



Funded by the Office of National Drug Control Policy  
and the Centers for Disease Control and Prevention

# NEW YORK ORS TEAM

New York State Association of County Health Officials (NYSACHO) Presentation

*Leveraging the ORS Team: Strengthening Public Health and  
Safety Partnerships to Support Local Health Departments in  
Overdose Prevention*

**COLLABORATE • SHARE • INFORM & HELP**





# Federal Acknowledgement

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This document was supported in-part by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$11,000,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, the U.S. Government, or the CDC Foundation.



# NEW YORK ORS TEAM



**LISA WORDEN**

*ORS Public Health Analyst (PHA)  
CDC Foundation*



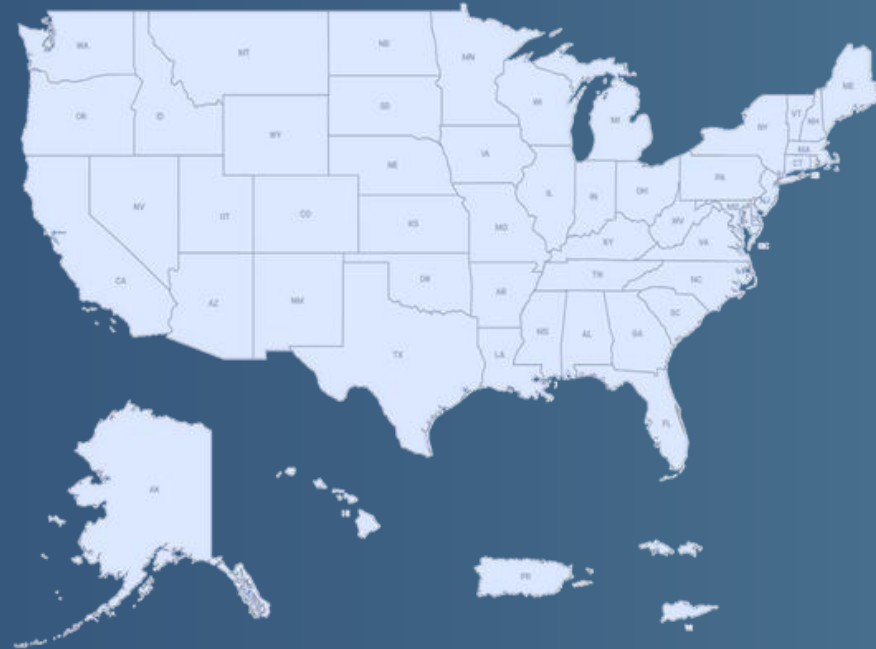
**JIM HAWLEY**

*ORS Drug Intelligence Officer (DIO)  
NY/NJ HIDTA*

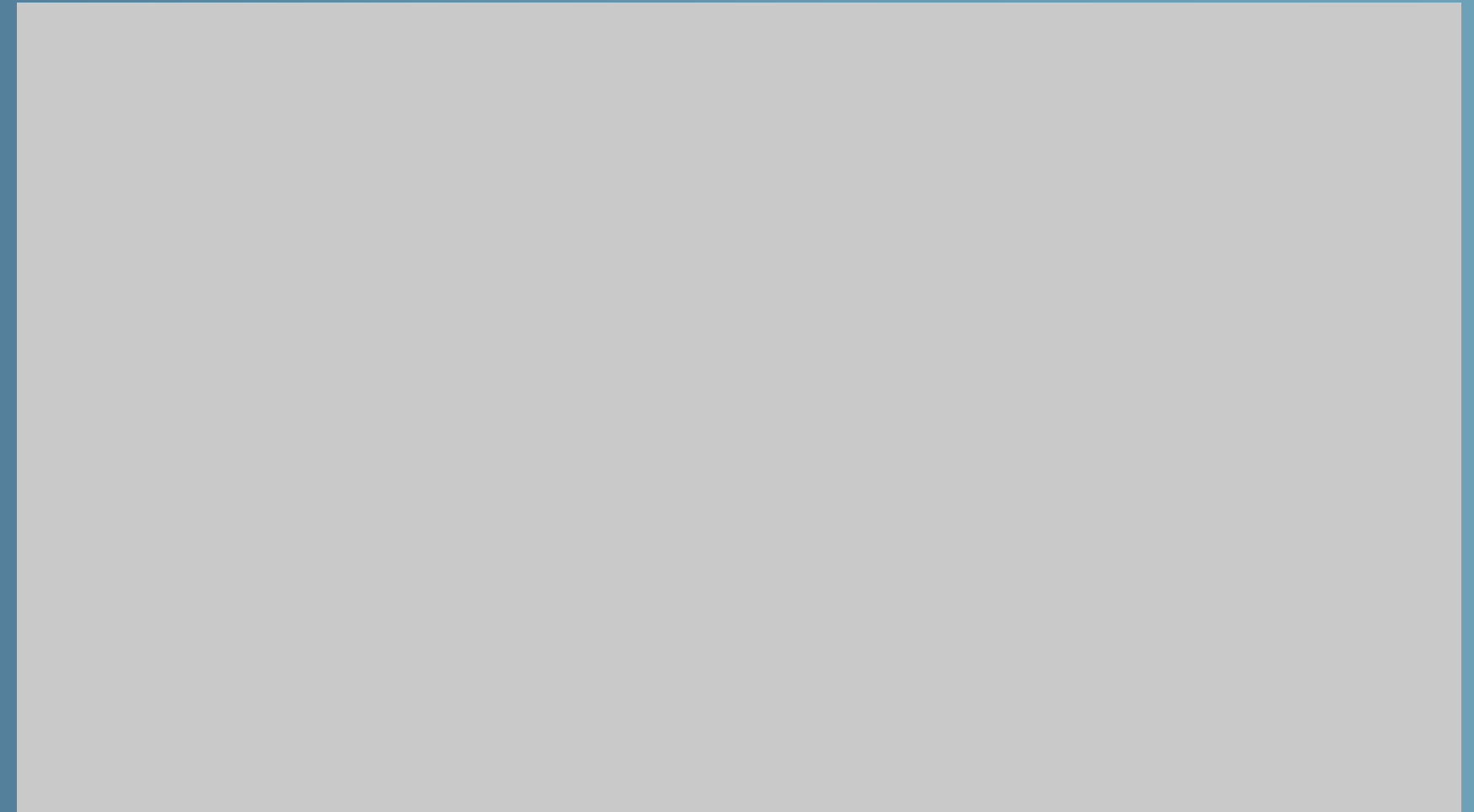


# WHAT IS THE ORS?

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- An unprecedented and unique collaboration between public health and public safety funded by Centers for Disease Control and Prevention (CDC), CDC Foundation and Office of National Drug Control Policy's (ONDCP) High Intensity Drug Trafficking Areas (HIDTA).
- A two-person team of a Public Health Analyst and Drug Intelligence Officer in all 50 states, the District of Columbia (DC), Puerto Rico and the U.S. Virgin Islands.
- Help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information and supporting evidence-based interventions.

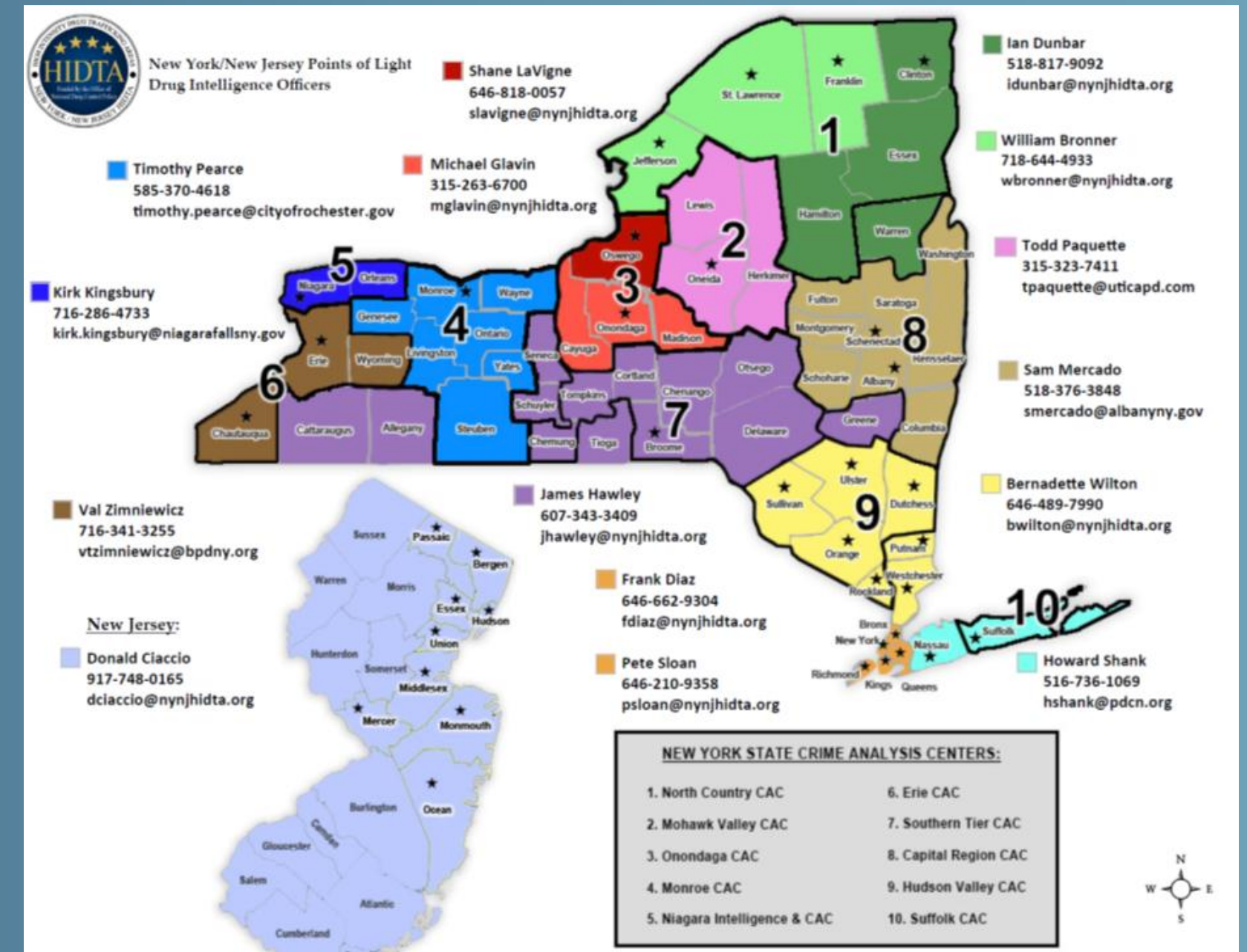


Go to [ORS Video Hub](#) to see videos on the ORS program.



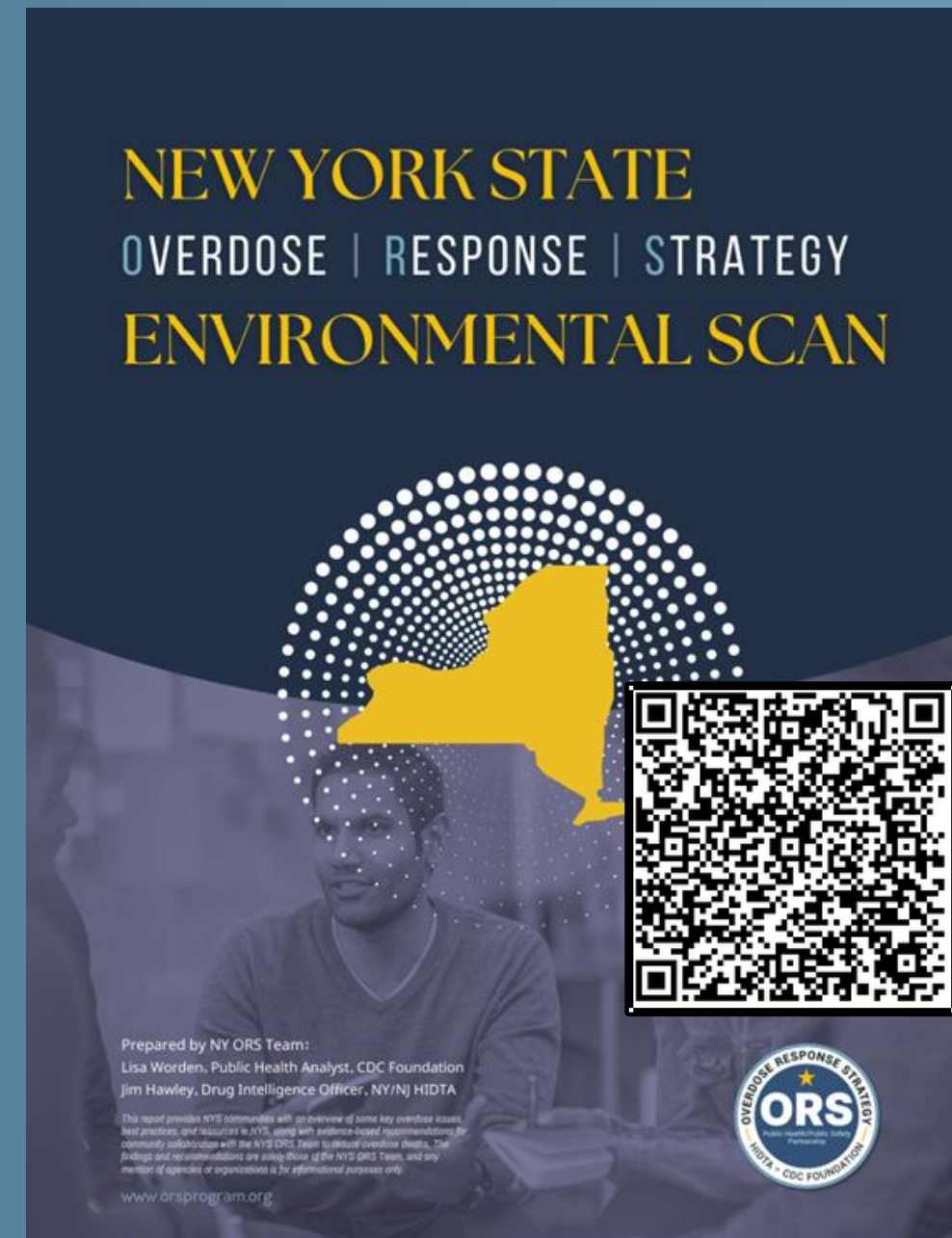
# ORS RELATIONSHIPS

- New York/New Jersey (NY/NJ) High Intensity Drug Trafficking Area (HIDTA) Drug Intelligence Officers and Analysts (“Regions/Teams”)
  - Strategically positioned in regional crime analysis centers and law enforcement agencies across the state
  - Not ORS staff, but aligned to support NY ORS Team
- NYS Division of Criminal Justice Services (DCJS) Crime Analysis Centers (CAC)
- New York National Guard
- CDC
- CDC Foundation
- New York State Department of Health (NYSDOH)
- New York State Association of County Health Officials (NYSACHO)
- Host of other local, state and national public health, harm reduction, behavioral health, community-based organizations and public safety agencies



# NEW YORK ORS ENVIRONMENTAL SCAN

- Analysis of Key Areas of Overdose Response in New York State (NYS)
  - Public Health Overdose Surveillance
  - Other Overdose and Drug Use Data
  - Overdose Death Investigations
  - Treatment and Recovery Services
  - Linkage to Care
  - Primary Prevention
  - Harm Reduction
  - First Responder Overdose Prevention Responses
  - Overdose Fatality Review
  - Public Health and Public Safety Collaboration
  - NYS Drug Laws and Policies
  - Opioid Settlement Funds
  - Stigma and Addiction
- Includes analysis of Overdose Detection Mapping Application Program (ODMAP) utilization in NYS in subreport
- Resource for NYS communities
- Shaped development of “Quick Win” strategies for the NY ORS Team to promote and support in local communities

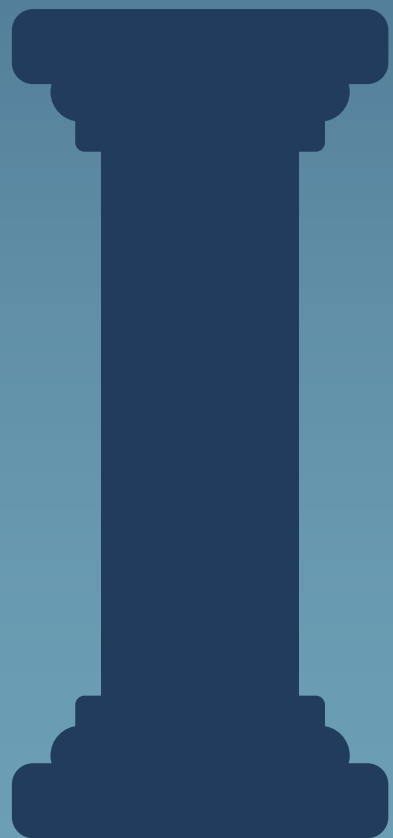




# NY ORS STRATEGIES

## THE “PILLARS”

- Collective focus at intersection of Public Health and Public Safety (PH/PS)
- Foundation supporting overarching goal to reduce overdose deaths
- A framework for prioritizing initiatives that leverage communities’ existing resources (i.e., “quick wins”)



**1** Enhancing Real-time Overdose and Drug Trend Monitoring to Support Data-Driven Local Responses

**3** Promote Peer Linkages to Low-Barrier and Evidence-Based Care

**5** Promote Implementation of Overdose Fatality Reviews

**2** Promote Local Multi-Disciplined PH/PS Partnerships with Meaningful Engagement of People with Lived/Living Experience

**4** Expand Access to Naloxone

**6** Implement Evidence-Based Primary Prevention Initiatives Targeting Youth



# STRATEGY 1

## ENHANCING REAL-TIME OVERDOSE AND DRUG TREND MONITORING TO SUPPORT DATA-DRIVEN AND LOCAL RESPONSES

### *How Can the NY ORS Team Support You?*

- **Overdose Detection and Mapping Application Program (ODMAP)** implementation technical assistance
  - Tailored to support needs (increased reporting, timeliness and/or quality checks)
- Buy-in from law enforcement partners (leveraging NY/NJ HIDTA staff at Crime Analysis Centers (CACs) as a resource)
- Support for data-entry or setting up API
- Developing spike response protocols
- Sharing of overdose and drug trend data (ODMAP monthly reports, drug seizure data/trends)



# STRATEGY 2

## PROMOTE LOCAL MULTI-DISCIPLINED PH/PS PARTNERSHIPS WITH MEANINGFUL ENGAGEMENT OF PEOPLE WITH LIVED/LIVING EXPERIENCE

### *How Can the NY ORS Team Support You?*

- Support in planning/building partnerships: multi-disciplined public health, public safety and other disciplines
- Connecting HIDTA staff to local coalitions
- ORS and other topical presentations (leveraging national ORS network and other state and national subject matter experts)

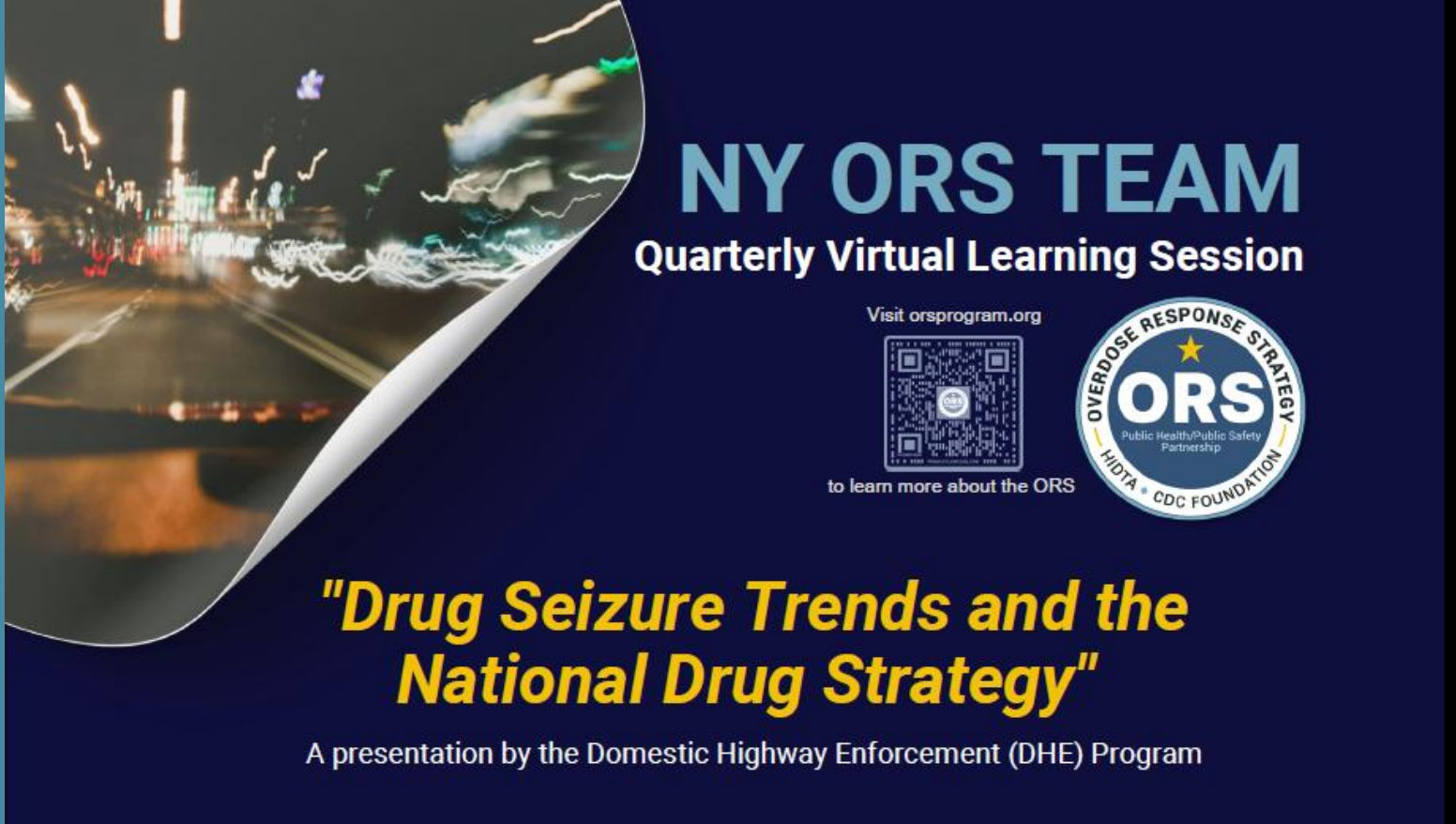


# NY ORS Multi-Sector Quarterly Learning Sessions

- **January 2024:** ORS Presentation to Drug Free Communities (DFC) Coalitions
- **May 2024:** Partnership to End Addiction – Primary Prevention
- **December 2024:** “The Double-Edged Screen: Navigating Social Media and Threats to Youth”
- **March 2025:** “Drug Seizure Trends and the National Drug Strategy” by DHE

**Contact Us!**

**Join Our NY ORS Listserv to attend**

A promotional poster for the NY ORS TEAM Quarterly Virtual Learning Session. The poster features a dark blue background with a stylized image of a city street at night on the left. The text "NY ORS TEAM" is prominently displayed in large, light blue letters, followed by "Quarterly Virtual Learning Session" in smaller white text. Below this, there is a QR code and the website "Visit orsprogram.org" with the text "to learn more about the ORS". To the right of the QR code is the ORS logo, which is a circular seal with "OVERDOSE RESPONSE STRATEGY" around the top, "ORS" in the center, and "Public Health/Public Safety Partnership" and "HIDA \* CDC FOUNDATION" around the bottom. At the bottom of the poster, the title "Drug Seizure Trends and the National Drug Strategy" is written in large, bold, yellow letters, followed by "A presentation by the Domestic Highway Enforcement (DHE) Program" in smaller white text.

**NY ORS TEAM**  
Quarterly Virtual Learning Session

Visit [orsprogram.org](https://orsprogram.org)  
to learn more about the ORS

**"Drug Seizure Trends and the National Drug Strategy"**  
A presentation by the Domestic Highway Enforcement (DHE) Program



# STRATEGY 3

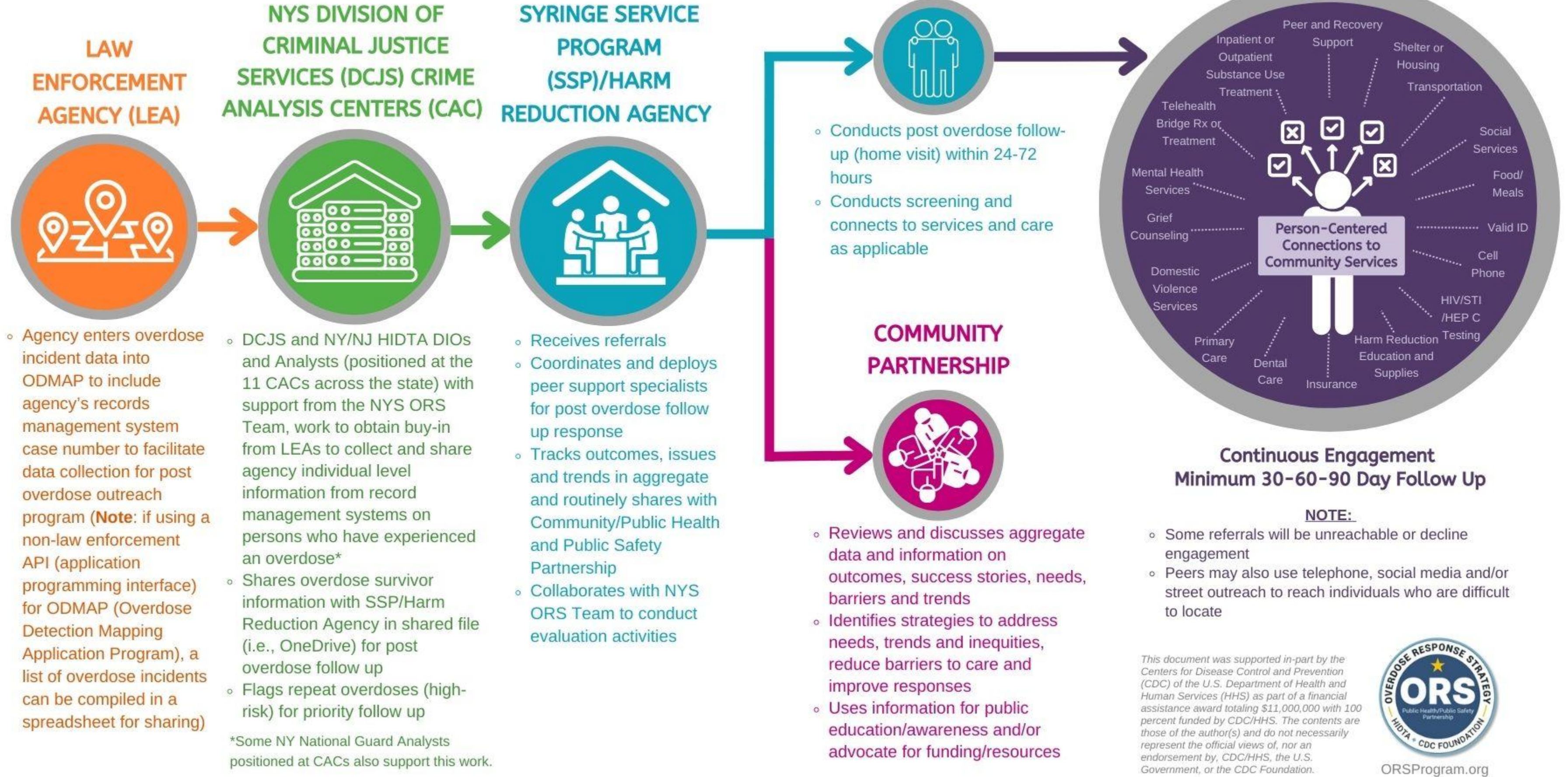
## PROMOTE PEER LINKAGES TO LOW-BARRIER AND EVIDENCE-BASED CARE

### *How Can the NY ORS Team Support You?*

- Supporting implementation of NY ORS Post Overdose Response Pilot Model
- Leveraging HIDTA staff at CACs to collect and share law enforcement overdose data for referral to public health, harm reduction or mental health partners for post overdose outreach
- Currently in ~10 counties









## How Can the NY ORS Team Support You?

# STRATEGY 4

## EXPAND ACCESS TO NALOXONE

August 2024

Convened Leave Behind Naloxone (LBN) Virtual Informational Session with Dr. Michael Dailey, Albany Medical College, with **over 100 law enforcement reps** in attendance

September 2024

Created LBN Toolkit for Public Safety

- Step by step “*How to Guide*” and linkage to free local naloxone sources and resource information
  - *Sample Standard Operating Procedure*
  - “*Roll Call*” Training
- Coordination with NYSDOH

October 2024

- Outreach to NY MATTERS to add as a free mail-based naloxone source for law enforcement LBN
- Coordination with New York City Department of Health for NYC agencies

Dec. 2024 – Feb. 2025

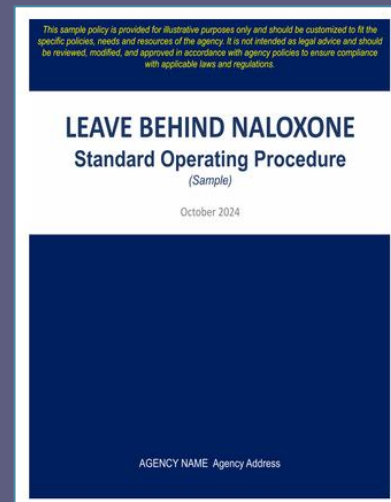
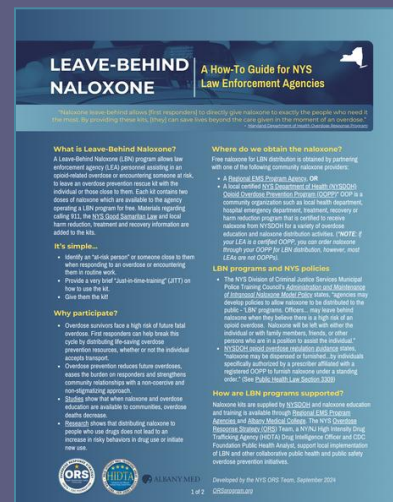
- ORS Collaborative National Brainstorming Session with over 100 representatives from diverse sectors to collect information on best practices in overdose education and naloxone distribution

Sept. 2024 – Mar. 2025

- ORS Team LBN Technical Assistance Request Form
- ~30 LBN planning and one-on-one TA Calls with ~20 agencies

Scan Here to Request LBN Technical Support:

NY ORS LEAVE  
BEHIND NALOXONE  
TOOLKIT:  
[Click Here](#)







NEW YORK OVERDOSE RESPONSE STRATEGY TEAM

## Eight Best Practices for Quality Public Safety Leave Behind Naloxone Programs



### BACKGROUND:

This document presents findings from a comprehensive review of best and evidence-based practices in overdose education and naloxone distribution (OEND), the Naloxone Plus (+) framework and Leave Behind Naloxone (LBN) programs (a.k.a “take-home” naloxone). It draws on evidence-based strategies, various state and local models (see pg. 6 - References) and insights from over 100 individuals representing EMS/fire, law enforcement, corrections, people with lived experience, public health, mental health, harm reduction, treatment, recovery and others who participated in an Overdose Response Strategy (ORS) National Brainstorming Session on Best Practices in OEND and Naloxone+. Findings were synthesized into eight key best practices\* that can be applied to develop and enhance public safety\*\* LBN programs, in which public safety personnel can “leave behind” naloxone with individuals at risk of overdose and their close contacts.

It is a user-friendly, practical and adaptable guide for public safety agencies looking to implement high-quality LBN programs that save lives, promote compassionate and stigma-free interactions, strengthen community relations and facilitate connections to person-centered care.

This resource was developed by the New York State (NYS) ORS Team and is included in its [NY ORS Team Leave Behind Naloxone Toolkit for Public Safety Agencies](#), which features step-by-step LBN guidance, sample standard operating procedures and an officer LBN roll-call training that also integrates the eight key best practices.

*“The key is to find where the principal hands of those represents so compassion a transaction; it empathy and h*

- Chauncey and Ol

### KEY PRIN

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### THE EIGH

1. Standard Commu Custom
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5. Multi-Ag Lived/Liv Integrati
6. Harm Re
7. LBN Per Educati
8. Establish and Pro

#### Note:

\*This guide h  
comprehensi  
evidence-based practices for LBN programs.

\*\*The principles apply to a range of public safety agencies including law enforcement, EMS/fire, security, probation, corrections, specialty police and military organizations involved in community-based naloxone distribution efforts.

#### 1. Standardized Kits with Community-Specific Customization



- Standard kits typically contain two 4 mg intranasal naloxone doses and simple instructions for use in a small pouch. Multiple kits may be provided based on need.
- In consultation with public health partners, consider appropriateness of fentanyl/xylazine test strips (with instructions for use) and rescue breathing face shields based on jurisdictional needs, requirements and target populations<sup>1</sup>.
- A clear, easy-to-read resource card listing local services (e.g., peer support, harm reduction, naloxone vending machines, treatment, telehealth, recovery, syringe services, mental health and/or helpline).<sup>2</sup> Include QR codes or app applicable.<sup>3</sup> Provide direct contact information for navigators, outreach teams and telehealth.
- Information on the 911 Good Samaritan Law.
- Optional: Depending on the program scope, essentials (e.g., lip balm, water, snack bar, empathy and encourage engagement, part or experiencing homelessness).

#### 2. Low-Barrier Distribution and Broad Eligibility



- Emphasize inclusive definitions of “at-risk” individuals encountered at an overdose scene. Study on a state Emergency Medical Service were significantly more likely to connect with support information was given to a family member (2.6x) compared to those who received not every opportunity to create meaningful connections include but are not limited to:
  - Individuals encountered when responding
  - Family, close contacts and bystanders of
  - Individuals with a history of overdose or substance use
  - Groups at heightened risk due to factors such as probation, unhoused (shelters, encampment), substance use and mental health disorder
  - Individuals in law enforcement deflection

#### 3. Simple and Anonymous Data Collection



- Tracking comprehensive data may be a barrier and individual receptiveness to LBN, prioritizing engagement and distribution of life-saving naloxone.
- Tracking minimal, aggregate counts of kits distributed. Consider general geographic distribution and health partners and evaluating program outcomes. Documentation may result in less naloxone.
- Clear understanding and policies supporting any enforcement or investigative actions.<sup>4</sup>

#### 4. Naloxone Plus Framework and Compassionate Interaction



- Recognize that there may be fear and mistrust accepting a LBN kit is voluntary with no punishment.
- Words, tone and body language need to be sincere. Simple, supportive statements and can have a profound impact and counteract acceptance of a LBN kit (See pg. 5 - Attachment).
- LBN can serve as the foundation for a post-identification and referral of overdose survivors. Reduction Coalition focus group in NYS found reversals felt most comfortable discussing it syringe service programs and others who have

#### 5. Multi-Agency Coordination and Lived/Living Experience Integration



- Coordinate with partners by sharing resources and expertise (e.g., naloxone kits, resource cards), conducting call training) and tracking distributions and program evaluation with lived/living experience (PWLE) have a real voice in planning and building.
- Collaboration with multiple entities is a key component of a multidisciplinary approach that integrates public health, public safety, lived/living experience, behavioral health and community engagement with people with complex needs.

#### 6. Harm Reduction Approach



- Focus on harm reduction and naloxone distribution, addressing with optional person-centered linkages to care.
- Provide education on overdose prevention, including the use of naloxone.
- Offer non-judgmental, non-coercive provision of services and support to individuals in the communities in which they live.
- Create non-punitive environments where individuals feel safe to seek support from other service providers.

#### 7. Standardized LBN Personnel Training and Education



- Provide LBN distribution training for personnel participating in deployment that addresses, at a minimum, the following elements:
  - Introduction to LBN: Provide an overview of LBN, its benefits and leadership backing.<sup>5</sup> Address liability protections for distribution.
  - Dispelling Harm Reduction Myths: Address common misconceptions about reduction and naloxone use (e.g., does not encourage drug use).
  - Compassion Fatigue: Reduce feelings of futility by addressing frustrations tied to repeated revivals and limited services on the chronic nature, physiology and psychology of substance use.
  - Post-Reversal Experiences: Educate on symptoms experienced (e.g., confusion, fear, illness, embarrassment, denial, or reduced stigma through empathy: The impact of a personal bias or judgement can be counterproductive. It help build empathy, understanding and reduce stigma.
  - Engagement Barriers: Perceptions about enforcement, mistrust and/or past negative experiences with service providers due to fear of withdrawal symptoms, stigma or punishment.
  - Compassionate Communication Tips: Offer easy-to-use approaches for engagement (See Appendix A).<sup>6</sup> Further, people from the target demographic should be incorporated into the responder, likelihood of withdrawal and post-overdose such as using more opioids to feel better.<sup>7,8,9</sup>
- LBN personnel are trained in overdose recognition and naloxone distribution. Training can be quick, in just minutes, based on

#### 8. Established Policy and Procedure and Program Evaluation



- Established clear agency LBN policies that address naloxone kit storage, management and distribution, data collection and reporting and training requirements.
- Collaborate with public health partners to monitor outcomes and evaluate performance. Activities can include tracking kit distributions (e.g., aggregate counts by zip code), personnel trained, training sessions conducted, and gathering qualitative feedback or anecdotal insights from recipients and personnel (e.g., successes, challenges) and making enhancements as needed. Share outcomes with community partnerships.



#### ATTACHMENT A

##### Empathy-Driven Engagement:

##### Tips for Public Safety LBN Programs

Public safety agencies that take the initiative to implement LBN programs demonstrate a strong commitment to crisis. These agencies may, however, encounter due to fear, mistrust and stigma. Stigma, shame experiences with service providers may significantly use disorders and their close contacts respond to quality and empathy-based approach to LBN is engagement and community relations. Like most no one-size-fits-all formula; however, there are effective prevention rooted in evidence and exist

This section offers illustrative examples of how public safety professionals can adapt to their own community target populations to start and enhance their work with people who use drugs or their close contacts with **Simple, brief and sincere words, a kind and open body language can foster trust and create Non-verbal cues, paired with empathetic communication reduce fear and stigma, improve interactions with professionals and encourage acceptance of LBN openness to seek support from other service providers.**

#### USE empathetic, respectful, and non-coercive language. Individual and context. Consider statements like:

- “Have you ever heard of naloxone?”
- “Do you have a few minutes for me to show you how to use it?”
- “Would you be open to hearing about naloxone?”
- “May I show you/leave you one of these kits?”
- “This is for you if you’d like it; it’s completely voluntary.”
- “How are you feeling?” or “Are you OK (if recent)?”
- “Everything will be OK. You are safe.”
- “Things can be tough, and sometimes we all need a little help.”
- “Your life matters, and we want to make sure you’re safe.”
- “This can help keep you safe. Everyone deserves to live.”
- “You’re not alone in this—there are people who can help.”
- “We’re here to offer a resource if you want it; it’s not a judgment.”
- “Having this kit on hand could make all the difference.”
- “Naloxone is a lifesaver, like having a fire extinguisher. It’s ready just in case you need it.”
- “Maybe you won’t ever need this, but it could save your life.”

#### AVOID language that is directive, parental, shaming, or judgmental.

- “You should...” “You need to...”
- “If you don’t listen...”
- “The problem with addicts is...”
- “I really need you to listen...”



#### ATTACHMENT B

##### Themes from Focus Group of People Who Experienced an Overdose Reversal with Naloxone

Source: Harm Reduction Support Following an Opioid-Overdose Reversal Trainers Manual, 2018, Harm Reduction Coalition in support with the New York State Department of Health AIDS Institute

A key best practice in LBN program development is involving people with lived/living experience (PWLE) in planning and implementation. This section highlights themes from a 2017 Harm Reduction Coalition focus group of individuals in NYS who experienced naloxone overdose reversals. Their feedback to first responders offers valuable insights for improving LBN program implementation and fostering meaningful engagement.

- **Compassionate and Respectful Response**
  - Creating a calm, one-on-one environment will avoid overwhelming the individual. Allow the individual time and space to process the overdose. Reassuring the person that they are safe and offer supportive, non-judgmental and compassionate communication.
    - “Ask how the person is feeling.”
    - “Be gentle and make the person comfortable.”
    - “Have one-on-one help instead of a crowd of people over you.”
    - “Don’t make it a big scene with lots of people around.”
    - “Ask the person if they are OK and tell them everything will be OK.”
    - “Make the person who overdosed feel safe.”
    - “The younger generation needs love.”
    - “People need to be told, ‘You’re not a scumbag low-life. You’re dealing with something that happened to you.’”
    - “Give me space” or “Give me something” to eat or drink.
- **Physical and Emotional Symptoms After Overdose Reversal**
  - Those who overdose may feel physically ill, embarrassed, shame and/or guilt, which can affect their response in the moment.
- **Openness to Accepting a Naloxone Kit**
  - Offering another naloxone kit after an overdose is welcome.
  - Some participants were not offered another naloxone kit after overdose. They would have wanted another kit. “It is not bad to offer.”
- **Flexible Service Options (for linkages to care, if applicable)**
  - Present services as a menu of options; allow person to choose what works best for them.
  - Some participants had responders tell them to go into a drug treatment program.
    - “That should happen a day or so after the overdose and not immediately after the overdose.”
    - “People will be more receptive if the responders wait.”
    - “[They] will need space for a bit because it’s overwhelming after an overdose.”
  - Several said that people need to come to terms with what happened on their own time.
    - “Sometimes this will happen after the first overdose, [or] it’s several overdoses later.”
- **Previous History of Stigma from Professionals**
  - Some service providers lack training or exhibit judgmental attitudes toward individuals with substance use disorders, which can discourage engagement in or transport for care.
- **Systemic Barriers and Improvements**
  - Many face delays in treatment or care due to long wait lists or insurance issues.
  - Two participants said their overdose moved them to the top of the list for programs and that was helpful. One person said people are overdosing while on wait lists for treatment.
- **Gratitude for Dedicated Responders**
  - Participants acknowledged the dedication of responders and workers despite systemic challenges, expressing appreciation for their efforts.
    - “Sometimes the person who overdosed doesn’t say ‘thank you’ to the responder. They might not say ‘thank you’ because they are embarrassed and ashamed. There’s guilt and they don’t want to acknowledge that they overdosed...”
    - “God bless workers who are working with their hands tied.”





3RD LARGEST CITY IN NYS

# ROCHESTER POLICE DEPARTMENT

*Announces launch of Leave Behind Naloxone Program in partnership with Monroe County Health Department*

October 2024



# STRATEGY 5

## PROMOTE IMPLEMENTATION OF OVERDOSE FATALITY REVIEWS (OFR)

### *How Can the NY ORS Team Support You?*

- Coordination with NYSDOH and Institute for Intragovernmental Research (national OFR Standards) to expand OFR efforts in NYS through Statewide Communities of Practice Calls
- OFR one-on-one technical support
- Facilitating access to law enforcement data through HIDTA Teams and CACs

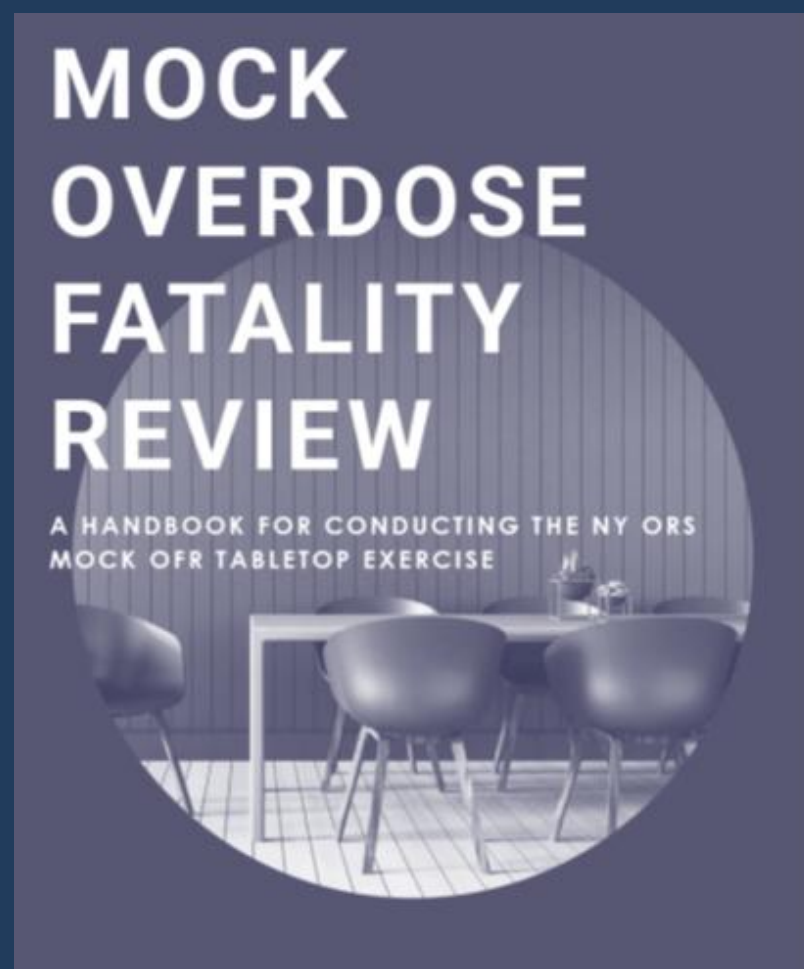
**Approximately 10-15  
OFRs in NYS**



# Overdose Fatality Review

*In development*

- **Mock OFR Tabletop Exercise (TTX) Packet using Emergency Preparedness Framework**
  - *Planning Guide/Handbook*
  - *Mock Meeting Case Presentation*
  - *Fictitious Case Incident Reports*





# Mock OFR TTX Pilots

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- **Why a Mock TTX Toolkit?**
  - A thoughtful and compassionate analysis of a simulated case to help communities understand the complexities of overdose response.
  - A hands-on opportunity to build understanding, skills and meaningful connections essential for conducting real-life OFRs in a low-pressure environment.
- **Utilizing NY ORS Team Mock OFR TTX Guide to support local exercises:**
  - Oswego County Mock OFR - November 2024
  - Putnam County Suicide and Overdose Fatality Review - April 2025
  - Additional County - June 2025

# STRATEGY 6



## IMPLEMENT EVIDENCE-BASED PRIMARY PREVENTION INITIATIVES TARGETING YOUTH

*How Can the NY ORS Team Support You?*



### Support implementation of Handle With Care

- The Handle With Care program is a collaborative initiative between law enforcement and schools to support children exposed to any traumatic event (e.g., fire, death in family, exposure to domestic violence, accident)
- Notify school with a simple “Handle With Care” notification —without disclosing details so staff can provide appropriate trauma-informed support and a safe, understanding environment
- Implementing program with HIDTA staff at CACs serving as central intake for law enforcement referrals to schools

### Youth Substance Use

- Connections with all ~55 NYS Drug Free Communities Coalitions
- [CDC’s Drug-Free Communities Support Program: Notices of Funding Opportunity Published!](#) The grant is a 5-year grant with a maximum award of \$125,000 per year.



# Thank you!

**JIM HAWLEY**

NY ORS Drug Intelligence Officer

NY/NJ HIDTA

[jhawley@nynjhidta.org](mailto:jhawley@nynjhidta.org)

**LISA WORDEN**

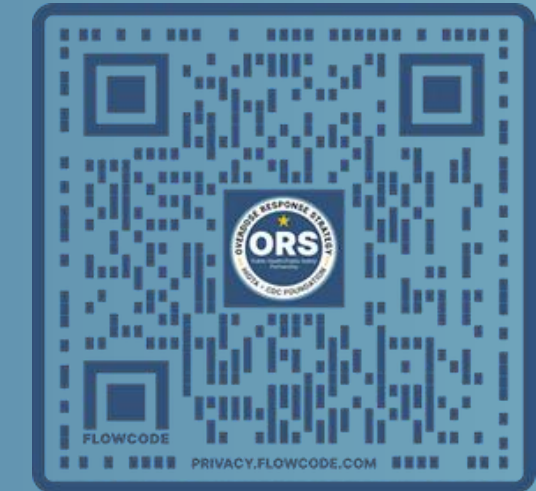
NY ORS Public Health Analyst

CDC Foundation

[lworden@cdcfoundation.org](mailto:lworden@cdcfoundation.org)

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## Questions and Discussion



[orsprogram.org](https://orsprogram.org)



**COLLABORATE • SHARE • INFORM & HELP**

Funded by the Office of National Drug Control Policy and the  
Centers for Disease Control and Prevention