Project ANCHOR

Aftercare Network for Compassionate Healing & Overdose Recovery

Transforming the immediate post-loss landscape into a scalable Mid-Hudson standard of care.

Presented by:

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Overview

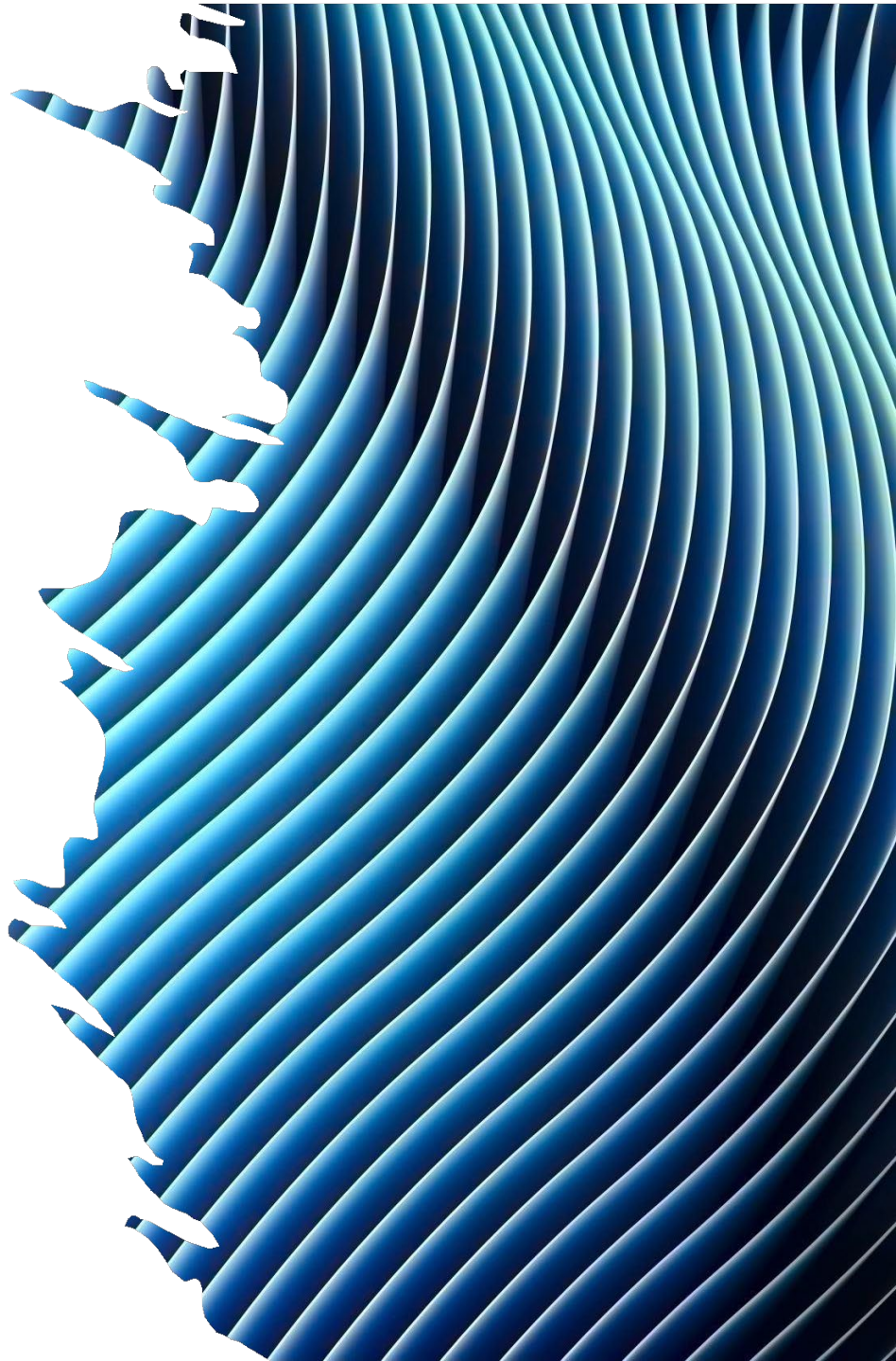
- How was Project ANCHOR developed?
- What does implementation of a post-overdose intervention look like?
- What are the components of the Project ANCHOR folder?
- How can Project ANCHOR be replicable for my community?

Need for ANCHOR

- Putnam County Overdose Fatality Review (OFR) Recommendations Committee
- Project HOPE's LOSS

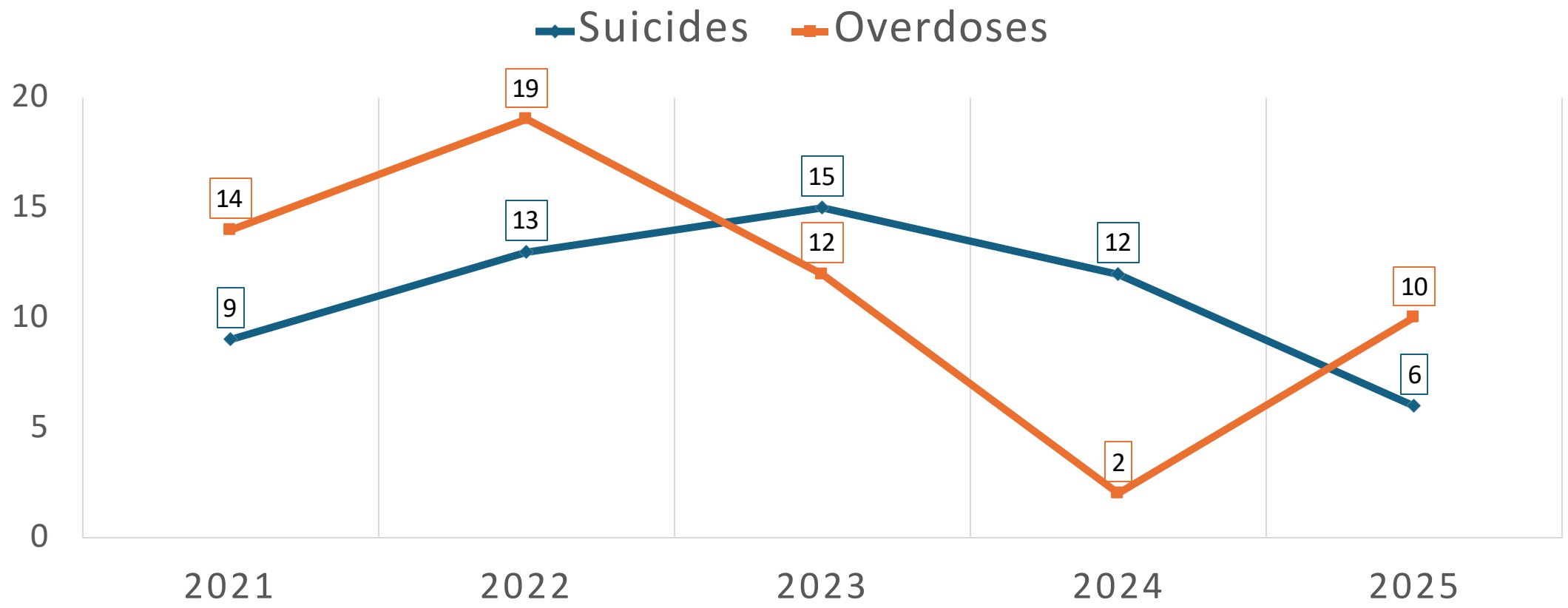
(Local Outreach for Survivors of Suicide)

  - Proof of concept
  - Suicide and overdose are VERY different but their *impact* can be similar

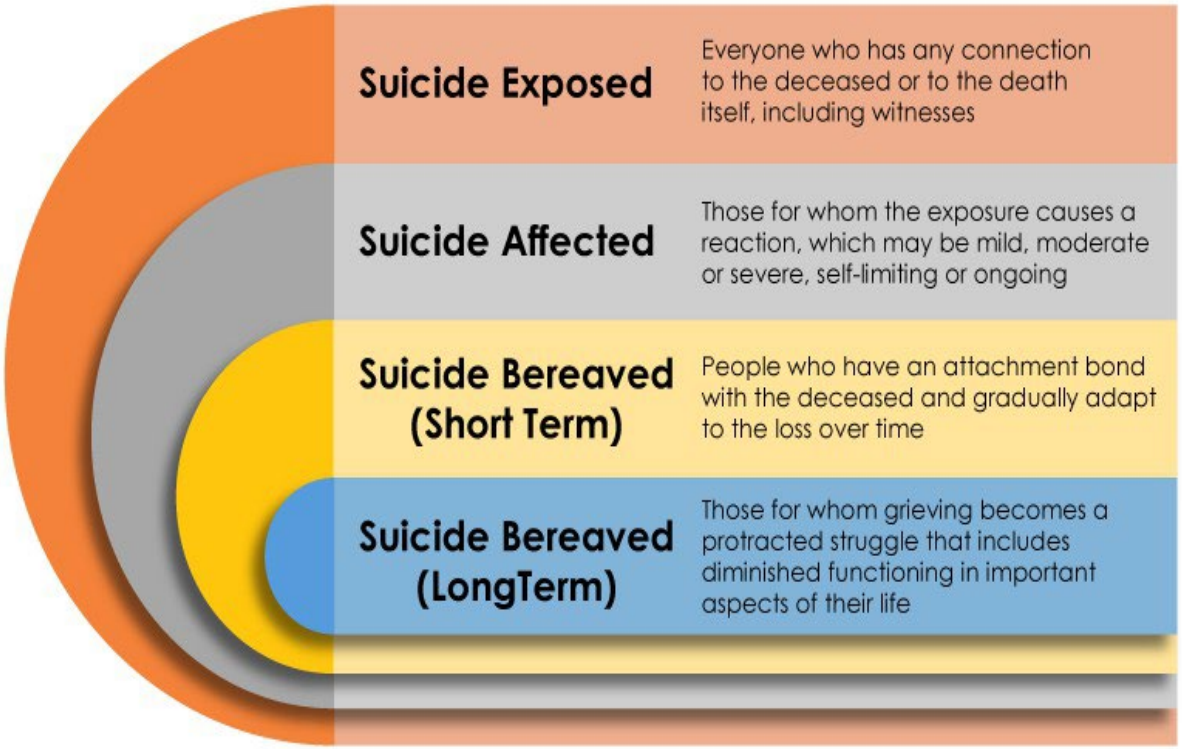


PUTNAM COUNTY CORONER DATA

2021-2025



Impact of Loss



Exposed	Affected	Suicide-Bereaved Short-Term	Suicide-Bereaved Long-Term
First responders	First responders	Family members	Family members
Discoverer	Discoverer	Therapists	Therapists
Family members	Family members	Close Friends	Close friends
Therapists	Therapists	Close work colleagues	
Friends	Friends		
Health-care workers	Classmates		
Community members	Co-workers		
School communities	Team members		
Workplace acquaintances	Neighbors		
Fans of celebrities	School Communities		
Community groups			
Rural or close-knit communities			

Introduction to Post-Vention

- Prevention--> Intervention--> Post-Intervention--> Postvention
  - **Prevention:** Proactive strategies implemented *before* an issue occurs to build resilience, educate communities, and stop problems before they start
  - **Intervention:** Direct, timely actions taken when early warning signs, risk factors, or an active crisis emerge to address the issue immediately.
  - **Post-Intervention:** Ongoing support, monitoring, and rehabilitation provided *after* the acute phase to ensure stability, recovery, and prevent relapse.
  - **Postvention:** Specialized support, counseling, and healing activities implemented *after* a critical tragedy or loss (such as a fatality) to support survivors and prevent further trauma or distress.



Project Development



- What already exists for post-overdose outreach (postvension)?
- Where will this work live?
- Identifying partners
- Creating the Memorandum of Understanding (MOU)



Implementation Planning

- Who is eligible for this type of outreach? Next of kin and other individuals significantly impacted by a fatal substance-related death. Inclusive of different relationships and family structures.
- Development of groups
- Explored partnership with GRASP
- Identified gaps:
  - Spanish-speaking groups
  - Local in-person substance-related loss support
- Developed a standalone CoveCare grief support group
  - Facilitator completed specialized grief and trauma training completed
  - Group launched November 2026

CoveCare Center

A FREE SUPPORT GROUP FOR THOSE WHO HAVE EXPERIENCED SUBSTANCE RELATED GRIEF AND LOSS

Hope in Healing

Presented by CoveCare Center's Family Support Navigator program

Join us in person at CoveCare Center- 1808 Route 6, Carmel NY 10512 or over zoom
the first Friday of every month
3:00-4:00pm

https://covecarecenter-org.zoom.us/j/94979680502

For more information, please reach out to:
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You are not alone:
A group focused on support, connection, finding comfort, building community, and healing together.





Inter-Agency Referral & Follow-Up Pipeline

All parties agree to adhere strictly to the following operational timeline:

[On-Scene Fatality / Response]

|

▼ (Within 12 Hours)

[Coroner Log & Overdose Report]

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▼ (Sent directly to DRC)

[Proactive Intake & Outreach Call]

|

▼ (Within 72 Hours of Incident)

[The Warm Handoff: Safety Assessment, Support Groups, & Navigation]

Notification (≤ 12 Hours): Responding field personnel (Coroner) text, call, or email the referral details to the DRC (or COSOC Co-Chair if DRC is out).

Contact (≤ 72 Hours): The active coordinator initiates a live, compassionate phone call to the NOK.

Handoff: The coordinator assesses and refers as appropriate.

Content Creation

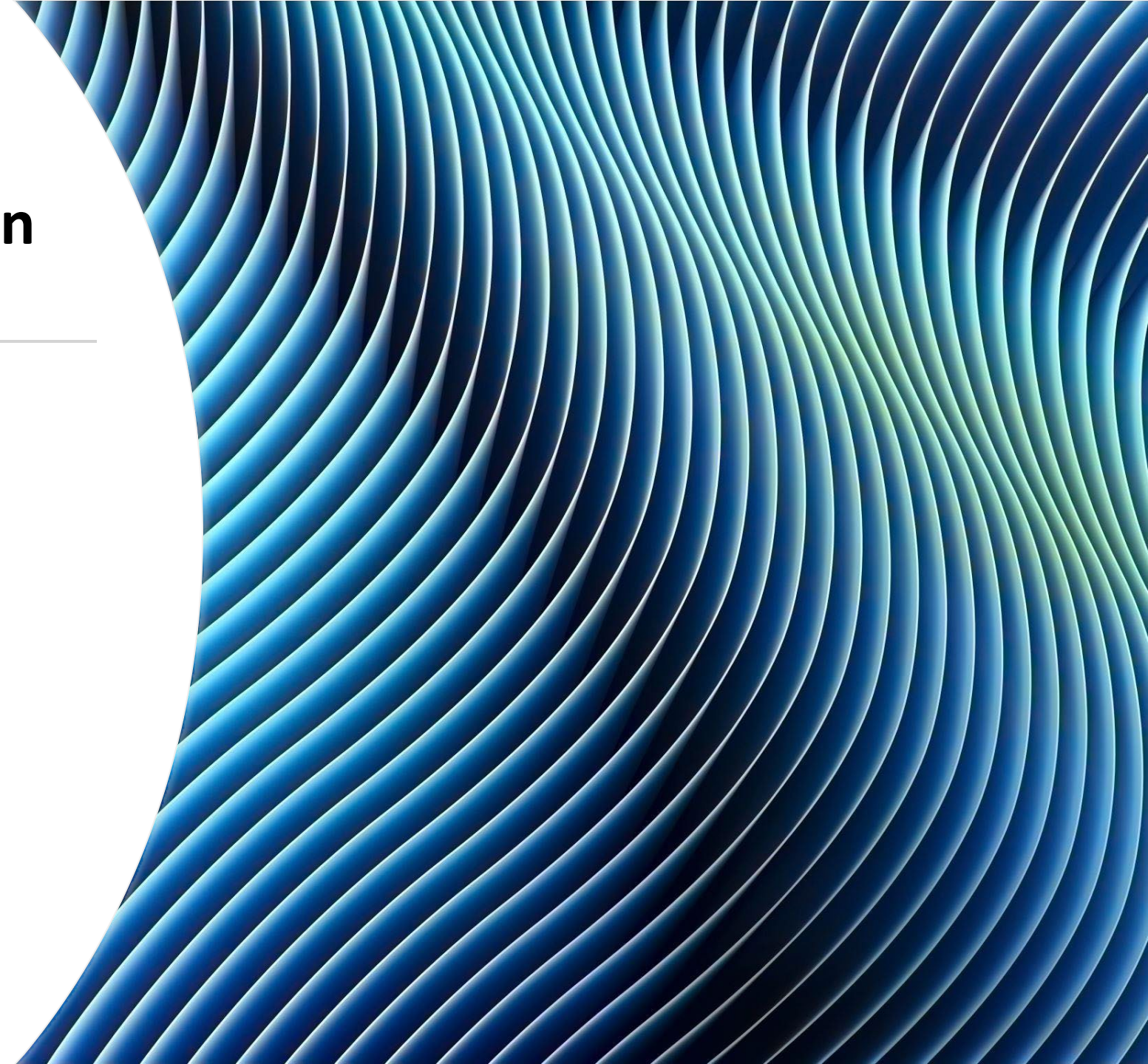
- Used Project HOPE materials from the Putnam County LOSS team (Local Outreach to Suicide Survivors) as a foundation for Project Anchor
- Reviewed and adapted existing resources, including the PRONTO Study (Massachusetts) and Putnam County LOSS team materials
- Refined content using non-stigmatizing, people-first, and trauma-informed language
- Prioritized clear, accessible, and compassionate messaging for families
- Tailored materials to reflect the needs and resources of our local community
- Created an adaptable framework for other communities to tailor and replicate for their specific needs




Project
ANCHOR

Implementation in Action

- Folder distribution
- DRC Outreach
- Connection to resources
- Follow up



Replicability

- Materials to share:
  - Folder
  - Memorandum of Understanding (MOU)
  - Standard Operative Procedure
  - Group materials
    - Flyers



What's Next?

- Lessons learned:
  - Translating the folder to Spanish
  - Adding resources:
    - Helping families get their loved ones to foreign countries
    - Probation notification
    - Medication disposal
    - Replacing Narcan kits
- CQI
  - ANCHOR tracking for qualitative information
  - NOK Interviews
    - Qualitative
  - Future goals of surveying families after time has passed



Questions

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