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## COMMUNITY BOARD NO. 2, MANHATTAN

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### Human Services

The Human Services Committee of Community Board No. 2, Manhattan held its regular monthly meeting by Zoom on September 30, 2021, at 6:30pm.

Committee Members Present: Susanna Aaron, Chair; Adam Zeldin, Vice Chair; Ivy Kwan Arce; William Benesh, Keen Berger, Ritu Chattree, Wayne Kawadler

Committee Members Absent With Notice: John Paul Deverna

Public Members Present: Rachel Yarmolinsky

Other CB2 Members Present: Michael Levine, Lois Rakoff

CB2 Staff Present: Bob Gormley, District Manager

#### Agenda:

1. Presentation by Gotham Health about Judson Clinic (The Pride Health Center), a health clinic at 34 Spring St.

#### Panelists:

Donna Cox, Community Liaison for Gotham Health, a division of NYC Health and Hospitals (H+H).

Alexander Klein, Assistant Director at Judson Health Center (JHC) and Gouverneur Health's Specialty Medical Clinics

#### About Judson Health Clinic

“The New York City Health and Hospitals Corporation (NYCHHC), branded as NYC Health + Hospitals (H+H), operates the public hospitals and clinics in New York City as a public benefit corporation.”<sup>1</sup>

<sup>1</sup> The Judson Health Clinic (JHC) is part of H+H's Gotham Health division, which was formed in 2015 “to address the primary care needs of families and individuals in their own neighborhoods”<sup>2</sup> through the operation of local clinics. H+H/Gotham is the largest collection of Federally Qualified Health Centers (FQHC) in the United States. Its mission is to provide care to anyone regardless of his or her ability to pay. Fees are on a sliding scale, health insurance is accepted but not required, and financial counseling determines rate of payment. Financial counseling also assists patients with enrollment in healthcare insurance plans. H+H/Gotham operates 60 or so sites across New York City. For a list of the larger ones, please see <https://www.nychealthandhospitals.org/gotham-health-centers/>

Gotham Health has no direct reporting relationship to the NYC Department of Health and Mental Hygiene (DOHMH). Judson is on Gouverneur Health's NYS Department of Health (DOH) Operating Certificate as an Article 28 site, and is subject to survey by the New York State DOH. As an FQHC, it is subject to survey by US Health Resources and Services Administration (HRSA).

<sup>1</sup> [https://en.wikipedia.org/wiki/NYC\\_Health\\_%2B\\_Hospitals](https://en.wikipedia.org/wiki/NYC_Health_%2B_Hospitals)

<sup>2</sup> <https://www.nychealthandhospitals.org/gotham-health/>

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Judson Health Center (JHC) was founded in 1921 and was originally sited in the basement of Judson Memorial Church before moving to Thompson Street and finally to its current location at 34 Spring Street in 1950.

### Services

The clinic serves patients aged 11 and up and provides primary care services. These include annual “check-ups”, including bloodwork and immunizations; preventive care and management of chronic conditions such as diabetes, asthma, and high blood pressure; referrals to specialists; contraceptive care, Pap smears, testing and treatment for sexually transmitted infection; PrEP/PEP for prevention of HIV; and others. Care is taken to track patients and monitor their care.

In addition to primary care, JHC runs two additional programs. The Pride Clinic addresses the needs of the LGBTQ+ community in areas that include peer mentorship, behavioral health services, ~~gender-affirming hormone therapy, and referrals to different community resources.~~

The Bridge Program is designed for the “emerging adult” population of adolescents transitioning into adulthood and independence – who may no longer qualify for their parents’ health insurance, or who might otherwise lose a connection to healthcare.

The clinic does not have a special division for geriatric care, but treats many elderly patients. It does not offer full-spectrum case management, but patients in its Pride Clinic and Bridge Program, for example, often see both a medical and a mental health provider, frequently on the same day.

~~Unlike an Urgent Care facility, Judson is part of a public network whose main source of revenue is funding from NYC H+H.~~ Judson is also intended for “longitudinal” rather than for “snapshot” care. Whereas a patient might turn to an Urgent Care facility for an ailment that is occasional, and to an emergency room for more serious one-time events, Judson is a primary care provider that will work on long-term prevention and treatment with patients, for example managing diseases such as diabetes. It aims to replace the use of emergency rooms as stopgap primary care providers.

The clinic is staffed with four full-time primary care providers; three full-time social workers; ~~how many?~~two part-time psychiatrists; and accompanying nurses and clerical staff. First-time patients enroll with the clinic, select a provider, and schedule an appointment to return for their first examination.

~~Each full-time provider at the clinic carries a patient load of about 1750 visits over the course of a year. In the past year, the clinic handled a little over 3000 unique patients. verify.~~ The wait time for an established patient varies from a week to a month depending on the provider’s schedule. A walk-in patient requiring urgent care is accommodated as availability allows.

For FY 2021 (July 1, 2020 to June 30, 2021), the patients of full-time provider staff was 38.8% Medicaid managed care; 25% commercial health insurance; 16.9% self-pay; 12.6% Medicare managed care; 4.5% Medicare; 2.1% Medicaid.<sup>3</sup> Self-pay patients pay on a sliding scale according to what they can afford, which is determined by an algorithm and which may be zero.

The clinic uses various benchmarks to monitor performance, including clinical measures that track progress combating specific diseases and chronic conditions. Administrative measures monitor, among other things, the minutes spent with a patient. H+H/Gotham submits annual reporting for the Healthcare Effectiveness Data and Information Set (HEDIS). It also surveys its patients on an annual basis.

### Client population

Please see below for data on the clients served.\*\*

<sup>3</sup> For Gouverneur at large the figures are somewhat different: 36.6% Medicaid managed care; 19.8% Medicare managed care; 15.3% commercial health insurance; 18.3% self-pay; 6.2% Medicare; 2.8% Medicaid. Source: H+H/Gotham.

**Commented [A1]:** This statement on funding is not correct and was struck.

**Commented [A2]:** A statement on funding that preceded this was incorrect and struck.

**Commented [A3]:** Sentence on visits/ workload struck, see other attachment

### Community Partners

The Community Affairs Department of H+H/Gotham is fairly new, and one of the reasons Judson asked for a meeting with CB2 is to inform the community of this service. It hopes to expand the list of its local partners. Gotham does advertise, and Judson also receives referrals from insurance companies, but acquiring patients is not as challenging as ensuring that its patient load can be accommodated by its existing staff.

Judson's "partner" agencies consist of BMCC, Sanctuary for Families, ACS, Hetrick-Martin Institute, The Center. Partners meet regularly with Judson staff and refer their members to the clinic. CB2 hopes to provide assistance in expanding the clinic's list of partners to include the LGBT Center, SAGE, and God's Love We Deliver, among others.

A member of CB2 who has visited the clinic also notes that its physical plant is in need of repairs.

### Covid-19 Impact

During the Covid-19 pandemic, like all of H+H, the staff at JHC became adept at conducting more [tele-audio](#) and video visits with patients who could not come into the clinic. This helped it refine its process of communication between patient and provider. Its staff has realized how much more it can accomplish with these tools.

### \*\*Data:

The data below was provided to CB2 by Health + Hospitals/Gotham.

Between 11/12/2020 and 11/12/2021, 2101 unique patients completed at least one encounter of a clinical nature at Judson. The population is as follows with the number on the right indicating the count of the criterion on the left.

#### **Sex**

- Male, 884
- Female, 1211
- Unknown/x/Decline to answer, 6

#### **Race**

- Asian, 651
- Something else, 469
- White, 423
- Black or African American, 281
- Other/Unknown/Choose not to disclose, 238
- 23 Other categories with 6 or less entries, 39

#### **Ethnicity**

*\*2099 responses*

- Chinese, 569
- Non-Hispanic, 506
- American, 206
- Dominican, 151
- Other Hispanic, 141
- Mexican/Mexican American, 122
- Puerto Rican, 70
- Unknown, 63
- Ecuadorian, 45
- Columbian, 18
- 79 other categories with 13 or less entries, 208

#### **Sexual Orientation**

*\*958 responses*

- Straight, 698
- Bisexual, 75
- Lesbian or Gay, 45
- Something else, 39
- Gay, 35
- Choose not to disclose, 23

- Don't know, 15
- Lesbian, 10
- 13 other categories with 3 or less entries, 18

### **Gender Identity**

*\*1108 responses*

- Female, 609
- Male, 436
- GNBNC, 30
- Trans Male, 14
- Trans Female, 8
- Something else, 5
- Asked but unknown/Choose not to disclose, 6

### **Location**

*\*201 unique Zip codes used. Top 10 listed below.*

- 10001, 261
- 10012, 158
- 10009, 79
- 10013, 71
- 11373, 53
- 11220, 51
- 11214, 43
- 11206, 42
- 10003, 39
- 11368, 38

### **Age**

*\*1 error, unknown age*

- 9 – 20, 126
- 21 – 29, 567
- 30 – 39, 284
- 40 – 49, 193
- 50 – 59, 338
- 60 – 69, 374
- 70 – 79, 161
- 80 – 89, 49
- 90 – 99, 7
- 100 +, 1

### **Diagnosis**

*\*Diagnosis of Z00.00, General Adult medicine examination have been excluded*

Top 5 Primary Diagnosis

- I10 - Essential (primary) hypertension
- E11.9 - Type 2 diabetes mellitus without complications
- E78.5 - Hyperlipidemia, unspecified
- E78.2 - Mixed hyperlipidemia
- F41.9 - Anxiety disorder, unspecified

Top 5 Secondary Diagnosis

- E78.5 - Hyperlipidemia, unspecified
- I10 - Essential (primary) hypertension
- E78.2 - Mixed hyperlipidemia
- R73.03 - Prediabetes
- E11.9 - Type 2 diabetes mellitus without complications

Top 5 Tertiary Diagnosis

- E78.5 - Hyperlipidemia, unspecified
- R73.03 - Prediabetes

- I10 - Essential (primary) hypertension
- E78.2 - Mixed hyperlipidemia
- E55.9 - Vitamin D deficiency, unspecified

**On treatment of the homeless:**

As part of our standard protocol, patients are screened to see what needs they might have that lie outside of our scope of work. Common examples of this would be patients who have food insecurities, or require legal aid or housing support. Based upon their needs, patients are provided with a list of community resources tailored to fit that need.

**On treatment of substance abuse:**

All Bridge patients are screened at their first visit and on an annual basis using standardized tools. Details as follows:

- Screening for Depression
  - PHQ-9 modified for teens -> If score  $\geq 10$ , clinical assessment by PCP -> consider SW referral or close PCP follow up.
- Screening for Substance Use
  - (SBIRT – screening, brief intervention, referral to treatment)
  - Pre-screen with NIDA/AUDIT-C -> If positive, CRAFFT follow up screen -> If score  $\geq 2$ , consider PCP brief intervention or SW or outside referral
- Screening for Trauma
  - One question verbal trauma screen by PCP -> If positive, PC-PTSD done by PCP -> If positive, offer SW referral