

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.

Since the implementation of this policy and up to the end FY 2019, DHS trained 13,444 staff and DHS clients.<sup>2</sup> In Fiscal Year (FY) 2019 alone, DHS trained 11,253 staff and clients<sup>1</sup> (Table 1).

**Table 1. Number of staff and residents trained in opioid antagonist (naloxone) administration, FY 19**

Total number of individuals trained	<b>11,253</b>
Number of staff trained for the first time	4,223
Number of staff who have completed refresher training <sup>1</sup>	807
Number of shelter residents trained	6,223

An opioid antagonist (naloxone) was administered 581 times to a shelter resident in FY 2019, with the vast majority of naloxone administration reported among single adult shelter residents (n=540; 93%) (Table 2).

<sup>1</sup> Refresher training is offered if two (2) years has passed since receiving opioid antagonist administration training. In late 2016, the DHS medical office started systematically training DHS staff in naloxone administration to ensure that all shelters have a trained staff member(s) capable to administer naloxone to clients suspected of having an overdose on all shifts. In 2018, 807 staff members were required to complete a refresher training since two years had passed since their initial training.

<sup>2</sup> Including staff and clients trained by OMD, independent OOPPs and shelter staff.

Total number of times naloxone was administered	<b>581</b>
Single adults	540
Adult Families	22
Families with Children	0
Safe Haven	46
Drop-in Centers	13

In addition, since 2014, DHS has partnered with the NYU School of Medicine to train clients at the 30<sup>th</sup> Street shelter, with nearly 60 clients trained in FY19. In FY19, DHS also placed AmeriCorp Peer Members in selected shelters to provide substance use services, including naloxone administration training. These AmeriCorp peers trained 83 staff and 60 clients.

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 FY 2019, HRA HASA has trained 3,034 staff and facility residents. In Fiscal Year (FY) 2019 alone, HRA HASA trained 1,521 staff and facility residents (Table 3). An opioid antagonist (naloxone) was administered 4 times to a facility resident in FY 2019 (Table 3)<sup>3</sup>.

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<sup>3</sup> 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.

<b>Table 3: Number of staff and residents trained in opioid antagonist (naloxone) administration and number of times naloxone was administered to a resident (FY19)</b>	
<b>Total individuals trained</b>	1521
Number of <b>staff</b> who have completed opioid antagonist administration training	301
Number of <b>staff</b> who have completed <b>refresher training</b> <sup>4</sup>	0
Number of <b>facility residents</b> who have completed opioid antagonist administration training	1220
<b>Number of times opioid antagonist was administered to a facility resident</b>	4

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<sup>4</sup> Refresher training is offered if two (2) years has passed since receiving opioid antagonist administration training. In late 2016, before the Local Law was enacted in 2017, the DHS medical office started systematically training DHS staff in naloxone administration to ensure that all shelters have a trained staff member(s) capable to administer naloxone to clients suspected of having an overdose on all shifts. In 2018, 807 staff members were required to complete a refresher training since two years had passed since their initial training.