

Pursuant to Local Law 225 of 2017 to amend the administrative code of the City of New York, in relation to requiring the department of social services and the department of homeless services to offer training to certain individuals in administering opioid antagonists, the Department of Social Services respectfully submits the attached reports.

### **Opioid Overdose Prevention Reporting for the Department of Homeless Services (DHS)**

Overdose is the leading cause of death in people experiencing homelessness in NYC. To address the high risk for overdose in this population, in 2016 the NYC Department of Homeless Services (DHS) became a New York State-certified Opioid Overdose Prevention Program (OOPP). Since this time, DHS has provided regular Overdose Response and Naloxone Training for shelter staff and clients using a Train the Trainer model and works with the NYC Department of Health and Mental Hygiene to provide free naloxone kits to all DHS facilities. DHS also established overdose prevention policies and procedures to ensure that naloxone is administered in each suspected overdose, and closely monitors compliance as described in detail below.

### **DHS Opioid Antagonist Administration Training Plan**

In accordance with § 21-320.3, the department developed and implemented an opioid overdose prevention plan to offer opioid overdose training to shelter residents who may encounter persons experiencing or who are at a high risk of experiencing an opioid overdose. No later than March 1, 2018, the commissioner of the department of social services shall submit to the mayor and the speaker of the council, and post online, a comprehensive opioid overdose training plan informed, to the extent practicable, by the reporting pursuant to section 17-190, for such residents. Such plan shall include, but need not be limited to:

- a) Strategies for the agency to offer opioid antagonist administration training to such shelter residents;
- b) Information on how such shelter residents will be informed about the availability of such training;
- c) Information specific to the availability of such training;
- d) Information specific to the availability of opioid antagonist at shelter facilities; and
- e) The date by which the implementation of such plan will commence.

This DHS opioid antagonist administration training plan can be found [here](#).

### **DHS Overdose Response and Naloxone Training**

DHS established an Overdose Prevention Policy in 2016, which requires every shelter to appoint an Overdose Prevention Champion to be trained and certified as an “Overdose Response and Naloxone Distribution Trainer” every two years. Overdose Prevention Champions are required to provide “Overdose Response and Naloxone Training” to their facility staff and clients to prepare them to respond to an overdose and administer naloxone. Champions are responsible for maintaining naloxone

inventory at their sites and routinely providing kits to staff and clients they train. Champions also serve as the primary shelter liaison with DHS and raise awareness about overdose prevention at their shelters. DHS monitors the number of trainings Champions deliver each month and conducts outreach and provides training and technical assistance to promote compliance with the training policies.

DHS currently provides “Overdose Response and Naloxone Distribution – Train the Trainer” two-hour sessions every two weeks online, and actively recruits participants – including designated shelter Overdose Prevention Champions - through regular outreach to shelter providers. DHS administers a post-test to ensure those trained are prepared to provide training to shelter staff and clients and issues a certificate of completion to those who receive a passing score. After certification, Overdose Prevention Champions and other voluntary Trainers go on to deliver “Overdose Response and Naloxone Training” and naloxone kits to staff and clients in the shelters they serve. Individuals who successfully complete the training are State Certified Opioid Overdose Responders.

From September 2016 – June 30, 2023, DHS has trained 38,565 client and staff participants in overdose response and naloxone administration. In FY 23 alone, DHS trained 4,466 staff and clients.

Table 1. Number of DHS staff and clients who completed an opioid antagonist administration training and number of times naloxone was administered, July 1, 2022- June 30, 2023.

|                                                                                                  |              |
|--------------------------------------------------------------------------------------------------|--------------|
| <b>Total individuals trained</b>                                                                 | <b>4,466</b> |
| Number of <b>staff</b> who have completed an initial opioid antagonist administration training   | 1,381        |
| Number of <b>staff</b> who have completed <b>refresher training</b>                              | 1,132        |
| Number of <b>facility residents</b> who have completed opioid antagonist administration training | 1,953        |
| Number of times naloxone was administered to a facility resident                                 | 1,453        |

#### **DHS Naloxone Administration**

DHS policy further states that naloxone must be administered any time a person is unresponsive or unable to wake in shelter. Shelters are required to have designated staff on duty 24 hours a day, seven days a week who is trained in overdose response and naloxone administration. All Overdose Response and Naloxone Trainings cover this critical guidance. If naloxone is not administered in a suspected overdose, DHS investigates to determine the reason why, and provides training if non-compliance with the policy is the reason, which is rare. An opioid antagonist (naloxone) was administered in 1,453 suspected overdoses that occurred in a DHS facility in FY 23, with the vast majority reported among single adult shelter residents.

Table 2. Number of times naloxone was administered to a shelter resident by facility, July 1, 2022- June 30, 2023.

| Shelter type           | Number of times naloxone was administered |
|------------------------|-------------------------------------------|
| Single adults          | 1278                                      |
| Adult Families         | 123                                       |
| Families with Children | 37                                        |
| Safe Haven             | 12                                        |
| Drop-in Centers        | 3                                         |
| <b>Total</b>           | <b>1453</b>                               |

### DHS Recent Overdose Prevention Program Enhancements

In 2020 and throughout the COVID global pandemic, DHS continued to operate the OOPP without disruption. DHS transitioned in-person Train the Trainer sessions to online and continued in-person naloxone distribution to all shelters. DHS collaborated with DOHMH and OASAS and used the DOHMH-run methadone delivery program for clients in COVID isolation hotels. The last client was referred in January 2022.

In 2021, DHS began conducting systematic follow-up after non-fatal overdose to guide shelter staff to provide prevention counseling and linkage to harm reduction and substance use services including medications for addiction treatment.

In FY23 DHS secured a three-year grant totaling approximately \$1.2 million from SAMHSA and additional city funding from HealingNYC to increase overdose prevention services, including direct outreach to clients at risk, shelter-based risk reduction counseling, naloxone and fentanyl test strip training and distribution to clients, and linkage to care and to develop and implement a harm reduction plan as described below.

In FY23, DHS published a “NYC Harm Reduction in Shelters Strategic Plan (2023-2024)” to guide DHS overdose prevention and system enhancements. Key activities accomplished in FY23 include:

- Development of a new Harm Reduction Training for all DHS staff, which has been delivered bi-weekly since February 2023;
- Development of a tailored Continuing Medical Education (CME) accredited harm reduction training series for DHS-affiliated medical providers;
- Production of a Harm Reduction Toolkit for frontline shelter staff with counseling and referral guidance;
- Data management advancements - such as transitioning from paper to online reporting of naloxone training, distribution and administration to the NYC and NYS Departments of Health; and

- Developing and piloting both peer and community coordinator title “Harm Reduction Specialist” staff roles to work in shelters with high numbers of overdoses reported to deliver prevention services.

Also in FY23, NYS Office of Addiction Services and Supports (OASAS) invested \$2.7 million dollars a year to fund five agencies that manage both licensed substance use programs and shelters to hire “Harm Reduction Specialist” peers, Credentialed Alcoholism and Substance Abuse Counselors (CASACs), and social workers to work in 22 shelters in an effort to extend the reach of the agency’s substance use program services. DHS is training these staff members to provide overdose response and naloxone training for shelter staff and clients.

Finally, in FY23, the DHS Office of the Medical Director merged with the HRA medical office to become the NYC Department of Social Services Medical Office, now named “DSS Health Services Office.” As part of this merger, the two respective OOPPs merged into the DSS OOPP, and DSS now provides all the above trainings (Train the Trainer, Overdose Responder, and Harm Reduction training), as well as distributing Naloxone kits to both DHS and HRA providers.



### **Opioid Overdose Prevention Reporting for the Human Resources Administration (HRA) HIV AIDS Services Administration (HASA)**

Recognizing the toll that the opioid epidemic is having on New Yorkers across the city, particularly among people who have experienced homelessness, and with the passage of Local Law 225 in December of 2017, the Human Resource Administration (HRA) HIV AIDS Services Administration (HASA) began to implement an opioid overdose prevention training program for staff and clients. From 2017 to May of 2023, the New York State Department of Health certified Opioid Overdose Prevention Program (OOPP) has been administered by the Human Resource Administration's Customized Services Administration. In May of 2023, the HRA OOPP merged with the NYC Department of Homeless Services OOPP, as described above, and became part of the DSS Health Services Office.

### **Opioid Overdose Prevention Reporting for the Human Resources Association (HRA) HIV/AIDS Service Administration (HASA)**

Pursuant to § 21-129.3, the department developed and implemented an opioid overdose training plan to offer opioid overdose training to residents of HASA facilities who may encounter persons experiencing or who are at a high risk of experiencing an opioid overdose. No later than March 1, 2018, the Commissioner of the Department of Social Services shall submit to the Mayor and the Speaker of the Council, and post online, a comprehensive opioid overdose training plan for such residents. Such plan shall include, but need not be limited to:

- Strategies for the agency to offer opioid antagonist administration training to such residents of HASA facilities;
- Information on how such residents will be informed about the availability of such training;
- Information specific to the availability of such training;
- Information specific to the availability of opioid antagonist at HASA facilities; and
- The date by which the implementation of such plan will commence.

This HRA HASA OOPP training plan can be found [here](#).

### **HRA/HASA Overdose Response and Naloxone Training**

HRA/HASA developed an overdose response and naloxone training, and supplies naloxone kits to staff and facility residents. The core components of these trainings include epidemiology of overdoses, type of opioids, how to identify an overdose and the use of naloxone to reverse opioid overdose. Individuals who successfully complete the training are State Certified Opioid Overdose Responders.

Beginning in December 2017, the HRA OOPP started training HASA training facility staff routinely as responders. In April, 2018, HRA's OOPP implemented a HASA opioid overdose training plan and overdose response policy. Trainings are offered and provided to the following:

- All frontline staff, Directors, Supervisor Level II staff, Credentialed Alcohol and Substance Abuse Counselors (CASAC's) and other HASA volunteer staff in the Centers.
- HASA emergency transitional housing staff and clients.
- HASA emergency Single Room Occupancy (SRO) housing staff and clients.
- HASA congregate housing staff and clients.

Participants that successfully complete training are shipped a naloxone kit and certificate of completion card. Facility staff who complete the training receive communal naloxone kits to ensure the facility has a continuous adequate supply of naloxone onsite.

Since the beginning of FY19 HRA's OOPP has trained 4,694 staff and facility residents. In FY 2023, HRA'S OOPP trained 1,004 staff and residents.

Table 3. Number of HRA staff and clients who completed an opioid antagonist administration training, and number of times naloxone was administered, July 1, 2022- June 30, 2023.

|                                                                                                  |              |
|--------------------------------------------------------------------------------------------------|--------------|
| <b>Total individuals trained</b>                                                                 | <b>1,004</b> |
| Number of <b>staff</b> who have completed an initial opioid antagonist administration training   | 497          |
| Number of <b>staff</b> who have completed <b>refresher training</b>                              | 208          |
| Number of <b>facility residents</b> who have completed opioid antagonist administration training | 299          |
| Number of times naloxone was administered to a facility resident                                 | 4            |

### **Naloxone Administration**

Unlike DHS shelters which each have a shelter director and staff who are required to report suspected overdose and naloxone administration through a central DHS incident report system, SRO emergency housing provides single adults enrolled in HASA a temporary private room to reside in, and in some instances these SRO locations are without onsite staff. This privacy limits housing staff's ability to monitor and respond to overdose. Also, due to the stigma of substance use and perceived consequences, many HASA clients are reluctant to report suspected overdose and/or use of Naloxone to housing staff. For this reason, HRA received documentation that naloxone was administered four (4) times to a facility resident in FY23, though the actual number of administrations is likely higher. In future

years, the integrated DHS/HRA OOPP will be working on enhancements to HRA/HASA suspected overdose and naloxone administration reporting in hopes to better assess the prevalence of overdose in this population and provide prevention services.