



Date: June 7, 2022

To: Members of the Los Angeles City Council

From: Molly Rysman, Chief Programs Officer, LAHSA

Cc: Sharon Tso, Chief Legislative Analyst
Matt Szabo, City Administrative Officer

RE: Response to Request for Report on Naloxone Training and Distribution - [CF # 21-1415](#)

Introduction and Background

On February 22, 2022, the Los Angeles City Council adopted Council File 21-1415 after receiving instructions from the City Council's Homelessness and Poverty Committee, which directed the Los Angeles Homeless Services Authority (LAHSA) to report on all agency staff and contracted service providers that received naloxone training and distribution and frequency and status of that training and distribution, as well as reporting on opportunities to expand or require naloxone training and distribution. The information below details LAHSA's recent efforts in providing naloxone training and distribution both internally and externally, as well as plans to improve and monitor overdose prevention/reversal conducted by homeless services providers.

Naloxone is a safe and effective medication that quickly reverses the deadly effects of opioid overdose and restores normal breathing, even if breathing has stopped. Naloxone comes in different forms and brand names, including the Narcan and Kloxxado nasal sprays and the Zimhi injectable. Side effects of naloxone are rare, and it will have no effect on a person who did not use opioids. With drug overdose being the leading cause of death for people experiencing homelessness in Los Angeles County from April 2019 through March 2021, and a 78% increase in overdose deaths during that time period, naloxone is an increasingly critical tool in preventing unnecessary deaths.¹

Naloxone Training and Distribution – Internal with LAHSA

Training: LAHSA's Access and Engagement Department, which operates street outreach programs throughout the region, conducts a training on administration of naloxone for all Homeless Engagement Team (HET) members and their supervisors on a yearly basis, as well as on a supplemental as-needed basis for new employees. The last yearly training occurred in July of 2021 and another training is planned for later in 2022. Training consists of educating staff on identifying a potential overdose victim, administering Narcan nasal spray (or other naloxone products) to reverse

¹ County of Los Angeles Public Health, Mortality among People Experiencing Homelessness in Los Angeles County: One Year Before and After the Start of the COVID-19 Pandemic, <http://publichealth.lacounty.gov/chief/>

an overdose, providing aftercare related to administration of naloxone (e.g., ensuring the paramedics are called), dispelling myths about naloxone use, and training clients on using naloxone. Outreach staff are also trained biannually on administering cardiopulmonary resuscitation (CPR) and first aid.

Distribution: Outreach team supervisors are equipped with Narcan (a brand name for naloxone) kits monthly based on their requests for supplies, and the kits are distributed to their respective teams, which then distribute these kits to people experiencing homelessness and other community stakeholders that are positioned to administer naloxone to potential overdose victims. Outreach staff also administer Narcan as needed to clients who are experiencing overdose from opioid use. Since August of 2021, 3,416 kits have been distributed by LAHSA outreach teams, and each kit contains 24 doses of Narcan for a total of nearly 82,000 doses distributed. This distribution occurred across all Service Planning Areas (SPAs).

Expansion of Existing Efforts: In addition to the standard training methods noted above, HETs and their supervisors began working with Community Health Project Los Angeles (CHPLA) and the Los Angeles County Department of Health Services' (DHS) Overdose Education and Naloxone Distribution (OEND) program in September of 2021 to do field-based training on overdose detection and reversal with Narcan. This on-the-job coaching has helped educate HET members and make them feel more comfortable with administering Narcan. At this point, approximately one quarter of LAHSA's outreach staff have participated in this field-based training, and the program will continue to offer training and follow-up.

Naloxone Training and Distribution – External Partners and Service Providers

All of LAHSA's contracted interim housing providers now have access to Narcan supplies and training on overdose reversal through LAHSA in coordination with CHPLA and the OEND program. Recent changes in contractual agreements, as detailed below, will require all interim housing providers to maintain a supply of naloxone and be trained in administering naloxone in the future—these requirements will go into effect on July 1, 2022.

Recent Training: LAHSA staff conducted a survey of all City of Los Angeles Homelessness Roadmap site providers, Specialty Bridge housing providers, Youth and Family interim housing providers, and Winter Shelter program providers beginning in November of 2021 regarding need for Narcan supplies and training on use of Narcan or other naloxone products. LAHSA received over 80 responses from the site coordinators that were contacted and many already had their staff fully trained and maintained a supply of naloxone on-site. For those that were interested in receiving training and Narcan supplies, a training was organized and conducted on January 12, 2022 by CHPLA for 28 participants. All providers who attended the training were supplied with Narcan and will be able to replenish supplies through LAHSA or the OEND program.

Limitations

LAHSA has 512 interim housing contracts for sites that are run by approximately 65 different service providers. Since naloxone training was not previously required, and since there are several sources for training and supplies, the data are currently inaccurate on how many sites have undergone training and are equipped with naloxone. As LAHSA begins requiring naloxone training and supplies,

tracking and monitoring for compliance will be implemented, and LAHSA will be able to start reporting on compliance with this requirement by January 2023.

Interim Housing Distribution: Interim housing providers can request to pick up Narcan supplies from LAHSA or have Narcan delivered to their site. Since August of 2021, interim housing providers, not including Project Roomkey (PRK) sites, have requested and received 778 Narcan kits from LAHSA.

PRK Training and Distribution: All providers operating PRK sites are offered training for their staff on overdose reversal and have access to Narcan supplies through LAHSA and the OEND program. The training on Narcan use is also provided to participants in the PRK program. The providers' staff or the LAHSA Site Coordinators can request to pick up Narcan supplies from LAHSA or have Narcan delivered directly to the PRK site. Since August of 2021, PRK sites have requested and received 546 Narcan kits from LAHSA.

Expansion of Existing Efforts: LAHSA is working with Los Angeles County's Department of Public Health and CHPLA to develop guidance and procedures to assist all providers in implementing effective Harm Reduction practices. This will add to the resources provided in the [Harm Reduction Primer](#) and information on Harm Reduction practices provided in prior year contract and program documents.

New Efforts: LAHSA recently incorporated changes in the FY 22-23 Scope of Required Services (SRSs) for all interim housing components to provide emergency naloxone administration—these new SRSs go into effect on July 1, 2022. This includes requirements that providers have their staff trained in administering naloxone and maintain an inventory of naloxone. To help facilitate the training efforts, LAHSA recently added the OEND training to its Centralized Training Academy (CTA) website, alongside the general Harm Reduction trainings, to make it easily accessible to all contracted providers. The CTA system records attendance and will enable LAHSA to easily track completion of Harm Reduction related trainings for compliance purposes.

Opportunities for Expansion of Efforts

LAHSA envisions a more comprehensive integration of Harm Reduction principles and practices into the homeless services and rehousing system that includes competency in working with individuals who are actively using any illicit substances and facilitating access to treatment for substance use disorder (SUD) at sites that house and shelter people experiencing homelessness.

Funding Needs: In order to achieve the comprehensive integration of Harm Reduction in the homeless services system, investment in training across the system on working with individuals who are actively using any illicit substances and providing ongoing technical assistance is needed. LAHSA is well-positioned to administer a centralized contract for necessary training and obtain personnel to lead the efforts in the integration of Harm Reduction and technical assistance. This would also involve liaising with medical providers offering SUD treatment and LA County agencies offering SUD services.

There is also a need for funding of sharps disposal containers to help maintain safe syringe disposal and for items such as fentanyl testing strips, which allow an individual to test their substances for the presence of fentanyl, to help prevent overdoses at all sites serving people experiencing

homelessness. These are items that LAHSA could distribute alongside Narcan kits to service providers. There is potentially a need for future funding to maintain LAHSA's supply of naloxone that is distributed to providers and outreach staff. Currently, LAHSA's supply of naloxone is provided by DHS, but it is possible that there will be a point when DHS will no longer be able to provide sufficient supplies.

Advocacy Need: One key advocacy issue is support for the legality of supervised or "safe" consumption sites where people can use pre-obtained substances in a safe environment monitored by personnel trained to prevent and reverse overdose, prevent disease transmission and infections, and properly dispose of syringes. Several countries have supervised consumption sites and no overdose deaths have been reported at any of the sites worldwide.² Locating these sites in all areas across LA County that have significant overdose data would be an important step toward preventing deaths due to overdose. LAHSA supported California State Senate Bill 57, which would allow the City and County of Los Angeles to approve programs offering supervised consumption spaces. Additional advocacy on this topic may be needed to bring these services to fruition.

² Drug Policy Alliance, Overdose Prevention Centers, <https://drugpolicy.org/issues/supervised-consumption-services>