

Additional Community Coalition Input -- Priorities

HOMER STAKEHOLDERS INPUT

1. Policy or Statute(?) Change (maybe) – do not allow meds to show up on drug test for someone apply for job, etc.
 - a. Issue: if someone is on probation and receiving methadone, buprenorphine, or naltrexone as part of their opioid treatment, will the medication show up on a drug test that could trigger a probation violation (which often gets one's probation revoked and more jail time) or possible obstacle to employment in jobs that require drug tests? Example: a person on probation and receiving the medication treatment is applying for a job and is denied the position because it shows up on a drug test.
 - b. Example: parent who's working to regain or maintain custody of their children – would the meds show up on their OCS drug test and prevent reunification?
 - c. Example: welfare recipient meeting goals for treatment by using meds, if meds show up on drug test would they be denied benefits?
2. Encourage more co-locating of treatment counselors and doctors providing the medical treatment (so in the same building).
 - a. Dave Branding – The Center – states Homer area is working on this, any support from state would be helpful
3. Increase number of detox beds statewide
 - a. Make more accessible overall and for high need populations. Example: many pregnant women who want to get clean are told the wait list for treatment is longer than 9months.
 - b. Consider using state operated facilities that are closing or not full all the time:
 - i. Juvenile detention facilities – those closing could be turned into detox units; or when not full, beds could be used for juveniles needing detox
 - ii. Any schools closing down?
4. Provide more medication assisted treatment (funding, treatment supplies, etc.)
5. Streamline regs for partnerships between behavioral health providers and medically assisted recovery prescribers
6. Increase awareness to doctors that Medicaid will reimburse for naltrexone treatment.
7. Support community based reduction of harm efforts with funding, savings through bulk purchasing of supplies or technical assistance for needle exchange programs and overdose prevention kits.

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THE MAT-SU OPIOID TASK FORCE COALITION'S TOP 5 PRIORITIES:

1. **DETOX**- detox procedures that are dignified to ensure the health and safety of the individual. This would include the constant monitoring of the individual, may that be a correctional officer/s, medical staff or peer to peer support.
2. Create a full range **CONTINUUM OF CARE**, (promotion, prevention, intervention, detox, treatment, after-care and recovery) which would include Drug Courts, Harm Reduction Strategies, (i.e. needle exchange) and building resilient assets for our youth. (i.e. healthy activities with access to mentors.)
3. **PEER TO PEER, COMMUNITY TO COMMUNITY SUPPORT**- with community members providing knowledge, (definitions) experiences, (personal testimonies) emotional, (Nar-anon) social, and/or practical help to each other including individuals, families and communities.
4. Provide a **SYSTEM OF SUPPORT** for case management to access the C.O.C., housing, job training, employment, transportation or other support services. This would include limiting any barriers to those needed services to ensure a seamless process moving through the system.
- 5a. To establish a **DRUG PRESCRIPTION MONITORING PROGRAM** and/or **EMERGENCY DEPARTMENT INFORMATION EXCHANGE** program with the Alaska Medical Board oversight regarding 'pill mills.'
- 5b. **ALCOHOL AND DRUG PRESENTATIONS** during the school day for all students (with age appropriate information and providing referrals to educational support groups) and **COMMUNITY EDUCATION & AWARENESS**. (care vs. judgement)