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)**

Since September 2016, DHS established an agency policy requiring staff from all shelters to be trained on overdose prevention and naloxone administration. The training focuses on the epidemiology of overdoses, types of opioids, identification of overdoses, and the use of naloxone to reverse opioid overdoses. The training includes distribution of naloxone kits to shelters (as communal kits) and to each trained individual.

In November 2016, DHS Office of the Medical Director (OMD) became a state-certified Opioid Overdose Prevention Program (OOPP) and as such OMD started training shelter staff routinely as Opioid Overdose Prevention trainers and responders, using a train the trainer model. In addition, OMD created the position of Opioid Overdose Prevention Champion at DHS sites, responsible for training staff and clients at their facility and ensuring that the DHS naloxone administration training and procedures are conducted and followed.

**Table 1. Number of staff and residents trained in opioid antagonist (naloxone) administration, FY 20**

<table>
<thead>
<tr>
<th>Total number of individuals trained</th>
<th>10,833</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff trained for the first time</td>
<td>3,267</td>
</tr>
<tr>
<td>Number of staff who have completed refresher training</td>
<td>510</td>
</tr>
<tr>
<td>Number of shelter residents trained</td>
<td>7,056</td>
</tr>
</tbody>
</table>

Since the implementation of this policy and up to the end FY 2020, DHS trained 24,277 staff and DHS clients. In FY 20, DHS trained 10,8333 staff and clients (Table 1).

An opioid antagonist (naloxone) was administered 738 times to a shelter resident in FY 20, with the vast majority of naloxone administration reported among single adult shelter residents (n=674, 91%) (Table 2).

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1 Including staff and clients trained by OMD, independent OOPPs and shelter staff.
Table 2. Number of times naloxone was administered to a shelter resident by facility, FY 20

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of times naloxone was administered</td>
<td>738</td>
</tr>
<tr>
<td>Single adults</td>
<td>674</td>
</tr>
<tr>
<td>Adult Families</td>
<td>33</td>
</tr>
<tr>
<td>Families with Children</td>
<td>6</td>
</tr>
<tr>
<td>Safe Haven</td>
<td>20</td>
</tr>
<tr>
<td>Drop-in Centers</td>
<td>5</td>
</tr>
</tbody>
</table>

In addition, since 2014, DHS has partnered with the NYU School of Medicine to train clients at the 30th Street shelter, with 82 clients trained in FY 20. In FY 20, DHS also placed AmeriCorp Peer Members in selected shelters to provide substance use services, including naloxone administration training. These AmeriCorp peers trained 44 staff and 59 clients.

**DHS COVID Pandemic Period OD/SUD-Related Response**

DHS collaborated with DOHMH and OASAS to establish a methadone delivery program for clients receiving methadone replacement therapy and isolated in a DHS hotel due to COVID. The process is streamlined and starts with client consent and consists in notification of OASAS and the drug treatment program, picking up the methadone in a locked box by couriers from the DOHMH Methadone Delivery Service and delivery to the client at the hotel.

Clients who are on Suboxone are linked to the H+H virtual clinic or their provider can call a local pharmacy for medication delivery. To date, this system has been activated 76 times for methadone (with some clients receiving deliveries 2 times or more) and 12 times for Suboxone.

Further, DHS has adapted to working virtually by conducting trainings online via video conferencing.

In accordance with § 21-320.3, the department developed and implemented an opioid overdose 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.
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, and with the passage of Local Law 225 in December of 2017, the Human Resource Administration’s HIV AIDS Services Administration began to implement a naloxone training program for staff and clients.

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:

a) Strategies for the agency to offer opioid antagonist administration training to such residents of HASA facilities;

b) Information on how such 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 HASA facilities; and

e) The date by which the implementation of such plan will commence.

This HRA HASA opioid antagonist administration training plan can be found here.

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

To reduce the number of overdose deaths, beginning in December 2017, HASA started training facility staff routinely as trainers and responders. Between December 2017 and March 2018, 148 clients and 87 employees were trained.

On April 1, 2018, HRA HASA implemented an opioid overdose training plan and overdose response policy, in accordance with LL225 of 2017. Since the implementation of this policy and up to the end of FY 2020, HRA HASA has trained 4,273 staff and facility residents. In Fiscal Year (FY) 2020 alone, HRA HASA trained 1,239 staff and facility residents (Table 3). An opioid antagonist (naloxone) was administered 4 times to a facility resident in FY 2020 (Table 3).²

² Unlike many shelters for single adults, SRO emergency housing provides single adults enrolled in HASA a temporary private room to reside in. 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 use of Naloxone to DSS or housing staff.
Table 3: Number of staff and residents trained in opioid antagonist (naloxone) administration and number of times naloxone was administered to a resident (FY20)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total individuals trained</td>
<td>1239</td>
</tr>
<tr>
<td>Number of staff who have completed opioid antagonist training</td>
<td>459</td>
</tr>
<tr>
<td>Number of staff who have completed refresher training⁴</td>
<td>0</td>
</tr>
<tr>
<td>Number of facility residents who have completed opioid antagonist training</td>
<td>780</td>
</tr>
<tr>
<td>Number of times opioid antagonist was administered to a facility resident</td>
<td>4</td>
</tr>
</tbody>
</table>

HRA COVID-19 Pandemic Virtual Training for HRA/HASA

Virtual Narcan trainings are being offered and provided via WebEx platform to HASA and contracted staff so that they can respond to Opioid Overdose Reversals. These responder trainings will include education on overdose risks, assessment, response, and administration of intra-nasal naloxone.

- Virtual Narcan trainings are also offered and provided to the following:
  - All Serviceline staff, Directors, Supervisor Level II staff, Credentialled Alcohol and Substance Abuse Counselors (CASAC’s) and other HASA volunteer staff in the Centers.
  - HASA emergency transitional housing staff and clients.
  - HASA emergency SRO housing staff and clients.
  - HASA congregate housing staff and clients.

- Participants that successfully complete training are shipped a Narcan kit and Certificate of Completion card.

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⁴ Please note that going forward, we will be changing the way that we report on the refresher trainings in order to capture refresher trainings conducted by HRA OOPP for staff who received original trainings from agencies / programs other than HRA OOPP. The current report would not reflect refresher trainings for staff whose initial Naloxone training was carried out by other agencies / programs. As such, the report reflects the number of refresher trainings as “zero”.

This does not mean that DSS HASA has not revisited sites in an effort to reinforce, but for a variety of reasons those efforts are not reflected in the current report. For example, it is difficult to track clients when they no longer reside at the original training site or when they wish to remain anonymous. Moreover, some many clients do not wish to participate as the trainings are voluntary.