



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**  
Michelle Morse, MD, MPH  
*Acting Health Commissioner*

Testimony

of

**Rebecca Linn-Walton**  
**Assistant Commissioner, Bureau of Alcohol and Drug Use Prevention, Care, and Treatment**  
**New York City Department of Health and Mental Hygiene**

before the

**New York City Council**

**Committee on Mental Health, Disabilities and Addiction**

On

**Oversight: Examining New York City Opioid Settlement Fund Investments**

January 29, 2025  
Committee Room – City Hall  
New York, NY

Good afternoon, Chair Lee, Chair Narcisse and members of the Committees. I am Dr. Rebecca Linn-Walton, Assistant Commissioner for the Bureau of Alcohol and Drug Use at the New York City Department of Health and Mental Hygiene (the Health Department). On behalf of Acting Health Commissioner, Dr. Michelle Morse, thank you for the opportunity to testify today. I am pleased to be here to discuss how the Health Department is utilizing the funds obtained through litigation efforts and settlements secured from manufacturers and distributors of prescription opioids by both the New York City Law Department and the Office of New York Attorney.

New York City is still facing a devastating overdose crisis, and addressing this crisis is at the forefront of the Health Department's strategic priorities and planning. A central goal in HealthyNYC, the city's roadmap for increasing average life expectancy, is to reduce overdose deaths by 25% by 2030. We work closely with our partners in the Mayor's Office, the Office of Management and Budget (OMB), Health + Hospitals, Office of the Chief Medical Examiner, New York State, and community-based organizations to make progress towards this goal. I am proud to be a part of this work.

First, I want to address some common questions regarding the allocation of opioid settlement funding across New York State. We have included, as Appendix A, a pie chart to show the distribution of funds. As you can see New York City was allotted 20% of the opioid settlement funds that were secured as a result of the New York City and New York State Attorney General's lawsuits.

The Mayor's Office and OMB oversee these funds and determine how they are spent across city agencies as part of the city's budgeting process. Appendix B outlines the flow of opioid settlement funds to the city and the breakout of funding by agencies represented here today. The city developed a phased approach to deploying the opioid settlement funds to address this crisis. With the New York City allocation, we are expanding, improving, and modernizing the entire spectrum of substance use care and support, from harm reduction to treatment and recovery, so that we can meet people where they are and support their health goals. The Health Department's role in addressing this crisis and supporting New Yorkers with substance use disorders is part of this continuum.

At the Health Department, we start with the data. The data gives us insights on the prevalence of substance use and its associated health impacts. This creates a foundation for the City to make informed programmatic decisions and investments. In October, we published the annual summary on overdose deaths in 2023. The number of overdose deaths was 3,046 — a 1 percent decrease from 2022 — marking the first decline since 2018. Additionally, according to provisional data, there were 616 overdose deaths in the first quarter of 2024, the lowest quarter on record since 2020.

This is a welcome stabilization after years of continual increase. Every life saved is a triumph worth acknowledging. This information also tells us that there is still a great deal of work ahead of us. While we are on pace with the rest of the country in decreases in deaths, we continue to lose a New Yorker to fatal overdose every four hours. Inequities in certain neighborhoods and populations remain stubbornly high, such as older Black men, and we are seeing increases in

overdose among Latino/a New Yorkers and women. The Health Department is committed to reducing these inequities and supporting healing in the communities most harmed by this crisis.

The Health Department also implements a significant array of programs to reduce substance use and its negative health consequences. This includes the delivery of substance use prevention and harm reduction services. We contract with 14 syringe service providers and 6 outreach and syringe litter teams. These are community-based organizations that provide access to sterile syringes, as well as collect and safely dispose of used syringes found in the communities they serve. They also provide a range of health services including naloxone distribution, overdose education, HIV and hepatitis C testing and counseling, drug treatment counseling, support groups and drop-in counseling, opioid addiction treatment with buprenorphine, and referrals to physical and mental health care, drug treatment. The Health Department also provides community naloxone and test strip distribution, drug checking initiatives, and education and training services across the city.

Given the scale of the crisis, we have implemented innovative solutions – such as Public Health Vending Machines, which are in 4 locations and provide 24/7 convenient and anonymous access to public health and wellness supplies; and the Relay program, a nonfatal overdose response initiative. Relay supports people who have experienced a nonfatal overdose by sending a peer Wellness Advocate to participating emergency departments to provide support, overdose risk reduction education, and Naloxone. This is all in addition to supporting Buprenorphine access, treatment and recovery, and peer workforce development programs.

As you can see, the Health Department provides critical insight and programming to the City's data-driven, evidence-based approach. The opioid settlement funds enable the City to enhance this work and better meet the demands of this crisis.

I want to turn now to Health Department programming supported by the opioid settlement funds. Beginning in Fiscal Year 2023, the Health Department utilized \$8.6 million in opioid settlement funding to expand wrap-around services and hours at existing syringe services programs to strengthen care connections and increase hours and support community naloxone distribution. As part of the City's phased release of opioid settlement funding, the Health Department's total allocation will scale up to \$23.7 million annually beginning in Fiscal Year 2026. This enables us to address gaps in the continuum of support and care and reduce overdose deaths.

Starting in Fiscal Year 2026, the Health Department will use \$4.1 million to expand wrap around services at all 14 Syringe Service Providers. One million will be used to expand the Relay program to two additional emergency departments, which will bring the total number to 17 emergency rooms city-wide. Three million will improve and expand substance use service provision on Staten Island through partnerships with 8 community-based organizations across prevention, harm reduction, treatment, and recovery services.

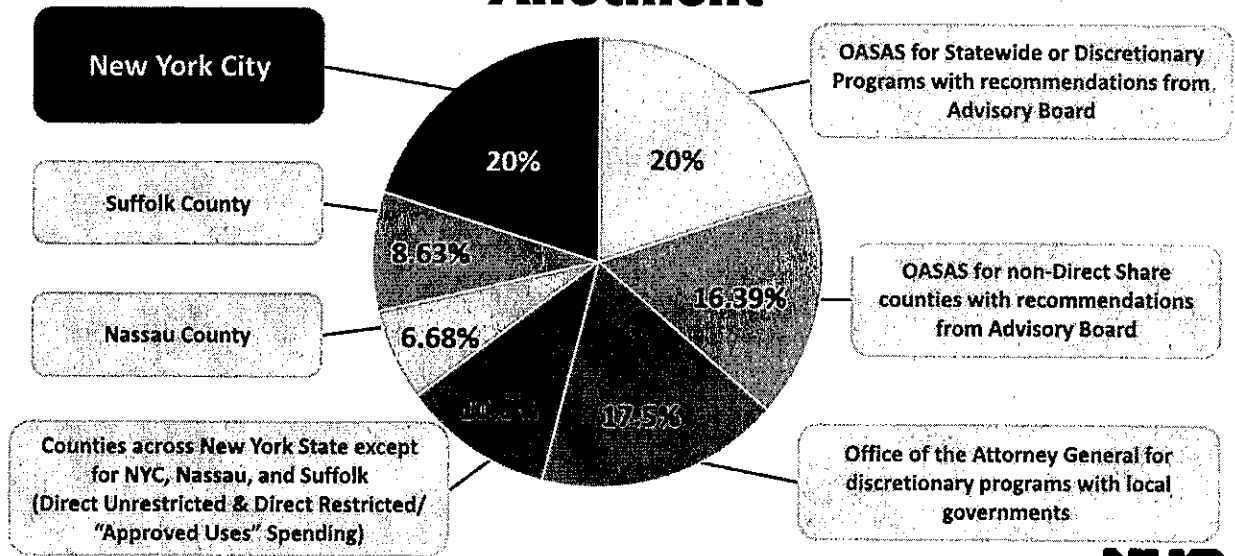
Additionally, four million will be allocated to expand Methadone and Buprenorphine treatment programs, and three million to expand recovery supports. The vast majority of funds will be directed to community-based organizations selected through a regulated procurement process. One of the RFPs for this new allocation was released today. The other procurement

documents are being prepared and will be released shortly. The Health Department maintains its commitment to providing place-based initiatives in communities most deeply affected by the opioid crisis. Our programs and initiatives span the full continuum of care and support. I am grateful to be doing this work alongside my City partners in order to prevent more avoidable death and improve the lives of New Yorkers. The Department is also deeply grateful to the Attorney General's Office and Governor Hochul for their work, alongside the City's, to hold bad actors accountable and secure these funds to invest back into the health of our communities. I have spent my career working directly in the field building and supporting programs that meet people in their moments of greatest crisis. These are our neighbors, our family, and even some of us in this room. Everyone deserves compassion and quality care in their darkest moments.

The Health Department appreciates the Council's continued partnership in promoting the health and wellbeing of all New Yorkers. I look forward to answering your questions. My colleague Dr. Dan Schatz will now give testimony on behalf of Health and Hospitals.

Appendix A

# Opioid Settlement Sharing Agreement Allotment

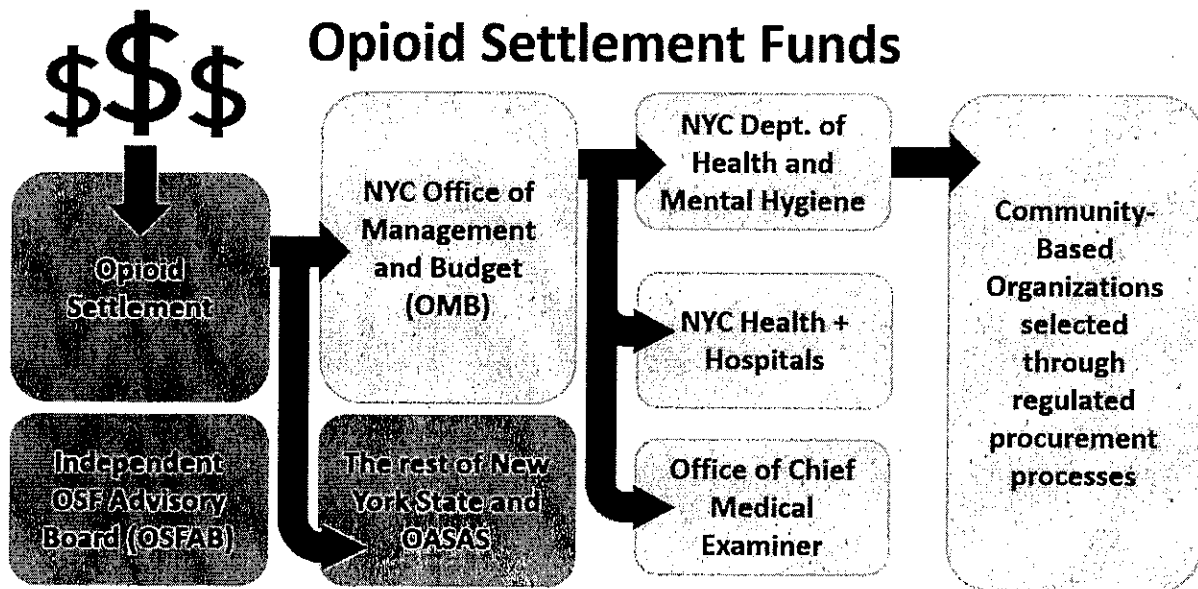


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Appendix B



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**New York City Council Hearing**

**Oversight:**

**Examining New York City Opioid Settlement Fund Investments**

**Committee on Mental Health, Disabilities and Addiction**

**Committee on Hospitals**

**Dan Schatz, MD**

**Medical Director of Addiction Services**

**NYC Health + Hospitals**

**January 28, 2025**

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.

Testimony

of

Robert D. Van Pelt, Esq., Chief of Staff

NYC Office of Chief Medical Examiner

Before the New York City Council

Committee on Mental Health, Disabilities, and Addiction

and the Committee on Hospitals

Oversight - Examining New York City Opioid Settlement Fund Investments.

January 28, 2025

Good morning, Chair Lee, Chair Narcisse and members of the Committee on Mental Health, Disabilities, and Addiction, and the Committee on Hospitals. Thank you for the opportunity to testify today. My name is Robert Van Pelt, and I am the Chief of Staff at the New York City Office of Chief Medical Examiner (OCME). Joining me today are Dr. Gail Cooper, Director of Forensic Toxicology, and Hannah Johnson, Program Manager of the Drug Intelligence and Intervention Group (DIIG) program.

OCME's mission is to protect public health and to serve impartial justice through forensic science and medicine. The results of our work inform legal proceedings, shape public health policy, and help families settle their affairs. As our Chief Medical Examiner Dr. Jason Graham has stated, outside of the COVID-19 pandemic, the surge in unintentional drug overdose deaths represents one of the most pressing public health crises of our time. OCME has been at the forefront in tackling this crisis as it has evolved across our city.

OCME has allocated opioid settlement funds to two primary areas: first, an initial investment of approximately \$800,000 to support the OCME Drug Intelligence and Intervention Group (DIIG) which offers tailored support for families and survivors by connecting them to critical preventative support services in the crucial window following an overdose death; and Two, an investment to hire additional scientists, medical personnel and support staff, and purchase equipment, technology and resources to reduce the time to certify opioid deaths, which will expedite answers for grieving families and data to partners in the public health system – bringing total funding up to \$4 million.

I'll review both of these investments with you and the progress we've already made.

First, the OCME Drug Intelligence and Intervention Group (DIIG). Data compiled from our years of work on this crisis have shown us that for every overdose death, there are loved ones left behind and affected by the loss, many of whom remain vulnerable to a range of unaddressed needs themselves. Due to the intimate and sensitive nature of our mission, OCME often has unique and trusted access to these survivors, placing us in a unique position to assist. This initiative allows us to move beyond the traditional role of medical examiners and pioneer innovative solutions to meet these unmet needs. The DIIG was established to address the needs of this underserved population and to combat the fentanyl-driven opioid crisis through a novel and targeted approach.

Through this initiative, when someone dies from a drug overdose, OCME's investigation and response now includes skilled social workers and public health professionals who engage with surviving family members and close contacts to provide a wide range of potentially lifesaving services and referrals. These interventions include grief counseling, substance use services, housing assistance, health care, and more. The settlement funds were invested to hire 11 of these professionals and the DIIG has shown impressive results. Since the DIIG's formation in September 2022 until December 1, 2024, the team has spoken with more than 2,536 individuals who have lost a loved one to overdose. Of these individuals, 75 percent (1,897 individuals) have received help from DIIG's Family Support Team or referrals to other programs for support.

Now to our second area of investment, an approximately \$3.15 million dollar investment, bringing total funding up to \$4 million, used to reduce the time to certify opioid deaths. Our Forensic Toxicology Lab is a national leader in detecting the ever-expanding universe of substances associated with this nationwide opioid epidemic. Through the diligent work of our scientists, the lab conducts tests for over 50 illicit and prescribed opioids, their metabolites, and hundreds of other drugs or chemical toxins. This investment has enabled us to hire additional

Forensic Toxicology Lab and Pathology staff to process toxicology tests and certify opioid-related deaths. It has also supported the purchase of new equipment, supplies, and technology upgrades, as well as contract-based assistance.

This initiative is already showing success that we are quite proud of. The turnaround time for all postmortem toxicology results has improved from a median 77 days reported in the fiscal year 2024 MMR to just 40 days now, a 48% decrease. Similarly, the overall final autopsy report turnaround time has improved from 118 days, in the fiscal 2024 MMR, to 84 days presently, a 29% decrease. Having only received the funds a few months ago, these improvements indicate that we are moving in the right direction.

These investments enable us to better serve underserved populations at risk, provide faster answers to grieving families, and support our public health and safety partners across the City and region. Together, these efforts advance our shared mission to address the opioid crisis with innovation and compassion.

Thank you and we look forward to answering any questions that you may have.



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

# Jumaane D. Williams

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**STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS  
TO THE NEW YORK CITY COUNCIL COMMITTEE ON MENTAL HEALTH,  
DISABILITIES AND ADDICTION  
JANUARY 28, 2025**

Good afternoon,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. Thank you to Chair Linda Lee and the members of the Committee on Mental Health, Disabilities, and Addiction for holding this hearing today.

In December of 2021, New York City became the first municipality in the country to establish Overdose Prevention Centers (OPCs) to allow people with substance use disorders to safely use drugs under medical supervision while receiving services such as medical care, mental health treatment, and more. These OPCs, operated by the non-profit OnPoint NYC and located in East Harlem and Washington Heights in Manhattan, both prevent overdoses and mitigate the risk of injection-related illnesses like HIV/AIDS by providing supervision, clean needles, and health services. OnPoint NYC also provides mental health and substance use disorder services, case management, meals, a place to do laundry and take showers, and picks up syringe litter in the surrounding area. With nearly four out of ten OPC users in New York living on the street,<sup>1</sup> OPCs provide more than just a safe and clean place for drug use.

From November 30, 2021, to November 30, 2022, 2,841 individuals visited the two OPCs 48,533 times and staff intervened during 636 visits (1.3%) to prevent overdose-related injury and death.<sup>2</sup> EMS was called only 23 times, and no overdose deaths occurred in the OPCs. New York State's Opioid Settlement Fund Advisory Board has repeatedly urged the state to use some of the funds procured through legal settlements with pharmaceutical companies that have been accused of perpetuating the opioid crisis to fund OPCs.<sup>3</sup> Despite this advocacy and the evidence that OPCs save lives, Governor Hochul has rejected this proposal.<sup>4</sup> By 2040, New York is set to receive \$2.6 billion from opioid manufacturers and pharmaceutical companies,<sup>5</sup> and funding OPCs would be just a fraction of this price tag. OnPoint currently does not operate 24 hours a day, and additional funding could make this resource available anytime a person needs it.

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<sup>1</sup> <https://www.thenation.com/article/society/overdose-prevention-centers-hochul-new-york-fentanyl/>

<sup>2</sup> <https://catalyst.nejm.org/doi/full/10.1056/CAT.23.0341>

<sup>3</sup> <https://www.thecity.nyc/2024/09/16/opioid-settlement-advisory-board-hochul-emergency-declaration/>

<sup>4</sup>

<https://www.politico.com/news/2023/11/02/hochul-rejects-using-opioid-settlement-money-for-overdose-prevention-centers-00125036>

<sup>5</sup> <https://www.thenation.com/article/society/overdose-prevention-centers-hochul-new-york-fentanyl/>

Additionally, subway stations are often places where people use drugs, and partnering with the MTA to conduct syringe clean-ups in subway stations that become chronic repositories for syringes would make the subway a cleaner and healthier place for everyone.

While OPCs violate federal and state substance-related laws, New York would not be the only jurisdiction allocating funds to OPCs. Rhode Island has allocated \$3.25 million from settlements with pharmaceutical companies for a planned overdose prevention center in Providence.<sup>6</sup> A strong show of support for OPCs from New York State is more important than ever: the Trump Administration, in its first term, successfully sued to block an organization seeking to open an OPC,<sup>7</sup> and in 2023, the U.S. attorney for the Southern District of New York threatened to crack down on OPCs.<sup>8</sup>

New York City must be clear and transparent in how they are spending the tens of millions of dollars in settlement money; previously, the state's Opioid Settlement Fund Advisory Board has criticized the city's failure to account for its share of the settlement fund.<sup>9</sup> It is unclear to the Board, the City Council, and to advocates on the ground how DOHMH, H+H, and OCME is spending this money; in the meantime, New Yorkers continue to die from overdoses. The state, city, advocates, and service organizations must work in tandem to ensure this money saves as many lives as possible, and to do that, there must be transparency and accountability in how the funds are spent. We cannot bring back those who have lost their lives to the opioid crisis, but every day there is an opportunity to save a life.

Thank you.

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<https://www.providencejournal.com/story/news/local/2024/04/10/rhode-island-using-opioid-settlement-money-nations-first-safe-injection-site-other-programs/72838404007/>

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<https://www.reuters.com/legal/government/group-loses-latest-bid-open-philadelphia-safe-injection-site-2024-04-03/>

<sup>8</sup> <https://www.nytimes.com/2023/08/08/nyregion/drug-overdoses-supervised-consumption-nyc.html>

<sup>9</sup> <https://www.thecity.nyc/2024/07/10/opioid-settlement-transparency-treatment/>



1/28/25

## Community Healthcare Network Testimony

For Committee on Mental Health, Disabilities, and Addiction jointly with the Committee on Hospitals:  
Oversight – Examining New York City Opioid Settlement Fund Investments

Thank you for the opportunity to speak today. My name is Erin Verrier and I am the Manager of Policy and External Affairs for Community Healthcare Network, otherwise known as CHN. CHN is a Community Health Center (CHC) with 14 sites citywide that, as a one-stop shop, provide critical primary care and social services for over 50,000 patients in underserved communities. We turn no one away.

While our services are many, I am here today to highlight the Medication Assisted Treatment (MAT) services we provide to treat opioid addiction. In the MAT program, our physicians and nurse practitioners are trained and certified to prescribe suboxone. Nurse Care Managers (NCMs) and Credentialed Alcoholism and Substance Abuse (CASAC) Counselors then coordinate and closely supervise a patient's care with suboxone treatment. Meanwhile, these patients access a full range of services from our health centers, from primary care to psychiatric care, therapy, nutrition, and more, in an environment that is trusted, destigmatizing, and comprehensive, different from sites that solely provide addiction treatment. Our integrative care is effective and essential to securing the lasting, improved health outcomes for patients with opioid addiction.

Despite the effectiveness and demand for our Medication Assisted Treatment services, we, along with fellow community health centers that provide these services, have receive zero dollars from the Opioid Settlement Fund (OSF). We therefore recommend a portion of the OSF funds be designated for health centers to expand program capacity. Additional funding would bolster our integrated models of care coordination, enhance training opportunities for staff, increase the number of patients we serve, and further embed substance use disorder services into primary care practice.

To this point, it has been challenging for community health centers to compete for OSF funds against providers whose sole focus is SUD services. We believe it is because our services are integrative and trusted on a community level, that our MAT services are more effective as they provide close attention to not only addiction treatment but to healthcare services that support the overall wellbeing of patients, ensuring a successful, comprehensive, and destigmatizing course of treatment.

From a funding standpoint, our specific health center would immensely benefit from \$500,000 annually, \$200,000 for two additional CASAC counselors, \$200,000 for two additional Nurse Care Managers, and \$100,000 for a Program Coordinator and Peer Specialists. With greater funding, we could increase our infrastructure for Medication Assisted Treatment and therefore care for more patients in need.

Community health centers deserve more attention and funding from the opioid settlements. Addiction services can be a key aspect to our comprehensive care, treating the whole person, not just opioid addiction, in a trusted, destigmatizing space that enhances patients' positive outcomes, preventing their dependence on opioids in the long run.

Thank you.

**Testimony of Housing Works**  
Submitted to  
**The New York City Council Committees on Health,  
Mental Health, Disabilities & Addiction, and on Hospitals**  
Regarding  
**Oversight: Examining New York City Opioid Settlement Fund Investments**  
January 28, 2025

Thank you, Chairpersons Lee and Narcisse, and Members of the Committees on Health, Mental Health, Disabilities & Addiction, and Hospitals, for the opportunity to submit testimony on behalf of Housing Works, a healing community founded in 1990 with a mission to end the dual crises of homelessness and AIDS. My name is Charles King, and I am the Chief Executive Officer of Housing Works. We currently provide a range of integrated medical, behavioral health, housing, and support services for over 15,000 low-income New Yorkers annually, with a focus on the most marginalized and underserved—those facing the challenges of homelessness, HIV, mental health issues, substance use disorder, other chronic conditions, and incarceration. and, most recently, migrants displaced from their homes due to violence or other crises who seek safety and a better life in the United States.

Housing Works is a founding member, and I sit on the Board of Directors, of the **New York State Harm Reduction Association** (NYSHRA),<sup>1</sup> an association of drug treatment providers, prevention programs, people who use drugs and their family members, committed to addressing racism in systems addressing substance use, and to incorporating validated harm reduction approaches within prevention and treatment. We have come together to leverage our voices of advocacy, public policy, and clinical expertise in order to promote harm reduction in New York State as a scientifically based treatment appropriate for substance use disorder, as well as a lifestyle approach to people who use substances. Housing Works and NYSHRA are on the front lines of the overdose epidemic, providing a wide array of direct harm reduction services including syringe exchange programs, medication for opioid use disorder (MOUD), and naloxone distribution.

Housing Works is also a founding member of the *End AIDS NY Community Coalition* (EtE Community Coalition), a group of over ninety healthcare centers, hospitals, and community-based organizations that are fully committed to ending AIDS as an epidemic in all New York communities and populations. Confronting the challenges to end the HIV epidemic in all NYC communities and populations requires both sustained Ending the Epidemic efforts and urgent action to advance health equity, including concrete efforts to address our overdose crisis, improve drug user health, and end the co-occurring hepatitis C epidemic.

I come before you today to **urgently call on New York City to take action to invest Opioid Settlement Funds in proven and evidence-based overdose prevention centers**. Since its initial report in 2022, New York State’s Opioid Settlement Fund Advisory Board has consistently recommended funding for overdose prevention centers (OPCs), stating in its 2022 report that “the Board recognizes the role of OPCs in saving lives and offering another day to drug users and as a resource aligned with each point of the integrated care pathway,” and reiterating its recommendation

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<sup>1</sup> <https://nyshra.org>

to fund OPCs in the most recent 2024 Report.<sup>2</sup> The New York City Department of Health and Mental Hygiene (DOHMH) rightfully notes in their Opioid Settlement Funds Report the successes of the two existing OPCs operated by OnPoint NYC in upper Manhattan. Each of these programs is supported with \$1.5 million annually in opioid settlement funds that support 90% of the cost of their operation, excluding actual observation of participant injection. They have intervened to prevent over 1,700 overdose deaths since they opened in November 2021, and provided thousands of New Yorkers harm reduction services, on-site medical and mental health services, community outreach and syringe litter cleanup, and supportive services along with overdose prevention services. However, **it is inexcusable that DOHMH has not released a prepared request for proposals to operate additional OPCs in other parts of the City.**

Housing Works is ready and able to operate OPCs at our harm reduction sites in the transportation hub at 37<sup>th</sup> Street in Manhattan and on the Lower East Side. Other syringe service programs can provide the same life-saving services in other heavily impacted neighborhoods throughout the City. There should be no limit by Borough, but rather funds should be allocated based on need and concentrated in areas of the City that face the highest rates and risks of overdose deaths.

Overdose Prevention Centers (OPCs) are an evidence-based intervention proven to reduce overdose deaths while increasing access to healthcare and substance use treatment. Yet, as you know, current OPC services are insufficient to meet the need to curtail our worsening overdose crisis, with DOHMH reporting that deaths more than doubled between 2019 and 2023, with the greatest impact on Black and Latino New Yorkers and those living in high poverty neighborhoods. Neither NYS nor NYC has exercised their public health authority to formally authorize the operation of OPCs. **We call upon the Council to act to officially authorize the operation of OPCs in NYC, exercise your oversight authority to require release of the DOHMH request for proposals to operate additional OPCs, and to demand the use of at least \$1.5M in Opioid Settlement funding to support each approved program.**

In conclusion, Housing Works welcomes the Council's oversight of the City's use of the \$154 million available in opioid settlement funds and urge you to exercise your power to demand the release of the long-overdue request for proposals for urgently needed additional OPCs. Our leaders have promised to employ every evidence-based strategy to prevent the needless overdose deaths of New Yorkers, and it is time to make good on that promise.

Thank you for your consideration. Please direct any questions to me at [king@housingworks.org](mailto:king@housingworks.org) or Anthony Feliciano, Vice President of Community Mobilization at Housing Works, Inc., at [a.feliciano@housingworks.org](mailto:a.feliciano@housingworks.org).

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<sup>2</sup> Opioid Settlement Fund Advisory Board, *Annual Report* (Nov. 2024), [https://oasas.ny.gov/system/files/documents/2024/11/2024-osfab-report\\_0.pdf](https://oasas.ny.gov/system/files/documents/2024/11/2024-osfab-report_0.pdf)

**Committee on Mental Health, Disabilities and Addiction and the Committee on Hospitals  
Examining New York City Opioid Settlement Fund Investments  
January 28, 2025**

Delivered by Christine Khaikin, Senior Health Policy Attorney

Thank you to the Committee on Mental Health, Disabilities and Addictions and the Committee on Hospitals for the opportunity to provide input on your examination of New York City Opioid Settlement Fund Investments. LAC is a national non-profit organization that uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people living with conviction records, substance use disorder (SUD), and HIV or AIDs. For five decades, LAC has been working to achieve equitable, accessible, and affordable services for people with SUDs and people who use or have used drugs (PWUD).

In 2019, we joined with a coalition of advocates to fight for the creation of New York's Opioid Settlement Fund and its Advisory Board. Since then, we have participated in several national workgroups and coalitions to call for spending Opioid Settlement Funds in priority areas including harm reduction, treatment, and recovery, and have [worked to ensure](#) community-based organizations nationwide can access funds to support people in the communities hardest hit by the overdose crisis.

The overdose crisis continues in New York City, taking over 3,000 lives annually with only a very modest drop reported last year. Black and Latine New Yorkers bear the brunt of this crisis, and the Bronx continues to suffer by far the highest rate of all the boroughs with more than double the overdose rate of Manhattan. Amidst this continuing crisis, we have been encouraged to see some of New York City's plans to increase annual allocations of the opioid settlement dollars and to spend their pot of money, totaling \$154 million to date, to save lives now. However, more transparency is needed to ensure money is being spent equitably and efficiently.

LAC joined a group of advocates and experts across the country to develop [A Roadmap for Opioid Settlement Funds](#) calling on states and localities to spend money to save lives now by supporting both proven and promising health interventions like overdose prevention centers (OPCs) and other harm reduction services as well as housing and other efforts to address the collateral consequences of drug war policies. LAC therefore urges NYC to follow this roadmap when making spending decisions, and also urges the City Council to evaluate the City's spending plan while using this roadmap as a framework. It includes promising examples from across the country of spending that is likely to impact the overdose rate while also uplifting people who have suffered the harms of the overdose crisis. It also calls out several examples of spending that are not supported by evidence and will simply perpetuate existing harms, such as criminalization of SUD.

That is why we have been encouraged to see that Mayor Adams' plan for opioid settlement spending is

focused on creative solutions to alleviating the overdose crisis. For example, the plan dedicates opioid settlement dollars to much-needed support for the City's existing two OPCs to expand their hours and services, recognizing the critically important value these sites bring. Data shows that OnPoint NYC not only provided harm reduction services to almost 4,000 participants in the first half of FY 2025, but they also provided over 94,000 other holistic services such as meals and laundry. Similarly, we applaud using funds to support other Syringe Service Programs (SSPs) by expanding wrap-around services, medical care, and access to other supports for basic needs. These expansions are critically needed to ensure services are available to all who need them.

We are concerned, however, about the limited details available for these spending plans. There is little detail available about how funds have already been used for these purposes and no information about whether and how funds will be distributed based on the needs of a particular service provider, its location in higher-needs or harder-hit neighborhoods, or other critical details to evaluate the efficiency of spending and whether it is being distributed equitably.

We also strongly support hospital-based efforts, such as expanding the Relay initiative and the planned \$8 million to support addiction counseling in birthing units and an integrated care model for pregnant and postpartum individuals. The expansion of SUD services from Street Health Outreach vans also sounds promising. More details about all of the programs listed in these spending plans need to be made available to the public.

The recently released NYC Opioid Settlement Funds Report provides operational information about some of the programs that have already been supported by NYC's settlement dollars but provides no detail about the amount of money spent on each program nor does it identify the recipients of the funding. For instance, how is money divided among the various SSPs across the city or the H+H hospitals' Relay programs? How can the public or the City Council properly evaluate whether the money is being spent wisely without a real picture of where it is going?

Additionally, the lack of information provided in this report and to the statewide Opioid Settlement Fund Advisory Board limits the ability of the Board to make informed spending recommendations about supporting NYC-based programming to avoid potential overlap or to understand where State funding needs to bolster City spending to ensure adequate services in hard-hit neighborhoods.

Further, while it is so important to use this money to save lives now, the City must also explore avenues to ensure sustainability of services overtime. Service providers who enhance their staffing and resources based on these allocations need to be able to continue to provide similar services as needed even once these settlement funds are no longer available, and that is true for all services supported with these funds.

When so many other communities in New York and across the country have chosen to spend these funds in ways that do not support people suffering the greatest harms of the overdose crisis, it is encouraging to see New York focused on harm reduction and expanding access to evidence-based treatment. However, more transparency is needed to properly evaluate this spending.



**Bennett Allen, PhD, MPA**  
Assistant Professor  
Division of Epidemiology  
Department of Population Health  
NYU Grossman School of Medicine  
180 Madison Avenue, 5<sup>th</sup> Floor  
New York, NY 1001

Testimony before the New York City Council

*Committee on Hospitals and Committee on Mental Health, Disabilities, and Addictions – Examining New York City’s Opioid Settlement Fund Investments*

Good afternoon, Chairs Narcisse and Lee and members of the New York City Council Committee on Hospitals and Committee on Mental Health, Disabilities and Addictions. My name is Bennett Allen. I am an Assistant Professor of Epidemiology at the NYU Grossman School of Medicine, where I have dedicated my scientific career to the study of programs and policies to prevent overdose and treat addiction. On behalf of NYU Langone Health, I would like to express our gratitude to the Committees for holding this joint hearing and our appreciation for the opportunity to testify.

In New York City, someone loses a loved one to overdose every three hours. No neighborhood or community is spared from this crisis. However, while the overdose epidemic touches all of us, New Yorkers of color and poor communities bear the brunt of the crisis, with disparities by race and class continuing to grow. The City’s opioid settlement funds present a rare opportunity to bend the curve of the epidemic and make our city healthier, safer, and fairer for all New Yorkers. To do this, the City must be thoughtful and practical when spending settlement dollars. My testimony below outlines approaches that NYU Langone Health recommends the City take to invest in science, health, and equity.

**In the short term, the City could invest in lifesaving overdose prevention and response services, focused on “harm reduction,” which includes essential tools like the overdose antidote naloxone, testing strips for xylazine and other adulterants, and education about safer use.** This means bringing overdose prevention to new places to meet New Yorkers where they already are. For example, settlement funds could bolster and increase the City’s pathbreaking investments to integrate harm reduction services throughout the shelter system, as overdose is the leading cause of death among homeless New Yorkers. Likewise, increasing access to naloxone through underused channels, like the education, social welfare, and justice systems can reach community members in all corners of the city.

**In the medium-term, the City could build on its substantial and commendable investments in evidence-based treatment.** Methadone and buprenorphine, our two best medications to treat opioid addiction, can cut patients’ risk of overdose by half. Yet they remain largely out of the hands of those New Yorkers at highest risk of overdose. To supplement the City’s considerable investments in these treatments through conventional channels, settlement funds could increase the availability of these medicines through innovative pathways, like mobile availability and co-locating these treatments in supported housing facilities and with existing low-barrier healthcare services like harm reduction. Additionally, the City could build on existing investments to increase treatment uptake in acute care settings to bring people into treatment in the wake of a nonfatal overdose event.

**And in the long-term, the City could invest in preventing future crises through broad-based investments to strengthen the social fabric of New York and keep New Yorkers healthier and safer.** This could include investments in housing, poverty alleviation, and education. Increasing the eligibility for and use of pre-arrest diversion can connect New Yorkers at risk of overdose to essential overdose prevention and treatment services, rather than pushing those services further out of reach. Lastly, settlement funds could support innovative and reality-oriented prevention programming for youth and young adults and their family members and caregivers to make sure that overdose and substance use prevention is available widely and early to New Yorkers before addiction progresses.

In summary, the City could seize the opportunity presented by these settlement funds to build a “whole person” substance use and overdose prevention service system that weaves together and strengthens our city’s existing infrastructure to end the epidemic, protect the most vulnerable New Yorkers, and strengthen all communities to prevent future crises. On behalf of NYU Langone Health, we would welcome the opportunity to offer our research and expertise on this topic to the Committees in your ongoing consideration of settlement funds. Thank you again for the opportunity to testify today.

Hi, I am Ann Marie Foster, CEO and President of Phoenix House New York and Long Island.

Since 1967, Phoenix House New York has helped thousands of people overcome substance and alcohol abuse in order to lead healthy, productive, and rewarding lives. Phoenix House New York offers short-term and long-term residential, intensive outpatient, and general outpatient treatment. Phoenix House also offers treatment for co-occurring mental health disorders, medical, psychiatric, and dental services, and impaired driver programs. These services are designed to meet the individual needs of adults at various stages of recovery, including military personnel, and veterans. In addition, Phoenix House provides educational and supportive services to family members, friends, significant others, and the community.

That's why I'm here today because it's critical that organizations like ours receive access to opioid settlement dollars. The process of distributing the funding to organizations like Phoenix House from the LGU has been unclear. So far, we have not received a single dollar – and this is detrimental to the people we serve. With 3046 overdoses in New York City in 2023 – and that number increasing for Black Americans, we must receive this money so we can prevent untimely deaths from addiction and help families heal from this ongoing trauma of preventable poisonings. This money must be used to spark innovation and creativity in reaching vulnerable populations - many of whom we pass on the city streets. Programs that facilitate easier access to services in one's community - are you aware that Phoenix House was the first organization to have a recovery center in the borough of Brooklyn, and to date there is only one Recovery Center that offers free peer driven recovery services to anyone.

One thing that separates Phoenix House apart from other community-based organizations is our commitment to employment. Many of our staff and staff that are employed by CBO hire individuals who are in recovery - peers are essential part of the workforce. Employment is a key driver of success on the individual's recovery journey. At Phoenix House, our on-site vocational counselors work with individuals to understand their career ambitions, personalizing each client's plan to help them achieve their goals. We also partner with ACCES-VR, connecting people with employment opportunities. We have seen rewarding results from this, as many of our clients are able to complete a job training program and obtain employment while they are still in treatment; once they have completed treatment, they are able to continue employment leading them to greater opportunity. Additional money can be put towards capital projects, like building more centers like ours that center the whole person. After months of attempting to identify a space for a clubhouse, something that the city council and NYCDOH believes in, we have finally been able to find a location in Harlem – however, this process was delayed because there was no capital funding associated with this initiative. Opioid settlement dollars can and should be used to support the infrastructure and innovation for programming aimed at saving lives.

A recent study conducted by ASAP – NY State Alcoholism and Substance Abuse Providers, now known as InUnity Alliance representing more than 100 agencies across the State – 82 percent of respondents have seen an increase in demand for their services in the last 12 months. 55 percent

of respondents said the demand exceeded the organization's capacity, with many agencies being severely short-staffed. With opioid funding, we can begin to realize some improvements to our workforce and address the burnout of the existing staff.

We must get these dollars out faster and target communities that have been harmed the most. With the current climate we are in, people are struggling, and we have an opportunity to right some of the wrongs.

Thank you for listening. With the proper investments, innovation for care will have outstanding effects on those with substance use issues. Now is not the time to be penny wise but pound foolish. Invest in those who are working to better the lives of New Yorkers.



Re: Support for Opioid Settlement Fund Investments in Syringe Service Programs

Dear Chairs and Councilmembers,

The Drug Policy Alliance (DPA) respectfully submits these comments to the council to emphasize the importance of current opioid settlement fund investments, the necessity of drop-in services for communities with high overdose rates, and the need for capital investments to sustain these services.

DPA addresses the harms of drug use and drug criminalization through policy solutions, organizing, and public education. We advocate for a holistic approach to drugs that prioritizes health, social supports, and community wellbeing. DPA opposes punitive approaches that destabilize people, block access to care, and drain communities of resources. We believe that the regulation of drugs should be grounded in evidence, health, equity, and human rights. In collaboration with other movements, we change laws, advance justice, and save lives.

We support the city's investments in Syringe Service Programs and the prioritization of harm reduction services in its spending of opioid settlement dollars. Syringe Service Programs are essential, especially for historically marginalized and overpoliced communities, and provide much more than clean supplies and litter clean up.

Among the critical and community responsive services that SSPs provide are drop-in spaces, bathrooms, and showers for our unhoused community members. A [state comptroller report](#) released this month highlights an alarming increase in homeless New York City residents -- the number nearly doubled to 89,000 from 2022 to 2024. Approximately 10% of this population is experiencing significant mental health or substance use issues. This means more of our neighbors with co-occurring disorders and no access to care, shelter, or hygiene facilities.

From 2022 to 2024, overdose death rates have continued to climb for Black and Latine people who are also experiencing the highest rates of homelessness, and overdose remains the leading cause of death among people experiencing homelessness. At drop-in spaces, people can access safe supplies, testing, behavioral health support, and other forms of preventive care.

SSPs play a key role in providing low-threshold care and wraparound services, which help to address the harms caused by lack of housing, income, food, and healthcare. Each service offered – a warm meal, a shower, or a safe place to rest – is an immediate intervention, and a vital part of wellness and stability. Unfortunately, there are many neighborhoods throughout the city that do not have brick and mortar SSP locations.

We need more of the services and spaces that SSPs provide across the city. Bronx community members and elected officials in a number of neighborhoods are asking for more of these services – city and state elected officials representing the Bronx penned a letter to the Opioid Settlement Advisory Board this past fall, requesting that more opioid settlement dollars be directed to the Bronx to address high needs for harm reduction services and connections to social supports. Capital fund investments would support increasing the number of wellness hubs in the Bronx, at which community members could access drop-in spaces, bathrooms, showers, and

connections to housing, healthcare, and other stabilizing resources. In particular, the Hub and Richman (Echo) Park are two Bronx areas where calls for more supportive services and safe, appropriate spaces for unhoused community members are prominent.

By expanding access to drop-in services and strengthening the infrastructure of SSPs, we can create a stronger safety net for those left behind by traditional health and wellness systems.

Please contact Gia Mitcham, [gmitcham@drugpolicy.org](mailto:gmitcham@drugpolicy.org), for questions and further discussion related to these comments.

Thank you.

1/29/2025

TO: NY City Council Committee on Mental Health, Disabilities and Addiction,

I was unable to attend the hearing, but feel it is vitally important that the connection of drug use and infectious disease be recognized in the NYS Opioid Settlement Fund with so many of the participants we serve affected. Hepatitis C, HIV, and substance use are part of a Syndemic of intersecting epidemics. I have included the letter submitted to the NYS settlement board in the past.

Thank you,

Ronni Marks, She/ Her

**HCMMSG**

The Hepatitis C Mentor & Support Group, Inc.

[[www.hepatitisCmsg.org](http://www.hepatitisCmsg.org)][www.hepatitisCmsg.org](http://www.hepatitisCmsg.org)



## **Westchester County Department of Community Mental Health Co-Occurring System of Care Committee (COSOCC) Report on Co-Occurring Disorders (COD) Prevention, Treatment, Harm Reduction, Housing, Justice-Involved Individuals, Peers, Workforce, and System Transformation – November 2024**

### **Introduction**

Co-occurring disorders (COD) — the intersection of mental health challenges and substance use issues — represent one of the most pressing public health issues of our time. One in two individuals with substance use issues also faces mental health challenges, and more than 21 million Americans meet the criteria for a COD diagnosis. The negative effects of COD on individuals and their loved ones are not limited by age, background, or socioeconomic status. For individuals and families grappling with the impact of COD, navigating the complex and fragmented landscape of care often feels overwhelming. Without adequate resources and comprehensive support, COD frequently results in compounded trauma, long-term health implications, and significant barriers to recovery, especially within communities that are historically marginalized or underserved. The Westchester COD Fall Forum, developed by a coalition of dedicated professionals, community leaders, and advocates, serves as a critical convening space to drive impactful, inclusive change.

Rooted in the goals of the Westchester County Co-Occurring System of Care Committee and the Harris Project's mission to create a comprehensive system of care for COD, this forum examines the full continuum of COD services: prevention, treatment, harm reduction, housing, justice involvement, peer support, workforce development, and system transformation. It acknowledges the unique pathways that contribute to COD, such as early-onset mental health challenges, environmental risk factors, substance use, and the impact of structural inequities that can intensify these challenges. In today's landscape — where high-potency THC, fentanyl, xylazine, and sophisticated marketing target youth have increased risk and impacted overdose rates — our commitment to COD prevention, treatment, and recovery is underscored by the collaborative insights shared at this event. Sessions span topics from engaging families in treatment to exploring sustainable reforms, prioritizing both individual needs and systemic perspectives.

The October 23, 2024 Westchester County Co-Occurring Disorders Forum (agenda attached) arrives at a pivotal time, as New York State dedicates over a billion dollars to mental health, while the New York State Office of Addiction Services and Supports, Office of Mental Health, Department of Health, and local government units determine how to utilize opioid settlement dollars for holistic behavioral health initiatives. With an increasing recognition of integrated care's importance, the forum champions evidence-

based models like Encompass and addresses gaps in services, providing a platform for 450 leaders across sectors to envision sustainable, person-centered change. Our focus includes equity and social justice, recognizing that the lived experiences and needs of Black, Brown, Indigenous, and other marginalized communities must inform and guide efforts toward lasting system transformation.

The forum brings together diverse stakeholders — from school administrators to justice professionals, faith-based groups, and families — emphasizing the urgency of embedding COD competency across all facets of care. Every part of the system, from clinical services to peer-led initiatives, plays an essential role in breaking the cycle of trauma, overdose, suicide, and alcohol-related deaths and in providing meaningful support for individuals at risk. We also highlight a "no wrong door" approach to ensure that, regardless of where individuals enter the system, they are met with compassionate, COD and trauma-informed care. By training the workforce, improving service quality, and fostering community-based solutions, we can work to ensure that individuals with COD are no longer misunderstood or underserved.

## **Policy Recommendations**

### **Prevention**

- Prioritize inclusion of COD awareness programs in schools and communities, incorporating COD-specific content in health curricula. This will help students, families, and school staff understand the link between mental health and substance use, identify risk factors, and foster resilience and help-seeking behavior.
- Provide regular training for educators and community leaders to increase awareness of COD risk factors, promoting early intervention in schools and community settings.
- Implement COD-focused training for prevention professionals, emphasizing early identification and support for youth at risk for mental health and substance use issues.

### **Treatment**

- Standardize COD competencies as requirements for all healthcare and behavioral health professionals, ensuring credentialing covers integrated COD treatment across sectors.
- Increase support for evidence-based models like SAMHSA-endorsed Encompass to ensure access to comprehensive COD care for teens and transitional-aged youth, particularly within school and community settings.
- Establish a dedicated COD workforce development program, including specialized training and certification pathways for supervisors to build a skilled and effective workforce.

- Create a single certification path merging mental health and substance use competencies for clinicians, supported by funding for training, fidelity management, and retention-enhancing measures.

### **Harm Reduction**

- Include COD competency training as part of harm reduction workforce credentialing, equipping staff with both mental health and substance use skills to meet the diverse needs of clients.
- Implement policies to fund ongoing professional development in harm reduction to ensure staff retention, stability, and continuous skill enhancement in supporting clients with integrated care needs.

### **Justice-Involved Individuals**

- Require COD competency training across all justice professionals, from law enforcement to probation officers, ensuring consistent, supportive responses to COD-affected individuals.
- Mandate trauma-informed training within the justice system, especially for supervisors, enabling staff to support the mental health and substance use needs of justice-involved populations with evidence-based approaches.

### **Housing**

- Incorporate COD training for housing providers and administrators, ensuring staff understand the mental health and substance use needs of residents and promote compassionate support.
- Develop policies to support ongoing workforce education in housing services, particularly for supervisors, to support staff retention and quality improvement in COD care.

### **Peers**

- Create a unified COD-specific peer certification, integrating mental health and substance use competencies, allowing peers to provide comprehensive, informed support.
- Establish formalized peer supervision training and career advancement pathways to foster retention and effectiveness in peer roles supporting individuals with COD.

### **Workforce**

- Implement state-level COD workforce quality improvement initiatives, with funding for ongoing education, certification upgrades, and retention incentives to build a resilient workforce.
- Develop mental health and substance use integration as core requirements for new hires and ongoing credentialing across healthcare and social service settings, strengthening the continuum of care.

## **System Transformation**

- Promote a statewide COD workforce development plan encompassing credentialing reforms, supervisory training, and support systems to reduce burnout and ensure skill retention.
- Develop a "no wrong door" approach through integrated service models, promoting collaboration across mental health, substance use, justice, housing, and community services.
- Establish a COD-specific patient rights framework to guarantee equitable access and respectful, integrated care across all sectors.

## **Legislative Recommendations**

### **Prevention**

- Pass legislation to fund COD prevention training programs in schools, enabling teachers and school personnel to recognize and address mental health and substance use risk factors early.
- Legislate funding for credentialed professionals in community COD prevention roles, focusing on youth and family education, and the integration of COD-specific content in community and school health curricula.

### **Treatment**

- Enact laws mandating COD competency certification for all mental health and substance use providers, requiring cross-training to promote fully integrated care.
- Legislate for funding that ensures ongoing education and training for COD supervisors, enabling them to guide and support their teams effectively.

### **Harm Reduction**

- Pass legislation to require COD training for harm reduction staff, with certification requirements and ongoing professional development support.
- Ensure funding and policy support for harm reduction professional development, enabling career advancement and retention in these critical roles.

### **Justice-Involved Individuals**

- Enact laws that establish COD competency as a standard across criminal justice roles, particularly for staff working directly with COD-affected individuals.
- Require supervisors in the justice system to complete COD-focused training, supporting evidence-based, trauma-informed approaches to mental health and substance use.

### **Housing**

- Mandate COD competency training for housing staff and supervisors, legislating support for professional development within housing systems to retain skilled staff.
- Fund ongoing workforce education in housing programs to ensure staff can address residents' mental health and substance use needs.

## **Peers**

- Establish legislation to create a single COD-specific peer certification, integrating mental health and substance use competencies to enhance peer support services.
- Legislate funding and resources for peer training programs that support career pathways, including supervisory training and retention bonuses.

## **Workforce**

- Pass a bill to create a COD workforce task force that addresses recruitment, credentialing, retention, and ongoing training needs across prevention, treatment, housing, and justice sectors.
- Allocate funds for workforce improvement initiatives, including supervisor training, professional development, and certification pathways to reduce staff turnover and promote skill growth.

## **System Transformation**

- Enact legislation to support a five-year plan for COD workforce development, embedding mental health and substance use integration into all behavioral health roles.
- Require workforce competency reporting and quality improvement benchmarks for all state-funded COD programs, ensuring that services evolve to meet client needs effectively.

## **Budget Recommendations**

### **Prevention**

- Allocate funds to support prevention workforce training, ensuring that prevention professionals have COD competencies to work effectively with at-risk youth.
- Fund school and community-based education initiatives that incorporate COD-specific awareness programs for students, families, and educators.

### **Treatment**

- Designate funding for COD workforce education programs, focusing on credentialing, supervisory training, and quality improvement.
- Create a dedicated budget for professional development in COD treatment, offering scholarships, stipends, and incentives for retention.

### **Harm Reduction**

- Provide funding for harm reduction staff training on COD, with grants for ongoing professional development, certification upgrades, and career advancement.

### **Justice-Involved Individuals**

- Allocate budget resources for COD training and certification within the justice workforce, supporting justice-involved individuals with informed, trauma-sensitive care.
- Fund supervisory training in justice settings to ensure staff guidance and skill development for improved outcomes.



## **Housing**

- Fund workforce development in housing programs to include COD competencies, supporting staff retention and quality improvement.
- Provide incentives for housing authorities to offer COD-specific training and supervisory development.

## **Peers**

- Designate budget resources for COD-specific peer certification, training, and career development, supporting certification and continuing education.

## **Workforce**

- Establish funding for a statewide COD workforce initiative that includes credentialing, supervisory training, and support services for professional retention.

## **System Transformation**

- Fund a COD workforce quality improvement program, enabling data collection, training feedback, and continuous development to meet evolving client needs.

## **Conclusion**

Our journey toward comprehensive COD care requires shared responsibility, where each sector — from behavioral healthcare to housing — is committed to building a compassionate and comprehensive system. With a clear vision for a future where mental health challenges and substance use issues are met with understanding, integrated services, and unwavering support, we aim to create a community that centers individuals and families and advances social justice. This forum serves as a stepping-stone toward that vision, setting a standard for COD prevention, treatment, and recovery that is inclusive, trauma-informed, and equitable.

Through continued collaboration, investment in workforce development, and a commitment to community-based, person-centered care, we can build a future where individuals with COD are empowered, respected, and supported at every step. The insights, strategies, and partnerships forged here represent a transformative shift, not only for Westchester County but also as a model for communities across the nation, advancing a foundation for meaningful, lasting change in co-occurring disorders prevention, treatment, and recovery.

## **CO-OCCURRING DISORDERS (COD) PATIENT BILL OF RIGHTS**

- 1. RIGHT TO BE WELCOMED/NONDISCRIMINATION:** Individuals and families seeking and receiving treatment for COD are to receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, disability, gender identity, national origin, payment source or any other protected basis.
- 2. RIGHT TO HAVE COD NEEDS ACCURATELY RECOGNIZED:** Individuals with COD – and their families – have the right to receive appropriate screening for the presence of COD, accurate documentation of the results of that screening, complete access to their health records and cost estimates, and timely access to competent re-assessments when needed.
- 3. RIGHT TO RECEIVE COD SERVICES MATCHED TO NEEDS:** Individuals shall receive integrated (at minimum, COD capable) services for their co-occurring Mental Health (MH) and Substance Use Disorder (SUD) conditions that are appropriately matched to their needs and preferences (including acuity, severity, and stage of change for each condition). This applies to MH and/or SUD/addiction programs for adults and/or children/youth in hospital-based, residential, community-based settings and at school-based MH satellites.
- 4. RIGHT TO RECEIVE THE HIGHEST QUALITY OF COD TREATMENT:** In every setting, individuals and families have the right to receive high-quality evidence-based COD services, including a full array of best and promising practices for medication and non-medication interventions for both MH and SUD needs.
- 5. RIGHT TO CONTINUITY OF CARE:** Individuals – and families – with COD have the right to receive appropriately matched help for both conditions for as long as they need that help. The expectation that individuals can rely on “self-help” only after a single episode of care in a program with limited length of stay is inappropriate for people who are likely to have not one, but two persistent conditions that may require help for an extended time-period.
- 6. RIGHT TO HELP AND HOPE FOR FAMILY AND LOVED ONES:** Families have the right to be involved in contributing to the care of their loved ones, and receiving quality education, support, and treatment to help them heal.
- 7. RIGHT FOR PEOPLE AT RISK TO HAVE ACCESS TO PREVENTION:** Young people with either MH or SUD are at higher risk of developing COD and have the right – along with their families – to receive educational and preventive interventions as soon as possible in both normative settings – like schools – as well as in treatment settings (such as Behavioral Health (BH) programs treating children and youth.)
- 8. RIGHT TO ACCOUNTABILITY AND REDRESS:** Consumers have the right to receive services within a fully transparent system where payors, providers and government work in partnership, guided by input from people and families with lived experience.
- 9. RIGHT TO A PEER ADVOCATE:** People have the right to peer support services providing hope, advocacy, and systems navigation. To adequately serve people with COD this requires a robust and collaborative peer workforce with diverse and specialized lived expertise as well as cross-training, ensuring person-driven, recovery-oriented, trauma-informed, culturally fluent services.
- 10. RIGHT TO RECEIVE SERVICES FROM ADEQUATELY RESOURCED PROVIDERS:** People with COD needs have the right to receive services from providers of all types who are paid appropriately to serve those with the greatest need.
- 11. RIGHT TO SAFE HOUSING:** People with COD and without access to a permanent residence have the right to safe supportive housing that is recovery-oriented, and encourages independence.

**Pathways Forward - Westchester County Co-Occurring System of Care:  
Innovating Prevention, Treatment, Recovery and System Transformation.**

**Westchester County Center 198 Central Ave, White Plains, NY 10606**

*Free parking at County Center in Parking Lot across street of Bronx River Parkway*

*Please inform parking staff attending DCMH Fall Forum 2024*

**Forum Schedule at a Glance**

**8:30-9:15 Registration & Continental Breakfast**

**9:15-9:45 Welcome & Introductions**

*\* scheduled to appear*

Co-Emcees Westchester County DCMH Commissioner Michael Orth and the harris project  
Founder & President Stephanie Marquesano

Westchester County Executive George Latimer

NYS Senate President Pro Tempore and Majority Leader Andrea Stewart-Cousins

NYS Senator Shelley Mayer

NYS Senator Pete Harckham

NYS Senator Nathalia Fernandez

NYS Assemblyperson Dana Levenberg

Berlina Wallace-Berube, Senior Advisor SAMHSA, Center for Substance Abuse Treatment

**9:45-10:30 Call to Action: Keynote Speaker**

Josh Rubin, Vice President Client Solutions at Health Management Associates

**10:30-10:45 Welcome & NYS Blueprint & Vision for the Future Co-Occurring System of Care**

NYS OASAS Commissioner Chinazo Cunningham & OMH Commissioner Ann Marie Sullivan

**10:45-11:00 Break/Transition**

**11:00-12:30 Morning Workshops:**

**“Youth, Families, Schools & Communities in Co-Occurring Disorders Prevention, Early Intervention & Engagement.”**

**Description:** Explore strategies and best practices for involving youth, families, schools & communities in the prevention and early intervention of co-occurring disorders. Learn about implementation of school-wide curriculum, awareness efforts, and approaches to family-centered engagement to improve outcomes.

**Welcome:** Patricia Zuber-Wilson, Associate Commissioner for Prevention, NYS OASAS

**Presenters:** Dr. Linda Richter (Partnership to End Addiction), Dr. Dixelia Lopez (Ossining School District), Rebecca Rothe & Anthony Gaines (Woodlands Middle/High School), Nancy Pasquale (RyeACT Coalition), James Hughes (Lexington Center for Recovery)

**Moderator:** Tori Shaw (WC DCMH)

**“Harm Reduction is Imperative: Effective Harm Reduction Strategies in Westchester.”**

**Description:** Harmful additives such as fentanyl & xylazine have had a significant impact on the dramatic rise in overdose deaths. The ubiquity of these additives has increased the risk of overdose. Panel members will share their efforts utilizing all harm reduction strategies available to improve outcomes and ultimately save lives.

**Presenters:** Sharon Thomas (Urban League of Westchester), Patrick Quinn (WC DOH), Dr. Juliette Mandel (Symphony Medical/St. John’s Riverside Hospital), Noraima Padilla & Naima Johnson (WC Dept. of Corrections), Colleen Anderson (Cortlandt Recreation & Restoration Center)

**Moderator:** Trevor Payne (WC DCMH)

### **“Building & Sustaining a Co-Occurring Capable Workforce.”**

**Description:** Panel members will share experiences and best practices on building agency culture around co-occurring disorders including capability, sustainability, workforce & the future of the field.

**Presenters:** Dr. Nancy Covell (NYSPI, Center for Practice Innovations), Sonya Gaffney (Family Services of Westchester), Dr. Jeanne Matich-Maroney (Iona University), Laura Russin (Pace University)

**Moderator:** Dr. Drew Mullane (Westchester Jewish Community Services)

### **“Integrating Behavioral Health & Criminal Justice Systems/Crisis & Diversion–Co-Occurring Approaches.”**

**Description:** Explore strategies for integrating behavioral health services within law enforcement, criminal justice system & community organizations, including diversion, crisis response and co-response models of practice using the Sequential Intercept Model.

**Presenters:** Dr. Nils Rosenbaum (St. Vincent’s Crisis Prevention and Response Team - CPRT), David Warnock (Family Services of Westchester/Mobile Crisis Response Team (FSW MCRT), Sgt. Robert Spink (Yonkers PD), Sean O’Connor (WC DCMH-MHOT), Linda Bartus (WC DCMH-TASC), Chris Rivera (PEOPLE USA Crisis Stabilization Team - CST)

**Moderator:** Dr. Christopher John (WC DCMH)

### **C-Suite Roundtable Facilitated Discussion (by invitation only)**

**12:30-1:15 Lunch**

**1:15--2:30 Afternoon Workshops:**

### **“Co-Occurring Treatment, Recovery & Family Supports in School & Community Settings.”**

**Description:** Westchester County supports the delivery of co-occurring competent care in school and community settings, as well as the development of a robust Co-Occurring System of Care. Join us for a panel of local experts to discuss utilization of effective co-occurring treatment models that emphasize collaboration between schools, community providers, youth & families.

**Presenters:** Lorena Rucaj (WC DCMH), Nikki South (Andrus), Cynthia Johnson (Westchester Jewish Community Services), James Hughes (Lexington Center for Recovery), Tori Shaw (WC DCMH), Dr. Drew Mullane (Westchester Jewish Community Services).

**Moderator:** Stephanie Marquesano (the harris project)

### **“The Role of Peer Services in Co-Occurring Competent Care.”**

**Description:** Panel members will discuss and explore the impact of peer support on recovery outcomes. Discussion will include how to foster a culture of integrated peer support services.

**Presenters:** Victor Clark (Mental Health Empowerment Project), Frank Brittan (St. Vincent’s Hospital), Dillon Browne & Sabrina Johnson (Greater Mental Health of NY), Justina Kenyon (Westchester Jewish Community Services)

**Moderator:** Adam Black (WC DCMH)

### **“Integrating Behavioral Health and Criminal Justice Systems/Corrections and Re-entry – Co-Occurring Approaches.”**

**Description:** Explore strategies for integrating behavioral health services within law enforcement, criminal justice system, corrections & community organizations. Panel

members will share innovative practices for co-occurring practices in courts, County Corrections and re-entry services and supports using the Sequential Intercept Model.

**Presenters:** Dr. Jerome Norton (Wellpath/County Corrections), Michele Hart (WC DCMH-MH Court/MHATI), Ron Hood (WC DCMH-CORE/Re-Entry), Kim Omaro (St. John's Riverside Hospital), SPO Danny DePonto (WC Probation DTATI)

**Moderator:** Dr. Christopher John (WC DCMH)

### **"Innovative Housing Solutions for Individuals with Co-Occurring Disorders."**

**Description:** Panel members will present innovative housing models for individuals with co-occurring disorders, focusing on supportive and transitional housing. They will discuss ways to foster collaboration between housing services and other essential supports, including both abstinence-based and harm reduction approaches. The panel will also identify common barriers individuals with co-occurring disorders face when trying to access housing, as well as challenges that housing providers encounter in meeting their unique needs.

**Presenters:** Amanda Brickhouse, (Rehabilitation Support Services), Michael Dones (The Guidance Center of Westchester), Blake Porter (Release Recovery)

**Moderator:** Ashley Brody (Search for Change)

**2:30-2:40 Transition**

**2:40-3:15 Reconvene: Pathway Forward Call to Action**

**3:15 Forum Ends**

**3:30-4:00 Narcan Training (50 participants maximum, sign-up during morning registration)**

## **Westchester County Department of Community Mental Health – New Mission Statement**

The mission of Westchester County Department of Community Mental Health is to enrich and enhance the lives of children, adolescents, adults and families living with mental health concerns, substance misuse, intellectual and developmental disabilities, or the co-occurrence of any of these issues, to reach their full potential. The mission is achieved by providing a system of care guided by values and ethical practices which prioritize access to strength-based, trauma informed, culturally, racially, and linguistically responsive services that are coordinated and individualized to meet their needs.

## **Westchester County Co-Occurring System of Care Committee (COSOCC)**

The Westchester County Department of Community Mental Health acknowledges the efforts of the COSOCC in providing leadership and unwavering commitment to transforming the service delivery system to support our residents with mental health, substance misuse and other complex challenges. The Committee's efforts include a focus on prevention, early intervention and effective treatment and recovery services.

Special thank you to the leadership of the COSOCC including Stephanie Marquesano (the harris project), Dr. Drew Mullane (WJCS), Mary Manchand & Trevor Payne (WC DCMH).

For additional information regarding the COSOCC please contact WC DCMH at (914) 995-5220 or (914) 995-6014.

Testimony for the New York City Council Committee on Mental Health, Disabilities and  
Addiction, and the Committee on Hospitals  
Delivered by Stephanie Marquesano  
Date: January 28, 2025

Good afternoon, members of the New York City Council, Committee Chairs, and distinguished attendees. My name is Stephanie Marquesano, and I am the founder and president of the Harris project, the only United States nonprofit dedicated to advancing awareness, prevention, treatment, and system transformation to meet the needs of those with, or at risk of developing, co-occurring disorders (COD). In 2013, my 19-year-old son, Harris, died by accidental overdose after battling anxiety, ADHD, and substance misuse. Despite multiple treatment attempts, the lack of integrated COD competent care led to his death and my dedicating my life to preventing others from experiencing similar losses.

I am the co-chair of the Westchester County Co-Occurring System of Care Committee, whose work is considered a national model of excellence. I have attached some introductory pieces that you might find helpful. I also invite you to meet with us to learn about the best practices being designed and implemented to save lives and improve outcomes, and how Opioid Settlement Funds are being utilized to help achieve our goals. In addition, I serve on the New York State Opioid Settlement Fund Advisory Board (OSFAB). It is an honor to testify before you today on the critical investments needed to address COD as part of our collective response to the opioid epidemic.

While New York has made strides in addressing the opioid crisis, we are at a pivotal moment. Overdose numbers, while appearing to decline in some communities, belie a sobering truth: with a more dangerous supply than ever before, individuals with COD are at higher risk than ever before. More than 21 million Americans meet the criteria for a diagnosis of COD. With 1 in 2 individuals with substance use issues also facing mental health challenges, COD does not discriminate—impacting people of all ages, backgrounds, and socioeconomic statuses. This intersection of mental health and substance use demands a strategic, integrated approach that addresses root causes, provides early intervention, and supports individuals and their loved ones across the continuum of care. At each OSFAB meeting members of the community overwhelmingly share tragic narratives rooted in COD during public comment periods.

The OSFAB has identified COD as an overarching theme, yet the Request for Application (RFA) process established by the New York State Office of Addiction Services and Supports (OASAS) for the distribution of Opioid Settlement Funds simply requires applicants to demonstrate how they are addressing COD. There has been no dedicated funding made available to support providers and community organizations in building the infrastructure, workforce training, and competency required to deliver truly integrated care. This gap perpetuates a cycle where potential applicants can be held accountable for outcomes they are not equipped to achieve, in turn making them less likely to apply for funds. This leaves individuals and their loved ones without the comprehensive support they need.

Opioid Settlement Funds present a generational opportunity to address systemic failures, and

build an infrastructure that supports prevention, treatment, recovery, stability, and sustainability. I urge you to consider the following key priorities:

1. **Prevention and Education:** Equip schools, youth, families, and communities with the tools and knowledge to identify early signs of mental health and substance use challenges. Funding should expand COD-specific content in health curricula and provide training for school-based and prevention staff to foster resilience and intervene early.
2. **Evidence-Based Treatment:** Expand access to proven integrated treatment models like SAMHSA-endorsed Encompass, ensuring teens and young adults receive comprehensive COD care in the least restrictive environment possible, including school and community settings. Development of core competencies must also be prioritized, with training programs designed to include consultation and technical support to ensure mastery and fidelity in service delivery. I encourage you to explore the November 2024 SAMHSA Issue Brief on Co-Occurring Disorders for additional guidance.
3. **Harm Reduction:** Embrace a comprehensive approach to harm reduction that extends beyond the distribution of supplies to include non-abstinence-based treatment and care models. Providing trauma-informed, COD-focused services across harm reduction systems will reduce stigma, improve outcomes, and ensure equitable, compassionate care.
4. **Peer Support:** Until such time as a unified peer certification is developed create opportunities to bridge mental health and substance use competencies. Career pathways, supervisor training, and equitable compensation are critical to ensuring quality and stability in peer support services. Peers are a vital resource in connecting individuals to care and fostering trust, especially in underserved populations.
5. **Housing:** Prioritize COD training for housing staff and invest in integrated housing models that incorporate mental health and substance use treatment. Housing stability is foundational to recovery, yet housing providers often lack the tools to address the unique needs of individuals with COD. By embedding COD-specific competencies in housing systems, we can reduce evictions, prevent individuals from becoming or staying unhoused, and support long-term recovery.
6. **Justice-Involved and Unhoused Populations:** Address the disproportionately high rates of co-occurring disorders among justice-involved and unhoused individuals by funding COD-specific interventions and care coordination in these systems. Expand integrated service models that bring mental health and substance use treatment, housing, and justice system supports together, creating pathways to recovery and stability. This approach reduces recidivism, prevents chronic housing instability, and ensures equitable care for vulnerable populations.
7. **Wraparound Supports and Family Engagement:** Prioritize wraparound supports for individuals and ensure access to evidence-based interventions like Community Reinforcement and Family Training (CRAFT) and Invitation to Change. These models empower families and loved ones to support the individual effectively while also addressing their own needs.
8. **Workforce Development and System Integration:** While building a resilient COD workforce would be helped greatly by statewide system integration and credentialing reforms, supervisor training and continuous quality improvement initiatives can begin to meet the need. An integrated service model with a "no wrong door" approach ensures that all individuals receive dignified, equitable care.

By making targeted investments in co-occurring competency, we can transform our systems to provide equitable, compassionate, and effective care for all New Yorkers.

In closing, to achieve meaningful and measurable impact, I urge New York City:

1. **Invest in COD Competency:** Allocate dedicated funding to help providers achieve co-occurring competency, including workforce development, unified credentialing for mental health and substance use professionals, and evidence-based training in integrated care models like Encompass.
2. **Support Prevention and Early Intervention:** Expand COD awareness and education initiatives in schools, communities, and families to address early risk factors and break intergenerational cycles of substance use and mental health challenges.
3. **Create System Integration:** Use opioid settlement dollars to incentivize collaboration across mental health, addiction, housing, justice, and education systems, fostering a “no wrong door” approach that ensures individuals receive the right care at the right time.

By addressing co-occurring disorders through prevention, treatment, harm reduction, and workforce development, we can create a sustainable infrastructure that saves lives, supports families, and strengthens our communities. This is not just an opportunity—it is our responsibility.

Thank you for your time and for your commitment to this critical issue. I welcome any questions and look forward to further collaboration.

---

Stephanie Marquesano  
Founder and President  
The Harris Project Inc.  
19 Faith Lane  
Ardsley, New York 10502  
914-980-6112  
[stephanie@theharrisproject.org](mailto:stephanie@theharrisproject.org)





**THE COUNCIL  
THE CITY OF NEW YORK** 11

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Gia Mitchem

Address: \_\_\_\_\_ NY 1001

I represent: Drug Policy Alliance

Address: \_\_\_\_\_

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THE CITY OF NEW YORK** 10

Appearance Card

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in favor  in opposition

Date: 1/29/25

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Name: Erin Verrico

Address: 40 Madison Ave

I represent: Community Healthcare Network

Address: 40 Madison Ave

**THE COUNCIL  
THE CITY OF NEW YORK**

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Rebecca Linn-Waitan

Address: Assistant Commissioner For the Bureau of

Addiction and Drug Use Prevention, Care, and

Address: NYC DOHMH treatment

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**THE COUNCIL  
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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Dr. Dan Schatz

Address: Medical Director of Substance Use  
Disorder Services

I represent: \_\_\_\_\_

Address: NYC Health+Hospitals

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Date: \_\_\_\_\_

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Name: Jason Hansman

Address: Senior Advisor of Behavioral Health  
Communications and Policy

I represent: \_\_\_\_\_

Address: NYC Health+Hospitals

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Name: Robert Van Pelt

Address: Chief of Staff

I represent: NYC Office of Chief Medical Examiner

Address: \_\_\_\_\_

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Dr. Gail Cooper

Address: Director of Forensic Toxicology

I represent: NYC Office of Chief Medical Examiner

Address: \_\_\_\_\_

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in favor  in opposition

Date: \_\_\_\_\_

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Name: Hannah Johnson

Address: Drug Intelligence and Intervention Group

I represent: (DIIG) Program Manager

Address: NYC Office of Chief Medical Examiner

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. ~~827~~ Res. No. \_\_\_\_\_

in favor  in opposition

Date: January 28, 2025

(PLEASE PRINT)

Name: Stephanie Magnasano

Address: [Redacted] NY 10502

I represent: self (the Harris project)

Address: \_\_\_\_\_

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**THE COUNCIL  
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Appearance Card

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in favor  in opposition

Date: 1/28/2025

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Name: Ann Marie Foster

Address: 34-11 Vernon Blvd LIC NY

I represent: Phoenix House NY

Address: 34-11 Vernon Blvd LIC NY 11406

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in favor  in opposition

Date: \_\_\_\_\_

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Name: Rev. Terry Loria

Address: 100 Park Ave S NY 10302

I represent: Project Hospitality

Address: 100 Park Ave Staten Island

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