

Design Grant Questionnaire

Please answer each of the following questions thoughtfully and concisely. Note that you will only be able to enter your responses within the grey form fields, and that many, if not all, of these forms have word limits.

Contact Information

Please provide contact information for the individual completing this questionnaire. Note that as this questionnaire will be used to assist NYS DOH in determining whether your PPS will receive the second design grant award payment, please note that the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel.

Date: 10/15/14

Provider Name: SBH Health System

Contact Name: Leonard Walsh

Contact Email: lwalsh@sbhny.org

Contact Phone: (718) 960-6561

PPS Status

The following questions relate to whether your PPS is continuing to finalize formation, and intends to complete your own DSRIP Project Application due on December 16, 2014.

- 1) Does your PPS plan to submit a DSRIP Project Plan application as a standalone PPS on December 16, 2014? If your PPS does not intend to continue operating as standalone PPS (e.g., your PPS has dissolved due to merger with another PPS or has decided to cease participation in the DSRIP program), your answer to this question should be 'No'. If 'Yes', please skip the next two questions and complete the rest of the Design Grant Questionnaire. If 'No', please continue to the next question in this section. (3 character limit)

Yes

- 2) Is your PPS merging with another PPS? If yes, please explain in detail your plan to integrate and support the merged PPS (e.g., please describe specific projects and activities). If awarded a second design grant payment, please provide a narrative explaining your intentions with the funding awarded. If your PPS is not merging with another PPS and is planning to cease participation in the DSRIP program, please answer 'No' to this question and answer the next question. (3,000 character limit)

No

- 3) If your PPS has elected to cease participation in the DSRIP program, please provide an explanation as to why your PPS has made this decision. (3,000 character limit).

Not applicable.

Note: If your PPS has elected to merge with another PPS or has elected to cease participation in the DSRIP program as a standalone PPS, please contact the NYS DOH for further discussion.

Award Letters Conditions

The following questions relate to award conditions stated on the August 6, 2014, if applicable to your PPSs.

- 1)** Did your award letter include a condition which must be addressed prior to receiving the second award payment? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue onto Question 2. If 'No', please move onto Question 3. (3 character limit)*

Yes

- 2)** Have you addressed your award condition? Please describe the steps taken to address the award condition. *(2,000 character limit)*

Our Award letter included the following conditions: Discuss geographic overlap with other PPS and ensure that the PPS is financially sustainable. The first condition has been addressed through our efforts to collaborate with the other regional PPS. Our collaboration efforts including the development of our Community Needs Assessment with HHC, Bronx Lebanon and NYCPP has been successful. More recently, we have held a joint clinical planning meeting with HHC the week of October 6th to collaborate on Domain 2 & 3 projects. Additionally, BPHC is supporting the borough-wide and NYC Domain 4 population health initiatives. The second condition will be met with the submission of the Financial Stress Test document.

- 3)** If you have not fully addressed your award condition, please provide an explanation as to why the condition has not yet been addressed, and plans to satisfy the condition prior to November 3, 2014. Please also reference communication you have had with NYS DOH about this condition to date. *(2,000 character limit)*

Not applicable.

Network updates and attestation

The following questions relate to compliance regarding each PPSs DSRIP Network Tool submission and attestation and data sharing requirements.

- 4) A.** Has your PPS met the October 1, 2014 deadline to update your partner organization list using the DSRIP Network Tool? *Please answer with either 'Yes' or 'No'. If 'Yes', please continue on to Question 5. If 'No', please move onto Question 4B. (3 character limit)*

Yes

B. If you have not met the deadline, please provide an explanation as to why this deadline has not been met and what your plans are to remediate. (2,000 character limit)

Not applicable.

- 5) A.** Has your PPS maintained a file of signed partnership agreements from all partner organizations, which can be made available to the State and/or CMS upon request? *If 'Yes', please continue on to Question 6. If 'No', please move onto Question 5B. (3 character limit)*

No

B. If you have not completed this requirement, please provide an explanation as to why it has not been completed and provide your plan to remediate. (2,000 character limit)

We have been securing and maintaining original signed and notarized letters of consent from our 160+ PPS partners. We have asked our partners to submit this letter to us no later than October 24th, 2014. The letter indicates their acknowledgement of SBH Health System as the lead applicant of Bronx Partners for Healthy Communities. It attests to their intent to participate in our PPS. Additionally, their signature allows us to list their organization as a partner on BPHC DSRIP related documents. Our final PPS submission on November 24th, 2014 will only include those organizations/providers that have submitted an original, signed and notarized form.

- 6) A.** Has your PPS executed a Data Exchange Application and Agreement ("DEAA") with the State for data available in the DSRIP portal, and any data sharing outside of the portal? *If 'Yes', please continue on to Question 7. If 'No', please move onto Question 6B. (3 character limit)*

Yes

B. If you have not completed the above, please provide an explanation as to why these activities have not been completed and provide your plan to remediate. (2,000 character limit)

Not applicable.

Contract attachments

The following questions relate to contracts submitted to NYS DOH by PPSs regarding renewed grant amounts, for which PPSs were required to resubmit to NYS DOH with the updated grant amounts.

- 7)** Has your PPS returned all contract attachments that need to be completed? If not, please provide a brief status update on your current progress and remediation steps. The required attachments are listed below for your reference. (2,000 character limit)

- **APPENDIX A** - Standard Clauses as required by the Attorney General for all State contracts
- **STATE OF NEW YORK AGREEMENT**
- **APPENDIX B-3** - Award Letter
- **APPENDIX B-2** - Webinar 1 and 2
- **APPENDIX B-1** - Questions and Answers 1 and 2
- **APPENDIX C** - Proposal

- **APPENDIX E-1** - Proof of Workers' Compensation
- **APPENDIX E-2** - Proof of Disability Insurance Coverage
- **APPENDIX H** - Federal Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("Agreement")

Yes

Community Needs Assessment

The following questions address your PPSs progress in completing your Community Needs Assessment ("CNA").

- 8)** Please provide a status update on your CNA's progress versus the timeline stated on your design grant application. *(2,000 character limit)*

A preliminary draft of the CNA was presented to the Joint CNA Steering Committee in early September. The final draft of the CNA by NYAM was completed on September 26th, 2014.

- 9)** Please describe your stakeholder and community engagement process. *(2,000 character limit)*

BPHC contracted with New York Academy of Medicine (NYAM) to complete a Bronx-wide CNA. The CNA was governed & monitored by our Steering Committee consisting of representatives from each of the following emerging PPSs: AW Medical; The New York City Health & Hospitals Corporation including representatives from their central office, Jacobi Medical Center & Lincoln Medical Center, Bronx Lebanon Hospital Center, and SBH Health System. NYAM utilized both primary and secondary data collection and analyses to inform the CNA. To ensure the perspective of community members and stakeholders was incorporated into the reported findings and to respond to specific questions that could not be sufficiently addressed through secondary source data alone, NYAM collected and analyzed primary data, including 24 key informant interviews (involving 30 individuals), 21 focus groups with community members and other stakeholders, and approximately 600 community surveys.

- 10)** Please describe your needs assessment methodology, specifically regarding data collection and reporting. *(2,000 character limit)*

NYAM developed the primary data protocol in collaboration with the PPSs using standard research methods consistent with DSRIP CNA guidance. Key Informant interviews, focus groups, and survey questions focused on community conditions conducive to health promotion, primary health concerns, available programming and services, disparities in access and use, and recommendations regarding strategies to promote improved health. NYAM collected this data, after IRB approval, in partnership with numerous community organizations, which were identified in collaboration with PPS representatives and represented a range of populations, e.g., older adults, immigrant populations, and people with disabilities, and neighborhoods. NYAM also used street outreach for survey administration, focusing on neighborhoods identified as having large numbers of Medicaid and/or uninsured populations. The data collection materials were translated into ten languages. Socio-demographic characteristics of survey respondents included: 48% Black/African American, 38% Latino, 10% Asian, 43% foreign born, 12% limited English proficient, 78% living below the poverty line, 52% on Medicaid and 12% uninsured. The mean age of respondents was 46, with a

range of 18 to 95. The NYAM team analyzed the data using standard qualitative and quantitative methods; they have reported common themes, as appropriate, throughout the report. NYAM also conducted a review of secondary source data, including an analysis of more than 70 data sets, and a review of the literature, including existing hospital community health needs assessments and community reports.

11) Please describe any challenges and/or significant deviations encountered during the completion process of your CNA. *(2,000 character limit)*

The biggest challenge was the tight timeframe that was allotted to the completion of the CNA.

Cultural Competence and Health Literacy

The following questions address your PPSs progress achieving cultural competence and improve health literacy.

12) Please provide a status update on your process to identify cultural competence challenges and achieve a culturally competent organization that targets the needs of your community. *(2,000 character limit)*

According to the CNA, a major health challenge in the Bronx is that more than half of the population speaks a language other than English, many of whom are immigrants with cultural challenges to health care access (33%). While the population of the Bronx grows increasingly diverse, the Medicaid population ranks highest in NYC for rates of potentially preventable inpatient admissions and second for preventable ER visits. The relationship between the growing culturally diverse population and poor health outcomes was recognized as a growing challenge, when in 2011, SBH Health System, the lead applicant in the developing Bronx Partners for Healthy Communities PPS, created a major ongoing intervention to promote greater cultural competency among the workforce. During this time, twelve (12) diversity events have been developed by a task force to educate and empower the staff with enhanced cultural perspective. These events range from a celebration of the Puerto Rican culture to a new LGTB sub-committee working to translate the needs of this population to the staff. The recently distributed BPHC workforce survey contains an assessment of the cultural competency accomplishments, needs and challenges of our partners. This will determine the major needs within our PPS, and allow us to leverage what SBH and others have done to promote cultural competence. It is the expectation that standards of cultural competency will be part of the PPS, and that training programs to promote these standards will be part of the workforce strategy, potentially in collaboration with the 1199 Training Fund. It also should be noted that the need for a culturally competent staff has been raised in many clinical committees, providing further emphasis and support for investing in this critical need.

13) Please provide a status update on your approach to improving the health literacy of patients who will be served by your PPS. *(2,000 character limit)*

The workforce development work group, representing 12 of our partner organizations and three members of 1199 (an organizer and two Training and Employment Fund members) has embraced health literacy as a critical element of the workforce strategy. As with cultural

competency, the recently distributed BPHC workforce survey contains an assessment of the health literacy needs of patients and staff in our partner organizations. It also asks our partners to identify the challenges and successes they encountered as they worked to improve health literacy among the populations they serve. Because health literacy issues are widespread and affect a large part of the population in the United States, HHS is spearheading a national action plan to improve health literacy. It is the intention of BPHC to rely on this plan, along with our local findings and resources to build our health literacy platform. We have some initial plans to promote health literacy in place. We know that health literacy goes beyond basic literacy skills and includes knowledge of health topics. The health hub on our soon to be launched web site will contain patient education materials written in plain language, void of jargon and designed to engage patients with limited health literacy. We will be using members of the community in focus groups to provide feedback so we can make changes before this information is published.

Project Advisory Committee

The following questions relate to your activities in forming your Project Advisory Committee (“PAC”), structure of your PAC, activities undertaken, and future plans.

- 14)** Please provide a status update of PAC activities to date. For example, please address PAC projects and activities undertaken, as well as frequency of PAC meetings. *(2,000 character limit)*

There are three committees comprising our PAC: the Steering Committee (SC), Business Operations Committee (BOC), and Clinical Delivery & Program Planning Committee (CD/PP). These committees are comprised of representatives from 20 different organizations and have met a total of nine times since the submission of our Design Grant Application. The full PAC has been convened twice. The SC has met twice, the BOC has met twice, and the CD/PP has met three times. The SC has established guiding principles for all work processes and products of the PPS. The SC is tasked with reviewing and finalizing every key deliverable that has been produced during the BPHC planning process and will continue to do so at their currently scheduled meetings on October 16th and 29th. The SC is overseeing the completion of the final Project Plan and reviews and approves all reports and recommendations from the CD/PP and BOC. Additionally, the SC will approve the BPHC communication and stakeholder engagement strategy. The BOC is establishing a planning process to develop central business organizational requirements; this includes an HIT infrastructure and operating plan, a workforce development strategy, a data collection and analytics plan, a rapid cycle evaluation and improvement plan, a multi-level budget including funds flow, and a financial sustainability plan. The BOC oversees three work groups. They have approved work plans prepared by the work groups and presented them to the SC for approval. The CD/PP oversees four work groups. Additionally, they have identified evidence-based clinical interventions, reviewed the CNA, developed content for the final Project Plan, and are creating a continuous quality improvement plan. The CD/PP will present their final work group project plans to the SC for approval.

Governance Structure

The DSRIP FAQs contain specific guidance such as ensuring the Governing Committee is regionally representative, includes subject-matter experts, and includes union and worker representation, among

other recommendations. Please ensure that you address each of the suggestions in the FAQs. The following questions relate to the structure of your Governing Committee.

- 15)** The DSRIP FAQs and the design grant application provide direction on how to form PACs using an alternate structure. Specifically, PPSs are encouraged to form a smaller Governing Committee of no more than 25 members, which is then supported by subcommittees. How many representatives comprise your PPSs Governing Committee? *(10 character limit)*

Twelve

- 16)** Please list all of the subcommittees that fall under your Governing Committee, and briefly explain how the Governing Committee and sub-committees currently collaborate within your PAC structure. *Please list your subcommittees in the table below and provide your collaboration explanation in the text field below the table. (2,000 character limit)*

#	Subcommittee
1	Business Operations Committee
2	Clinical Delivery & Program Planning Committee
3	Care Management and Care Transitions Work Group
4	CVD/Asthma/Diabetes Work Group
5	Primary Care and Behavioral Health Integration Work Group
6	Population Health Work Group
7	Finance Work Group
8	IT & Analytics Work Group
9	Workforce Development Work Group
10	
11	
12	
13	
14	
15	

The governing committee which is currently the Steering Committee (SC) collaborates with the subcommittees through an approved hierarchal structure. The Business Operations Committee (BOC) has three work groups (Finance, IT & Analytics, and Workforce Development) while the Clinical Delivery & Program Planning Committee (CD/PP) has four work groups (Care Management & Care Transitions, CVD/Asthma/Diabetes, Primary Care & Behavioral Health Integration, and Population Health). These work groups that have met a total of 17 times since July 2014 are comprised of 113 individuals from 45 different organizations. The clinical work groups have developed project plans which will be submitted to the CD/PP for review and approval. The Business Operations work groups are developing IT & analytics, financial and workforce strategies to support the clinical project plans which will be submitted to the BOC for review and approval. These project plans and strategies are then reviewed and approved by the Steering Committee.

Design Grant Funding Spend

The following questions address how your PPS has spent the first payment of design grant funds and plans for the second payment. NYS DOH is interested in determining whether your PPS has spent the funds in accordance to what was submitted in the design grant application, and ensure PPSs are on track to finalize their Project Application. You are not expected to provide a detailed list of funds spent.

- 17)** Please provide an overview of how the first grant payment was used to assist your PPS during the design phase in preparing for your Project Application. Please ensure your response addresses the budget and narratives submitted in your design grant application. *(2,000 character limit)*

The first \$250,000 payment that SBH Health System, as lead applicant, received from the planning grant award was used to pay for a portion of legal and consulting costs to Manatt as well as hire permanent Project Management Office (PMO) staff. In May 2014, SBH engaged Manatt to assist management with developing the DSRIP design grant application and to work with SBH and its partners, including Montefiore Medical Center, to build a PPS infrastructure that brings together a broad range of Bronx healthcare providers. Led by reputable partners within Manatt's healthcare division as well as policy, care management and financial advisors, Manatt was immediately endorsed by all members of Bronx Partners for Healthy Communities PPS. Through Manatt, SBH worked closely with its BPHC partners to establish a work plan, clinical program selection criteria and a governance framework around the planning process. These collaborative efforts are demonstrated in the planning process where 113 individuals from 45 organizations are involved. Nearly \$1 million was incurred by SBH from May through July. As put forth in the planning grant application and, in order to properly orchestrate this collaboration, BPHC / SBH expects to incur \$3.5 million in resources to address key issues within the planning process such as governance, financial modeling, clinical project planning, Information Technology, community needs assessment and establishing an innovative administrative workforce. In addition to Manatt, other costs incurred during the initial months of the planning period were data analysts, strategic initiative consultant, a Bronx-wide community needs assessment through the New York Academy of Medicine, and the establishment of an internal Project Management Office (PMO). Other Bronx-related PPS are participating in this engagement with NYAM including Bronx Lebanon, NYC Health and Hospitals Corporation, and AW Medical office.

- 18)** Please provide a percentage estimate of how much of the design grant award first payment has been spent to date. *(4 character limit)*

100%

- 19)** Please describe any challenges and/or significant deviations encountered since you submitted your design grant application, as well as how they were addressed. *(2,000 character limit)*

The two biggest challenges have been securing funds to do comprehensive planning and the logistics of coordinating the schedules of many different partners during the planning process. SBH received the initial \$500,000 planning grant, but this was a small percentage of the funds that are actually required to do the level of planning that we believe is necessary and that was outlined in our Planning Grant Application. On September 10, 2014 SBH submitted a request for additional funds and was notified on September 26, 2014 that we would be eligible to receive an additional \$500,000 with the successful completion of the Midpoint Assessment Questionnaire.

We are very grateful for these funds. The desire to involve over 113 individuals from 45 different organizations in the planning process required a great deal of coordination efforts. We believe, however, that these efforts paid off. The attendance and participation in the work group meetings have been much greater than we ever expected. This is a testament to the fact that Bronx health and social service providers believe in and are committed to this level of transformation. We believe that this "inclusive" planning process will lead to a more successful implementation.

20) What projects and activities will the second award payment be used for, if applicable? (2,000 character limit)

The second award payment that is anticipated in early November will be mostly applied to the costs as detailed in question 17 above. The activities being orchestrated through Bronx Partners for Healthy Communities during the past two months have been more substantive and detailed. This is resulting in a new set of costs being incurred as reflected in the planning grant application. Two subcommittees of the BPHC Steering Committee have been established; (1) Business Operations and (2) Clinical Delivery and Program Planning. Within the Business Operations Committee are three workgroups including Finance, IT / Analytics and Workforce Development. These subcommittees and workgroups meet regularly and are represented by the member organizations within the PPS. Supporting these committees, in addition to Manatt, is the establishment of the BPHC Project Management Office. Through September, BPHC / SBH filled 5 positions within the Project Management Office. These roles include Director of IT and Analytics, Director of Collaboration, Chief Medical Officer, Workforce Liaison and a Program Coordinator. In October, the Executive Director will be in place along with various support functions including web designer and administrative staff. As included in the operating budget in the planning grant application, personnel costs under BPHC Project Management Office will exceed \$1.1 million. The second payment and any other potential awards through the DSRIP planning process will be applied to these consulting and personnel costs accordingly.

21) Please list all DSRIP projects that are either confirmed or currently still being considered for implementation by your PPS. Indicate the statuses of each by selecting either "Confirmed" or "Considered" from the drop-down list under the Status column. (Minimum five projects, maximum fifteen in cases where multiple proposals are still being considered.)

#	DSRIP Project	Status
1	2.a.i	Confirmed
2	2.a.iii	Confirmed
3	2.b.iii	Confirmed
4	2.b.iv	Confirmed
5	3.a.i	Confirmed
6	3.b.i	Confirmed
7	3.c.i	Confirmed
8	3.d.ii	Confirmed
9	4.a.iii	Confirmed
10	4.c.i	Confirmed
11		Select One
12		Select One

13		Select One
14		Select One
15		Select One

Completion

Please select "Yes" or "No" from the check box provided and in the space provided, input the name of and title of the person making this certification. As stated in the introduction of this questionnaire, the individual certifying this questionnaire should be the CEO, CFO or comparable level personnel. An electronic signature below is sufficient; a signed and dated copy is not required.

I hereby certify that the information and data on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of my responses.

Name: Leonard Walsh

Title: EVP & COO

Check box with yes or no: Yes: | No