



**BRIGHTPOINT  
HEALTH**

A member of  
Hudson River Health Care

August 7, 2019

Dear Members of the Joint Senate Task Force on Heroin and Opioid Addiction:

This testimony is submitted on behalf of Hudson River Healthcare, a network of federally qualified health centers spanning the Hudson Valley, Long Island, and New York City; HRHCare and Brightpoint Health, a fellow FQHC with sites in all boroughs of New York City, merged in December 2018.<sup>1</sup> Our network of care also includes an affiliation with Community Health Action of Staten Island (CHASI). Appended to this testimony, we have included an organizational overview and history for further information. We are pleased that the Joint task force is convening regional meetings to discuss the terrible crisis of heroin and opioid use disorder that unfortunately continue to impact so many of our communities, especially here in the Bronx.

In the Bronx specifically, we offer Narcan kits and opiate overdose education, access to Medication Assisted Treatment (MAT), and psychosocial support in both primary care and psychiatric settings, and a young adult drop-in space for individuals to access harm reduction support. We recently were able to support a person living with HIV, Hepatitis C, and opioid use disorder, in accessing suboxone treatment. Through these services, she has been able to abstain from opioids, reach viral suppression with her HIV, and manage her Hepatitis C. More importantly, with her improved health, she has been able to be a care provider for her young granddaughter. MAT programming helped her improve her physical and mental health, as well as quality of life, and enable her to be a stronger community member.

Happily, when state resources are directed to support the full spectrum of services for those with substance use disorders, including harm reduction, detoxification, residential, inpatient, outpatient and recovery services, significant strides are possible. Additionally, we want to underscore the joint task force's ongoing role, along with other leaders in the state, in addressing the continuing stigma associated with drug use and its impact on access to and funding for all levels of support and treatment for individuals and families. It is critical that our collective voices continue to play an educational role in addressing this crisis as well. It is in this vein that we offer the following comments to the task force:

- 1. Take steps to enable universal access to MAT services.**

Specifically, we believe that this aim can be achieved by eliminating health insurance prior authorizations for MAT services, increasing the availability of low-threshold MAT providers (like in shelters and syringe exchanges), and passing legislation allowing access to MAT services within the state and local correctional system to ensure continuity of care during and post incarceration.

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<sup>1</sup> <https://www.hrhcare.org/hudson-river-health-care-and-brightpoint-health-merge/>



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## **2. Standardize and promulgate best practices in Emergency Departments for buprenorphine use and induction**

Patients with opioid use disorder (OUD), often present to the Emergency Department (ED) requesting assistance with their OUD: with respect to accessing treatment, addressing acute opioid withdrawal syndrome (OWS), or status post nonfatal opioid overdose (OD) and reversal with naloxone. The ED providers have a unique opportunity to assist patients with OUD in these situations by treating their acute OWS with buprenorphine. ED providers do not need to be buprenorphine waived to dispense buprenorphine to patients in the ED. This intervention is potentially lifesaving for patients, as we have clear data that patients on buprenorphine have a decreased risk for mortality. Currently, people who use drugs (PWUD) are often stigmatized when in the ED; changing the dynamic between PWUD and ED staff by initiating a lifesaving treatment could be life changing for the patient. Even more effective would be having buprenorphine waived ED staff so patients could receive a buprenorphine bridge prescription until they are linked to ongoing buprenorphine care.

We also need access to funding and technical assistance for the geographic expansion of 24/7 facilities for individuals who use substances and their family members. These programs, currently operating in Staten Island, Dutchess and Suffolk Counties, and other communities, are able to meet opioid users where they are, in order to provide a full range of harm reduction and treatment options. This includes providing a safe space to get off the streets, peer support, support groups, access to counselors, Narcan kits, and referrals to outpatient and inpatient treatment. These programs operate around the clock, allowing individuals to access them when convenient, without an appointment.

## **3. Support Buprenorphine waiver training for all medical residents in New York State**

In order to ensure that the next generation of clinical providers are well-equipped to respond to this crisis, regardless of where they eventually practice, we suggest requiring training in this area.

Thank you for consideration of these comments; as always our organization stands ready to assist as the task force proceeds with its work. Please feel free to contact our government affairs staff with any comments or questions and we will respond as promptly as possible: Hope Glassberg, SVP of Government Affairs and Strategy ([hglassberg@hrhcare.org](mailto:hglassberg@hrhcare.org) or 845-745-5842).



# Hudson River Health Care OVERVIEW

## Our Network\*

225K+ Patients  
2K+ Employees

## Who We Are

In the early 1970s, a group of four African-American women spearheaded efforts to address the lack of accessible and affordable health care services in Peekskill, New York. With a small federal grant, the Peekskill Area Ambulatory Health Care Center opened its doors in 1975, providing compassionate and comprehensive health care for all. Over the following 44 years, the Health Center, now known as Hudson River Health Care (HRHCare), has grown into a network of 43 Federally Qualified Health Centers (FQHCs) throughout the Hudson Valley, New York City, and Long Island. The network's exceptional primary care practitioners, specialists, and support staff have made HRHCare a destination for convenient, high-quality care for all.

In December 2018, Brightpoint Health joined HRHCare. Prior to this event, Brightpoint Health was an FQHC network of 13 sites offering integrated medical, behavioral, and social support services to 45,000 patients annually in all five boroughs of New York City.

## Our Mission

To increase access to comprehensive primary and preventive health care and to improve the health status of our communities, especially for the underserved and vulnerable.

## Notable Accomplishments

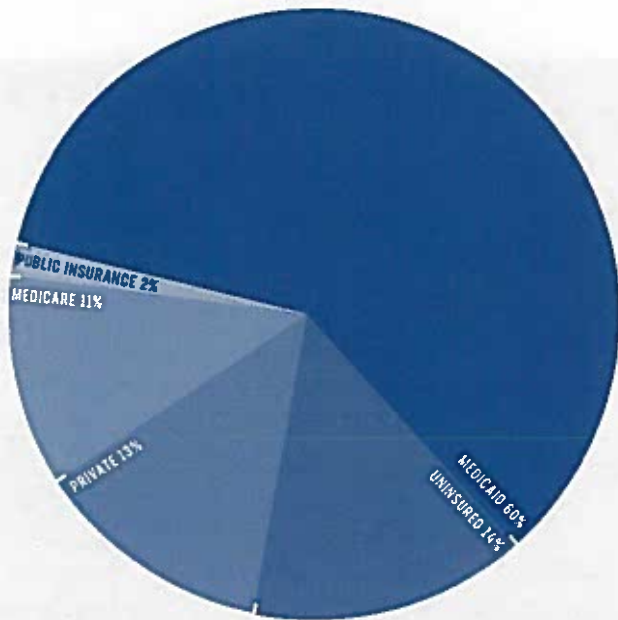
- One of six FQHCs selected for the National Institutes of Health *All of Us* Precision Medicine Initiative
- Quality Award Recipient from the Health Resources and Services Administration (HRSA)
- Level 3 NCQA PCMH Recognition and Accreditation from the Joint Commission
- One of three FQHCs in the nation to achieve Gold status in the NACHC Advocacy Center of Excellence Program
- HIMSS Davies Community Health Organization Award of Excellence for outstanding achievement in implementation and value derived from an electronic health record



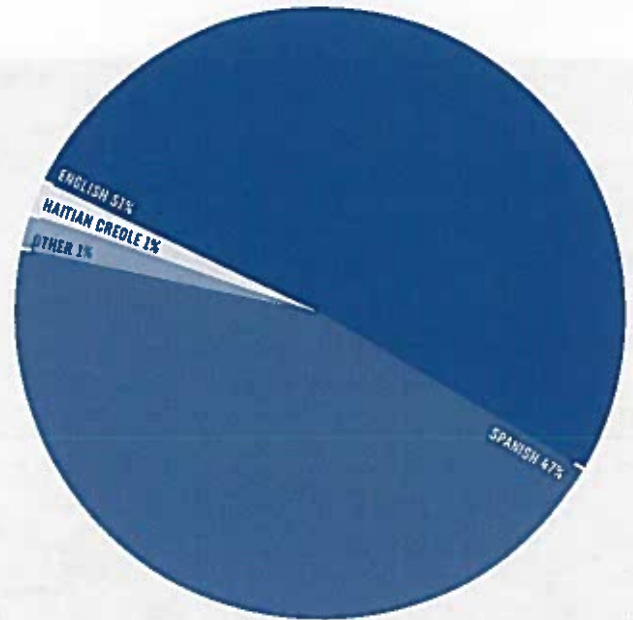
\*Including sub-recipients

# Who We Serve

### Patient Makeup by Insurance Type

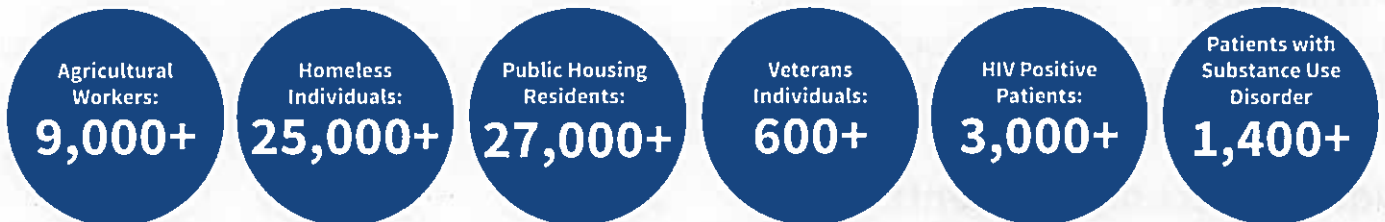


### Patient Makeup by Indicated Language



HRHCare serves over 6,800 dually eligible Medicare/Medicaid patients annually

## Our 2018 special populations included:



All data according to the Health Resources and Services Administration 2018 Uniform Data System

## Services

- Primary care
- Dentistry
- Women's health (OB/GYN)
- Family planning
- Behavioral health
- Podiatry
- Optometry
- Nutrition counseling
- Health education
- Interpretation services
- Benefits counseling
- Transportation
- HIV specialty care
- Substance use disorder treatment
- Care coordination
- Health Home care management



# Network Site Map



## ■ HRHCare Locations

### Putnam Rockland Westchester

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- 1 HRHCare Haverstraw
- 2 HRHCare Nyack
- 3 HRHCare Peekskill (Jeannette J. Phillips)
- 4 HRHCare Spring Valley
- 5 HRHCare Yonkers (Park Care)
- 6 HRHCare Yonkers (Valentine Lane)

### Columbia Dutchess Greene

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- 7 HRHCare Amenia
- 8 HRHCare Beacon
- 9 HRHCare Dover Plains
- 10 HRHCare Hudson
- 11 HRHCare Pine Plains
- 12 HRHCare Poughkeepsie
- 13 HRHCare Poughkeepsie (Family Partnership)

### Orange Sullivan Ulster

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- 14 HRHCare Goshen (Alamo)
- 15 HRHCare Middletown
- 16 HRHCare Monticello
- 17 HRHCare New Paltz
- 18 HRHCare Walden (Wallkill Valley)

### Suffolk

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- 19 HRHCare Amityville (Maxine S. Postal)
- 20 HRHCare Brentwood
- 21 HRHCare Coram (Elsie Owens)
- 22 HRHCare Greenport
- 23 HRHCare Huntington
- 24 HRHCare Patchogue
- 25 HRHCare Riverhead
- 26 HRHCare Shirley (Marilyn Shellabarger)
- 27 HRHCare Southampton (Kraus Family)
- 28 HRHCare Wyandanch (Martin Luther King, Jr.)

### Mobile Health Centers

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- 29 Hudson Valley
- 30 Suffolk

## ■ Brightpoint Health Locations

### Bronx

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- 1 Brightpoint Health Center at BOOM!Health
- 2 The Hub Family Health Center
- 3 Inwood Health Center
- 4 Thrivebx@Brightpoint
- 5 Westchester Square Health Center

### Brooklyn

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- 6 The Alpha School
- 7 Bedford Avenue Health Center
- 8 Church Avenue Family Health Center
- 9 Sterling Health Center

### Manhattan

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- 10 Sidney R. Baer, Jr. Health Center at Fountain House

### Queens

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- 11 Matilda Raffa Cuomo Health Center (Sutphin Health Center)

### Staten Island

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- 12 Bay Street Family Health Center
- 13 Bay Street Outpatient Addiction Treatment Center

### Community Health Action of Staten Island (CHASI)

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- 14 Community Food Pantry
- 15 Domestic Violence & HIV Prevention Services
- 16 Harm Reduction Health Hub
- 17 Health Care Coordination
- 18 Hyatt Street Storefront
- 19 Next Step Resource & Recovery Center

# Network List

