



Opioid Settlement Funds Report

Syringe Service Programs

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.
- OnPoint NYC also provided 138,996 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 New York City (NYC) Office of Chief Medical Examiner (OCME) is involved in multiple local efforts related to overdose surveillance, prevention and response. During fiscal year 2023, 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 Often times, 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. 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 engage, assess and actively link patients post-discharge to SUD treatment. 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.

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 include:

- SUD screening and assessment
- Peer counselor support
- Linkage to NYC H+H or community SUD treatment post-discharge
- 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

ZIP Code

Location	Total	Percentage of Total
Outside of NYC (five boroughs)	796	4%
NYC (five boroughs)	21,083	96%
Bronx	8,530	
10451	1,172	
10452	405	
10453	248	
10454	700	
10455	594	
10456	746	
10457	277	
10458	384	
10459	462	
10460	310	
10461	293	
10462	298	
10463	123	
10464	28	
10465	74	
10466	196	
10467	739	
10468	285	
10469	252	
10470	36	
10471	27	
10472	345	
10473	242	
10474	209	
10475	85	
Brooklyn	4,886	
11201	69	

11203	337	
11204	43	
11205	84	
11206	700	
11207	208	
11208	164	
11209	29	
11210	51	
11211	186	
11212	260	
11213	119	
11214	87	
11215	21	
11216	176	
11217	42	
11218	36	
11219	13	
11220	34	
11221	420	
11222	154	
11223	99	
11224	178	
11225	118	
11226	184	
11228	15	
11229	70	
11230	70	
11231	21	
11232	32	
11233	187	
11234	70	
11235	315	
11236	78	
11237	111	
11238	58	
11239	15	
11249	32	
Manhattan	3,570	
10001	179	
10002	138	
10003	91	
10004	5	
10005	3	
10006	8	

10009	93	
10010	47	
10011	41	
10012	17	
10013	19	
10014	7	
10016	713	
10017	28	
10018	19	
10019	30	
10021	8	
10022	18	
10023	16	
10024	16	
10025	101	
10026	108	
10027	195	
10028	15	
10029	327	
10030	183	
10031	113	
10032	60	
10033	46	
10034	26	
10035	424	
10036	72	
10037	171	
10038	37	
10039	119	
10040	19	
10044	3	
10065	11	
10069	1	
10075	5	
10128	34	
10271	1	
10280	3	
Queens	3,966	
11004	1	
11101	120	
11102	30	
11103	28	
11104	45	
11105	26	

11106	34	
11109	1	
11354	22	
11355	37	
11356	10	
11357	10	
11358	12	
11360	5	
11361	10	
11362	1	
11363	4	
11364	9	
11365	42	
11366	24	
11367	20	
11368	278	
11369	88	
11370	132	
11371	2	
11372	165	
11373	394	
11374	22	
11375	32	
11377	217	
11378	72	
11379	22	
11385	128	
11411	14	
11412	49	
11413	32	
11414	4	
11415	16	
11416	40	
11417	16	
11418	68	
11419	124	
11420	55	
11421	53	
11422	14	
11423	69	
11426	1	
11427	48	
11428	20	
11429	51	

11430	6	
11432	717	
11433	119	
11434	122	
11435	156	
11436	34	
11439	1	
11691	64	
11692	10	
11693	3	
11694	15	
11697	2	
Staten Island	131	
10301	30	
10302	15	
10303	14	
10304	20	
10305	8	
10306	8	
10307	1	
10308	4	
10309	3	
10310	15	
10312	2	
10314	11	
Unknown	70	0%
Grand Total	21,949	100%

Ethnicity

Ethnicity	Total	Percentage of Total
Not Hispanic or Latino/a	13,620	62%
Hispanic or Latino/a	8,316	38%
Unknown	13	0%
Grand Total	21,949	100%

Sex

Sex	Total	Percentage of Total
Male	16,712	76%
Female	4,915	22%
Unknown	322	1%
Grand Total	21,949	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. With a focus on medication assisted treatment 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:

- SUD screening and assessment
- Peer counselor support
- Linkage to NYC H+H or community SUD treatment post-discharge
- 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

Location	ZIP Code	Launch Date	Quarter	Encounter
Bellevue	10002	January 2023	January to March 2023	794
			April to June 2023	1,366
Woodhull	11221	March 2023	January to March 2023	73
			April to June 2023	480
Elmhurst	11373	May 2023	January to March 2023 (launched in May)	0
			April to June 2023	160

Workforce Training Program

NYC H+H’s Office of Behavioral Health (OBH) is developing the first-ever systemwide behavioral health training to the 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 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.

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 Received as of the End of Fiscal Year 2023				
Money in Millions	Fiscal Year 2024	Fiscal Year 2025	Fiscal Year 2026	Fiscal Year 2027
Funds Appropriated	\$30 million	\$30 million	\$30 million	\$30 million

9.23