



## Opioid Settlement Funds Report

Total Amount of Opioid Funds Received as of the End of Fiscal Year 2025	
	<b>Total</b>
<b>Funds Received</b>	\$ 189.5 million

Total Amount of Opioid Funds Appropriated in the Prior Fiscal Year (Fiscal Year 2025)	
	<b>Fiscal Year 2025</b>
<b>Funds Appropriated</b>	\$41 million

Total Amount of Opioids Appropriated for the Next Four Fiscal Years (Fiscal Year 2026 to Fiscal Year 2029)				
	<b>Fiscal Year 2026</b>	<b>Fiscal Year 2027</b>	<b>Fiscal Year 2028</b>	<b>Fiscal Year 2029</b>
<b>Funds Appropriated</b>	\$48 million	\$50 million	\$50 million	\$50 million

### Syringe Service Programs

The NYC Department of Health and Mental Hygiene has provided funding for sustaining and expanding hours and services at the City's existing syringe service programs (SSPs) that operate overdose prevention centers (OPCs) to reduce the risk of overdose among people who use drugs and offer them connections to other services and supports, such as treatment.

**Provider:** OnPoint NYC, with administration via Public Health Solutions (PHS)

OnPoint NYC is a community-based nonprofit organization that offers a wide range of services to people who use drugs, experience homelessness, or engage in sex work in order to improve the quality of life for program participants. OnPoint NYC provides social services that include drop-in centers, harm-reduction services, on-site medical and mental health services, community outreach and syringe litter cleanup, and supportive services along with overdose prevention services. OnPoint NYC, through its parent organizations (New York Harm Reduction Educators and Washington Heights Corner Project), has been providing services in the Bronx and Manhattan since 1992.

### Data

In fiscal year 2023, OnPoint NYC provided:

- 20,612 harm reduction services to 5,214 participants. Services included provision of naloxone, health education, buprenorphine prescription, rapid hepatitis C virus (HCV) tests, and referrals to outside organizations for care.
- 138,996 services addressing participants' basic needs, such as respite, meals, laundry, and bathroom, and shower use in their drop-in center

In fiscal year 2024, OnPoint NYC provided:

- 25,862 harm reduction services to 6,685 participants. Services included provision of naloxone, health education, buprenorphine prescription, rapid HCV tests, and referrals to outside organizations for care.
- 194,943 services addressing participants' basic needs, such as respite, meals, laundry, and bathroom, and shower use in their drop-in center

In fiscal year 2025, OnPoint NYC provided:

- In FY25, OnPoint NYC provided 52,099 harm reduction services to 8,074 participants. Services include provision of naloxone, health education, buprenorphine prescription, rapid HCV tests, and referrals to outside organizations for care.
- In FY25, OnPoint NYC provided 224,096 services addressing participants' basic needs such as respite, meals, and laundry and bathroom/shower use in their drop-in centers.

In fiscal year 2026, OnPoint NYC provided:

- In FY26 to date (July 2025-September 2025), OnPoint NYC provided 18,840 harm reduction services to 3,672 participants. Services include provision of naloxone, health education, buprenorphine prescription, rapid HCV tests, and referrals to outside organizations for care.
- In FY26 to date (July 2025-September 2025), OnPoint NYC provided 58,859 services addressing participants' basic needs such as respite, meals, and laundry and bathroom/shower use in their drop-in centers.

### ***Demographic Characteristics of Participants Receiving Harm Reduction Services at OnPoint NYC, July 2025 Through September 2025***

**Source:** eSHARE | **Extraction Date:** November 25, 2025

FY 26 July-September		
	Number	Percent
<b>Total Participants Receiving Harm Reduction Services</b>	<b>3,672</b>	<b>100%</b>
<b>Gender identity</b>		
Man	2,517	68.5%
Woman	1,078	29.4%
Transgender Man	~	~
Transgender Woman	~	~
Other Gender Identity <sup>1</sup>	46	1.3%
<b>Race/ethnicity<sup>2</sup></b>		
Latino/a/x	1,916	52.2%
White	537	14.6%
Black	1,051	28.6%
Asian/Pacific Islander	34	0.9%
Some other race	104	2.8%
Declined	30	0.8%

<sup>1</sup> Other gender identity includes gender nonconforming, non-binary, not sure/questioning.

2 For the purpose of this table, Latino/a includes person of Hispanic origin based on ancestry reported in eSHARE demographics, regardless of reported race. Black, White and Asian race categories do not include persons of Latino/a origin.  
~ Suppressed to protect confidentiality due to small cell sizes.

### ***Number of Harm Reduction Services at OnPoint NYC, July 2025 Through September 2025***

**Source:** eSHARE | **Extraction Date:** November 26, 2025

	FY 26 July-September
	Number
<b>Total Harm Reduction Services</b>	
Basic needs <sup>3</sup>	58,859
Identified/confidential services <sup>4</sup>	11,497
Anonymous/group services <sup>5</sup>	7,343

3 Includes services addressing participants' basic needs such as respite, meals, laundry and bathroom/shower use in their drop in center

4 Identified and confidential services require a program intake and include services such as infectious diseases testing, harm reduction education, and naloxone distribution.

5 Anonymous events do not require an individual program enrollment and include services such as targeted case finding and group health education.

### **Relay**

Relay, launched in June 2017, is an innovative hospital-based support system for people who have experienced a suspected nonfatal opioid overdose. Most individuals who experience an overdose are transported to an emergency department (ED), which often lack standardized protocols or staff capacity to address a patient's future overdose risk. Through Relay, Wellness Advocates with lived experience with substance use provide 24/7 on-call support to patients presenting to emergency departments following a nonfatal overdose. After providing services in the ED, Wellness Advocates continue follow-up over a three-month follow-up period. Services include overdose risk reduction education, opioid overdose rescue training, naloxone distribution, and referrals and navigation to harm reduction services, substance use disorder treatment, and other health and social services. Relay is currently operational in 16 hospitals citywide.

\*Please note that OSF funds currently support 1 Relay hospital; the data below is reflective of all Relay services across hospitals in NYC.

### ***Demographic characteristics of participants receiving Relay services, July 2025 Through September 2025***

**Source:** eSHARE | **Extraction Date:** October 20, 2025

	FY26 Q1	
	Number	Percent
<b>Total Participants Receiving Relay Services<sup>1</sup></b>		

	443	100%
<b>Gender identity<sup>2</sup></b>		
Man	304	68.6%
Woman	110	24.8%
Unknown	29	6.5%
<b>Race/ethnicity<sup>2</sup></b>		
Black	120	27.1%
Latino/a	195	44.0%
White	69	15.6%
Another race(s)	9	2.0%
Unknown	50	11.3%

1 Individuals with more than one Relay encounter may be counted more than once.

2 "Man" and "Woman" includes both cisgender and transgender men and women, respectively.

3 Another race(s) includes Asian, Middle Eastern or North African, American Indian or Alaska Native, Multiracial, or any other self-described race/ethnicity. White, Black, and "Another race(s)" categories exclude Latino/a ethnicity. Latino/a includes Hispanic or Latino/a of any race.

## Staten Island Initiative

**Purpose and update:** Improve and expand substance use service provision on Staten Island across prevention, harm reduction, treatment, and recovery services.

Note: Initial data reporting for contracted Staten Island OSF programs is still being finalized, so program summaries are listed below. Subsequent reporting will include data once it has been received

### **United Activities Unlimited (UAU) - Prevention Program**

**Program description:** United Activities Unlimited, Inc (UAU) utilizes Prevention Specialists to provide curriculum implementation, Social Emotional Learning (SEL) Coaching, and prevention counseling services. To effectuate a dramatic increase in the number of students served, UAU is hiring two new full-time Prevention Specialists and two part-time Prevention Specialists. These new Prevention Specialists will also be able to bridge the school-day culture with the afterschool SEL culture to create a universal approach to prevention, SEL, and behavioral approaches at local schools. This expands prevention strategies and evidence-based practices to more youth in these priority neighborhoods. The public schools and community centers UAU currently serves are located within the priority neighborhoods experiencing high rates of overdose on Staten Island.

Domain	Indicator	Number
Prevention services	Number of participants that completed lessons	480

## **Camelot - OASAS Certified Part 822 Program**

Program description: Camelot of Staten Island's ("Camelot") works to improve the lives of individuals with substance use disorder (SUD) by providing them with the skills necessary to achieve and maintain recovery as they see acceptable. This goal will be accomplished by reducing the alcohol and substance use for patients actively using substances, providing clinical support to those who have begun to move toward goals related to their specific stages of recovery, and addressing the emotional and behavioral issues of individuals who have been affected by the substance use of someone close to them. As part of service expansion efforts, Camelot is introducing a new service focused on providing comprehensive aftercare support for individuals transitioning from treatment to recovery. This service includes ongoing counseling, case management, peer support, and life skills training to help individuals maintain treatment goals, prevent relapse, and achieve long-term recovery goals.

**\*No data to report at this time**

#### **"Richmond University Medical Center (RUMC) - OASAS Certified Part 822 Program**

Program description: Richmond University Medical Center (RUMC) has developed a multifaceted approach to increase provision of services, utilizing its experience and success in the areas of enhanced treatment, Certified Recovery Peer Advocate (CRPA) outreach and engagement, harm reduction, and community engagement. Staff will promote the health and well-being of people who use drugs by preventing overdose deaths, reducing disease transmission, and providing low-threshold access to health and mental health care, substance use treatment, and social services; as well as providing access to harm reduction and education. Additional aims include providing effective, person-centered, and trauma-informed substance use disorder treatment, including medications for opioid use disorder; providing comprehensive vocational, social, and behavioral health supports for people in substance use recovery; and providing linkages to additional care and support."

Domain	Indicator	Number
Harm reduction services	Number of participants receiving harm reduction services (e.g. supplies outlined in Harm Reduction services domain, provision of counseling, care coordination, referrals, or other services)	1287
Recovery/Wraparound services	Number of participants served via the services outlined in the recovery support/wraparound services domain (Yoga/meditation)	101
SUD Treatment Services	Number of participants in MAT client roster	103

#### **"Young Men's Christian Association (YMCA) - Part 822 OASAS Certified Program**

Program description: Young Men's Christian Association of Greater New York ("The Y") will expand the breadth and depth of our services across domains. The program aims to provide, at program locations and in the community, where indicated: 1) more intensive and specialized support from clinicians as well as more individual services; 2) increased mental health support with a focus on in-person services; 3) increased access to Medication for Addiction Treatment (MAT) with a focus on low-threshold MAT; 4) more access to supplies to reduce the risk of overdose for individuals who are actively using substances; 5) enhanced peer support services; 6) support accessing pro-social opportunities; and 7)

vocational/educational support. Services will be provided to all populations; however, the program will attempt to reach out to and serve priority populations including identified priority neighborhoods, individuals involved in the legal system, LGBTQ+ youth and individuals who use opioids."

Domain	Indicator	Number
SUD Treatment Services	Number of participants receiving treatment services	583
Harm reduction services	Number of people trained to use naloxone	147
Recovery/Wraparound services	Number of participants receiving recovery/wraparound services	41

### **Community Health Action Of Staten Island, Inc. (CHASI) - Recovery Center**

Program description: Community Health Action Of Staten Island, Inc. (CHASI) is augmenting the Peer Training Institute with three new/expanded services: 1) expanded training and certification, 2) workforce development and placement assistance, and 3) housing advocacy. Priority populations include people who use substances; people with current or past substance use disorders; people at risk of opioid overdose; families impacted by overdose death and substance use disorders who live in Staten Island. Specific priority populations will include people who use opioids, people with prior involvement or history in the criminal legal system (e.g. prior arrest or incarceration), and residents of Port Richmond and Stapleton-St. George. "

Domain	Indicator	Number
Recovery/Wraparound services	Number of participants receiving group career coaching	51
Recovery/Wraparound services	Number of participants receiving individual career coaching	126
Recovery/Wraparound services	Number of graduates of new training tracks placed in internships	5
Recovery/Wraparound services	Number of individuals enrolled in housing services	38
Recovery/Wraparound services	Number of participants enrolled in the Administrative/Office Training Track	14
Recovery/Wraparound services	Number of participants enrolled in the janitorial training track	2

### **Staten Island Performing Provider System (SI PPS)**

Program description: Staten Island Performing Provider System (SI PPS) is expanding its Hotspotting the Opioid Epidemic Program, an algorithm for "hotspotting" high-risk populations. The program works to reduce overdose deaths and unnecessary hospitalizations, promoting harm reduction, and increasing retention in treatment and recovery services. The program identifies those most likely to become victims of an overdose event or death and seeks to engage them with a preventative program. In addition to identification, the program features shared use of a care coordination platform to reach potential participants, coordinate care, document referrals, and monitor progress and results. This

subcontract specifically supports SI PPS' oversight, technology, data analysis, and coordination activities—with a focus on harm reduction and recovery services/wraparound support."

Domain	Indicator	Number
Harm reduction services	Number of hotspotting partner orgs successfully using the channels platform	9
Harm reduction services	Number of individuals receiving harm reduction services including naloxone kits and other opioid reversal medications, xylazine and fentanyl test strips, sterile syringes and access to syringe exchange programs and infectious disease testing and programs	172
Recovery/Wraparound services	Number of individuals receiving wraparound/recovery services, including care plan initiation, peer coaching, certified peer advocate engagement, PCP visits, health-relates social needs (HRSN) assessments and HRSN referrals	117

### **The Staten Island Partnership for Community Wellness, Inc (SIPCW)**

Program description: The Staten Island Partnership for Community Wellness, Inc. (SIPCW) aims to enhance the TYSA coalition's (formerly called Tackling Youth Substance Abuse) prevention and harm reduction strategies to respond to Staten Island's growing opioid epidemic through the distribution of harm reduction materials and educational presentations/resources on opioids. This subcontract is growing TYSA's coalition membership and expertise, launching awareness and outreach campaigns, hiring dedicated staff to deliver new outreach and harm reduction interventions at various community-based locations, and investing in public health vending machines. Focused interventions are primarily concentrated in the priority United Hospital Fund (UHF) neighborhoods of Community District 1 (CD1), with priority being given to the neighborhoods of Port Richmond and Stapleton/St George. Targeting the interventions in CD1 ensures that the interventions reach people who are BIPOC, LGBTQ+ and involved with the justice system."

Domain	Indicator	Number
Prevention services	Number of individuals engaged at community tabling events	435
Harm reduction services	Number of community members reached by HRC/POCs	1614

### **Staten Island University Hospital (SIUH)**

Program description: Staten Island University Hospital (SIUH) concentrates initiatives in geographic areas where there are higher rates of both fatal and non-fatal opioid overdoses on Staten Island. Specifically, SIUH expands and provides Harm Reduction Education programs and tabling sessions at community events on Staten Island. These events focus on delivering community education regarding harm reduction strategies and providing resources such as Narcan, Xylazine, and Fentanyl test strips. SIUH collaborates with community partners and the Borough President's Office to participate in diverse wellness events, offering education and supplies to individuals seeking information. Furthermore, SIUH provides training and builds skills to engage community members in understanding the importance of harm reduction and the necessity of utilizing safe supplies."

Domain	Indicator	Number
Prevention services	Number of people who received SBIRT (Screening, Brief Intervention and Referral to Treatment) Screenings with successful connection to CATCH services	68
Harm reduction services	Number of people who accessed overdose prevention training and education	1793
Harm reduction services	Number of naloxone kits dispensed	1793
Harm reduction services	Number of fentanyl test strips dispensed	3586
Harm reduction services	Number of xylazine test strips distributed	3586

### DOHMH Updates

Updates on other programs currently being implemented using settlement funds

Program	Description	Awardees
Expansion of Wraparound Services in Additional SSPs	Funds will support wraparound services for syringe service programs, including on-site medical care, connections to health care and social services, and support for basic needs.	Bronx Movil, AHP, ACQC, Safe Horizon, ASCLM, BOOM, Community Health Action of Staten Island, Family Services Network of New York, HUCAC, Housing Works, OnPoint, Positive Health Project, St. Ann's Corner of Harm Reduction, VOCAL
Expansion of Access to and Engagement in Treatment	Funds will be distributed to substance use disorder treatment providers, increasing access to buprenorphine and methadone, outreach and engagement, and care navigation services.	Center for Comprehensive Health Practice Inc, Elmcore Youth and Adult Activities, Greenwich House, Interborough Developmental and Consultation Center, Odyssey House, Project Renewal, START Treatment and Recovery Center, Sun River Health, VIP Community Services
Expansion of Recovery Support Services	Funds will be used to expand recovery support for people with current or previous substance use disorders, including employment coaching, community-based support, and life-skills training.	Exponents – JLC Wellness Center, Odyssey House, Samaritan Daytop Village (Bronx & Queens), Phoenix House, The Fortune Society, PILLARS – Let's Talk Safety, Community Health Action of Staten Island

## **Forensic Toxicology**

The NYC Office of Chief Medical Examiner Department of Forensic Toxicology provides Forensic Toxicology testing covering all five boroughs of the City of New York and serving a population of approximately 8.6 million people. The primary mission of the Laboratory is postmortem analysis to determine the absence or presence of drugs and their metabolites or other toxic substances in human fluids and tissues, and to evaluate their role as a determinant or contributory factor in the cause and manner of death. The Laboratory also carries out analysis of cases submitted by law enforcement agencies with the purpose of determining the absence or presence of ethanol and other drugs and to evaluate their role in modifying human performance or behavior (primarily as related to the operation of motor vehicles and for victims of alleged drug facilitated crimes). The NYC OCME Forensic Toxicology Laboratory has experienced an unprecedented increase in opioid positive cases. Not only has the number of cases increased but the opioids detected are continually changing presenting a significant challenge to the Laboratory.

All of the OTPS opioid funds are spent on a vendor "National Medical Services," who assists OCME Toxicology Unit on Toxicology testing and reduces current testing backlog. We provide our services to the entire City of New York irrespective of zipcode, gender, ethnicity or languages spoken. There are not metrics that would be measured by a Forensic Toxicology Laboratory. The work we do is dictated by who dies, who is arrested or who is a victim of drug facilitated crime. The testing service we offer is not predicated by any of the metrics requested. The opioid funding has and continues to allow us to develop and validate new testing methodologies so we can provide a state-of-the-art service to the City of New York.

## **Drug Intelligence and Intervention Group**

The Drug Intelligence and Intervention Group (DIIG) at the NYC Office of Chief Medical Examiner (OCME) is involved in multiple local efforts related to overdose surveillance, prevention, and response. During fiscal year 2023, the DIIG relaunched a pilot with opioid settlement funds to serve New Yorkers who had lost a loved one to drug overdose.

This initiative is intended to reach highly vulnerable New Yorkers, as research suggests that individuals who witness overdoses are at higher risk of overdose than the general population.<sup>1,2,3</sup> Overdose bereaved individuals are also at higher risk of depression, post-traumatic stress disorder, and

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<sup>1</sup> Bohnert AS, Tracy M, Galea S. Characteristics of drug users who witness many overdoses: implications for overdose prevention. *Drug Alcohol Depend.* 2012;120(1-3):168-73. doi:[10.1016/j.drugalcdep.2011.07.018](https://doi.org/10.1016/j.drugalcdep.2011.07.018)

<sup>2</sup> Silva K, Schrager SM, Kecojevic A, Lankenau SE. Factors associated with history of non-fatal overdose among young nonmedical users of prescription drugs. *Drug Alcohol Depend.* 2013;128(1-2):104-10. doi:[10.1016/j.drugalcdep.2012.08.014](https://doi.org/10.1016/j.drugalcdep.2012.08.014)

<sup>3</sup> Havens JR, Oser CB, Knudsen HK, et al. Individual and network factors associated with non-fatal overdose among rural Appalachian drug users. *Drug Alcohol Depend.* 2011;115(1-2):107-12. doi:[10.1016/j.drugalcdep.2010.11.003](https://doi.org/10.1016/j.drugalcdep.2010.11.003)

prolonged grief than other bereaved populations.<sup>4</sup> Oftentimes, individuals who have lost a loved one to overdose have intense feelings of shame and isolation due to the stigma associated with drug use.<sup>5,6</sup>

DIIG social workers check in with overdose bereaved New Yorkers multiple times in the weeks and months after their loss, connecting survivors with long- and short-term mental health care, emergency financial support services, harm reduction and substance use treatment, housing support programs, and immigration services. Additionally, the Family Support Team helps families navigate common administrative issues related to the sudden and unexpected passing of a loved one, including benefits transfers and applications, financing of funeral arrangements, and retrieval of the decedent's property. The OCME takes a person-centered approach to care, meeting the needs identified by the client as the most urgent and important, whether they are material or socioemotional. Whenever possible, any referrals to other agencies or social service providers are done using a warm handoff approach.

**Data: New Clients Only (Between July 1st, 2025 through September 30th, 2025)**

Gender	Q1 (Jul 1-Sep 30)	
	Individuals contacted	Individuals successfully engaged
Male	182	129
Female	301	221
Other/Unknown	4	1
<b>Total</b>	<b>487</b>	<b>351</b>

**Total FY26 YTD (Between July 1st, 2025 through September 30th, 2025)**

Gender	Individuals Contacted	Individuals Successfully Engaged
Male	182	129
Female	301	221
Other	4	1
<b>Total</b>	<b>487</b>	<b>351</b>

**Note:** The DIIG does not currently collect ZIP code, ethnicity, or languages spoken data from clients.

**Addiction Response Team**

The Addiction Response Team (ART) is a multidisciplinary pilot program at three NYC H+H acute care facilities: Jacobi, Harlem, and Queens. ART expands the existing SUD acute care service team (ED leads) to include addiction-trained medical providers and community health workers and extends service delivery beyond the emergency department to inpatient units and SUD walk-in and bridge clinics.

<sup>4</sup> Bottomley JS, Feigelman WT, Rheingold AA. Exploring the mental health correlates of overdose loss. *Stress Health*. 2022;38(2):350-363. doi:[10.1002/smj.3092](https://doi.org/10.1002/smj.3092)

<sup>5</sup> Feigelman W, Feigelman B, Range LM. Grief and healing trajectories of drug-death-bereaved parents. 2020;80(4):629-647. doi:[10.1177/0030222818754669](https://doi.org/10.1177/0030222818754669)

<sup>6</sup> Feigelman W, Jordan JR, Gorman BS. Parental grief after a child's drug death compared to other death causes: Investigating a greatly neglected bereavement population. 2011;63(4):291-316. doi:[10.2190/OM.63.4.a](https://doi.org/10.2190/OM.63.4.a)

Under the direction of the ART associate medical director, the team provides comprehensive SUD treatment care, including provision of MAT, SBIRT, peer support, care coordination, post-discharge bridging services, and harm reduction.

Services include:

- Expert evaluation, diagnosis, and treatment of patients with SUD (including alcohol use disorder and OUD) within any acute care service area
- Withdrawal management support
- MAT
- Individual counseling
- Peer support
- Referral to SUD (including OUD) treatment as part of the discharge plan
- Care coordination and navigation to care
- Naloxone education and kit distribution (offered to all acute care patients, including those who have experienced a nonfatal opioid overdose or have an OUD)
- Fentanyl and xylazine test strip distribution (offered to people who have experienced a nonfatal opioid overdose or have an OUD)
- SUD bridging, including for patients who have experienced a nonfatal opioid overdose

**ART Program Planning Accomplishments: Fiscal Year 2026, First Quarter (July 1, 2025, Through September 30, 2025)**

- Interdisciplinary, cross-service area semi-structure interviews and inventory begun to support ability of ART staff to work across service areas. Interviews cover material related to EMR, documentation, training, hiring)
- ART Medical/Clinical Directors hired for two of three sites (Queens, Jacobi) training & orientation begun
- CHW for all three ART sites hired - oriented to patient population via cross-training between SUD programs
- Office hours implemented for ART CHW and their supervisors providing ongoing programmatic support

**Data: Fiscal Year 2025, Fourth Quarter (July 1, 2025, Through September 30, 2025)**

County	Fiscal Year 2025, Fourth Quarter
	Number
Bronx	63
Brooklyn	3
New York	6
Queens	2
Westchester	3
Yonkers	0
Unknown	0
<b>Grand Total</b>	<b>77</b>

Ethnicity	Fiscal Year 2026, First Quarter	
	Number	Percentage of Total
Not Hispanic or Latino	32	42%
Hispanic or Latino	45	58%
Unknown	0	0%
<b>Grand Total</b>	<b>77</b>	<b>100%</b>

Sex	Fiscal Year 2026, First Quarter	
	Number	Percentage of Total
Male	56	73%
Female	21	27%
Unknown	0	0%
<b>Grand Total</b>	<b>77</b>	<b>100%</b>

### **Emergency Department Leads**

Since 2017, NYC Health + Hospitals (H+H) has been provided funding to engage with medical emergency department (ED) patients who may be at risk for a substance use disorder (SUD), including opioid use disorder (OUD). ED leads teams consist of social workers or licensed counselors and certified peer counselors in all 11 NYC H+H acute care facility emergency departments who provide screening, brief intervention and referral to treatment (SBIRT), peer support, and counseling services, including to people who have co-occurring mental health conditions or are experiencing homelessness. In 2022, NYC H+H was provided additional funding via New York State (NYS) opioid settlement funds to expand ED leads coverage to 24/7 (in progress) across all facilities. This allows ED leads to increase patient engagement, as well as provide coverage in NYC H+H hospital service areas outside of the medical ED, as per service need. This “roving” model allows for further continuity of care from hospital admission to discharge and beyond. With regards to combatting the opioid epidemic, ED leads play an integral role in supporting NYC H+H medical providers with medication assisted treatment (MAT) care coordination. Once initiated into MAT, ED leads assist in connecting patients to long-term MAT services post-discharge. In addition, ED leads provides patients with harm reduction resources and connections to community-based services and supports, as well as supporting a warm hand off to a treatment or recovery center’s transportation services.

Services include:

- SBIRT for SUD (including OUD) treatment post-discharge
- Individual counseling
- Peer support
- Naloxone education and kit distribution (offered to all ED leads patients, including those who have experienced a nonfatal opioid overdose or have an OUD)
- Fentanyl test strip and xylazine test strip distribution (offered to patients who have experienced a nonfatal opioid overdose or have an OUD)

**Data: Fiscal Year 2026, First Quarter (July 1, 2025, Through September 30, 2025)**

Location	Fiscal Year 2026, Q1	
	Number	Percentage of Total
<b>Outside of NYC (five boroughs)</b>	<b>183</b>	<b>2%</b>
<b>NYC (five boroughs)</b>	<b>7,615</b>	<b>98%</b>
Bronx	2,545	33%
Brooklyn	2,229	29%
Manhattan	1,344	17%
Queens	1,460	19%
Staten Island	37	0%
<b>Unknown</b>	<b>0</b>	<b>0%</b>
<b>Grand Total</b>	<b>7,798</b>	<b>100%</b>

Ethnicity	Fiscal Year 2026, Q1	
	Number	Percentage of Total
<b>Not Hispanic or Latino</b>	<b>4,791</b>	<b>61%</b>
<b>Hispanic or Latino</b>	<b>3,006</b>	<b>39%</b>
<b>Unknown</b>	<b>1</b>	<b>0%</b>
<b>Grand Total</b>	<b>7,798</b>	<b>100%</b>

Sex	Fiscal Year 2026, Q1	
	Number	Percentage of Total
<b>Male</b>	<b>6,078</b>	<b>78%</b>
<b>Female</b>	<b>1,716</b>	<b>22%</b>
<b>Unknown</b>	<b>4</b>	<b>0%</b>
<b>Grand Total</b>	<b>7,798</b>	<b>100%</b>

### **Obstetrics Addiction Counselors**

This initiative supports one dedicated obstetrics addiction counselor at each of the 11 NYC H+H acute care facilities to prioritize perinatal patients experiencing SUD. Working as part of the ART, the obstetrics addiction counselor will support perinatal patients with SUD in birthing units, emergency departments, inpatient units, and bridging outpatient clinics and improve linkages to ongoing addiction care.

Services include:

- Referral to SUD (including OUD) treatment as part of the discharge plan
- Care coordination and navigation to care

- Screening, identification, and assessment of patient needs for SUD support
- Ongoing support, counseling, and connection to internal and external SUD resources for pregnant and postpartum patients and families
- Longitudinal perinatal support, counseling, and linkage to addiction services
- Collaboration with SUD team members, as well as local behavioral health, social work, medical, nursing, and other care team staff
- Enhancement of the care team's education and knowledge around topics of SUD and available supports
- Naloxone education and kit distribution
- Fentanyl and xylazine test strip distribution

**Obstetrics Addiction Counselor Program Planning Accomplishments: Fiscal Year 2026, First Quarter (July 1, 2025, Through September 30, 2025)**

Progress to date:<sup>†</sup>

- Four OB Addiction Counselors across sites have been hired and onboarded, orientation and training to full spectrum of addiction services at respective sites initiated.
- Office hours implemented to support the counselors, their supervisors and individuals acting to provide perinatal support.
- EMR clinician tool build for L&D medical providers 80% complete.
- Training expectations, guide and checklist sent to supervisors at all 11 facilities.
- Training plan and model approved by Council of Nursing Education for OB Nurses.

**Data: Fiscal Year 2026, First Quarter (July 1, 2025, Through September 30, 2025)**

Location	Fiscal Year 2026, Q1	
	Number	Percentage of Total
Outside of NYC (five boroughs)	2	100%
NYC (five boroughs)	0	0%
Bronx	0	0%
Brooklyn	0	0%
Manhattan	0	0%
Queens	0	0%
Staten Island	0	0%
Unknown	0	0%
<b>Grand Total</b>	<b>2</b>	<b>100%</b>

Ethnicity	Fiscal Year 2026, Q1	
	Number	Percentage of Total
Not Hispanic or Latino	2	100%
Hispanic or Latino	0	0%
Unknown	0	0%
<b>Grand Total</b>	<b>2</b>	<b>100%</b>

Sex	Fiscal Year 2026, Q1	
	Number	Percentage of Total
Male	0	0%
Female	2	100%
Unknown	0	0%
<b>Grand Total</b>	<b>2</b>	<b>100%</b>

### **Street Health Outreach and Wellness Mobile Harm Reduction**

NYC H+H's Street Health Outreach and Wellness (SHOW) program utilizes mobile units to provide health screenings, vaccinations, wound care, basic material necessities such as socks and bottled water, mental health and recovery support service referrals, and harm reduction services to New Yorkers who are unsheltered. A further goal of the program is to connect patients to NYC H+H facility-based Primary Care Safety-Net clinics, where they can receive ongoing medical care, including primary and preventive care and treatment for physical, behavioral, or mental health needs. NYC H+H is utilizing opioid settlement funding to create Mobile Harm Reduction roving teams consisting of a social worker, an addiction counselor, and a peer recovery counselor. With a focus on MAT and building patient trust, the goal of the program is to offer low-barrier health care and meet patients who are unsheltered where they are at.

Services include:

- SUD screening, brief intervention, and referral to treatment (SBIRT)
- Peer recovery counselor support
- Linkage to NYC H+H, community SUD, or mental health treatment
- Support NYC H+H staff with patients experiencing co-occurring SUD or other mental health disorders and homelessness
- Naloxone, fentanyl, and xylazine education and kit and test strip distribution

**Data: Fiscal Year 2026, First Quarter (July 1, 2025, Through September 30, 2025)**

Location	ZIP Code	Launch Date	Encounters
Bellevue	10002	January 1, 2023	1076
Woodhull	11221	March 23, 2023	712
Elmhurst	11373	May 23, 2023	618
Bellevue	10027	September 23, 2023	987
Lincoln	10451	June 25, 2024	4638

### **Substance Use Disorder Workforce Training Program**

NYC H+H's Office of Behavioral Health (OBH) has been allocated opioid settlement funds to implement the Substance Use Disorder Workforce Training Program (SUD WTP), a pivotal initiative aimed at

enhancing the quality of care for individuals with opioid use disorder seeking treatment at NYC H+H. The mission of the SUD WTP is to drive a transformative cultural and clinical shift, fostering a more compassionate, evidence-based, and patient-centered approach to OUD treatment. Through a comprehensive series of educational initiatives, the program seeks to equip behavioral health providers, medical professionals, and support staff with the necessary skills and knowledge to deliver high-quality care that is both anti-stigmatized and aligned with best practices. By focusing on improving clinical competence and cultural sensitivity, the SUD WTP aims to create a supportive, inclusive, and effective environment for individuals living with OUD across the NYC H+H system.

Training initiatives include:

- Emergency department OUD simulations: Synchronous training with simulated patients.
- E-learning (Relias): Asynchronous modules on an electronic learning platform for behavioral health providers and staff.
- Lunch and learn: Synchronous interactive modules for social workers and peers.
- Community learning: Synchronous, case-based learning for acute care providers, social workers, and peers.

Enhanced services for patients include:

- Grant-funded buprenorphine
- Sober socialization events

### Goals and Benefits

- To provide easy-to-access and evidence-based information on medical treatment, special populations (women, perinatal patients, families, and patients with co-occurring disorders), harm reduction, destigmatized language for behavioral health and non-behavioral health providers and staff that interact with patients living with OUD.
- To provide facility-determined, enhanced services for patients living with OUD.

### **Data: Fiscal Year 2026, First Quarter (July 1, 2025, Through September 30, 2025)**

Note: SUD-WTP started implementation and ramp up in FY23-24 and continues to develop, hire, and roll-out in FY26.

Metric	Fiscal Year 2026, First Quarter
Number of Phase 1 emergency medicine providers trained in OUD simulation	49
Total percentage of Phase 1 emergency medicine providers trained in OUD simulation	25%
Number of participants in non-simulation, synchronous trainings	159

Number of patients receiving enhanced services*	319**
Number (#) of participants enrolled in asynchronous training platform	128

\*Enhanced services include unique patients receiving grant-funded buprenorphine and total patient attendance at patient community-building events which include Sober Socialization, Creative Healing, and Patient Recognition projects. The Creative Healing group is a weekly therapeutic arts group for patients. The Harlem Recognition events are monthly celebrations to honor the hard work, dedication, and success of patients in their outpatient Addiction Service.

\*\*Number reflects total number of patient attendees at patient community-building events only (i.e., Sober Socialization, Creative Healing Group)"

<b>Q1 Programmatic Updates</b>
As of FY26 Q1, OUD Sim has trained a total of 253 emergency providers, and three training days per month have been scheduled for the remainder of FY26.
Synchronous training includes monthly, case-based learning community for acute care medical providers and peer counselors, and an OUD workshop for Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and Social Work staff.
As of FY26 Q1, all Addiction Services teams across 11 hospitals have received access to the Relias Training platform, with a total of 491 registered users.

### **Recovery, Integrated Support, Empowerment (R.I.S.E. Center at Lincoln)**

The RISE Center at Lincoln Hospital integrates Adult and Child Family Medicine/OBGYN, Adult and Child Behavioral Health, and Addiction Medicine co-located at one NYC H+H location with the goal of meeting the critical needs of pregnant and parenting people and their children impacted by substance use disorder (SUD). RISE is a multidisciplinary specialty care model that will serve pregnant and parenting people and their children receiving care at participating NYC H+H facilities as well as those referred from outside the NYC H+H system. RISE's family-based model builds upon NYC H+H's clinical expertise in the management of substance use during pregnancy, and its experience developing and implementing family-based mental health services for families affected by HIV and substance use. The program will leverage a team of medical/behavioral health providers, social workers, community health workers, and certified peer counselors with lived SUD experience to support pregnant and parenting people struggling with addiction while also addressing the primary care, psychosocial, and mental health needs of their children.

Services include:

- Expert evaluation, diagnosis and treatment of pregnant and postpartum patients and their children impacted by SUD seeking care for themselves and their children.
- Family Medicine Services such as routine primary care and /OBGYN visits; annual well visits; annual immunizations; vitals checks for adults and children.
- BH Services with 1:1 therapy sessions, group therapy sessions, child developmental assessments.

- Addiction Medicine Services to provide medically supervised out-patient program offering medically assisted treatment and individual and group recovery support services.

**Recovery, Integrated Support, Empowerment Planning: Fiscal Year 2026, First Quarter (July 1, 2025, Through September 30, 2025)**

Progress to date:<sup>†</sup>

- Planning meetings, including one with NYS, occur regularly to pursue the three separate Integrated Outpatient Licenses via a limited review application, aiming to submit a comprehensive application by June 2026. Starting in late September, efforts were made to better integrate steps related to the design-build contract approval, and input from Lincoln's finance office.
- The architectural firm to design the Lincoln clinical service areas for the RISE Center, Barr + Barr, is awaiting contract approval as of this report.
- Together with Lincoln, the Office of Facilities Development has begun preparing the Certificate of Need (CON) in tandem with an outside vendor to conduct the Health Equity Impact Assessment (HEIA), both of which are requirements for the IOS LRA submission.
- Integration of RISE clinical personnel into existing Lincoln service areas remains the plan; an initial hire, an Assistant Director, is being prepared within Lincoln to support administrative and planning efforts of the RISE Center, and will be posted next quarter.
- Meetings with the Lincoln clinical work group are revisiting and further refining RISE's staffing model following review by their CFO. This group plans to lay groundwork for final review of architectural schematics in Winter 2026.

<sup>†</sup> Data will be available once program is implemented.

## Opioid Fund Expenditures FY23 and FY24

Agency	Program	FY23 Expenditures	FY24 Expenditures
DOHMH	SSP (OnPoint NYC)	\$ 8,440,903	\$ 8,440,903
DOHMH	DOHMH Oversight Staff	\$ -	\$ 101,057
DOHMH	Naloxone	\$ -	\$ 2,200,000
OCME	DIIG	\$ -	\$ 678,411
H+H	SHOW MHR	\$ 267,177	\$ 890,843
H+H	ED Leads	\$ 5,609,048	\$ 9,885,580
H+H	SUD-WTP	\$ -	\$ 1,183,202
H+H	CATCH	\$ 6,522,604	\$ 5,375,160
H+H	Virtual ExpressCare	\$ 399,819	\$ 265,215
<b>Grand Total</b>		<b>\$ 21,239,551</b>	<b>\$ 29,020,371</b>

12.30