

# OneCity Health Innovation Fund Awardee

## Bridging Access to Benefits and Care (BABC)

**LEAD ORGANIZATION:** Acacia Network

**JOINT APPLICANTS:** St. Ann's Corner of Harm Reduction (SACHR); Seedco

**NEIGHBORHOODS PROJECT INTENDS TO SERVE:**  
South Bronx

**BUDGET:** \$699,450



### OVERVIEW

Through outreach, engagement, enrollment in public benefits and linkages to care, BABC is designed to address social determinants of health for the most vulnerable and disenfranchised opioid dependent population in the Bronx.

Imagine "Juan," an intravenous drug user with a chronic health condition. After a health crisis, Juan is discharged from the Emergency Room (ER), but has fallen behind on his rent and the heat is turned off. He hasn't been to a primary care doctor in years, even though a Federally Qualified Health Center (FQHC) is two blocks away. He can't afford groceries and his cell phone is shut off. His multiple detox admissions have not resulted in sustainable transitions of care due to his housing and financial situation. His health worsens, and he lands back in the ER, caught in a vicious cycle of instability.

Through BABC, we will:

- Improve access to wraparound care for high-risk, high-need intravenous drug users and opioid dependent users in the Bronx
- Increase enrollment in public benefits through Seedco's EarnBenefits Online technology
- Engage peer specialists to deliver compassionate, culturally sensitive outreach

MDRC will be the evaluation partner. BABC builds on Acacia and Seedco's Bronx Health and Benefits Initiative, funded through the BPHC Innovation Fund.

### DSRIP METRICS THIS PROJECT WILL ADDRESS

BABC will reduce potentially avoidable ER visits and improve adherence to medications and amelioration of co-attendant diseases. Health issues experienced by the target population include HIV, HCV, Hepatitis A and B, sexually-transmitted diseases, respiratory issues, injection-related health issues and major psychiatric disorders. This population contends with stigmas around substance abuse, mental health, race and language, which results in a crisis-driven approach to care. The program model is built around the Triple Aim and will focus on clients' engagement with preventive care and drug treatment programs, access to benefit programs to stabilize their lives, and holistic care coordination that leverages peers.