

New York City Council Hearing

Oversight:

Examining New York City Opioid Settlement Fund Investments

Committee on Mental Health, Disabilities and Addiction

Committee on Hospitals

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NYC Health + Hospitals

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Good afternoon, Chairperson Lee, Chairperson Narcisse and members of the Committees on Mental Health, Disabilities, and Addiction, and Hospitals. My name is Daniel Schatz, and I am a primary care physician and the Medical Director of Addiction Services at NYC Health + Hospitals' Office of Behavioral Health. I am joined by my colleague, Jason Hansman, Senior Advisor of Behavioral Health Communications and Policy, to assist with answering any questions you may have.

Each year, over 76,000 New Yorkers depend on NYC Health + Hospitals for behavioral health services, making us the city's largest safety net provider for mental health and substance use treatment. Our dedicated behavioral health team includes nearly 5,000 people at 11 hospitals and over 30 community health care centers, and we provide approximately 60% of all behavioral health services in New York City.

NYC Health + Hospitals serves as the frontline response for individuals requiring emergency, inpatient, and outpatient behavioral health care. Moreover, our mobile and community-based services meet people where they are, breaking down barriers to care for populations who may otherwise have difficulty accessing critical services due to transportation, time, language, housing instability, justice involvement, or disability. With a wide range of high-quality, affordable behavioral health services and programs for children, adolescents, adults, and seniors, we serve everyone along the behavioral health spectrum. Still, we are energized to do more to tackle the behavioral health crisis and opioid crisis we face as a city and ensure that New Yorkers who need the most support can easily access seamless, high-quality care.

NYC Health + Hospitals has always been at the forefront of delivering innovative addiction services to serve the needs of some of New York City's most vulnerable communities. To do so, we emphasize systemwide access; a culturally responsive approach to wellness; comprehensive addiction care for acute, chronic, and complex needs; demonstrated outcomes; and financially viable services. In addition, training and education of both SUD and non-SUD staff is essential to developing the next generation of addiction champions, and substantively addressing substance use-related stigma. This ensures that patients with SUD can receive services through many points of access to our system. Whether a patient presents directly to our outpatient addiction service clinics or through our acute care facilities emergency department or inpatient units, we can provide meaningful, patient-centered, evidence-based interventions and care.

Thanks to New York City and New York State Attorney General James' lawsuits against the drug companies that knowingly hooked patients on powerful opioids, we are helping communities heal from this crisis. The opioid settlement funding has bolstered our efforts to serve New Yorkers with substance use disorders and we thank Attorney General James for her staunch determination to fight for the victims of this crisis and their families.

Approximately \$2.2 million has supported our **Mobile Harm Reduction teams**, known as our Street Health Outreach & Wellness (SHOW) vans, which offers a new model of care that includes testing and vaccinations, wound care, the provision of basic material necessities, and harm reduction services to New Yorkers who are unsheltered. Our SHOW vans are equipped with harm reduction services, including the provision of overdose prevention supplies such as naloxone, fentanyl test strips, and xylazine test strips, as well as staff who specialize in treatment of substance use disorders. Behavioral health staff, including social workers, addiction counselors and peers canvas the streets in high-need areas of the city providing direct concrete needs, brief counseling and referral to treatment, and help street homeless patients to access shelter, housing, and benefits. Importantly, these staff engage patients where they are, earn their trust by showing empathy and respect while helping to connect the individual to ongoing treatment when the patient is ready. In 2024, the SHOW vans had nearly 13,000 encounters for services. There are currently five operational vans that are a part of NYC Health + Hospitals/Bellevue, Lincoln, Woodhull and Elmhurst.

An additional \$10 million of the opioid settlement funding supports the expansion of our **Emergency Department Leads** (**ED Leads**) to increase coverage. These teams consist of licensed clinicians and peer counselors who identify patients at risk for SUD, offering screening, brief intervention, referral to treatment, and peer counseling services. Patients are also offered harm reduction resources including, overdose education prevention, naloxone kits, and fentanyl/xylazine test strips. In 2024, there were 24,317 ED Leads encounters. Of these, 19% (4,582) resulted in outpatient referrals, and 8% (1,834) included naloxone kit distribution. While these numbers reflect our reach, our goal is to further increase referrals to treatment by improving follow-up care and patient engagement. We have ED Leads teams at all 11 of our acute care facilities.

NYC Health + Hospitals Office Behavioral Health is developing a novel, systemwide substance use curriculum for our behavioral health workforce called the **Addiction Services Workforce Training Program (WTP)**. The training is

supported by \$2.4 million in opioid settlement funding. Upon full implementation, the program aims to reach at least 3,000 NYC H+H peer, social work, nursing and provider staff in order to: (1) Achieve systemic culture change in the treatment of individuals living with addiction; (2) Facilitate appropriate addiction medical treatment and care management. The training initiatives will prepare our workforce to address substance use disorders by focusing on stigma and harm reduction, effective communication and referral strategies, and building expertise in treatment modalities. The program also includes supporting Addiction Fellowships at NYC H+H facilities, and an interactive training using actors as simulated patients with opioid use disorder (OUD) to provide Emergency Medicine physicians an opportunity to advance their treatment of OUD in the H+H 11 Emergency Departments. Planning took place in fiscal year 2023; implementation began in Fiscal Year 2024, and execution in FY25 remains underway

With the support of \$3.0 million of the opioid settlement funding, we launched **Addiction Response Teams**, a new model that will provide expanded addiction coverage to three hospitals: NYC Health + Hospitals/Harlem, Jacobi, and Queens. This model will provide rapid delivery of life-saving medications for opioid use disorder directly in emergency rooms and inpatient units, as well as immediate access to ongoing outpatient addiction services.

Opioid Settlement funding is also supporting the ongoing operation of a new health and substance use disorder clinic (part of the RISE Center) for pregnant and postpartum women and their families with an annual investment of \$3.6 million. This clinic will offer pregnant and parenting individuals living with substance use disorders a safe and supportive place to access prenatal and post-natal care, addiction medicine, and behavioral health care.

Lastly, \$1.2 million of the opioid settlement funding will also allow us to add addiction counselors to support addiction care in birthing units across all 11 public hospitals in the system. This critical work will help expecting families at a time of high risk and promote the administration's goals to decrease maternal mortality.

NYC Health + Hospitals is deeply committed to advancing a cultural and clinical shift in understanding and treating patients living with a substance use disorder. With tens of thousands of patients presenting to our medical emergency departments annually, we have an opportunity to make a positive and lasting impact during each and every one of those encounters. Whether it is making our patients feel seen, treating them with dignity, reducing risk, or starting life-saving treatment, we are dedicated to addressing this crisis in a patient-centered way.

I thank your committees for your attention to this important topic and we are happy to answer any questions you may have. I would now like to pass it over to Robert Van Pelt, Chief of Staff with the NYC Office of the Chief Medical Examiner.