Human Resources Administration
Department of Homeless Services
Department of Social Services

**Testimony of Steven Banks, Commissioner**
**New York City Department of Social Services**

**Oversight Hearing - Opioid Overdoses Among NYC's Homeless Population**
**New York City Council's Committee on General Welfare**
**February 27, 2017**

Good afternoon. Thank you Chairs Levin and Ayala and members of the City Council's General Welfare Committee and Committee on Mental Health, Disabilities, and Addiction for inviting us to testify and respond to committee questions today. My name is Steven Banks, I am the Commissioner of the New York City Department of Social Services (DSS) and in this capacity oversee the Human Resources Administration (HRA) and the Department of Homeless Services (DHS). I am also joined by DHS's Medical Director, Dr. Fabienne Laraque.

Before beginning my testimony, I would like to take a moment to welcome the new members of the Council as well as welcome those members new to these committees. I look forward to our partnership as we work together to improve the lives of low-income and vulnerable New Yorkers.

An essential way to address homelessness and its associated traumas is prevention. The Administration has made unprecedented investments to address homelessness and the economic insecurity felt by low-income New Yorkers, many of whom rely on HRA and DHS programs, benefits, and services. Since FY14 we have enhanced our services and assistance, including these initiatives:

- **Created and implemented rental assistance programs** and restored Section 8 and New York City Housing Authority priorities, which though September 2017 have helped over 71,000 children and adults move out of, or avert entry into, shelter;
- **Established the Homelessness Prevention Administration** within HRA and provided emergency rental arrears assistance to 217,000 households through FY17;
- Launched the **largest municipal commitment *ever* to build and expand supportive housing** by committing to developing 15,000 new units in 15 years;
- Aggressively **expanded free legal assistance** for New Yorkers facing eviction, harassment by unscrupulous landlords and other displacement pressures by increasing funding for legal services for tenants from $6 million in FY13 to $77 million by FY18 – a 12-fold increase, providing legal assistance to over 180,000 New Yorkers. And just last month the Mayor

announced that residential evictions by marshals dropped by 27 percent from 2013 to 2017, with more than 70,000 New Yorkers being able to stay in their homes during that time;
- And began implementation of **universal access to legal services** for all New York City tenants facing eviction in Housing Court and in NYCHA termination of tenancy proceedings, which at full implementation in FY22 will serve 400,000 New Yorkers annually with $155 million in funding;

**The major investments made by this Administration over the last four years have resulted in the shelter census remaining roughly flat year over year for the first time in more than a decade.**

While 70% of shelter residents are families, today I will largely focus my testimony on our shelter system for single adults where we have seen increased opioid use and we have targeted our prevention efforts.

**Reforms**

Following Mayor de Blasio's 90-day review of homeless services, DHS has been implementing a series of 46 reforms aimed at addressing challenges that developed over many decades in order to address gaps in service delivery, inadequate programming, and the safety and security of shelter clients. These efforts include significant improvements in how DHS delivers and ensures health care for those seeking or residing in shelter, recognizing that vulnerable and homeless New Yorkers navigate a myriad challenges, which include a greater likelihood of medical illness, mental health and substance use issues, and poor health outcomes. The transient and stressful nature of homelessness can compound health issues for these individuals who are often disconnected from medical and behavioral healthcare.

In November 2016 DHS provided comprehensive testimony before the General Welfare Committee in a two-part oversight hearing on Medical and Behavioral Health Services in the DHS shelter system. The testimony presented a detailed accounting of the agency's broader efforts to reform Medical and Behavioral Health Services in the DHS shelter system.

Reforms as they relate to this hearing topic include adding appropriately licensed and experienced clinical staff to the DHS Office of the Medical Director (OMD). These individuals assist the Medical Director in designing evidence-based standards of care, planning and implementing newly expanded program monitoring and oversight, and will conduct evaluations of existing programs and services. Before the fall of 2016, in addition to the existing licensed Medical Director, there was one licensed social worker, one administrator/deputy to the Medical Director, three administrative/clerical staff and one staff analyst in the DHS Office of the Medical Director. As part of the findings of the 90-day review, we added experienced and

qualified licensed clinical staff. The Medical Director position was filled in September 2016 with the selection of Dr. Laraque, a physician experienced in public health, and additional, newly created positions include: a Director of Mental Health Services with a PhD in Clinical Psychology, an Administrative Nutritionist and Registered Dietician, a Senior Executive Director for Program Planning and Evaluation with a Masters in Public Health (MPH) and PhD in Health Systems Research, a Quality Management Coordinator with an MPH and PhD in Public Health Nutrition, and two additional staff with MPH degrees. This more robust staffing allows DHS to better respond to those in shelter with medical and behavioral health needs and to design, plan, and oversee such services. Additionally, through funding provided through Healing NYC, the Medical Director's office oversees two Opioid Overdose Prevention Coordinators, and within HRA's Office of Customized Assistance there is an additional Opioid Overdose Prevention Coordinator.

Further, we are improving the hospital and nursing home shelter or Safe Haven referral process. This includes clarifying conditions which make a person medically inappropriate for any DHS site and modernizing the referral process. The institutional referral procedure was revised and a new fillable referral form was created.

We are also working with DOHMH to provide Mental Health First Aid training to non-clinical staff at DHS facilities. This training will equip staff with tools to better support clients with mental health and substance use disorders, and includes our continued naloxone administration training.

And as a part of these reforms, in September 2016, DHS strengthened its long-standing naloxone training practice by promulgating an agency policy requiring staff from all shelters to participate in comprehensive naloxone trainings to ensure shelters across the city are equipped to administer the life-saving drug. To date, all providers have participated in the training and all shelters now have staff equipped to administer naloxone, including frontline staff, security staff, and social service staff at shelters for both adults and families. Staff on our street outreach teams and at dedicated facilities for street homeless individuals such as Safe Havens and drop-in centers have also been trained. In early 2017, DHS became an independent state-certified Opioid Overdose Prevention Program (OOPP), led by the Office of the Medical Director. The Medical Director is also the clinical director of the OOPP and the existing licensed social worker is the OOPP Program Director. The naloxone administration training program uses a train-the-trainer model, thereby multiplying the impact of the program by establishing the existence of at least one trainer per site able to train other staff and clients. And as a result of a partnership with the Council and Councilmember Ritchie Torres, this policy is now codified in law, LL225 of 2017. Later in this testimony, we will update you on the numbers of clients and staff who have been trained so far. In discussing substance use among our homeless population

it is critical to note that addiction more often than not precedes the experience of homelessness and as was discussed by our colleagues at DOHMH, like substance misuse in general, the misuse of opioids cuts across age, race, ethnicity, class and neighborhood.

**Intake and Assessment**

Both our DHS system and HRA's HIV/AIDS Services Administration (HASA) have screening services for clients with medical and/or behavioral health conditions.

For single adult clients seeking DHS services, intake occurs at three locations: for men at the 30th Street shelter in Manhattan and for women at the Franklin shelter in the Bronx or the HELP Women's Shelter in Brooklyn. Recently, we modified our intake questions so as to obtain additional, useful information from clients. We ask: "are you currently using any illegal drugs or prescription medication for non-medical reasons" and we added three questions on history of overdose. Following intake, clients enter assessment shelters, where we use two validated drug and alcohol screening tools: 1) AUDIT-C (for alcohol use disorder identification) and 2) DAST-10 (for illicit and prescription drug misuse).

Within DHS there are six assessment shelters which require that shelter medical providers offer each client the opportunity to engage in a medical history and physical, as well as a psychiatric assessment, within five to ten days, respectively, of the client's arrival – recognizing entry into the DHS system may be the first contact a client has had with health care systems in several years.

The medical history and physical includes routine laboratory testing and preventive care, including Pap smears, screening for colon and prostate cancer, and referral for mammograms. The client is also screened for communicable or infectious diseases, such as tuberculosis and HIV. The psychiatric assessment includes, but is not limited to, any chief complaint, history of any present illness, past psychiatric history, substance use history, medications, family and social history, and a full mental status examination. In addition to the medical, behavioral and social health assessments, each client's financial and housing history are obtained at intake.

HASA clients must meet eligibility criteria for the program, including applying and being found eligible for cash assistance. All clients applying or recertifying for cash assistance who self-identify or appear to have a substance use history are referred for a substance use assessment by an on-site Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and are offered a referral for the appropriate treatment and/or harm reduction services as needed. We use an electronic instrument that is based upon the Addiction Severity Index that assesses client functioning with respect to substance use and treatment history as well as medical, mental health, employment, legal, and housing issues. It also includes a section to assess a client's

motivation towards treatment and has decision support logic that helps the CASAC make determinations and standardizes determinations among CASACs.

**Connections to Care**

Both DHS and HASA work to meet clients where they are at, an important tenant of a harm reduction and trauma-informed approach to care. Using peer-reviewed, evidence-based research we continue our work to engage clients and connect them to appropriate care both on and offsite.

Among the facilities that constitute the DHS portfolio, 47 single adult shelters have access to on-site health care. The other facilities within the DHS portfolio for single adults secure and maintain linkage agreements to neighborhood and community health care providers to which clients are referred. This continuum of care and presence of options is important as some clients will choose to utilize offsite services as a result of being previously connected to care or to maintain their privacy. As with so much of our work within the shelter system, we recognize that a one-size fits all approach is not always going to work and that the availability of choice ultimately benefits our clients.

At DHS shelters there are opportunities for clients to participate in a variety of behavioral health services, including psychiatric assessment, ongoing medication management, individual therapy, and group therapy related to mental illness and substance use as well as psychoeducation related to trauma. For clients with co-occurring mental health and substance use disorders, the medical provider will work to first stabilize the client and then provide supportive services including harm reduction and health promotion to reduce the frequency and duration of both drug/alcohol and/or psychiatric hospitalizations.

As mentioned earlier, DHS, through the OMD, is an Independent State Certified Opioid Overdose Prevention Program. DHS is in the process of finalizing its written Substance Use and Overdose Response Policy. This policy has been developed by the DHS Medical Director and her team and will formalize a series of robust action steps we are taking to address opioid overdose deaths and substance use in shelter. We are also developing a comprehensive overdose response and substance use Toolkit for shelter staff that includes tools for Overdose Response Trainers and Overdose Prevention Champions, as well as tools for staff trained to administer naloxone, educational materials, and resources for clients. Overdose Prevention Champions are being identified at shelters and other DHS sites to serve as the lead trainer and coordinator for all overdose prevention and response activities at their site.

This Substance Use and Overdose Response Policy will cover topics related to substance use and overdose prevention, overdose response and naloxone administration, how to obtain naloxone, training policy, training targets, client engagement following non-fatal overdoses

utilizing proven harm reduction approaches, resources for substance use prevention and harm reduction, and reporting information. For example, the policy will focus on inquiring about whether linkages to substance use treatment and Medication Assisted Treatment (MAT) were made by hospital staff, following up if such connections have not been made, and monitoring if connection to care is refused.

Currently, at DHS, the OMD follows up on every overdose to require shelter providers to link the client to drug treatment programs, counseling, and harm reduction programs. Additionally providers will conduct a refresher naloxone administration training and a client naloxone dispensing drive. The shelter director is required to offer naloxone administration training to the affected clients, his or her roommates and friends. DHS also educates providers on harm reduction and on the availability of medication assisted treatment. Shelter staff members are trained to follow up on non-fatal overdoses and offer and link clients to substance use services. Shelter providers and onsite clinical providers are expected to refer clients who have a substance use disorder, to drug treatment programs, regardless of whether they've had an overdose.

Thorough its Medical Director, HRA is also an Independent State Certified Opioid Overdose Prevention Program. All HASA clients applying or recertifying for cash assistance who self-identify or appear to have a substance use history are referred for a substance use assessment by an on-site CASAC. Clients who are identified as having a substance use disorder are offered a referral for the appropriate treatment and/or harm reduction as needed. Those identified as using opioids or in contact with other clients using opioids will be offered responder training and provided naloxone.

Following the implementation of our resident training plan pursuant to Local Law 225 of 2017, at intake, all HASA clients will be offered training as a responder. Clients can opt-out of this training. Following training, each trained responder will be given a naloxone kit. HRA's plan will ensure a sufficient supply of kits and proper storage. This approach is the result of meeting with advocates and hearing directly from impacted individuals concerning implementing a training plan that decreases stigma – we believe this opt-out approach at the front door is just that.

All HASA contracted transitional housing programs are required to offer referrals for appropriate substance use treatment to its residents. Commercial emergency housing operators are required to have linkages to community-based organizations providing services such as treatment referrals and harm reduction including naloxone responder training. Additionally, the HASA program is in discussion with VOCAL-NY, the Harm Reduction Coalition, New York Harm Reduction Educators, and other community-based organizations to formalize partnerships to train residents to administer Naloxone with a focus on our SRO sites.

DHS, via its medical office, is partnering with all the medical clinics, Federally Qualified Health Centers, and providers of healthcare for homeless New Yorkers who serve the shelter system, meeting monthly to plan programs, exchange ideas and brainstorm on best ideas to meet the numerous challenges of the clients and settings. The DHS OMD additionally has begun to meet with the independent state-certified OOPP that serve shelters. The DHS OMD also actively participates in RxStat, a citywide, multiagency task force on opioid overdoses and is represented on the Municipal Drug Advisory Council. In addition, the DHS OMD has started a mortality review committee, where deaths that meet certain criteria are examined. A City Medical Examiner participates on this Committee.

**Overdose and Naloxone**

Opioid misuse continues to be a national and citywide challenge. In FY17, there were 1,461 overdose deaths citywide compared to 85 overdose deaths among homeless persons, including both street homeless individuals and shelter residents. Drug overdose has been the leading cause of death among individuals experiencing homelessness since 2014.

In FY17, overdose deaths comprised the largest proportion of homeless deaths, with 85 deaths (27%). Overall, at least 311 homeless people died in FY17 and the leading cause of death among them was drug use, with 103 deaths. Of those, 85 were from drug overdoses and the remaining 18 were from chronic drug use. Of these 85 deaths, 26 occurred in shelter—up from the 20 that occurred in shelter in FY16; 36 occurred in a hospital—up from the 13 that occurred in a hospital in FY16; and 24 occurred outdoors/other—up from the 18 that occurred outdoors/other in FY16. More than three-quarters of the overdose deaths in shelter were opioid overdoses, according to toxicology reports received from the Office of the Chief Medical Examiner by the OMD.

In CY16, within DHS facilities, DHS staff administered naloxone 112 times. In CY17, DHS staff administered it 236 times, saving 214 lives by reversing those overdoses. This data shows that 91% of clients who experienced overdoses in shelter were saved with Naloxone administration in 2017, with an increase to 94% in the last quarter of CY17.

Our policies to respond to the prevalence of substance use and substance use disorders among our shelter population do not end at connecting clients to appropriate care, we are also working to prevent overdoses through the utilization of additional harm reduction approaches.

Building on nearly a decade of work we continue to train staff, security and residents. Beginning in 2009 DHS Peace officers have been trained in Naloxone administration during their basic training. Since 2014, we've partnered with NYU Medical School to train clients at the 30$^{th}$ Street intake shelter, with more than 120 clients trained in the last calendar year alone. And in the fall of 2016, DHS through the OMD implemented a DHS policy requiring at least one trained staff

member per shift to be present onsite at all shelters. And thanks to the partnership of this Council and advocates, in accordance with the new local law sponsored by Councilmember Torres, we are finalizing a plan to train shelter residents within DHS shelters in naloxone administration.

In August 2017, DHS OMD launched a new initiative to identify and train opioid overdose prevention Champions as a lead trainer and coordinator at each shelter. To date, 117 Champions have been identified and trained. OMD conducts trainings for Champions each month.

In 2017, 2,323 DHS staff, including shelter staff, Champions and DHS Peace Officers were trained, and 2,861 naloxone kits were dispensed. And an additional 310 outreach staff members have been trained to administer Naloxone. A total of 777 clients have also been trained so far by DHS, DOHMH and NYU medical students. In all, 265 training sessions have been held.

Within HASA and HRA, all CASACS are trained in Naloxone administration and HRA as well as DHS will be submitting a plan to fully implement resident training pursuant to Local Law 225 of 2017.

Naloxone is just one element of our multipronged approach to addressing the opioid epidemic. We recognize addiction as a medical condition and we are working to change and challenge stigma, especially among these most vulnerable New Yorkers. We are working to ensure that clients know that they can speak openly about their substance use to staff and encourage clients to disclose to case managers so that connections to care can be made. Providers often will utilize house meetings to disseminate information to clients about recognizing overdoses and the availability of naloxone as well as training schedules. We also recognize the value of our advocate community and peer leaders and are working in partnership with them to disseminate information about harm reduction and safer using practices.

Recognizing that clients may be using substances, we communicate with clients about how taking breaks or missing doses can lower their tolerance and make them more susceptible to overdose. We also provide information about the danger of mixing opioids with other medications, or drugs, especially benzodiazepines, alcohol, or cocaine. Information is also provided on the dangers of Fentanyl and that the drug is a much stronger opioid that may require additional doses of naloxone to reverse an overdose. We also inform clients that Fentanyl is not only found in heroin, but also cocaine and counterfeit street pills that can't always be detected by sight, taste or smell. We provide this information and warning because clients may not always be aware that using Fentanyl makes the risk of overdose increasingly likely. We also provide Fentanyl warning posters in shelters, safe havens and drop-in centers.

**Security in Shelter**

Working in partnership with the NYPD, DHS Peace Officers received and will continue to receive enhanced training to handle a mental health crisis. This enhanced training is intended to give DHS Peace Officers the skills to identify the use of controlled substances (both illegal and legal). DHSPD first responders are on the frontlines of fighting this epidemic. Since 2009, as described earlier, DHSPD officers have been trained in naloxone administration. DHS Peace Officers and DHS-funded private security inspect restrooms regularly to ensure the safety of our clients.

**Continued Partnership**

We are in the midst of a crisis, and by utilizing evidence-based, compassionate, client- centered responses we are seeing positive shifts in how we identify and respond to substance use and the presence of clients with substance use disorders in our shelter system. We are seeing an increase in naloxone administration as a result of increased training. We are reviewing and implementing new policies and procedures informed by data and best practices and we look forward to partnering with the Council as we continue our response to this terrible epidemic and its devastating impacts. Thank you for this opportunity to testify and I welcome your questions.