



Opioid Settlement Funds Report

Pursuant to Local Law 122 of 2022, this report discloses use of monies paid to New York City (NYC) pursuant to the New York opioid settlement sharing agreement. This report was compiled by the NYC Office of Management and Budget in collaboration with the NYC Department of Health and Mental Hygiene (Health Department), NYC Health + Hospitals (H+H), and the NYC Office of the Chief Medical Examiner (OCME).

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

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

Total Amount of Opioids Appropriated for the Next Four Fiscal Years (Fiscal Year 2024 to Fiscal Year 2027)				
Money in Millions	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 Health Department 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 risk of overdoses 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 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 to date (July 2023 through April 2024), OnPoint NYC provided:

- 25,862 harm-reduction services to 6,685 participants. Services (both individual and group) include 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.

Demographic Characteristics of Participants Receiving Harm-Reduction Services at OnPoint NYC, July 2023 Through June 2024

Source: eSHARE | Extraction Date: July 22, 2024

	Number	Percentage of Total
Total Participants Receiving Harm-Reduction Services		
	6,685	100%
Gender Identity		
Man	4,786	71.6%
Woman	1,737	26.0%
Transgender man	23	0.3%
Transgender woman	59	0.9%
Other*	80	1.2%
Race and Ethnicity[†]		
Latino/a	3,405	50.9%
White	1,049	15.7%
Black	1,971	29.5%
Asian or Pacific Islander	64	1.0%
Other	153	2.3%
Declined	43	0.6%

* 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.

Drug Intelligence and Intervention Group

The Drug Intelligence and Intervention Group (DIIG) at the NYC 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-

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)

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, 2023, Through June 30, 2024)

Gender	Individuals Contacted	Individuals Successfully Engaged
Male	677	471
Female	1,197	891
Other	3	2
Total	1,877	1,364

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

Emergency Department Leads

Since 2017, NYC 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 EDs 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

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)

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, as well as the provision of harm-reduction resources. In addition, ED leads provide patients with harm-reduction resources and connections to community-based services and supports as well as support a warm handoff 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 2024, First Through Fourth Quarters (July 1, 2023, Through June 30, 2024)

Location	Fiscal Year 2024, First Quarter		Fiscal Year 2024, Second Quarter		Fiscal Year 2024, Third Quarter		Fiscal Year 2024, Fourth Quarter		Total	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
Outside of NYC (five boroughs)	182	3%	133	2%	167	3%	217	3%	699	3%
NYC (five boroughs)	5,405	97%	5,461	98%	5,999	97%	6,733	97%	23,598	97%
Bronx	2,013	36%	2,230	40%	2,301	37%	2,593	37%	9,137	38%
Brooklyn	1,289	23%	1,299	23%	1,458	24%	1,545	22%	5,591	23%
Manhattan	917	16%	850	15%	899	15%	964	14%	3,630	15%
Queens	1,153	21%	1,049	19%	1,301	21%	1,610	23%	5,113	21%
Staten Island	33	1%	33	1%	40	0%	21	0%	127	1%
Unknown	0	0%	3	0%	7	0%	10	0%	20	0%
Grand Total	5,587	100%	5,597	100%	6,173	100%	6,960	100%	24,317	100%

Ethnicity	Fiscal Year 2024, First Quarter		Fiscal Year 2024, Second Quarter		Fiscal Year 2024, Third Quarter		Fiscal Year 2024, Fourth Quarter		Total	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
Not Hispanic or Latino/a	3,388	61%	3,441	61%	3,815	62%	4,146	60%	14,790	61%
Hispanic or Latino/a	2,194	39%	2,152	38%	2,349	38%	2,806	40%	9,501	39%
Unknown	5	0%	4	0%	9	0%	8	0%	26	0%
Grand Total	5,587	100%	5,597	100%	6,173	100%	6,960	100%	24,317	100%

Sex	Fiscal Year 2024, First Quarter		Fiscal Year 2024, Second Quarter		Fiscal Year 2024, Third Quarter		Fiscal Year 2024, Fourth Quarter		Total	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
Male	4,429	79%	4,393	78%	4,868	79%	5,538	80%	19,228	79%
Female	1,153	21%	1,203	21%	1,304	21%	1,422	20%	5,082	21%
Unknown	5	0%	1	0%	1	0%		0%	7	0%
Grand Total	5,587	100%	5,597	100%	6,173	100%	6,960	100%	24,317	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 2024, First and Second Quarters (July 1, 2023, Through December 31, 2023)

Location	ZIP Code	Launch Date	Quarter	Encounters
Bellevue	10002	January 1, 2023	Fiscal Year 2024, First Quarter (January to September 2023)	1,222
			Fiscal Year 2024, Second Quarter (October to December 2023)	603
			Fiscal Year 2024, Third Quarter (January to March 2024)	581

			Fiscal Year 2024, Fourth Quarter (April to June 2024)	577
			Fiscal Year 2024	2,983
Woodhull	11221	March 23, 2023	Fiscal Year 2024, First Quarter (January to September 2023)	776
			Fiscal Year 2024, Second Quarter (October to December 2023)	587
			Fiscal Year 2024, Third Quarter (January to March 2024)	531
			Fiscal Year 2024, Fourth Quarter (April to June 2024)	643
			Fiscal Year 2024	2,537
Elmhurst	11373	May 23, 2023	Fiscal Year 2024, First Quarter (January to September 2023)	685
			Fiscal Year 2024, Second Quarter (October to December 2023)	793
			Fiscal Year 2024, Third Quarter (January to March 2024)	680
			Fiscal Year 2024, Fourth Quarter (April to June 2024)	666
			Fiscal Year 2024	2,824
Bellevue	10027	September 23, 2023	Fiscal Year 2024, First Quarter (January to September 2023)	187
			Fiscal Year 2024, Second Quarter (October to December 2023)	595
			Fiscal Year 2024, Third Quarter (January to March 2024)	344
			Fiscal Year 2024, Fourth Quarter (April to June 2024)	649
			Fiscal Year 2024	1,775

Lincoln	10451	June 25, 2024	Fiscal Year 2024, First Quarter (January to September 2023)	
			Fiscal Year 2024, Second Quarter (October to December 2023)	
			Fiscal Year 2024, Third Quarter (January to March 2024)	
			Fiscal Year 2024, Fourth Quarter (April to June 2024)	74
			Fiscal Year 2024	74

Consult for Addiction Treatment and Care in Hospitals

Since 2017, NYC H+H has been provided funding to implement Consult for Addiction Treatment and Care in Hospitals (CATCH). CATCH is an inpatient addiction consult service providing SUD consultations, including OUD, to inpatient medicine and surgical patients located at six NYC H+H locations (Bellevue, Elmhurst, Lincoln, Metropolitan, South Brooklyn Health and Woodhull). CATCH teams are multidisciplinary and consist of medical providers with addiction medicine expertise, social workers and licensed counselors, and certified peer counselors. The goal of CATCH is to screen and assess patients in need of SUD or OUD treatment, support withdrawal management, initiate MAT (including buprenorphine), provide peer support and counseling, and connect patients to post-discharge CATCH bridging services or referrals to SUD or OUD treatment, including people who have co-occurring mental health conditions or are experiencing homelessness. In addition, CATCH provides patients with harm reduction resources and connections to community-based services and supports as well as supports a warm handoff to a treatment or recovery center’s transportation services.

Services include:

- Expert evaluation, diagnosis and treatment of patients who have SUD or OUD and have been hospitalized for any medical condition
- Withdrawal management support
- MAT
- Individual counseling
- Peer support
- Referral to SUD (including OUD) treatment, as part of the discharge plan
- Naloxone education and kit distribution, offering to all CATCH patients, including those who have experienced a nonfatal opioid overdose or have an OUD
- Fentanyl test strip and xylazine test strip distribution, offering to those who have experienced a nonfatal opioid overdose or have an OUD
- SUD bridging, including for patients who have experienced a nonfatal opioid overdose

Data: Fiscal Year 2024, First Through Fourth Quarters (July 1, 2023, Through June 30, 2024)

Location	Fiscal Year 2024, First Quarter		Fiscal Year 2024, Second Quarter		Fiscal Year 2024, Third Quarter		Fiscal Year 2024, Fourth Quarter		Total	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
Outside of NYC (five boroughs)	48	2%	29	2%	34	2%	21	1%	132	2%
NYC (five boroughs)	1,733	80%	1,520	81%	1,663	80%	1,596	74%	6,512	79%
Bronx	418	19%	357	19%	432	21%	411	19%	1,618	20%
Brooklyn	521	24%	483	26%	520	25%	536	25%	2,060	25%
Manhattan	342	16%	297	16%	325	16%	275	13%	1,239	15%
Queens	440	20%	375	20%	380	18%	363	17%	1,558	19%
Staten Island	12	1%	8	0%	6	0%	11	1%	37	0%
Unknown	384	18%	318	17%	386	19%	537	25%	1,625	20%
Grand Total	2,165	100%	1,867	100%	2,083	100%	2,154	100%	8,269	100%

Ethnicity	Fiscal Year 2024, First Quarter		Fiscal Year 2024, Second Quarter		Fiscal Year 2024, Third Quarter		Fiscal Year 2024, Fourth Quarter		Total	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
Not Hispanic or Latino/a	917	42%	775	42%	859	41%	814	38%	3,365	41%
Hispanic or Latino/a	705	33%	633	34%	670	32%	658	31%	2,666	32%
Unknown	543	25%	459	25%	554	27%	682	32%	2,238	27%
Grand Total	2,165	100%	1,867	100%	2,083	100%	2,154	100%	8,269	100%

Sex	Fiscal Year 2024, First Quarter		Fiscal Year 2024, Second Quarter		Fiscal Year 2024, Third Quarter		Fiscal Year 2024, Fourth Quarter		Total	
	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total	Number	Percentage of Total
Male	1,590	73%	1,368	73%	1,475	71%	1,420	66%	5,853	71%
Female	301	14%	284	15%	332	16%	329	15%	1,246	15%
Unknown	274	13%	215	12%	276	13%	405	19%	1,170	14%
Grand Total	2,165	100%	1,867	100%	2,083	100%	2,154	100%	8,269	100%

Virtual ExpressCare

ExpressCare’s service line includes around-the-clock access to urgent mental health and substance use treatment services via telehealth as a comprehensive strategy to improve access to treatment, better coordinate care, and innovate treatment for OUD and any co-occurring SUD or mental health conditions.

The service is available 24/7 with a treatment team comprising psychiatrists, mental health nurse practitioners, social workers and addiction counselors.

- **Target population:** Adults and adolescents who are in need of mental health and substance abuse care
- **Locations:** Virtual from anywhere (in NYS) – accessible at [expresscare.nyc](https://www.expresscare.nyc) or 631-EXP-Care

- **Partnerships:** 855-EXP-BUPE (855-397-2873), a dedicated phone line to MAT, NYS Office of Addiction Services and Supports (citywide), Helping Healers Heal, NYC Mayor’s Office of Community Mental Health (more than 12 community-based organizations), NYC Department of Homeless Services (55 shelters), MetroPlus Virtual Visit, SHOW vans and Meyers Clinics

The goals and benefits of ExpressCare are:

- Increasing access to treatment via telehealth for patients with OUD and any co-occurring SUD or mental health conditions
- Addressing the stigma associated with mental health and substance use treatment by affording patients a safe and confidential place to access the care they need

Services include:

- Brief intervention counseling
- Crisis intervention
- Bridging medication management, including MAT (buprenorphine)
- Referral to ongoing behavioral health care
- Treatment for urgent conditions, such as anxiety, depression, shifts in mood, burnout, stress, withdrawal, emotional distress, substance use and addiction issues

Important Metrics

- Available 24/7
- Average wait time of 2.2 minutes per call
- 88% patient satisfaction, with a net promoter score of +67

Data

Note: The service was going through initial implementation and ramp-up in 2023.

Buprenorphine prescribed: 32

Visits by Quarter	Total Visits	Patients With SUD	Percentage of People With SUD
Fiscal Year 2024, First Quarter	1,376	109	8%
Fiscal Year 2024, Second Quarter	1,730	99	6%
Fiscal Year 2024, Third Quarter	2,187	145	7%
Fiscal Year 2024, Fourth Quarter	2,352	189	8%
Grand Total	7,645	542	7%

Visits by Geography and Demographics

County	ZIP Code	Fiscal Year 2024, First Quarter	Fiscal Year 2024, Second Quarter	Fiscal Year 2024, Third Quarter	Fiscal Year 2024, Fourth Quarter	Total
Albany		2		1	1	4
	12047	2				2
	12206			1	1	2
Bronx		22	21	28	26	97
	10451	1	3	3	3	10
	10452		1	1	1	3
	10453	3		1	2	6
	10454		2	3	2	7
	10455	5	1	3	3	12
	10456	2	2	3	4	11
	10457			1	1	2
	10459	1	1	3		5
	10460	1			1	2
	10461	1	2	1	2	6
	10462	4	1	1	1	7
	10463			1		1
	10465	1	3		1	5
	10466	1				1
	10467	1	1	3		5
	10468	1		2	3	6
	10470			1		1
	10472		1		2	3
	10473		3	1		4
Kings		40	34	42	68	184
	11203	2		2	4	8
	11204				1	1
	11205		2	2	3	7
	11206	6	2	3	6	17
	11207	2	1	2	2	7
	11208	1	1		3	5
	11209	2		1		3
	11210	3	3	1	2	9
	11211			1	2	3
	11212	1	3		2	6
	11213			2	3	5
	11214		3		2	5

	11216	1		1		2
	11218		1	2	1	4
	11220				1	1
	11221	1	2	6	7	16
	11222	2	1		1	4
	11223		2		8	10
	11224	3	1	6	9	19
	11225	1	1	1	1	4
	11226	2	1	1	1	5
	11229			1		1
	11230	1	3		2	6
	11233	1	1	2		4
	11234	4		3		7
	11235	2	2	2	5	11
	11236		1	1		2
	11237	1		1		2
	11238	1			1	2
	11249		1			1
	11432	3	2	1	1	7
Nassau		2		1	1	4
	11510	1				1
	11553			1		1
	11561	1				1
	11570				1	1
New York		30	17	39	41	127
	10001			1		1
	10002	1			2	3
	10003	1			2	3
	10006				1	1
	10009				1	1
	10010			1	1	2
	10012	1				1
	10013			2		2
	10016		4	3	1	8
	10017				1	1
	10019			1	1	2
	10023	1				1
	10025	1	1		1	3
	10026	2		2	2	6
	10027	6	3	3	3	15
	10028				3	3
	10029			3	2	5
	10030			3		3

	10031	1		1	1	3
	10032				2	2
	10033	8	5	8	5	26
	10035	2	2	3	3	10
	10036			4		4
	10037	2			2	4
	10038	1			2	3
	10039	1		1	5	7
	10065	1		1		2
	10128	1				1
	10458		1	1		2
	10469		1	1		2
Orange		1				1
Putnam	12785	1		1		1
Queens	10512	10	20	18	33	81
	11101		4		3	7
	11102				1	1
	11103	1				1
	11104			1		1
	11105	1				1
	11106				1	1
	11354	1				1
	11357				1	1
	11358				1	1
	11365	2			1	3
	11368		2	1	2	5
	11369		1	1		2
	11370		1			1
	11372	1	2	2		5
	11373		1	1	1	3
	11375				2	2
	11377	1		2		3
	11378			1	1	2
	11379		1			1
	11385	3	1			4
	11415			2		2
	11416		1			1
	11419		2		2	4
	11420		2	1	2	5
	11422				1	1
	11423			1		1

	11427			2	1	3
	11433				2	2
	11434		2	2	5	9
	11691				1	1
	11692			1	5	6
Richmond		2	6	9	11	28
	10301		1			1
	10302		2			2
	10304	1	1			2
	10306		1	2	1	4
	10307			3	2	5
	10308			3	8	11
	10310		1			1
	10314	1		1		2
Sullivan			1			1
	12775		1			1
Westchester				5	5	10
	10553			4	4	8
	10562				1	1
	10701			1		1
Bergen				1	2	3
	7666				2	2
	7601			1		1
Passaic					1	1
	7501				1	1
Grand Total		109	99	145	189	542

Race and Ethnicity	Fiscal Year 2024, First Quarter	Fiscal Year 2024, Second Quarter	Fiscal Year 2024, Third Quarter	Fiscal Year 2024, Fourth Quarter	Total
Hispanic or Latino/a	48	36	53	40	177
White	24	25	29	47	125
Black or African American	22	18	33	43	116
Other	6	13	17	40	76
Asian, Native Hawaiian or Pacific Islander	4	7	9	12	32
Chose not to disclose or unknown	3	0	3	5	11

Two or more Races	2	0	1	2	5
Grand Total	109	99	145	189	542

Sex	Fiscal Year 2024, First Quarter	Fiscal Year 2024, Second Quarter	Fiscal Year 2024, Third Quarter	Fiscal Year 2024, Fourth Quarter	Total
Male	73	70	105	130	378
Female	36	29	40	59	164
Unknown	0	0	0	0	0
Declined to answer	0	0	0	0	0
Grand Total	109	99	145	189	542

Spoken Language	Fiscal Year 2024, First Quarter	Fiscal Year 2024, Second Quarter	Fiscal Year 2024, Third Quarter	Fiscal Year 2024, Fourth Quarter	Total
English	98	87	131	173	489
Spanish	11	8	9	9	37
Russian		2	2	2	6
Cantonese		1		2	3
Other		1		2	3
Ukrainian			2		2
Turkish			1		1
Punjabi				1	1
Grand Total	109	99	145	189	542

Workforce Training Program

NYC H+H’s Office of Behavioral Health (OBH) is developing the first-ever systemwide behavioral health training to the NYC H+H workforce on the substance use continuum, the Substance Use Disorder Workforce Training Program (SUD WTP). The training will transform how NYC H+H prepares its workforce to address SUDs by focusing on stigma and harm reduction, effective communication and referral strategies, and building expertise in SUD treatment modalities. Upon full implementation, the program aims to reach at least 3,000 NYC H+H staff in order to:

- Achieve systemic culture change in the treatment of individuals with SUD
- Facilitate appropriate SUD care management
- Enhance the use of technology to improve coordination of patient care, reporting and responsiveness

Alongside in-person and virtual training, the program also includes five SUD fellowships, an artificial intelligence-powered clinical chatbot providing real-time clinical guidance and navigation to services for non-SUD experts, and experiential training to provide in-depth

simulation opportunities to ED physicians who encounter SUD patients on an increasing basis. Planning took place in fiscal year 2023, and implementation has taken place in fiscal year 2024.

Hiring: As of August 2, 2024, the SUD WTP has hired one Assistant Coordinating Manager.

Vendor: Training curricula development for clinical and nonclinical staff commenced on Relias, the online education platform that will be accessible to Chemical Dependency and Mental Health clinic staff.

Relias, the electronic learning system platform, began the NYC H+H security clearance and integration into NYC H+H systems. The SUD WTP finalized a request for proposal and contractual process to work with Show the Good, a social story telling videographer, to create 50 high-impact training videos. The program also completed one Addiction Medicine Physician Fellowship contract with Lincoln Hospital and NewYork-Presbyterian/Cornell. In quarters 3 and 4, the Sober Socialization project was funded and implemented at one facility and is becoming the model for others in the system. These events, for patients and staff, create an opportunity for patients to engage in meaningful social activities without the influence of substance.

The program also finalized the course content, completed a practice session, and scheduled four of the 11 EDs for the ED OUD Simulation Training. To support emergency medicine providers, the SUD WTP team developed a package of tools that integrate directly into our electronic medical record. These tools provide guidance, education and quick links to evidence-based treatment. Additionally, up-to-date, easy-to-read information for our patients on opioid use disorder, treatments, harm reduction and clinic referral was developed and translated into our top 13 languages.

Metrics

Goal: To achieve systemic culture change in the treatment of patients living with OUD at NYC H+H.

- Number of NYC H+H clinical workforce trained by this program
- Number of total trainings (learning management system and in-person)

Goal: To facilitate appropriate care management of patients with SUD.

- Percentage change in use of screening tools (for example, SISQ, AUDIT and DAST)
- Percentage change in the number of individuals referred to SUD services (by facility and systemwide)
- Number of buprenorphine initiations in the ED
- Number of buprenorphine prescriptions given in the ED

Goal: To enhance the use of technology to improve coordination of patient care, reporting and responsiveness.

- Percentage change in use of e-consults and e-referrals

- Utilization of new training repository created alongside SUD training
- Number of trainings views and downloads by clinical staff

8.24