



Opioid Settlement Funds Report

Syringe Service Programs

The New York City (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 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 for people who use drugs, experience homelessness and engage in sex work in order to improve 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 the first half of fiscal year 2024 (July 2023 through January 2024), OnPoint NYC provided:

- 12,806 harm reductions services to 4,555 participants. Services (both individual and group) included provision of naloxone, health education, buprenorphine prescription, rapid HCV tests, and referrals to outside organizations for care.
- 125,677 services addressing participants' basic needs such as respite, meals, laundry, and bathroom and shower use in their drop-in center.

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 to serve New Yorkers who had lost a loved one to drug overdose with opioid settlement funds.

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 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.

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 EDs who provide screening, brief intervention and referral to treatment (SBIRT), peer support, and counseling

¹Bohnert 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

²Silva 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

³Havens 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

⁴Bottomley 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

⁵Feigelman W, Feigelman B, Range LM. Grief and Healing Trajectories of Drug-Death-Bereaved Parents. 2020;80(4):629-647. doi:10.1177/0030222818754669

⁶Feigelman 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

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 the 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 as well as the provision of harm reduction resources.

Services include:

- SBIRT for SUD (including OUD) treatment post-discharge
- Individual counseling
- Peer support
- Naloxone education and kit distributions, offering 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, offering to patients who have experienced a nonfatal opioid overdose or have an OUD

Data (Fiscal Year 2024, First Quarter)

| Location | Total | Percentage of Total |
|--------------------------------|--------------|---------------------|
| Outside of NYC (five boroughs) | 182 | 3% |
| NYC (five boroughs) | 21,083 | 96% |
| Unknown | 21 | 0% |
| Grand Total | 5,548 | 100% |

| Ethnicity | Total | Percentage of Total |
|--------------------------|--------------|---------------------|
| Not Hispanic or Latino/a | 3,368 | 61% |
| Hispanic or Latino/a | 2,176 | 39% |
| Unknown | 4 | 0% |
| Grand Total | 5,548 | 100% |

| Sex | Total | Percentage of Total |
|--------------------|--------------|---------------------|
| Male | 4,397 | 79% |
| Female | 1,146 | 21% |
| Unknown | 5 | 0% |
| Grand Total | 5,548 | 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, behavioral health and social service referral supports, 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 unhoused patients where they are at.

Services include:

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

Data (from July 1, 2022, to September 30, 2023)

| Location | ZIP Code | Launch Date | Quarter | Encounter |
|----------|----------|----------------|------------------------|-----------|
| Bellevue | 10002 | January 2023 | January to March 2023 | 794 |
| | | | April to June 2023 | 1,366 |
| | | | July to September 2023 | 1,222 |
| Woodhull | 11221 | March 2023 | January to March 2023 | 73 |
| | | | April to June 2023 | 480 |
| | | | July to September 2023 | 776 |
| Elmhurst | 11373 | May 2023 | January to March 2023 | 0 |
| | | | April to June 2023 | 160 |
| | | | July to September 2023 | 685 |
| Bellevue | 10027 | September 2023 | January to March 2023 | 0 |
| | | | April to June 2023 | 0 |
| | | | July to September 2023 | 187 |

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 Quarter)

| Location | Total | Percentage of Total |
|--------------------------------|--------------|---------------------|
| Outside of NYC (five boroughs) | 45 | 2% |
| NYC (five boroughs) | 1,617 | 81% |
| Unknown | 335 | 17% |
| Grand Total | 1,997 | 100% |

| Ethnicity | Total | Percentage of Total |
|--------------------------|--------------|---------------------|
| Not Hispanic or Latino/a | 1,019 | 51% |
| Hispanic or Latino/a | 713 | 36% |
| Unknown | 265 | 13% |
| Grand Total | 1,997 | 100% |

| Sex | Total | Percentage of Total |
|--------------------|--------------|---------------------|
| Male | 1,535 | 77% |
| Female | 297 | 15% |
| Unknown | 165 | 8% |
| Grand Total | 1,997 | 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 via phone
- **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 with 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

Data

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

Buprenorphine prescribed: 6

| Visits by Quarter | Total Visits | Patients With SUD | Percentage of People With SUD |
|----------------------------------|--------------|-------------------|-------------------------------|
| Fiscal year 2024 (first quarter) | 1,376 | 109 | 8% |

Visits by Geography and Demographics

| County and ZIP Code | Total |
|-----------------------------|-----------|
| Bronx | 22 |
| 10455 | 5 |
| 10460 | 1 |
| 10451 | 1 |
| 10467 | 1 |
| 10456 | 2 |
| 10461 | 1 |
| 10459 | 1 |
| 10466 | 1 |
| 10453 | 3 |
| 10465 | 1 |
| 10462 | 4 |
| 10468 | 1 |
| Kings (Brooklyn) | 40 |
| 11207 | 2 |
| 11432 | 3 |
| 11203 | 2 |
| 11206 | 6 |
| 11230 | 1 |
| 11208 | 1 |
| 11225 | 1 |
| 11221 | 1 |
| 11224 | 3 |
| 11226 | 2 |
| 11209 | 2 |
| 11210 | 3 |
| 11237 | 1 |
| 11238 | 1 |
| 11222 | 2 |
| 11216 | 1 |
| 11212 | 1 |
| 11234 | 4 |
| 11235 | 2 |
| 11233 | 1 |
| Nassau | 2 |
| 11561 | 1 |
| 11510 | 1 |
| New York (Manhattan) | 30 |
| 10128 | 1 |
| 10002 | 1 |
| 10039 | 1 |

| | |
|---------------------------------|------------|
| 10025 | 1 |
| 10035 | 2 |
| 10037 | 2 |
| 10003 | 1 |
| 10031 | 1 |
| 10012 | 1 |
| 10026 | 2 |
| 10033 | 8 |
| 10038 | 1 |
| 10023 | 1 |
| 10027 | 6 |
| 10065 | 1 |
| Orange | 1 |
| 12785 | 1 |
| Queens | 10 |
| 11377 | 1 |
| 11372 | 1 |
| 11385 | 3 |
| 11365 | 2 |
| 11103 | 1 |
| 11354 | 1 |
| 11105 | 1 |
| Richmond (Staten Island) | 2 |
| 10314 | 1 |
| 10304 | 1 |
| Albany | 2 |
| 12047 | 2 |
| Grand Total | 109 |

| Race and Ethnicity | Total |
|--|--------------|
| Hispanic or Latino/a | 48 |
| White | 24 |
| Black or African American | 22 |
| Other | 6 |
| Asian, Native Hawaiian or Pacific Islander | 4 |
| Chose not to disclose or unknown | 3 |
| Two or more Races | 2 |
| Grand Total | 109 |

| Sex | Total |
|--------------------|------------|
| Female | 36 |
| Male | 73 |
| Unknown | 0 |
| Declined to answer | 0 |
| Grand Total | 109 |

| Spoken Language | Total |
|--------------------|------------|
| English | 98 |
| Spanish | 11 |
| Grand Total | 109 |

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 will take place in fiscal year 2024.

Hiring: As of August 1, 2023, the SUD WTP has hired the Assistant Medical Director, Emergency Department Simulation Director, Director of Substance Use Disorder Integration and Director of Substance Use Disorder Education.

Vendor: Finalized a contract with online educational platform, released a request for proposal (RFP) for a content creation vendor and began the security assessment of a patient navigation tool.

ED simulation: Finalized emergency medicine guidelines for MAT for OUD and began an electronic medical record build to support the guidelines.

Grant-funded buprenorphine: Finalized a pharmacy pathway to provide bridging buprenorphine for patients with insurance and issues with ability to pay.

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

Additional Charts

| Total Amount of Opioid Funds Received as of the End of Fiscal Year 2023 | |
|---|----------------|
| Money in Millions | Total |
| Funds Received | \$90.6 million |

| Total Amount of Opioid Funds Appropriated in the Prior Fiscal Year (Fiscal Year 2023) | |
|---|------------------|
| Money in Millions | Fiscal Year 2023 |
| Funds Appropriated | \$30 million |

| Total Amount of Opioids Appropriated for the Next Four Fiscal Years (Fiscal Year 2024 to Fiscal Year 2027) | | | | |
|--|------------------|------------------|------------------|------------------|
| Money in Millions | Fiscal Year 2024 | Fiscal Year 2025 | Fiscal Year 2026 | Fiscal Year 2027 |
| Funds Appropriated | \$33 million | \$30 million | \$30 million | \$30 million |