Acacia Network

ROOTED IN THE COMMUNITY SINCE 1969

August 9, 2019

Public Hearing: Joint Senate Task Force on Opioids, Addiction & Overdose Prevention

Acacia Network, an integrated care organization with offices in New York City, Buffalo, Albany, and Syracuse in New York State, as well as Florida, Maryland, Tennessee, Georgia, Connecticut, and Puerto Rico, is the leading Latino integrated care non-profit in the nation. Our mission is realized through three main service delivery systems: Primary Health Care, Behavioral Health Care, and Housing. Acacia Network's extensive array of community-based services are fully integrated, ensure easy access, are bilingual and culturally competent, and actively incorporate consumer and community level input. The Network incorporates 60+ affiliates, managed under one executive and senior leadership team. With 63 years of combined experience, Acacia Network has demonstrated ability to scale high quality, comprehensive services for thousands of the most vulnerable residents in the communities we serve.

Acacia is a multidisciplinary agency with a strong integrated Primary and Behavioral health model of care. Its mission is to partner with its communities, lead change, and promote healthy and prosperous individuals and families. Acacia provides substance use disorder treatment services through its Methadone Maintenance Treatment Programs (MMTP), Chemical Dependence Outpatient Programs (CDOP), Residential Treatment Programs, and Medication Assisted Treatment (MAT) in its Federally Qualified Health Centers.

Through the Medication Assisted Treatment (MAT) program, the Peer Recovery Coach (PRC) supports the patient's recovery goals and works with the patient through any challenges during the treatment recovery process ensuring best quality care in a Primary Care FQHC setting. PRC conducts outreach and engages patient based on their individual plan, provides education, empowerment, warm hand offs to referrals, escort to self-help groups, and 24/7 on call support. This coordinated service delivery model takes a team approach to patient outreach ensuring that hard-to-serve, resistant patients receive services. Through the implementation of a Peer Support Model, we continue to see positive outcomes. Peers not only bring support to the table, but they also come with the experience and perspective of the patient providing an invaluable service in their recovery journey. In addition to PRCs, the MAT teams include Social Workers, medical providers (Physicians and Nurse Practitioners) and other supportive staff that work together to care for the patients in recovery.

The impact thus far in NYC by the steps taken have been mostly positive when utilized, but fall far short of impactful if the perspective is enumerated on a much broader scale as our own borough of the Bronx has never experienced large numbers of fatalities related to opiate abuse as seen this past year. Much more work and resources need to be made available to help us make available these efforts IMPACTFUL!!! And more importantly SUSTAINABLE!!!!

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I cannot even fathom how many more additional steps would be necessary to reduce the number of overdoses and deaths but if one looks at the numbers and demographics of the those afflicted and dying of Opiate overdoses, it would be younger inexperienced users particularly those transitioning from prescribed opiates to heroin(mixed with fentanyl), or those incarcerated populations who have a history of opiate use disorders who are released and immediately go back to street heroin(again tainted with fentanyl). There are many more circumstances and scenarios, but making certain that those targeted populations at the greatest risk of fatal OD s are focused for early interventions and afforded the resources to be made available immediately and particularly those who have been rescued from recent OD (i.e.: Narcan survivors). This of course is only a very partial list of interventions.

We also need to enhance and broaden the support made available to those who want to stop using drugs including mental health, harm reduction and MAT and CDOP services and make Health Home Referrals seamlessly available to those who want to stop using drugs.

I may be somewhat biased with this inquiry(as I am an Emergency Physician) but there has to be a greater emphasis on making certain that when a client is treated in the ER for a suspected or documented overdose that social services and administrative resources are broadened to make certain that this client is observed or even admitted for a full Medical/Psycho-Social evaluation, and if the client agrees for induction of Agonist MAT (Methadone or Buprenorphine) and that an easy transition for Out Patient Follow up is facilitated to Affiliated Clinic. ER personnel should target and have closer circumspection for those involved in Traumatic events that led to their ER presentations as most will be somehow related to either alcohol or combined alcohol/drug use. This has been documented and proven factual across all US territories.

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