



What is the Hope Not Handcuffs- Hudson Valley?

Hope Not Handcuffs- Hudson Valley, is a program of Tri-County Community Partnership Inc., aimed at bringing law enforcement and community organizations together in an effort to find viable treatment options for individuals to reduce dependency with heroin, prescription drugs, and alcohol. The program is a collaborative effort between local police departments and community Angel volunteers to find treatment options for those seeking assistance for addiction.

The Hope Not Handcuffs (HNH)¹ model originated in 2017 in Macomb County, Michigan. Since its inception, HNH-MI has expanded to include over 79 police departments in 9 counties and has successfully connected more than 3300 participants with resources and treatment. They have over trained 800 Volunteer Angels and have recently expanded to a state-wide program. HNH-MI operates in partnership with the Police Assisted Addiction and Recovery Initiative (P.A.A.R.I.) in Gloucester, MA.

Demand

HNH- Hudson Valley started in January of 2019 with only one police department, the Town of Wallkill Police. In the 9 months since its inception, the program has rapidly grown to include 19 police departments across 4 counties, incorporating approximately 856 police officers. Likewise, the program started with fewer than 10 volunteer Angels and now has a volunteer force of over 650 Angels. In addition to the participating police departments, another 7 departments have requested to participate in our program, bringing the number of departments to 25 in 5 counties.

Impact

Since January 2019, 47 people have sought assistance from participating police departments and have been placed into treatment. Another 8 individuals used the toll-free "Hope Line" for placement. In total, over 55 people- 100% of those seeking help - have been placed into treatment by connecting with HNH- Hudson Valley. Additionally, hundreds of calls have been received with inquiries regarding the program. Requests for help have grown exponentially and have become a more regular occurrence as the community learns of the program's existence. HNH- Hudson Valley has been recognized by the Rockefeller Institute for our efforts to help fight the opioid epidemic. We are now working with the University of Albany, School of Public Health to develop research on the efficacy of pre-arrest diversion programs in New York state.

Immediate need and plans for growth

In order to continue operations at or beyond our current capacity, Hope Not Handcuffs - Hudson Valley needs assistance to become a sustainable program. Due to our rapid growth and ever-increasing demand, our program needs to transition from an all-volunteer program to an organization with paid coordinators. We have an immediate need for a full-time program director, a full-time regional angel coordinator, 8 part-time county Angel coordinators, and a part-time law enforcement liaison. In addition to salary expenses, funding would include trainings, printed and digital media, as well as other expenses for program expansion.

Vision for the future

We would like to see Hope Not Handcuffs available in all counties of New York's "Hudson Valley." In addition to placing people into treatment, we would like to expand the program to include: Peer Recovery Advocates to work with participants upon release from treatment, scholarships for sober living, partnerships with local hospitals for treatment placement upon hospital release, transportation assistance such as Uber Health, and the creation of a recovery alumni program.

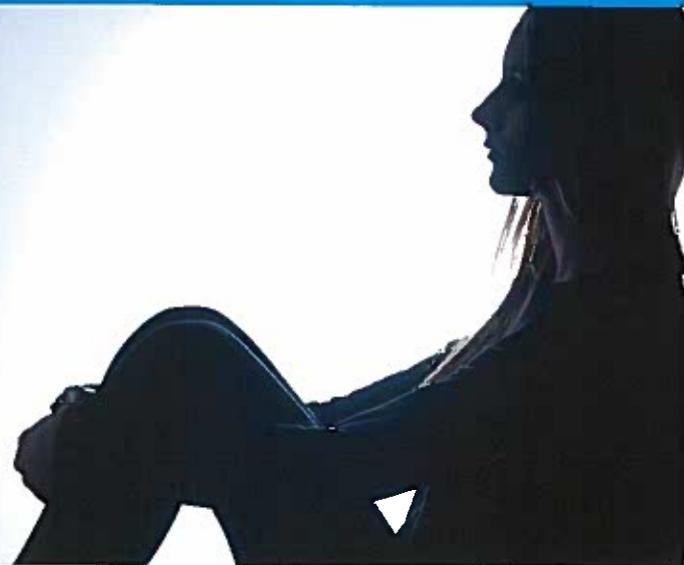
Annette Kahrs, HNH Program Director | 845.800.1812 | tccpartnership@gmail.com

¹ For more information on Hope Not Handcuffs, Michigan visit <http://hopenothandcuffs.com>

HOPE[®] *not* HANDCUFFS

Hudson Valley

AN INNOVATIVE APPROACH
TO BRING HOPE TO THOSE
STRUGGLING WITH ADDICTION



Hope Not Handcuffs is a program aimed at bringing law enforcement and community organizations together in an effort to find viable treatment options for individuals seeking help to reduce dependency with heroin, prescription drugs, and alcohol.

A person struggling with any drug addiction can come to a participating law enforcement agency and ask for help. Participants will be greeted with compassion and respect. Our Angels are ready to assist with paperwork and provide support until a treatment option is found. Regardless of insurance status, our team will work directly with local substance abuse services for placement in a treatment facility as soon as possible.

TO FIND HELP:

Call 1-833-428-4673 or
visit our website

www.tccpartnership.org

for a participating police department



**BECOME A
HOPE NOT HANDCUFFS
ANGEL**

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Senate Hearing Remarks by
Annette Kahrs, President
Tri-County Community Partnership Inc.
October 3, 2019

Thank you, Senators, for the opportunity to come before you today and share a solution to the opioid epidemic that saves lives and importantly that we are already doing in the Hudson Valley. My name is Annette Kahrs. I am the Founder and President, of the Tri-County Community Partnership, a drug-free community coalition. Our primary focus has been on youth prevention education. While that remains the central focus of our efforts, in 2018, our coalition decided to address a more immediate need in our community, by bringing a highly successful deflection and pre-arrest diversion initiative called "Hope Not Handcuffs," to our community.

This initiative, which started in Michigan, is a self-referral, single-point of access to drug treatment for people suffering from opioid use disorder and drug use generally. Hope Not Handcuffs is a collaborative effort between local police departments and community volunteers called "Angels" to find treatment options for those seeking assistance. Importantly, it also provides law enforcement with alternative options to either taking no action or have to make an arrest for people whose contact with the police is due to their personal drug use. From a law

enforcement point-of-view, as long as a person meets certain criteria, they can get immediate access to drug treatment, stay out of the criminal justice system, end their drug use and get into recovery, all the while lessening the number of people filling our jails and prisons. In addition, in deflection through Hope Not Handcuffs, because people can stay in their communities to enter drug treatment, families are kept together and kids get to stay with their parents.

Hope Not Handcuffs-Hudson Valley started in January of 2019 with only one police department in Orange County. In 9-months the program has rapidly grown to 21 police departments in Orange, Rockland, Dutchess, and Putnam counties; incorporating approximately 856 police officers and a volunteer force of over 650 Angels. Additionally, departments from Westchester, Albany, and Ulster counties have requested to participate in our program but, at this time, we cannot expand any further. Even though we run entirely on volunteers and unfunded staff, Hope Not Handcuffs – Hudson Valley has been recognized by the Rockefeller Institute for our efforts to help fight the opioid epidemic. We are now working with the University of Albany, School of Public Health to develop research on the efficacy of pre-arrest diversion programs in New York state.

The program is very simple to get started in a community. Any person seeking assistance for their opioid use can just walk into a participating police department

and ask for help. The person is met with compassion and respect. A community Angel volunteer is dispatched to the location and immediately works to find a treatment option. To date, our program has been 100% successful in placing 55 participants into treatment. Momentum is building.

The program's success is built upon trust. We all know someone that has been affected by this crisis. Participants are usually unwilling to approach the police to ask for help but, Angels, as ambassadors, bring a more "community" element in which participants are willing to seek assistance. Angels have helped spread the word about the program which has caused the program to grow. It is a community solution to reducing overdose and overdose deaths.

My request of you today is to fully fund Hope Not Handcuffs – Hudson Valley so we can complete our work, and carry it to the rest of the State. In this request before you today, we are bringing to you a solution that saves lives, reduces drug use, gets more people into treatment, and helps our communities turn the corner.

Thank you

PRE-ARREST DIVERSION: PATHWAYS TO COMMUNITY POLICE, TREATMENT AND COMMUNITY COLLABORATIVE



PATHWAYS TO COMMUNITY

Self-Referral • Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment.
Example: Police Assisted Addiction and Recovery Initiative (PAARI) Angel Program

Active Outreach • Law enforcement initially IDs or seeks individuals; a warm handoff is made to treatment provider, who engages them in treatment.
Examples: Police Assisted Addiction and Recovery Initiative (PAARI) Arlington; Quick Response Team (QRT)

Naloxone Plus • Engagement with treatment as part of an overdose response or a severe substance use disorder at acute risk for opioid overdose.
Examples: Drug Abuse Response Team (DART); Stop, Triage, Engage, Educate and Rehabilitate (STEER); Quick Response Team (QRT)

Officer Prevention • Law enforcement initiates treatment engagement; no charges are filed. Examples: Crisis Intervention Team (CIT); Law Enforcement Assisted Diversion (LEAD) Social Contact; Stop, Triage, Engage, Educate and Rehabilitate (STEER); Mobile Crisis; Co-Responders; Crisis/Triage/Assessment Centers; Veterans Diversion

***Officer Intervention** • Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with requirement for completion of treatment and/or social service plan. Examples: Civil Citation Network (CCN); Crisis Intervention Team (CIT); Law Enforcement Assisted Diversion (LEAD) Assessment; Stop, Triage, Engage, Educate and Rehabilitate (STEER); Veterans Diversion

To learn more about PTACC, contact Jac Charlier, Executive Director
at the Center for Health and Justice at TASC, at jcharlier@tasc.org or 312.573.8302



Police Assisted Addiction & Recovery Initiative

In June 2015, after a series of fatal opioid overdoses in the City of Gloucester, the Gloucester Police Department announced a new pre-arrest referral program to help people suffering with the disease of addiction access treatment. Under this innovative plan, the police promised to help every individual who came into the station, without fear of arrest, regardless of their city of residence and their insurance status. The program caught national attention and was immediately successful so the Police Assisted Addiction and Recovery Initiative (PAARI) was founded as a 501(c)3 nonprofit to support the Gloucester Angel Program and create other pre-arrest law enforcement opioid programs across the country.

Our Mission & How We Help

- To provide training, grants, and other resources to police departments and law enforcement agencies to establish and run police-based pre-arrest entry points to treatment
- To foster a dialogue around the unique position of law enforcement interventions to prevent overdose deaths, increase access to treatment, reduce crime, save money, and lead to an increase in trust from communities
- To educate lawmakers and influence state and national policy around opioid addiction
- To assist persons suffering with substance use disorders through our police network

PAARI raises funds to provide critical support for law enforcement based programs, such as:

- Resources, training, staffing support, and grants to police departments to start and sustain pre-arrest referral programs that create a bridge to treatment outside of law violation
- Connections to treatment centers that provide scholarships to those without insurance
- Recovery Coaching and follow up support for program participants
- Outreach and community events to educate individuals with opioid use disorders and their families about community resources and treatment options

Our Successes to Date

- More than 600 people placed into treatment since June 2015 through the Gloucester Angel Program and an estimated total of 12,000 total people placed into treatment through our nationwide network of partner police departments
- 382 member police departments in 32 states running pre-arrest referral programs, including "safe station" self-referral programs and outreach and overdose follow up programs
- Partnership with the Arizona Governor's Office and Phoenix Police Department to launch an Angel Initiative as PAARI's first partner in a major metropolitan area. In August 2017, Salt Lake City Police Department became our second major metropolitan partner
- More than 50 additional law enforcement agencies are in the process of joining PAARI, including Seattle Police Department and Boston Police Department
- Partnering with nearly 300 vetted treatment centers in 25 states and securing hundreds of thousands of dollars worth of scholarships for treatment for individuals without insurance
- Distributing 10,000 doses of 4mg nasal naloxone, the life saving overdose reversal drug, to police departments and commercial fisherman, free of charge
- Partnership with the MA Association of Health Plans and Blue Cross Blue Shield to provide ongoing case management for program participants
- Communities that have joined PAARI have observed as much as a 38% reduction in crimes associated with addiction, cost savings by diverting people into treatment rather than triggering the criminal justice system, and led to increased trust from communities
- Elevated this issue through media coverage, speaking engagements, national partnerships
- Testified at the Massachusetts State House as well as at the White House and before members of Congress, and helped enact the Federal 21st Century Cures Act, which includes a \$1 billion funding commitment for opioid addiction and treatment programs.
- Piece published in the New England Journal of Medicine, which showed that police-led referral programs outperform placement programs available in healthcare settings by nearly double
- Partnership with AmeriCorps and the Massachusetts Service Alliance to place 25 AmeriCorps members in police departments across the state as Recovery Coaches
- Hosted a first-of-its-kind National Law Enforcement Summit in December 2017 that connected and empowered 240 law enforcement leaders in 27 states to address the opioid epidemic

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Fighting substance abuse

Hope Not Handcuffs receives \$23K in grants



Senators Jen Metzger and James Skouffis presented Hope Not Handcuffs—a police-community partnership which provides access to substance abuse treatment—with a \$13,000 grant Tuesday for the program’s outreach efforts. Photo by Laura Fitzgerald.

Posted Wednesday, August 7, 2019 2:07 pm

By Laura Fitzgerald

Hope Not Handcuffs (HNN)—a police-community partnership that provides access to substance abuse treatment—is on the receiving end of \$23,000 in grants within the past week.

HNN received a \$13,000 grant on Tuesday from State Senators Jen Metzger (SD-42) and James Skouffis (SD-39) to support the program’s outreach efforts. This came after Orange County presented a \$10,000 check on August. 1.

“This funding will empower community volunteers and local law enforcement participating in the Hope Not Handcuffs Hudson Valley program to continue their work providing life-saving support to individuals who suffer from the disease of addiction,” Metzger said. “Ending the opioid epidemic in the Hudson Valley will require a combination of strategies focused on prevention, education, treatment, and recovery, and it will take all of us working together to reverse this devastating trend.”

The [Families Against Narcotics](#) (FAN) Hope Not Handcuffs initiative is coordinated locally through the [Tri-County Community Partnership](#) (TCCP). The TCCP created the first HNN chapter outside of Michigan last November in the Town of Wallkill Police Department.

TCCP President Annette Kahrs said the grant will be used for marketing and training across all of HNN’s locations.

Individuals suffering from substance abuse can enter or call any participating police station and ask for help through the HNN program. The individual will go through a brief intake process to determine if they are eligible. Then, they will

Putnam Police Departments Launch 'Hope Not Handcuffs'

July 22, 2019 at 3:20 PM

PUTNAM COUNTY, N.Y. - The Putnam County Sheriff's Department, Carmel Police Department, and Kent Police Department will join the Hope Not Handcuffs Hudson Valley Addiction Recovery Program, a proactive approach for people struggling with drug addiction.

Susan Salomone, executive director of Drug Crisis in Our Backyard, which supports the program, said it was a "first step in recovery from drug and alcohol addiction."

Anyone seeking help in their fight against drug or alcohol addiction can come to any of those police headquarters and ask for the Hope Not Handcuffs program. They will be treated with compassion and respect. A call will be made to an "Angel" volunteer from the Hope Not Handcuffs-Hudson Valley team who will actively seek out a treatment plan. Individuals suffering from addiction will instantly have an advocate and a network of resources designed to lead them to success.

Hope Not Handcuffs is a proactive approach to reach out to people struggling with drug addiction to encourage them to seek recovery and regain control of their lives.

Hope Not Handcuffs-Hudson Valley, a program of the Tri-County Community Partnership, is aimed at bringing law enforcement, community organizations and volunteers together to find viable treatment options for individuals who seek help to reduce dependency with any substance including heroin, prescription drugs, and alcohol.

HNH was founded in Michigan and since its inception, has expanded to include over 80 police departments in nine counties in Michigan and has successfully connected more than 2,900 participants with the resources and treatment they need and deserve. With Tri-County Community Partnership's assistance, Hope Not Handcuffs-Hudson Valley spread to New York State last year, making it a national organization.

The Tri-County Community Partnership has the support of not just Drug Crisis in our Backyard, but Putnam Communities That Care Coalition and The Prevention Council of Putnam as well.

HNH-HV seeks local Angel volunteers. To sign up to be an Angel, visit tricountycommunitypartnership.org/hope-not-handcuffs.

Hope Not Handcuffs launches in Wappingers Falls, aims to help victims find treatment

[Geoffrey Wilson](#), Poughkeepsie Journal Published 6:00 a.m. ET May 22, 2019

Zachary Cohn recalls seeking treatment for a substance use disorder in 2011.

"As much as I wanted to stop, I couldn't do it myself," he said. "But I had the support of my family who intervened on my behalf."

But he understands that not everyone has this support, which is why he volunteered with [Hope Not Handcuffs — Hudson Valley](#).

From the officer at the front desk to the volunteer "angels" who find the right kind of treatment program, Hope Not Handcuffs — Hudson Valley participants focus on empathy, not enforcement.

"Too many people have been affected by this epidemic," said Annette Kahrs, program director of Hope Not Handcuffs — Hudson Valley. "They don't want this to happen to anyone else."

The Wappingers Falls Police Department will be the first in Dutchess County to partner with Hope Not Handcuffs — Hudson Valley. And while the department is in the process of completing training for the program, those seeking help can go to the department "immediately," according to Commissioner Carl Calabrese.

Dutchess County saw 74 opioid overdose deaths in 2017, a nearly 50 percent increase from 51 deaths in 2016, according to a state Department of Health report. The county's rate of 25 overdose deaths per 100,000 residents exceeded the state average of 16.2 deaths.

But in that same period, naloxone use by law enforcement and health officials in Dutchess decreased slightly. EMS, law enforcement and other registered agents used the drug 405 times in 2016, as compared to 386 times in 2017. New York's drug deaths excluding New York City increased to 2,659, up 5.5 percent from 2,521 the prior year, according to the Centers for Disease Control and Prevention. That kept pace with the 6.6 percent jump in the U.S.

Cohn attended Wednesday's volunteer training to become an angel so others might be able to find support in seeking help as he did.

"There's a window of opportunity, a desire by the person consumed by addiction to get help," he said. "The problem is that treatment isn't always accessible based on a number of factors."

100% success rate

Hope Not Handcuffs — Hudson Valley in January. In addition to Wappingers Falls, eight police forces in Orange County are participating, as well as one in Rockland.

Good Afternoon,

Thank you Senator Harckham, Senator Carlucci, and Senator Rivera, for giving us all the opportunity to present before you today. The New York State Joint Senate Task Force on Opioids, Addiction and Overdose Prevention hearing today has given us the opportunity to share with you all some concerns.

As the only Methadone IP and OP treatment provider in Putnam County, Arms Acres is intricately involved in fighting this opioid addiction. Years ago, a person experiencing an opioid addiction was not allowed to be admitted in our IP Detox or rehab program. Due to legislation passed following Gov Cuomo's Heroin Task Force tour, treatment on all levels has been made possible for all people experiencing this addiction. This treatment is no longer thwarted by managed care companies at the door as pre authorizations are no longer required for detoxification, rehabilitation or Medication Supported Treatment.

Over the past few years, various prevention treatment and recovery options have also been made available due to initiatives created by Gov Cuomo, Lt Gov Hochul and Commissioner Gonzalez Sanchez. These initiatives have included Recovery Schools, Club Houses, OTPs, additional Detox and Rehabilitation Beds and an increase in Residential Treatment Beds. Cutbacks to prevention programs in the past have ultimately had an impact on today's treatment. The adage and an ounce of prevention is worth a pound of cure is evident by the costs spent today on treatment services. It is incumbent upon those in leadership to ensure that **the full spectrum of treatment** is supported to surround this epidemic.

As a member of the Governor's Heroin Task Force and his Behavioral Health Services Advisory council, I have seen the impact of this addiction in all communities across our state. As I have visited other states, I have also seen how this addiction has impacted our country. We in NY are in a unique position because we have recognize this impact and have begun to educate our communities and establish programs, which will provide additional services for individuals and their families suffering from addiction.

Due to the stigma associated with Medication Assisted Treatment such as Methadone and Suboxone, many communities look askance at outpatient programs that offer this level of treatment. Yet, people in their backyards are dying. Grassroots programs like, drug crisis in our backyard, families in support of treatment, hope not handcuffs just to name a few are making inroads to assist individuals and their families across the state. We must provide additional assistance to such programs that are able to infiltrate communities with information and education so they understand how to deal with the opioid addiction.

We need resources to help encourage and support that education process with the outcome of eliminating the stigma. MAT is treatment to many opioid addicts like insulin is to the diabetic. Those receiving such treatment should be celebrated for their courage to fight. Resources can come from the settlement in the Opioid Manufacturers lawsuits. Those dollars should be reinvested in Opioid treatment services and Narcan replenishment in high risk communities.

To reduce additional overdoses and deaths we need to ensure that Narcan education and kits are available in schools, churches, community centers to go along with the police, hospitals and fire departments. To assume this addiction is not occurring in the above mentioned areas is one of the reasons it is spreading. We must fight back from within our communities.

To eliminate barriers to care for those suffering from this addiction we must also eliminate burdensome copays for OP treatment services due to the frequency of care. To eliminate barriers of care for providers

Testimony of Jaron Benjamin before the Joint Senate Task Force on Opioids, Addiction & Overdose Prevention

Hudson Valley Hearing, October 3, 2019

My name is Jaron Benjamin and I am one of your Hudson Valley neighbors in Sleepy Hollow, New York. Thank you to Senator Harckham and members of the Joint Senate Task Force on Opioids, Addiction and Overdose Prevention for listening to my testimony today.

Today I have two daughters, a wife, a good job, and so many other blessings—but none of that would have been possible if I had not survived a nearly fatal overdose. Today I am speaking as a person who used drugs who is now sober to give you the view into my life and ask you to consider me and people like me when creating State legislation and policy. Never forget that YOU have the power, and have been given the responsibility by voters like me, to save the lives of New Yorkers—and let me be one example of what life after overdose can look like.

New York's war on drugs has failed and left us with an overdose crisis that is killing almost 4,000 New Yorkers per year. The war on drugs has caused more harm to many people who use drugs—the war on drugs has not followed a scientific, evidence-based process that reduces drug use or saves lives.

Yet several policies that this state is still supporting are using that discredited “drug war” framework.

- Scheduling Fentanyl Analogues as Controlled Substances and Drug induced Homicide Laws will fail—it's easy to see why some might think further criminalization will help, but it will mean that people do not seek help for a person overdosing and will lead to more overdose deaths.
- Criminalization of public health tools like syringes is a failure – syringe exchange programs like mine have prevented tens of thousands of HIV and hepatitis B and C infections. We must fully legalize these public health tools.
- Abstinence-only programs do not work on everyone—we must put more resources into harm reduction services that reach people that abstinence-only programs do not. We should not be turning people away when they are seeking help. We do not do this with people with HIV or people with cancer or diabetes, we should not turn away people who use drugs who are asking for help and services.

What has continued building positive results:

- Increased funding for Harm Reduction Services and Organizations and Tools. Harm reduction programs provide education, counseling, referrals, and support to people at risk of overdose. These services are critical pathway toward health and recovery for people who use drugs—particularly those outside treatment system. Often, harm reduction services provide services that are highly needed, and severely underfunded, especially in the Hudson Valley and other areas considered “upstate” by my colleagues in NYC.

October 3, 2019

Good Afternoon, My name is Allison Dubois, I am the Chief Operating Officer and Executive Vice President of Hudson River Health Care. I am so pleased to have this opportunity to address the Joint Senate Task Force on Heroin and Opioid Addiction

As a federally qualified health center in over 40 rural and urban communities throughout New York, HRHCare has been uniquely positioned to see the impact of this crisis on underserved communities and to be engaged directly and with partners in identifying strategies that are making a difference. Significant among these strategies, but often overlooked, is the purposeful engagement of communities, community leaders, and providers in a multi faceted approach that increases access to care, links patients to treatment models that work for them, and reduces barriers to care.

Today I wanted to share information on a federal program that I believe offers a promising and cost-effective approach for New York State to consider. HRHCare received a grant from the Health and Services Resource Administration to establish a Rural Communities Opioid Response Program (RCORPS). Through this funding, HRHCare played a leading role in establishing a community-based consortium in Sullivan County, which posts one of New York State's highest rates of opioid mortality. Specifically, among the outcomes of this effort were:

- a county wide "all provider" meeting where the hospital, substance use disorder providers, OASAS providers, peers, HRHCare as the federally qualified health center, behavioral health, pharmacies, and private practitioners came together to understand current capacity and admission criteria, among others to better support transitions of care for patients and to reduce gaps. We are appreciative of Assemblywoman Gunther for her ongoing support of this work.
- This collaboration also supported a workforce assessment and exploration of a new curriculum to be offered at the Sullivan Community College and a peer training curriculum to build the skills of local residents.
- This coalition is also supporting the implementation of the County's new bus loop that will reduce transportation barriers for patients throughout the County
- and expanding partnerships with law enforcement and pharmacies

We encourage the Taskforce to explore investing in local communities and supporting their efforts to identify and build local solutions that will work for them and will build upon the treatment options that also need critical support. These coalitions are also key to addressing stigma in a comprehensive, public fashion (stigma towards OUD, opioid overdose, MAT) in all settings (within mental health facilities, sober homes, ED, law enforcement, pharmacies, everywhere.)

Increasing access to MAT remains a critical priority. NYS recently supported the collaboration between federally qualified health centers and OASAS providers with dedicated grant resources. These investments are making a difference and allowing health centers to increase the number of prescribers and engage more patients. We