



Opioid Settlement Funds Report

Total Amount of Opioid Funds Received as of the End of Fiscal Year 2024	
	Total
Funds Received	\$154.3 million

Total Amount of Opioid Funds Appropriated in the Prior Fiscal Year (Fiscal Year 2024)	
	Fiscal Year 2024
Funds Appropriated	\$33 million

Total Amount of Opioids Appropriated for the Next Four Fiscal Years (Fiscal Year 2025 to Fiscal Year 2028)				
	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027	Fiscal Year 2028
Funds Appropriated	\$41 million	\$48 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, between July 2024 and November 2024, OnPoint NYC provided:

- 14,901 harm reduction services to 3,808 participants. Services included provision of naloxone, health education, buprenorphine prescription, rapid HCV tests, and referrals to outside organizations for care.
- 94,404 services addressing participants' basic needs, such as respite, meals, laundry, and bathroom, and shower use in their drop-in center

Demographic Characteristics of Participants Receiving Harm Reduction Services at OnPoint NYC, July Through November 2024

Source: eSHARE | **Extraction Date:** December 4, 2024

	Number	Percentage of Total
Total Participants Receiving Harm-Reduction Services		
	3,808	100%
Gender Identity		
Man	2,582	67.8%
Woman	1,144	30.0%
Transgender man	9	0.2%
Transgender woman	26	0.7%
Other*	47	1.2%
Race and Ethnicity[†]		
Latino	2,044	53.7%
White	525	13.8%
Black	1,084	28.5%
Asian or Pacific Islander	38	1.0%
Other	101	2.7%
Declined	16	0.4%

* Other includes people who are gender nonconforming, nonbinary, or questioning.

[†] Latino includes people of Hispanic origin based on ancestry reported in eSHARE demographics, regardless of reported race. White, Black, and Asian or Pacific Islander do not include people of Latino origin.

Number of Harm Reduction Services at OnPoint NYC, July Through November 2024

Source: eSHARE | Extraction Date: December 4, 2024

SND Extraction Date: July 26, 2024

	Number
Total Harm Reduction Services	
Basic needs [‡]	94,404
Identified and confidential services [†]	13,325
Anonymous and group services [‡]	1,576

[‡] Services included respite, meals, laundry, and bathroom, and shower use in their drop-in center.

[†] Identified and confidential services require a program intake and include infectious diseases testing, harm reduction education, and naloxone distribution.

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

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.^{1,2,3} Overdose bereaved individuals are also at higher risk of depression, post-traumatic stress disorder, and prolonged grief than other bereaved populations.⁴ 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.^{5,6}

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.

¹ 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)

² 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)

³ 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)

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

⁵ 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)

⁶ 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)

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 1, 2024, Through November 17, 2024)

Gender	Individuals Contact	Individuals Successfully Engaged
Male	425	272
Female	786	542
Other	0	0
Total	1,211	814

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

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 2025, First and Second Quarters (July 1, 2023, Through December 31, 2023)

Location	Fiscal Year 2025, First Quarter	
	Number	Percentage of Total
Outside of NYC (five boroughs)	113	2%
NYC (five boroughs)	6,534	93%
Bronx	2,567	37%
Brooklyn	1,462	21%
Manhattan	948	14%
Queens	1,518	22%
Staten Island	39	1%
Unknown	363	5%
Grand Total	7,010	100%

Ethnicity	Fiscal Year 2025, First Quarter	
	Number	Percentage of Total
Not Hispanic or Latino	4,067	58%
Hispanic or Latino	2,938	42%
Unknown	5	0%
Grand Total	7,010	100%

Sex	Fiscal Year 2025, First Quarter	
	Number	Percentage of Total
Male	5,577	80%
Female	1,433	20%
Unknown	0	0%
Grand Total	7,010	100%

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:

- SBIRT for SUD
- 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 2025, First Quarter (July 1, 2024, Through September 30, 2024)

Location	ZIP Code	Launch Date	Encounters
Bellevue	10002	January 1, 2023	539
Woodhull	11221	March 23, 2023	432
Elmhurst	11373	May 23, 2023	674
Bellevue	10027	September 23, 2023	662
Lincoln	10451	June 25, 2024	1,524

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-stigmatic 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 2025, First Quarter (July 1, 2024, Through September 30, 2024)

Metric	Fiscal Year 2025, First Quarter
Number of Phase 1 emergency medicine providers trained in OUD simulation	82
Total percentage of Phase 1 emergency medicine providers trained in OUD simulation	8%
Number of participants in non-simulation, synchronous trainings	13
Number of patients receiving enhanced services*	195

* Enhanced services include grant-funded buprenorphine produce (156 patients) and sober socialization events (39 patients). Demographic data will be collected moving forward and reported in line with NYC H+H cell suppression rules.

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. 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 2025, First Quarter (July 1, 2024, Through September 30, 2024)

Progress to date:[†]

- Identified ART sites: Harlem, Jacobi, and Queens.
- Confirmed the ART staffing model at each site.
- Finalized the ART table of organization at each site.

- Developed ART staff functional job descriptions.
- Established and held a weekly work group to begin ART program planning.

[†] Data will be available once program is implemented.

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
- 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 2025, First Quarter (July 1, 2024, Through September 30, 2024)

Progress to date:*

- Drafted obstetrics addiction counselor functional job descriptions.
- Identified sites who will be receiving an obstetrics addiction counselor — all 11 NYC H+H acute care facilities.
- Presented the obstetrics addiction counselor program to internal stakeholders to obtain buy-in and support.
- Established a weekly work group for obstetrics addiction counselor program planning.
- Drafted electronic medical record optimization for the current addiction consult order to include an obstetrics addiction counselor workflow.

* Data will be available once program is implemented.