

Opioid and Stimulant Summit Synopsis

June 14 & 15, 2023

What are you doing in Prevention?	What would you like to see for Prevention?
	TOP PICKS
Mental health education in schools	Prevention programs in elementary schools
OD2A grant-Naloxone distribution/education	Curb youth issues
Youth tobacco education- when caught early	More school administration involvement
Media- targeted populations	Social-emotional education
Overdose awareness event(s)	Education for Medical Providers
Universal screening at provider offices	Education provided in hospitals to staff, patients, maternity
988	Monitoring/accountability for prescribing physicians
Education: Mental Health First Aid, Trauma Informed Care	Engage 1 st responders in prevention
Active prevention coalitions	Community to know what services or agency
Lock boxes	Prescription take back events
Prescription take back events	Addressing dangers of fentanyl
Bar education and providing materials	"one pill can kill", "fentanyl poisoning"
Trainings	More champions in rural areas
Curriculum in schools	Increase in support for Mental Health providers
One on one intervention, good choices for vaping	College level standardized prevention efforts
Smart Start Youth Retreat	Prevention in the workplace
Summer camp for high school youth	COSP Pre/postnatal education
Life Skills curriculum in schools	Stigma reduction and education
Deterra/ safe disposal options	SBIRT
Lending library for public entities	Build community capacity
	Increase prevention media
	More community involvement
	Be creative
	Prevention, treatment & recovery are integrated
	Medical provider education
	CHW/Peer support navigation and advocacy
	Upstream prevention with reducing access
	Providers (BH, Prevention Coalitions) know and practice evidence-
	based interventions and treatment

What are you doing in Treatment?	What would you like to see for Treatment?
	TOP PICKS
Distributing Naloxone	No waiting lists for treatment and evaluations
Outpatient substance use treatment	More Medicated Assisted Treatment (MAT) providers
Turned away	More IOP availability- fund it to sustain it
MAT	Intervention to fuel people to treatment
Mid-Plains Crisis Stabilization Unity (CSU) Grand Island	Mobile patient treatment, more to rural areas
The Bridge	Youth CSU
Complex needs group	Services offered in jail
Open access therapy	Motivational Interviewing (MI) training
Dismas charity	Trauma Informed Care (TIC) practices especially for EMDR, brain spotting, CPP
Life skills	Parent involvement
Wrap around services	Services available for rural areas without distance travel
Re-entry services	Mobile integrated healthcare
Jail services	Easy access without barriers
Counseling	Treatment facility- be creative with resources for clients
Recovery support	СРР
Strengths based after care	Pre/postnatal counseling
Referral for CD and co-occurring evals	Support providers education and training- interns, supervision
EMDR	Peer support early in treatment
	Bring into emergency rooms event before treatment has been suggested
	More supported housing – dual diagnosis
	Discharge planning from hospital for youth
	Youth IOP
	More options for youth and adults
	Youth services
	More involvement with schools (interaction with Diversion)
	Dual diagnosis availability
	Mobilize treatment- start in ER
	More non-opioid treatment

Funding to support
Detox rooms/centers
Treatment for existing problem, easy access- telehealth (Nebraska
Strong)
Wrap around services in Adams County
Better access to counselors and outpatient options
Available- nolo treatment detox for youth and adults
Clinical peer support
Integration into primary care

What are you doing in Recovery?	What would you like to see for Recovery?
	TOP PICKS
AA/NA meetings	Recovery supported housing
Family Peer Support	More recovery centers in rural areas
Community Support	More peer support – recovery cafes, Law enforcement, employers, students, EMS
Kids Power	WRAP in middle and elementary schools
Setting Alumni groups for drug court	Youth and family drug courts – teen and transitional aged youth services
Strengthening Families	Address social stigma (ex. Alcohol at events)
Supportive Employment	Recovery services that follow the person back to the community, post discharge support
Graduation celebration for treatment completions	Gain higher level service without feeling failing the lower service first
Peer Support Groups	Focus on juvenile appropriate services
Ala-non	More providers recruited
Community support services	Transportation to services
Recovery Awareness Events	More non 12-step support
Homeless shelters	Schools work with services instead of against
Coalition	Less stigma, more support groups – awareness
Conferences	Fund the infrastructure for post-vention
Oxford Houses	More funding for medications needed to maintain

Sober living village, oxford house, halfway house	Reduce stigma
Trusted voices events/presentation (lived experience)	Payment mechanism of expense reimbursement
Changing our collective language, words matter, stigma	
Wrap around programs	
Funding for sober living/recover houses	
Church R3 Celebrate Recovery	
Consumer council, peer network	
Monthly follow up 1 st year after patient/facility	
After care programs	



Considerations for Next Steps



Create your team: Identify and engage diverse stakeholders, gather available data, and strategize



Conduct county mapping of available resources and services (strengths and gaps)



Conduct needs assessment with diverse representatives from community partner organizations



Make informed and transparent decisions about where to effectively use your funds. Build on existing strengths and support local community-based organizations