

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 Overdose Response and Naloxone (opioid antagonists) training to shelter staff and clients, 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 and works with the NYC Department of Health and Mental Hygiene to provide free naloxone kits to all DHS facilities. DHS established overdose prevention policies and procedures to ensure that naloxone is administered in each suspected overdose, and closely monitors compliance.

DHS Opioid Antagonist Administration Training Plan

In accordance with § 21-320.3, the department developed and implemented an opioid overdose prevention plan to offer Overdose Response and Naloxone training and supplies to shelter staff and residents who are likely to encounter persons experiencing a suspected 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 possible, 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

Train the Trainer Model: Shelter Overdose Prevention Champion Trainer Role

DHS established an Overdose Prevention Policy in 2016, which requires every shelter to appoint an Overdose Prevention Champion (Champion) to be trained and certified as an “Overdose Response and Naloxone Distribution Trainer” every two years. 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 authorize them to carry and administer naloxone. Champions are responsible for maintaining naloxone inventory at their sites and routinely provide kits to the staff and clients they train. Champions serve as the primary shelter liaison with DHS and raise awareness about overdose prevention at their shelters. DHS monitors the number and proportion of shelters with a designated Champion, as well as the number of training and kits the Champions deliver. DHS conducts regular outreach to shelters to recruit Champions and provides regular technical assistance by email, telephone, site visits and quarterly meetings to support them to fulfill their role. By the end of FY24, 457 (99%) of 460 shelters had a designated overdose prevention Champion.

DHS Training Methods

DHS provides “Overdose Response and Naloxone Distribution – Train the Trainer” two-hour trainings for shelter Overdose Prevention Champion Trainers once a month online. DHS administers a pre and post-test to ensure Trainers are equipped to provide accurate information and instructions to shelter staff and clients, and issues a certificate of completion to those who receive a passing score. After certification, Overdose Prevention Champion Trainers go on to deliver “Overdose Response and Naloxone Administration Training” and naloxone kits to staff and clients in the shelters they serve. Staff and clients who successfully complete the “Overdose Response and Naloxone Training” receive a State Certified Opioid Overdose Responder certificate authorizing them to carry and administer naloxone.

In FY 2024, DHS developed a new “Overdose Responder and Naloxone Administration” one hour training which is delivered twice a month online, to ensure all shelter staff have access to this training immediately upon starting their work in shelter - regardless of whether the shelter has an active Overdose Prevention Champion in place. DHS OOPP leadership go to shelters to deliver live onsite training to address overdose response policy non-compliance challenges as needed.

DHS actively recruits staff to register for trainings through a monthly DHS Harm Reduction in Shelter E-Newsletter, in meetings, and after suspected overdose incidents.

From September 2016 – June 30, 2024, DHS has trained 46,523 clients and staff in overdose response and naloxone administration. In FY 24 alone, DHS trained 7,958 staff and clients.

Table 1. Number of DHS staff and clients who completed an opioid antagonist administration training, July 1, 2023 - June 30, 2024.

Total individuals trained	7,958
Number of staff who have completed an initial opioid antagonist administration training	3,584
Number of staff who have completed refresher training	401
Number of facility residents who have completed opioid antagonist administration training	3,973

Table 2. Number of times naloxone was administered, July 1, 2023 - June 30, 2024

Number of times naloxone was administered to a facility resident	1,556
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DHS Naloxone Administration

DHS policy states that naloxone must be administered any time a person is unresponsive or unable to wake in shelter, which is classified as a “suspected overdose.” Shelters are required to have designated staff who is trained in overdose response and naloxone administration on duty 24 hours a day, seven days a week. 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 1,556 suspected overdoses that occurred in a DHS facility in FY 24, with the vast majority reported among single adult shelter residents.

Table 3. Number of times naloxone was administered to a shelter resident by shelter type, July 1, 2023- June 30, 2024.

Shelter type	Number of times naloxone was administered
Single adults	1340
Adult Families	32
Families with Children	12
Safe Haven	170
Drop-in Centers	2
Total	1556

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 through January 2022.

In 2021, DHS began conducting systematic email 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 2022 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 shelter clients at risk, risk reduction counseling and safety planning, naloxone and fentanyl test strip training and distribution to clients, and linkage to care.

In January 2023, DHS published a “NYC Harm Reduction in Shelters Strategic Plan (2023-2024)” to guide DHS overdose prevention and system enhancements. Key accomplishments through the end of FY 24 include:

- Developed a new Harm Reduction Training and delivered online, in-person and via a E-learning platform, reaching a total of 2,010 staff.
- Developed a new continuing medical education accredited homeless health care provider harm reduction training series and delivered to DHS affiliated medical providers
- Developed a new Harm Reduction in Shelter Toolkit with counseling and referral guidance
- Developed a new Harm Reduction in Shelter E-newsletter and disseminated monthly to approximately 4,000 shelter affiliated staff
- Developed a new Shelter Harm Reduction Specialist role to deliver outreach, risk reduction counseling and safety planning and linkage to services and care - in person in shelter and by telephone. At the end of FY24, three harm reduction specialists are working in eleven shelters and also conducting telephone outreach after non-fatal overdose system wide.
- Advanced data systems by transitioning from paper to online reporting of naloxone training, distribution and administration to the NYC and NYS Departments of Health; and developing new fields in CARES to document harm reduction service delivery.

In 2023, 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.

In 2023, the DHS Office of the Medical Director merged with the Human Resources Association (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 January 2017 to May of 2023, the New York State Department of Health certified Opioid Overdose Prevention Program (OOPP) was administered by the HRA OOPP. In May of 2023, the HRA OOPP merged with the NYC Department of Homeless Services (DHS) 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. 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. Participants that successfully complete training receive 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. In FY23, DHS/DSS provided tailored training for several additional HRA facility and staff types, including Domestic Violence shelter staff and security personnel. Since December 2017, the HRA/DHS OOPP has trained a total of 5,567 staff and facility residents. In FY 2024, the HRA/DHS OOPP trained 873 staff and residents.

Table 4. Number of HRA staff and clients who completed an opioid antagonist administration training, July 1, 2023- June 30, 2024.

Total individuals trained	873
Number of staff who have completed an initial opioid antagonist administration training	314
Number of staff who have completed refresher training	0
Number of facility residents who have completed opioid antagonist administration training	559

Table 5. Number of times naloxone was administered, July 1, 2023- June 30, 2024.

Number of times naloxone was administered to a facility resident	4
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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 do not have 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 times to a facility resident in FY24, 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.