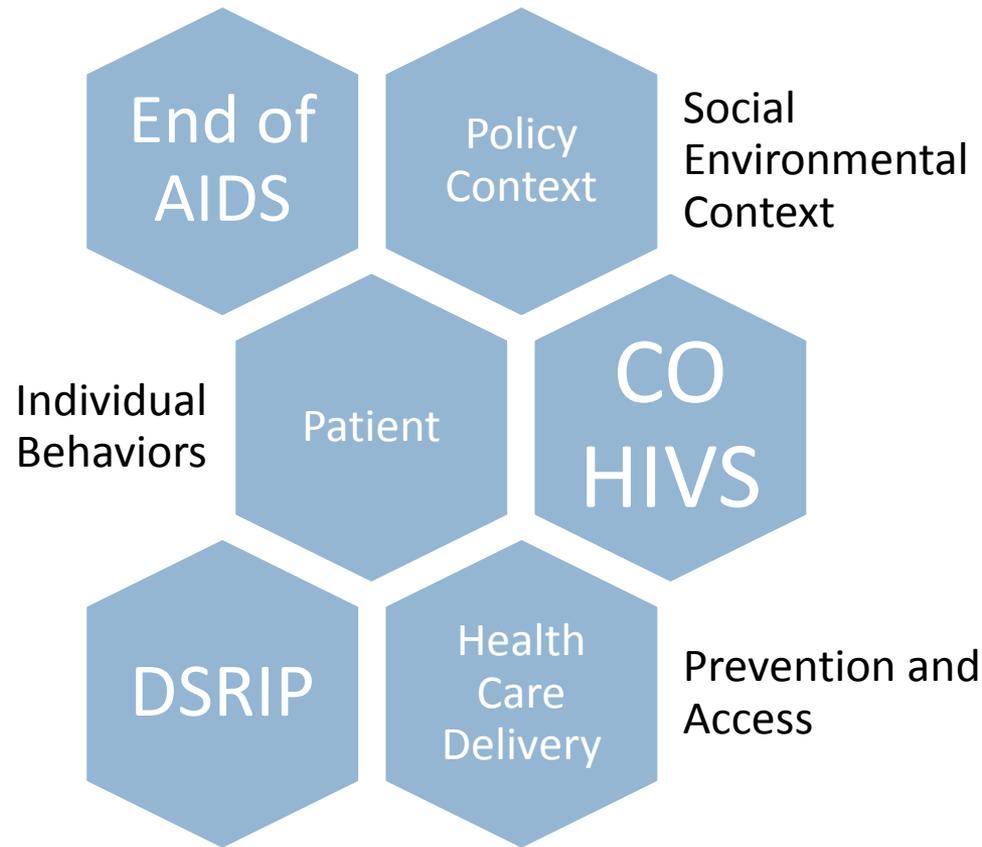
BLUEPRINT

For achieving the goal set forth by Governor Cuomo to end HIV as an epidemic in New York State by 2020

Committee Recommendations were informed by 294 community recommendations and 17 statewide stakeholder meetings.

The final Blueprint will contain 30 Blue Print Recommendations and 7 Getting to Zero Recommendations.

Landscape of Influence on HIV Prevention and Care at HHC



Movement to Patient-Centered Care

Then:

- Before 1980 and AIDS, we might have discussed **what the provider would do for the patient**

Now:

- **HHC HIV Care embodies the work of Ending AIDS.** It builds on the patient as an actor on their own behalf to actively support the design and implementation of strategies to manage their health along with the healthcare team

Movement to Patient-Centered Care (cont.)

- The patient is the core of a multi-dimensional approach to healthcare using an interdisciplinary team (internal and external to HHC)
- This approach strengthens the ability to notice, understand and address social determinants of health and requires a common EHR
- This HIV work addresses the:
 - Landscape of HIV prevention and care
 - Triple AIM in HIV care
 - Ending AIDS and DSRIP

Within HHC:

Targets for Ending AIDS

1. Diagnose the undiagnosed

- Integrated HIV screening using 4th generation technology, allowing for acute HIV diagnosis

2. Link and retain diagnosed patients in care with maximal viral load suppression

- Part of the ongoing QI work of HIV Services including participation in NY Links

3. Access to Pre-Exposure Prophylaxis (PrEP) for high-risk negatives to decrease possible transmission

- Will include Post Exposure Prophylaxis (PEP)

DSRIP Domain 4 HIV Projects

- 1. Integrate HIV screening** – Improve linkage, transition counselors to Linkage Coordinators and work with CBOs and providers
- 2. PrEP** - establish standard protocols
- 3. Peer Support** - using model structure from NYLINKS special project of national significance
- 4. Consistent Messaging and Social Marketing** - Consistent messaging to improve patient education, and social marketing with DOHMH to increase linkage and engagement in care

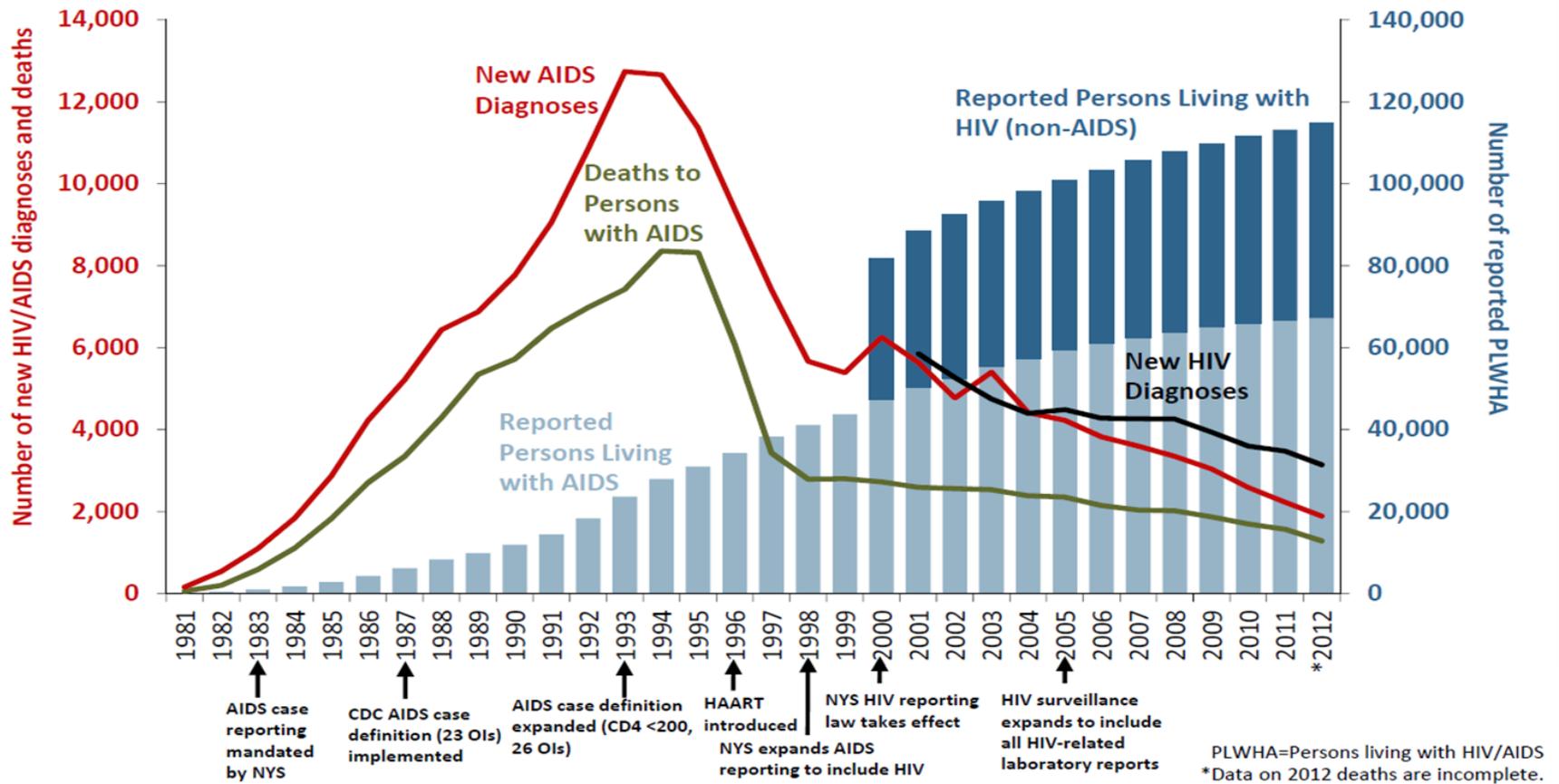
DSRIP Domain 4 HIV Projects (cont.)

- 5. Virology FastTrack Plus** – Improve patient screening for co-factors using a CDC supported EMR clinical alert/review system
- 6. Improve Cultural Competency** – multi-layered integrated process, will include emphasis on building skills related to care for MSM and transgender populations and improving ability of Providers to effectively capture sexual history

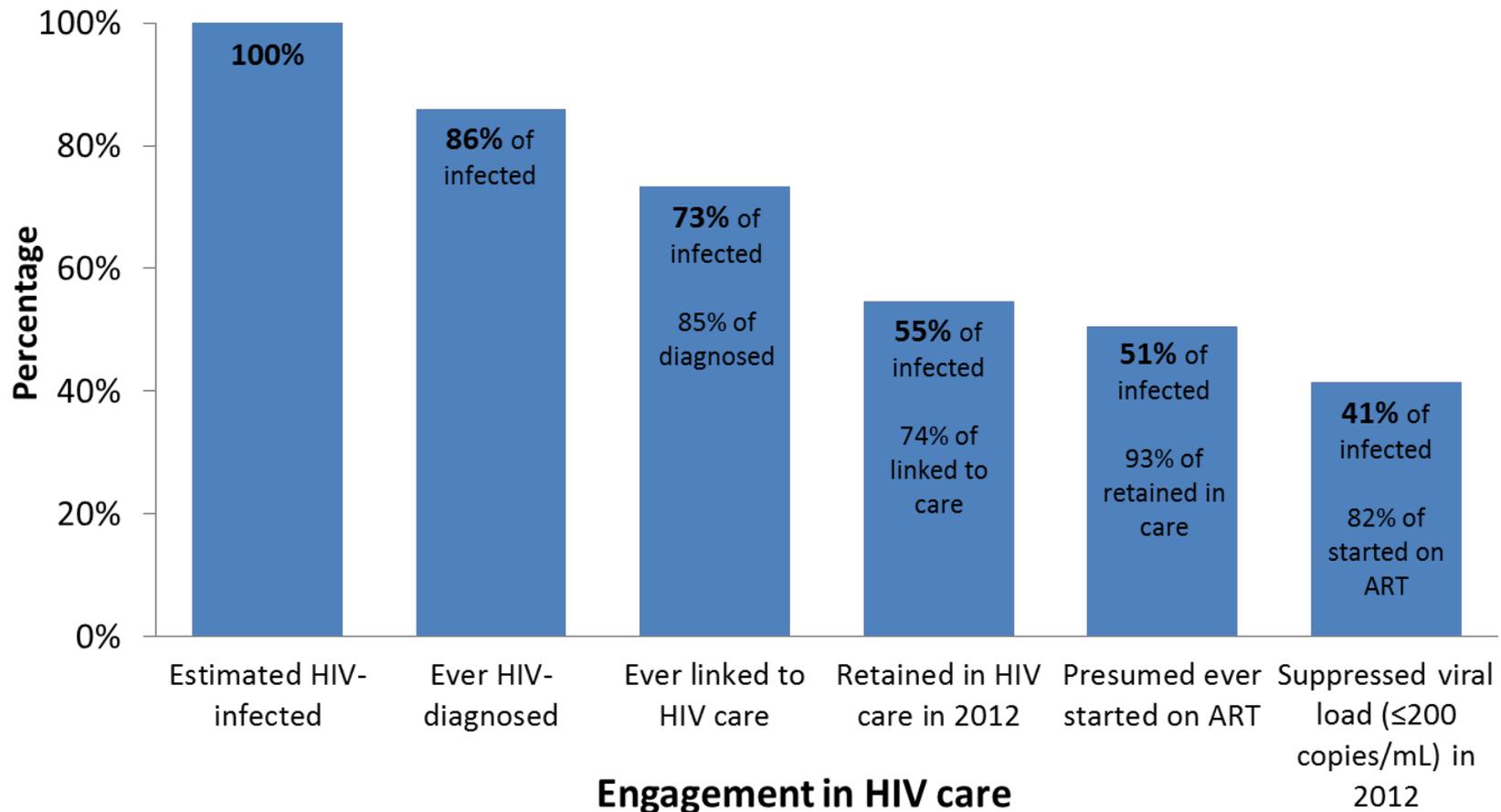
Partnerships to Reach End of AIDS and DSRIP Goals

- Work within HHC, the departments of health, other hospital systems, CBOs, and community providers on care and prevention
 - **Care:** Virology Fast Track (Domain 4 DSRIP), PrEP, NY LINKS and Village Care (linkage and retention), PCDC (transition HIV Counselors), EoE
 - **Prevention:** Integrated Screening, Social Marketing, Cultural Competency (Domain 4 DSRIP), NBLCA, EoE

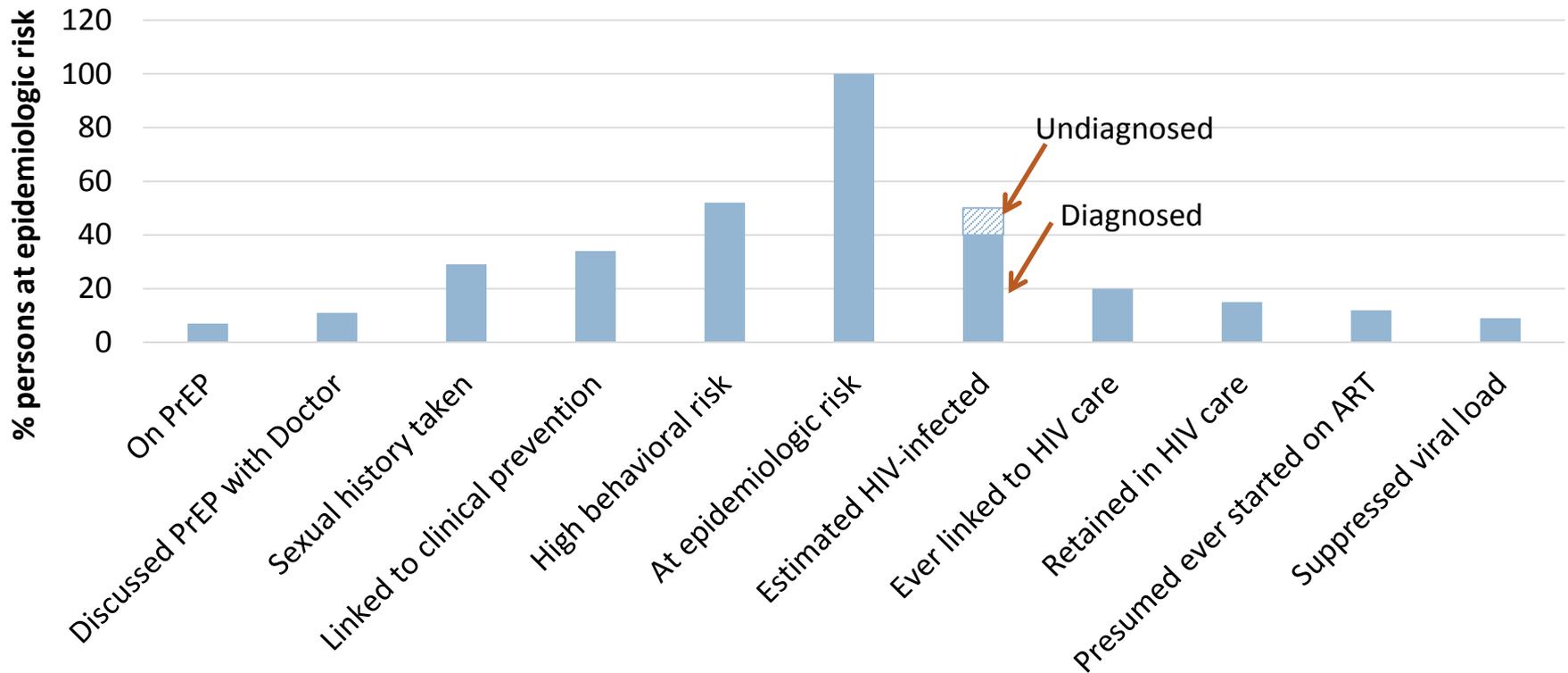
The NYC HIV/AIDS Epidemic 1981-2012



NYC Continuum of Care for People With HIV



The New HIV Neutral Continuum of Care



HIV CARE AND PREVENTION ARE THE SAME=GETTING TO HIV NEUTRAL

Emphases and Partnerships

DOHMH Emphasis

- NYC Testing Initiatives - the Bronx Knows, Brooklyn Knows, New York Knows
- Linkage to Care
- Engagement in Care
- Viral Load Suppression
- PrEP and PEP detailing
- Care Continuum Dashboards

Partnerships with HHC

- HIVS staff - co-chair and on Steering Committees for the Bronx and Brooklyn Knows
- Care Coordination
- Patient Education and Social Marketing
- Provider and Staff Education
 - PrEP
 - Cultural Competency

EoE: Identify Persons with HIV & Linkage to Care

- NYC testing initiatives — the Bronx Knows, Brooklyn Knows, New York Knows
- Field services unit and partner services ('13)
 - 96% patients interviewed linked within 3 months
 - 271 patients lost-to-follow up re-engaged in care
- Antiretroviral treatment and access to services
 - Individual-level, multi-session, time-limited intervention to link to medical care



EoE: Retention in Care & Viral Load Suppression

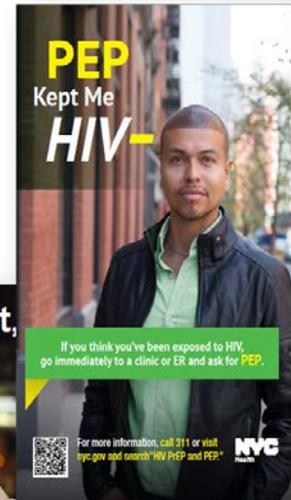
Programs:

- Care coordination
- Non-medical case management
- Housing support
- Food and nutrition services
- Harm reduction, recovery readiness and relapse reduction
- The Positive Life Workshop
- Care status reports
- Care continuum dashboards



EoE: Primary Prevention & Pre-Exposure Prophylaxis

- MSM city health information bulletin
 - Ask about sexual behavior
- NYC condom availability program
- Trans health guide
- PrEP and PEP
 - Increasing awareness
 - Detailing (360 practices; 800 providers)
 - Implementation workshops



EoE = HIV Testing + PrEP + Linkage to Care + Engagement in Care + Viral Load Suppression

- **HIV Testing:** Empower healthcare and community partners to make this their mission!
- **PrEP Drug and Care Assistance:** Depends on uptake and adherence, requires resources for BOTH drug access AND supportive medical, social, and behavioral services
- **The Hierarchy of Needs:** Resources to support housing for expanding circle of PLWH, food access, harm reduction, mental health, and substance use

Maintenance is Key: LtC+EiC+VLS

- **LtC+EiC+VLS:** Ending AIDS means maintaining the health of our population living with HIV.
 - Promote and support linkage to care (LtC)
 - Maintain and strengthen engagement in care (EiC)
 - Build to and maintain Viral Load Suppression (VLS) with innovative approaches

We must expand and innovate existing structures that support care, even when we reach the End of the Epidemic goals

EVERY END IS JUST A NEW BEGINNING

Thank you

- **Dan O'Connell**

Director, AIDS Institute, New York State
Department of Health

- **Demetre Daskalakis, MD**

Assistant Commissioner, Bureau of HIV Prevention
and Control, New York City Department of Health
and Mental Hygiene

- **Terry Hamilton**

Assistant Vice President Corporate Planning Service
and Director of HIV Services, HHC