



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 April 2025, OnPoint NYC provided:

- 38,179 harm reduction services to 6,599 participants. Services included provision of naloxone, health education, buprenorphine prescription, rapid HCV tests, and referrals to outside organizations for care.
- 164,857 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 2024 Through April 2025

Source: eSHARE | **Extraction Date:** May 6, 2025

	Number	Percentage of Total
Total Participants Receiving Harm-Reduction Services		
	6,599	100%
Gender Identity		
Man	4,607	69.8%
Woman	1,837	27.8%
Transgender man	17	0.3%
Transgender woman	55	0.8%
Other*	83	1.3%
Race and Ethnicity[†]		
Latino	3,335	50.5%
White	1,011	15.3%
Black	1,996	30.2%
Asian or Pacific Islander	64	1.0%
Other	164	2.5%
Declined	29	0.4%

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

[†] Latino/a 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/a origin.

Number of Harm Reduction Services at OnPoint NYC, July 2024 Through April 2025

Source: eSHARE | **Extraction Date:** May 6, 2025

SND Extraction Date: July 26, 2024

	Number
Total Harm Reduction Services	
Basic needs*	164,857
Identified and confidential services†	29,230
Anonymous and group services‡	8,949

* 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.

Naloxone Distribution

BADUPCT's naloxone distribution work is implemented by our Overdose Education and Naloxone Distribution Unit (OENDU), which develops and implements initiatives to reduce and prevent opioid overdose deaths in New York City. The Unit provides naloxone, fentanyl test strips, training, and technical assistance to over 320 Opioid Overdose Prevention Programs (OOPPs) across New York City. OOPPs provide community-based overdose prevention, recognition, and response education and distribute naloxone directly to community members. The Health Department is also an OOPP and provides in-person and virtual overdose response training and in-person and mail-based naloxone distribution. In addition, OENDU provides contract management, fiscal, technical, and programmatic support to 27 contracted OOPPs for strategic naloxone distribution and 3 contracted OOPPs for implementation and management of Public Health Vending Machines in NYC.

Program Outcomes:

- FY24 : 314,564 naloxone kits purchased and 126 trainings
- FY25 (July 1, 2024, through March 31, 2025): 207,471 naloxone kits purchased and 102 trainings

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

Program name (with administration via Public Health Solutions)	Program description
United Activities Unlimited (UAU) - Prevention Program	<p>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.</p>
Camelot - OASAS Certified Part 822 Program	<p>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.</p>
Richmond University Medical Center (RUMC) - OASAS Certified Part 822 Program	<p>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.</p>

<p>Young Men's Christian Association (YMCA) - OASAS Certified Part 822 Program</p>	<p>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.</p>
<p>Community Health Action Of Staten Island, Inc. (CHASI) - Recovery Center</p>	<p>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.</p>
<p>Staten Island Performing Provider System (SI PPS)</p>	<p>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.</p>

<p>The Staten Island Partnership for Community Wellness, Inc (SIPCW)</p>	<p>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.</p>
<p>Staten Island University Hospital (SIUH)</p>	<p>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.</p>

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.^{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. 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 March 31, 2025)

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, Schrage 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)

Gender	Individuals Contact	Individuals Successfully Engaged
Male	856	534
Female	1496	1025
Other	3	1
Total	2355	1560

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. 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.

ART Program Planning Accomplishments: Fiscal Year 2025, Second Quarter (October 1, 2024, Through December 31, 2024)

Progress to date:[†]

- Finalized facility budgets
- Met with executive suite at ART facilities for updates, buy in, and support
- Distributed hiring memos and job descriptions to hiring managers
- Launched monthly facility workgroups for service implementation
- Formed internal workgroup to identify electronic medical record optimizations for service delivery goals

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

ART Program Planning Accomplishments: Fiscal Year 2025, Third Quarter (January 1, 2025 Through March 31, 2025)

Progress to date:[†]

- Inaugural ART staff (.5 FTE physician) hired at Jacobi in FY25 Q3.
- Office of Behavioral Health continued to hold monthly workgroups with the three ART facility leads, mapping out clinical workflows and identifying staff desk and patient bridge space.
- The Addiction Consult Service electronic medical record was optimized to include a "substance type" field for streamlined care.

[†] Including planning accomplishments and data as only one staff onboarded so far

Data: Fiscal Year 2025, Third Quarter (January 1, 2025, Through March 31, 2025)

County	Fiscal Year 2025, Third Quarter
	Number
Bronx	11
New York	2
Queens	1
Westchester	1
Yonkers	1
Unknown	0
Grand Total	15

Ethnicity	Fiscal Year 2025, Third Quarter	
	Number	Percentage of Total

Not Hispanic or Latino	8	53%
Hispanic or Latino	7	47%
Unknown	0	0%
Grand Total	15	100%

Sex	Fiscal Year 2025, Third Quarter	
	Number	Percentage of Total
Male	2	13%
Female	13	87%
Unknown	0	0%
Grand Total	15	100%

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, Second, and Third Quarters (July 1, 2024, Through March 31, 2025)

Location	Fiscal Year 2025, First, Second, and Third Quarters	
	Number	Percentage of Total
Outside of NYC (five boroughs)	489	2%
NYC (five boroughs)	20,449	96%
Bronx	7,602	36%
Brooklyn	4,449	21%
Manhattan	3,570	17%
Queens	4,698	22%
Staten Island	130	1%
Unknown	338	2%
Grand Total	21,276	100%

Ethnicity	Fiscal Year 2025, First, Second, and Third Quarters	
	Number	Percentage of Total
Not Hispanic or Latino	12,631	59%
Hispanic or Latino	8,628	41%
Unknown	17	0%
Grand Total	21,276	100%

Sex	Fiscal Year 2025, First, Second, and Third Quarters	
	Number	Percentage of Total
Male	16,859	79%
Female	4,402	21%
Unknown	15	0%
Grand Total	21,276	100%

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.

Obstetrics Addiction Counselor Program Planning Accomplishments: Fiscal Year 2025, Second Quarter (October 1, 2024, Through December 31, 2024)

Progress to date:[†]

- Job descriptions for OB Addiction Counselor were created
- Presented OB Addiction Counselor program to internal stakeholders to obtain buy in and support
- Launched interdepartmental addiction service and OB workgroups
- Submitted electronic medical record optimization for current Addiction Consult order to include an OB Addiction Counselor workflow

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

Obstetrics Addiction Counselor Program Planning Accomplishments: Fiscal Year 2025, Third Quarter (January 1, 2025, Through March 31, 2025)

Progress to date:[†]

- OB Addiction Counselor positions posted, interviews in progress.

- Presented pregnancy validation screening tool (5Ps) to ambulatory and inpatient nursing leadership.
- OB clinic sites visits: Coordination in process.

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

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, Second, and Third Quarters (July 1, 2024, Through March 31, 2025)

Location	ZIP Code	Launch Date	Encounters
Bellevue	10002	January 1, 2023	1,432
Woodhull	11221	March 23, 2023	1,625
Elmhurst	11373	May 23, 2023	1,595
Bellevue	10027	September 23, 2023	1,789
Lincoln	10451	June 25, 2024	6,581

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, Second, and Third Quarters (July 1, 2024, Through March 31, 2025)

Metric	Fiscal Year 2025, First Quarter	Fiscal Year 2025, Second Quarter	Fiscal Year 2025, Second Quarter
Number of Phase 1 emergency medicine providers trained in OUD simulation	82	26	0
Total percentage of Phase 1 emergency medicine providers trained in OUD simulation	8%	11%	11%
Number of participants in non-simulation, synchronous trainings	13	116	257
Number of patients receiving enhanced services*	195	283**	184
Number (#) of participants enrolled in asynchronous training platform	—	17	172

* 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.

**Number reflects total number of patient attendees at Sober Socialization events; data reflecting grant-funded buprenorphine will be reported in Q3.

Q3 Programmatic Updates
In FY25 Q3, The ED OUD Simulation program took a training hiatus as it created the staffing, scheduling systems, and communication structures needed to run this systemwide program. Training restarted in FY25 Q4.
The program's new synchronous training initiatives included a monthly, case-based learning community for acute care, addiction medical providers, and a retreat for addiction peers to update their knowledge about caring for patients with OUD.
As of Q3, planning for addiction counselor retreats began with a focus on OUD, and a monthly didactic with related case discussion for the addiction services peers and social workers.
In this quarter, 107 unique patients received grant funded bupe as part of enhanced patient services. The facilities held fewer Sober Socialization events in Q3 due to less holidays.
As of FY25 Q3, 62 (36%) of 172 enrolled participants have completed at least one asynchronous training courses; and 53 different courses were accessed.

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 2025, Third Quarter (January 1, 2025 Through March 31, 2025)

Progress to date:[†]

- The OSF funding for R.I.S.E. is slated to begin in FY2026 at \$1.5M, ramping up to around \$3.6M in FY2027.
- Initiation of IOS licensing from NYS DOH, OMH, OASAS in process. Approval of article 28, 31 and 32 licenses will allow RISE to provide fully integrated care and reimburse for outpatient services with flexibility to submit one claim for multiple services same day.
- Floor plan for the construction of the sixth floor space at Lincoln Hospital in process and ongoing with NYC H+H Office of Facilities and Design, Lincoln clinical service areas, and Central Office. Selection process for design-build team has been completed with board and other approvals pending.
- Initiation and ongoing integration of RISE with Lincoln service areas, including ongoing meetings with Lincoln clinical work group to review and enhance RISE's staffing model, timeline for hiring staff, hours of operation, and other clinical and operational issues.
- Initiation and ongoing integration of RISE with Lincoln Addiction Medicine Services to facilitate timely, warm hand-offs to for referrals to one another's programs, and sharing of best practices and research in the addiction medicine field.
- Initiation and ongoing collaboration with Bronx Community-Based Organizations, including harm reduction CBO's will be key to gaining the trust of the community and RISE's services at Lincoln Hospital.
- Creation of an initial collection of resources for families and caregivers will be continuously updated based on the needs of families, caregivers, and the community once the program is implemented.
- Development of an initial framework for implementation evaluation created and funding sought once the program is implemented.

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