

Alaska's Opioid Response 2020-2021

REPORT TO LEGISLATURE

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Purpose

This report highlights the work and the results of Alaska's opioid response from October 1, 2020 through September 30, 2021. It also meets the requirements of AS 17.20.085(d) to provide an annual report to the Legislature on opioid-related work and opioid funding.

Introduction and Background

As industries and loved ones battle COVID-19, the opioid epidemic affects the nation's communities as well. The United States and Alaska saw the largest recorded number of deaths lost from overdose in 2020, a continued increase from 2019. According to the Centers for Disease Control and Prevention (CDC), in the US, drug overdoses resulted in over 93,000 deaths in 2020, with sixty percent of these deaths involving synthetic opioid including fentanyl, a drug 100 times more potent than morphine. In 2020, Alaska lost 146 people to overdose, with over half of the deaths involving fentanyl. Known as the third wave of the opioid epidemic, fentanyl is driving the increase in number of deaths as it increasingly is laced in not just opioids but also stimulants. Noteworthy is the opioid misuse and addiction interventions that occurred over the past few years may be making a difference as the number of opioid-pain reliever (OPR) or heroin-related deaths decreased in the proportion of opioid overdose deaths involving either of these. In fact, 2020 brought about the lowest proportion of opioid deaths involving OPRs or heroin - OPRs were involved in 43% of all opioids overdose deaths and heroin was involved in 30% of opioid overdose deaths. Methamphetamine and benzodiazepines continue to be involved in many opioid overdose deaths (36% and 17%, respectively). The risk of serious medical complications affecting the cardiovascular and respiratory systems increases when two or more substances are taken in combination.

In addition to the significant loss in life, the costs of the opioid epidemic cannot be underestimated. In 2019, the White House Council of Economic Advisers reported the 2018 costs of the opioid crisis at \$696 billion, or 3.4 percent of the GDP.³ In Alaska, treating conditions and diseases associated with Opioid Use Disorder cost \$12 million in hospital-related medical costs in 2018; while the Alaska Department of Public Safety reported \$5.1 million in departmental costs across 746 opioid-related incidents.⁴

Alaska state agencies, along with local, state, and federal entities are working hard to address this ongoing epidemic in the midst of the COVID-19 pandemic. With the approximate \$17 million State of Alaska (SOA) Departments received in fiscal year 2021 from federal awards, a significant portion of the Statewide Opioid Action Plan 2018-2022 was accomplished. People living with opioid use disorder are some of the most vulnerable populations for morbidity and mortality of COVID-19. Moreover, in a time of social isolation, economic woes, and difficult moral, there may be greater risk of initiation of opioid misuse and addiction in addition to higher risk consumption patterns. Therefore, particularly during the COVID-19 pandemic, it is important to understand capacity, funding, and interventions occurring across the opioid-related spectrum of care. The following report outlines the many successes by Statewide Opioid Action Plan Goal within State of Alaska departments.

Alaska Opioid Response Infrastructure

In July 2017, The Department of Health and Social Services (DHSS) established the Office of Substance Misuse and Addiction Prevention (OSMAP) within Division of Public Health. Based on recommendations from the Alaska Opioid Policy Task Force (AOPTF), OSMAP coordinated the development of the [Statewide Opioid Action Plan](#). The five-year plan was developed with broad input from multiple agencies and community partners. This plan provides a template for communities and all Alaskans to follow moving forward.

Statewide Opioid Action Plan

Vision

Alaskans who live healthier lives reside in communities more resilient to substance misuse and other related issues.

Mission

Save lives now and work to prevent future opioid and substance misuse.

Opioid Response: Goals, Objectives, Strategies, and Actions

Alaskans have unique perspectives, cultures, experiences, and expertise related to the opioid crisis: statewide community outreach produced six overarching goals:

- GOAL 1:** Alaskans unite to reduce stigma and change social norms surrounding substance misuse and addiction
- GOAL 2:** Alaskans communicate, coordinate, and cooperate on substance misuse efforts
- GOAL 3:** Alaskans reduce the risks of substance misuse and addiction
- GOAL 4:** Alaskans experience fewer problems associated with drug use
- GOAL 5:** Alaskans have timely access to the screening, referral and treatment services
- GOAL 6:** Alaskans build communities of recovery across Alaska

Alaska Departments and Agencies Involved in Alaska's Opioid Response

ACS	Alaska Court System	DOL	Department of Law
DOA	Department of Administration	DMVA	Department of Military and Veteran Affairs
DCCED	Department of Commerce, Community, and Economic Development	DOR	Department of Revenue
DOC	Department of Corrections	DOTPF	Department of Transportation and Public Facilities
DEED	Department of Education and Early Development	DPS	Department of Public Safety
DEC	Department of Environmental Conservation	GOA	Office of the Governor
DFG	Department of Fish and Game	SOA	State of Alaska (all agencies)
DHSS	Department of Health and Social Services	UAA	University of Alaska Anchorage
DOLWD	Department of Labor and Workforce Development		

Updating and Distributing the Plan

The Alaska Statewide Opioid Action Plan, available at www.opioids.alaska.gov, will be reviewed annually, revised as needed, and distributed to state agencies. This plan is effective through FY22

GOAL 1: Alaskans unite to reduce stigma and change social norms surrounding substance misuse and addiction

Research shows a significant number of people who have a substance use disorder additionally have a history of trauma. Strides are continually made in strengthening and supporting Alaskans to heal from trauma. The Department of Education and Early Development (DEED), Alaska Mental Health Trust (The Trust), Alaska Mental Health Board/Advisory Group on Alcohol and Drug Abuse (AMHB/ABADA), and Department of Health and Social Services (DHSS) collaborated to develop a landscape analysis of current mental health supports and related efforts within school districts. Phase one of the “Mental Health in Alaska Schools- A Landscape Assessment”¹ is complete. Out of all of the school districts invited, 31 school districts participated representing 91% of all Alaskan students enrolled in pre-kindergarten through 12th grade.



The Department of Workforce and Labor Development (DOLWD) Division of Employment and Training Services (DETS) partnered with Alaska State Hospital and Nursing Home Association (ASHNHA), and trained 332 emergency room nurses on “Trauma-informed De-Escalation”, “Managing the Burn-out cycle”, and “Medication for Addiction Treatment”; while DHSS Division of Public Health (DPH) Office of Substance Misuse and Addiction Prevention (OSMAP) funding to the Alaska Training Cooperative resulted in over 100 nurses being trained on Compassion Fatigue. Through this OSMAP funding, Alaska Training Cooperative additionally trained approximately 600 first responders on motivational interviewing, Mental Health First Aid, suicide prevention, secondary trauma and staff burnout, and trauma-informed care. DOLWD DETS also trained public safety members in trauma responsive communities. The Kodiak Chief of Police had this to say about the training:

Police officers, corrections officers, and public safety dispatchers all benefited from attending this training alongside healthcare professionals and other community members. One of the specific goals of this training was to engage decision makers and organizational leaders so real change could be instituted at the policy level. We are excited to see where the new energy gleaned from these training events will take the community.

Increasing understanding and awareness of substance misuse across the state is part of the first steps in addressing substance misuse. To do so, AMHB/ABADA/Statewide Suicide Prevention Council (SSPC) publishes a monthly resource bulletin highlighting key trainings and resources for substance misuse and related items affecting individuals including the topics of mental health, suicide, justice-involved and neurobehavioral.² In 2017/2018, DEED and DHSS partnered to develop and implement the courses “Opioids and the Overdose Epidemic 101” and “Narcan Administration for an Opioid Overdose”, an interactive educational program for teachers, school system staff and families designed to increase understanding of the opioid epidemic and outline prevention strategies to address it. Throughout 2020/2021, these courses were still utilized by at least 53 of the intended audience.

Division of Employment and Training Services (DETS) also sponsored the Addictions Academy to provide online interactive First Responder Addiction Education training to 20 Alaska first responder organizations. The academy allowed first responder organizations to invite other community stakeholders to increase community knowledge and insight to combat the opioid crisis, protect first responders, and give them the understanding they need to be part of the solution. The Addiction Academy Addictions Coach had this to say of the training:

¹ “Mental Health Supports in Alaska Schools: A Landscape Assessment” can be accessed here: (<https://alaskamenthalhealthtrust.org/wp-content/uploads/2021/08/Mental-Health-in-Alaska-Schools-Landscape-Assessment-FINAL-2021.08.05.pdf>)

² Email alaskadhss@public.govdelivery.com to register for the AMHB/ABADA/SSPC E-newsletter.

We had several Alaska firefighters in Anchorage, and the Anchorage Police Department requested additional dates to accommodate swing shifts and train as many staff as they could. This valuable information was able to be given to those that handle the frontlines in Alaska and deal with daily mental health and addiction issues within their communities, organizations, and tribal entities. From “plane pirates” that bootleg in alcohol, to providing more services to the homeless population, to offering assistance in the emergency rooms, and offering suicide prevention techniques, it was an honor to be a resource for the great people of Alaska.

Increasing community capacity to address opioids and substance misuse is equally important. With 13 opioid-related task forces across the state, it is very important to keep them informed to spread this information across their communities. Therefore the “Change Partners” Planning Committee began. This Change Partners Planning Committee is a partnership between Mountain Pacific Quality Health Care, OSMAP, and includes representatives from Alaska Wellness Coalition, Division of Behavioral Health (DBH), AMHB/ABADA, Alaska National Guard Counterdrug Support Program, and Alaska Native Tribal Health Consortium (ANTHC). The committee coordinates efforts in task forces/coalitions in presenting/sharing their work, and to network with other task forces/coalitions.

Division of Employment and Training Services (DETS) supported transition camps for youth affected by the opioid crisis. According to SERRC, “Transition Camps,” as the name suggests, provide support for students who are beginning the process of transitioning from school to community life. These three-to five-day camps connect youth to resources that will help them get a job, continue with postsecondary education or vocational training, or simply learn more life skills, such as financial literacy.” Over the past two years, 239 youth have received this helpful resource.

Alaska's Plans of Safe Care (POSC) initiative is a multidisciplinary, intra-department effort including DPH, DBH, and the DPH Office of Children's Services (OCS) to pursue a comprehensive approach to serving substance affected infants and their families. The project aims to reduce stigma and provide treatment support for women using substances during pregnancy. A primary goal of this initiative is to keep substance exposed babies and their families out of the foster care system. Bartlett Regional Hospital has partnered with OCS, and other community providers to pilot POSC, which is now called Hello BABY. Since its initiation in April 2021, referrals were received. The program has created 28 plans of safe care. Successes in program services are evident by the volume of community connections made for enrolled clients. Families have been successfully connected to early infant learning programs, Women Infants and Children (WIC) program, Supplemental Nutrition Assistance Programs (SNAP), local food banks, medical insurance assistance, safe transportation and car seat services, obstetric and pediatric providers, parenting programs, temporary assistance benefits, permanent and emergency housing resources, domestic violence resources, counselors and psychiatric providers, mental health and recovery peers, and even provided safe sleep baby beds.

GOAL 2: Alaskans communicate, coordinate, and cooperate on substance misuse efforts

To eliminate silos and work across Alaska's systems and programs to address opioids, a Statewide Opioid Action Plan Steering Committee made up of representatives from The Trust, DHSS, and ABADA was formed. The Steering Committee coordinated Statewide Opioid Action Plan Review Summit. The Summit occurred over three afternoons from October 27th until October 29th, 2020. Invitees to the event included 124 representatives across approximately 90 organizations. The participants review each Statewide Opioid Action Plan goal and came up with new actions to integrate into the plan.

Since October 2020, several events occurred to increase coordination and understanding of Alaskan best practices with federal partners. DHSS partnered with Association of State and Territorial Health Officials (ASTHO) to bring together and facilitate a two workshop on actions to take when a pain clinic closes. The workshop integrated professionals across emergency response, primary care, and behavioral health settings at a local and state level to develop a compendium of best practices.

Department of Corrections (DOC) reached out to several other state DOC systems to include Washington, Oregon, North Dakota, Rhode Island, Montana, Connecticut, Vermont, and New York as well as others in a collaborative effort to share

ideas on best practices, what works and what doesn't work, how to gain administration buy-in, and other essential program pieces to aid in improving and expanding programming for individuals with an opiate use disorder.

DHSS representation was heavily involved in the virtual 2021 Region 10 Opioid Summit. Held in August, DBH and DPH joined the Region 10 states, which includes Alaska, Idaho, Oregon, and Washington, in the planning and implementation of this Summit. There were 630 total participants and 56 attendees from Alaska. The summit presented sessions on topics relevant and specific to Alaskan communities including Alaska's Response to Families with Newborns and Affected by Opioids; Addressing Historical Trauma in Tribal Communities; and Impacts of Opioid Use Disorder on Missing and Murdered Indigenous Women/People. Additionally, with the guidance of a DHSS DPH OSMAP contractor, and assistance by ABADA, the Region 10 Opioid Summit coordinators were supported in developing community-café style Opioid Leadership Collaborative meeting and networking sessions. Therefore, the five states of Region 10 enhanced their capacity through the support of AK DHSS.

Additionally, OSMAP worked with a contractor to develop an overall teaching, training, and consulting package for state and local jurisdictions to hold community cafes on substance misuse and addiction prevention in their localities. As a result, entities such as Riverside County, California are now using this community café initiative that OSMAP began in 2017 to hold events in their communities to hear the voices of their people as they develop their strategic plans.

AMHB/ABADA serves on the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavioral Survey (YRBS), Healthy Alaskans 2030 and the Alaska Mental Health Trust Authority Comprehensive Integrated Mental Health Plan workgroups to advocate for key data points regarding opioids and other substance misuse concerns. Staff also serve on the Statewide Epidemiology Work Group.

GOAL 3: Alaskans reduce the risks of substance misuse and addiction

AMHB/ABADA in conjunction with a few partners will support substance misuse prevention and harm reduction for Alaska elders and seniors. They will begin the distribution of safe medication disposal bags within the areas that elders and seniors reside.

Department of Health and Social Services (DHSS) DPH OSMAP partnered with UAA/ISU College of Pharmacy to oversee the development, implementation, and evaluation of an academic detailing program. The program is designed to increase prescriber knowledge of Center for Disease Control and Prevention (CDC) and Alaska guidelines pertaining to opioid prescribing, non-opioid medications, and alternative therapies. UAA/ISU College of Pharmacy will guide training material development, outreach pain management. The project team plans to tailor available evidence-based training materials and provide a more targeted adult-learning focused training curriculum and a tailored resource support system for all prescribers in Alaska managing pain; provide academic detailing and train-the-trainer training to pharmacists; and provide safe opioid use training to providers within assigned regions (and statewide to ensure rural access). Trainings will be provided in-person or via a telehealth modality. Pharmacy students will provide assistance to ensure the needs of rural communities are met.

DHSS Division of Behavioral Health (DBH) is partnering with the Boston University School of Medicine to present Safer / Competent Opioid Prescribing Education (SCOPE) of Pain training scheduled for October 2021. This training is designed to help safely and effectively manage patients with acute and/or chronic pain, and when appropriate, with opioid analgesics.

The Alaska State Troopers (AST) Statewide Drug Enforcement Units across the state continue their efforts to identify and dismantle drug trafficking organizations distributing opioids within Alaska. The Department of Public Safety (DPS) continues partnerships with local and federal partners for effective drug enforcement, to include operating the Alaska High Intensity Drug Trafficking Area (HIDTA).

The Department of Commerce, Community, and Economic Development (DCCED) facilitates the Prescription Drug Monitoring Program (PDMP), a system for monitoring Schedule II-IV controlled substances dispensed throughout the state. Healthcare providers are required to report opioid prescriptions into the PDMP database. Providers can also search the database to obtain a patient's prescription history, which can be used to create a real-time, comprehensive snapshot of a patient's risk of misusing or abusing opioids, including an overdose risk score called NarxCare. The PDMP purchased an advanced analytics and a compliance module that allows for an analysis of concerning prescribing or dispensing and allows prescribers to view their compliance reviewing a patient's prescription prior to prescribing federally scheduled II or III substances. The system also issues clinical alerts that allow for real time notifications if a patient has met set thresholds for daily morphine milligram equivalents (MME), dangerous combination of medication, or has exceed a number of providers and pharmacies over a three month period. A full-time investigator dedicated to reviewing PDMP violations was hired and the staff is working on a plan to meet with providers around the state to provide education on the PDMP.

GOAL 4: Alaskans experience fewer problems associated with drug use

DHSS DPH OSMAP Project HOPE (Harm reduction, Opioid Prevention, and Education) continues to work with community organizations to distribute Narcan®, which is naloxone, a life-saving opioid overdose reversal drug, in Alaska. Preventing overdose death saves the state funding in lost lifetime earnings. Between 2015 and 2018, the US opioid crisis economic burden was \$631 billion, and 40 percent of this cost was driven by lost lifetime earnings.³ In Alaska, in 2017, 73 deaths attributed to opioid use disorder (OUD) overdoses cost the state \$104.2 million in estimated future earnings.⁴ Since inception, 127 community partners have purchased materials for 64,250 Narcan kits. With the help of our partners Project HOPE has been able to assemble and distribute more than 50,000 Kits. Project HOPE continues to evaluate and rethink the way we support communities across the state in their efforts to reduce opioid-related harms by expanding the resources we can make available to our partners and the communities. These creative and collaborative efforts include the distribution of fentanyl test strips which have been shown to have a positive effect on the behavior of those who use them and get a positive result; and public access Opioid Emergency Kit wall mount boxes in locations such as Valley Public Health Center and Bristol Bay Health Corporation, intended for an AED like deployment. Project HOPE was also able to acquire fentanyl test strips for distribution independently of the Narcan Kits and has to-date distributed more than 5,000 Fentanyl test strips, and nearly 100 clinics and other partner sites across the state have deployed the wall mount boxes. Fentanyl is an opioid 100 times more powerful than morphine; therefore, it is important to prevent overdose by giving people access to tools to test their substances. Project HOPE has also partnered with other OSMAP Programs, such as the Marijuana Control and Fetal Alcohol Spectrum Disorder (FASD) programs, to make educational and awareness materials available to all our distributing partners.

DHSS Overdose Spike workgroup created an overdose plan which will allow stakeholders to meet and develop a plan to address overdose surges. The goal is to utilize the guide "Responding to an Overdose Spike: A Guide for State Health Departments," to bring together stakeholders across Alaska; to develop an actionable integrated federal, state, and local plan to address overdose surges; and to implement the plan once in place. Community messaging was created to develop a slogan and provide information to the community on how to access Narcan (an opioid overdose reversal medication).

Emergency responder teams continue to understand the importance of harm reduction. Alaska State Troopers continue to train on the use of Narcan, and the use of it by the Troopers continues in the field. The Department of Corrections (DOC) has expanded their Narcan program to include "how to use" videos and instructions on how to administer during facility orientation. Currently, their substance use disorder (SUD) treatment locations in Kenai, Wasilla, Eagle River and

³ Davenport, S., Weaver, A., & Caverly, M. (2019). "Economic impact of non-medical opioid use in the United States.: Annual estimates and projections for 2015 through 2019." *Society of Actuaries*. <https://www.soa.org/globalassets/assets/files/resources/research-report/2019/econ-impact-non-medical-opioid-use.pdf>

⁴ McDowell Group. (2020). "The economic costs of drug misuse in Alaska: 2019 update."

Anchorage are educating both treatment participants and individuals being booked into their system on the use of Narcan. DOC plans to expand this to facilities statewide. DOC is able to provide a Narcan kit for everyone who enters a DOC SUD treatment programs as well as anyone who self-identifies as an opiate user within Anchorage Correctional Center and Hiland Mountain Correctional Facility upon release.

In 2020, OSMAP implemented the Drug Overdose Death Review (DODR) Program to assess overdose deaths to strengthen or improve evidence-based interventions to reduce risk factors for overdose, address service gaps, and provide recommendations and inform strategies to prevent future drug overdose deaths. With funds from the Department of Justice, Bureau of Justice Assistance, and in partnership with the Alaska National Guard Counterdrug Support Program, OSMAP recruited over a dozen overdose fatality review members from diverse backgrounds to conduct reviews which include examining coroner reports and hospital data about people who have died by overdose. The first comprehensive annual report is expected to be completed by October 2021. The report will highlight some of the specific opportunities for intervention identified by the subcommittee. Though various life-saving measures were made by bystanders (e.g., administering CPR, alerting emergency medical responders, etc), naloxone was not administered by bystanders in any of the reviewed cases. And many of the decedents were precariously housed, some were released from a correctional facility in the 24 hours prior to overdose, while others had consumed substances immediately prior to death while alone in a restroom. To date, the DODR team has also identified over 100 potential solutions to problems identified during the reviews. Examples of these recommendations include: making naloxone more available to first responders and the public, strengthening supportive services for homeless people who have additional medical conditions or struggle with addiction, and integrating workplace policies and supports for substance use prevention, treatment, and recovery.

GOAL 5: Alaskans have timely access to the screening, referral and treatment services

Screening is often an important first step for substance using pregnant women, and mothers with infants and toddlers to achieving sobriety and safe parenting. The Substance-Exposed Newborns Initiative (SENI) supports evidence-based screening for all substances among pregnant women cared for in hospitals and clinics in Anchorage, Bethel, Fairbanks, Homer, Juneau and the Mat-Su. Southern Peninsula Hospital in Homer joined SENI in February 2021. The goal of screening 25% of all Alaskan births has not been met; however, the average screening rate of SENI facilities far exceeds 25%. The Facilitating Attuned Interactions (FAN) model begun implementation by first conducting train-the-trainer sessions. Under Erickson Institute staff supervision, they will train and mentor two cohorts for six months according to the FAN model (total of 40 staff trained). The goal is to have the SENI nurse consultant support roll-out efforts. In partnership with the SENI, the Alaska Perinatal Quality Collaborative and DHSS Office of Children's Services (OCS), developed and approved the Identification of Affected and At-Risk Newborns Plans of Safe Care algorithm and guidance for screening and follow-up care for infants having prenatal exposure to harmful substances. The SENI tool was revised to fully align with the Plans of Safe Care algorithm. Eat, Sleep, Console, a treatment modality for infant opioid withdrawal, has been conducted among SENI hospitals as of March 2021. As of June 2021, Medicaid is covering the SENI perinatal SBIRT as a billable service.

DHSS Division of Behavioral Health (DBH), through contractor JBS International, provides training and implementation support around the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use disorders. Prior to COVID-19, the primary objective was to offer these services in emergency departments around Alaska. However, during the pandemic the division has partnered with medical/integrated clinics who have availability for intensive support.

Department of Corrections (DOC) is providing substance use disorder (SUD) staff with tools to better identify opiate users that allows for quicker intervention. This includes data collection from the moment the client enters their facility, to following and assisting the client throughout their entire DOC stay to not only ensure they receive these services while incarcerated but are also connect back with community partners prior to release to minimize disruption in services. Opiate use is identified through screening as individuals are booked into their system and a Substance Abuse

counselor engages with these individuals to proactively determine how to assist with their individual needs and offer Narcan kits. DOC implemented SUD screenings within Community Residential Centers (CRC's) to identify opiate users. The allowed the department to provide Narcan kits as well as SUD self-guided treatment materials to aid with successful reentry for those that struggle with opioid use disorder (OUD).

Connecting individuals to treatment following a screening is one of the first steps of preventing overdose. One way to do this is through peer-support services. Peer support services offer an evidence-based approach to support people not only access treatment but to maintain recovery. DBH worked to get peer support specialist expansion through training and peer support specialist certification efforts. The funding will allow 75 individuals per year to receive training as peer support specialists.

Technology is integral in supporting this linkage to treatment as well. OpenBeds, Inc., a cloud-based platform, has been selected by Division of Public Health (DPH) – Office of Substance Misuse and Addiction Prevention (OSMAP) to meet Alaska's needs. This platform aggregates behavioral health, and specifically SUD, treatment options. OpenBeds, Inc. includes real time availability of inpatient beds, assessment appointments, outpatient services, including medication assisted treatment options, and social resources (including peer support) to create a single common network. Additionally, since its launch in October 2019, 56 treatment providers enrolled into the system with many more referring agencies; thereby, creating a strong network across Alaska's urban and rural communities to connect people to treatment. As emergency response behavioral health integration models are implemented in Alaska, OpenBeds will continue to provide a necessary platform for people at risk of overdose to connect to treatment.

OSMAP and DHSS DPH Office of EMS coordinated the Restore Hope in Linkage to Care Collaboration Program Steering Committee made up of representatives from DHSS DBH, ABADA/AMHB, and The Trust to implement the Restore Hope in Linkage to Care Collaboration Program. This program aims to support the integration of emergency responders and behavioral health providers in enhancing the connection of people at risk of overdose to treatment and resources. The Restore Hope in Linkage to Care Collaboration Steering Committee (Steering Committee) awarded two agencies the Restore Hope in Linkage to Care Collaboration grants including Anchorage Fire Department (AFD) and City of Fairbanks. AFD in partnership with Providence Breakthrough already report linking at least five people to treatment since July 2021.

Alaskan agencies continue to scale up the receiving end of referrals for treatment while the State of Alaska provides the technical assistance to provide referrals. DBH in conjunction with a variety of partners established the "MAT <Medication Assisted Treatment> Guide: A Tool for Implementing Opioid Treatment Services in Alaskan Communities". This edition includes a section on treating alcohol use disorders. The original guide was released in November 2019.

Recognizing how restrictive access to opioid treatment programs (OTPs) can be for incarcerated individuals, DOC in partnership with the State Opioid Treatment Authority (SOTA) and community opioid treatment programs (OTPs), has enhanced and improved the process for individuals to gain access to their OUD treatment medications such as Methadone and Vivitrol. The SOTA worked with OTPs and DOC to establish a protocol for bridging services provided to patients incarcerated for up to 30 days. Additionally, this includes allowing for DOC clients to receive medications in a private, secure location when being transported to the OTP, having the option to curbside dose for clients with physical limitations, and be a priority to be dosed first when transporting during peak clinic times. As a result, DOC was able to provide 154 unique individuals struggling with OUD's access to 2,338 visits to aid in bridging Methadone along with the continuation of the previously established Vivitrol program which was able to provide 13 initial doses prior to release. In addition to Methadone bridging and Vivitrol, the department piloted Buprenorphine bridging in Fairbanks Correctional Center with plans to expand to other facilities of the upcoming fiscal year.

Additionally, DOC consulted with United States Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) aid in developing policies and protocols related to providing medication-assisted treatment (MAT) options to their opiate users. This relationship has provided connections to other correctional

organizations struggling with similar issues and has resulted in longstanding relationships being developed. DOC participated in the National Governors Association Center for Best Practices in an effort to gain insights into and develop actions plans with the help of other state corrections systems and partner state agencies. Through this collaboration, the department has been able to identify and plan for ways to increase MAT delivery to our facilities, develop staff training and awareness models to help educate all members of the DOC team to ensure everyone gains better understanding of how to best help these needs. Over the last year the Department has reached out to and partnered with multiple state agencies and collaborated on ways to improve delivery and administration for MAT services.

Department of Public Safety (DPS) continues to work closely with treatment providers to ensure the troopers are educated on the treatment options in their areas to and shared with people in need of services or who are struggling with abuse.

DHSS, the Trust, AMHB/ABADA partnered with the Office of the Governor to introduce legislation that would allow peace offices and behavioral health professionals to hold Alaskans in crisis at crisis stabilization and residential centers. This work is crucial to expanding community-based crisis services for Alaskans with substance misuse and mental health concerns.

Enhancing the capacity across the state to provide SUD treatment is key to increasing access to care. Therefore, DBH made strides with supporting and holding conferences and trainings. They supported the Association of Addiction Professionals, National Association for Alcoholism and Drug Abuse Counselors (NAADAC) 2021 Annual Conference that will be held virtually October 28-30, 2021. DBH in partnership with Alaska Native Tribal Health Consortium (ANTHC) and OSMAP hosted a three-day virtual MAT Conference for providers. The conference included presentations on addressing stigma across the continuum of care; stimulant use disorders; MAT in Rural Alaska; Integration of MAT; and peer support. The conference was attended by over 300 providers. DBH is also supporting evidence-based practices like the American Society of Addiction Medicine (ASAM) and the Matrix Model. Access to the Matrix Model Learning Community and Support was provided on demand for SUD treatment providers. DBH partnered with a contractor to create a learning community platform that allows providers to receive bi-monthly consultation on delivering the Matrix Model to fidelity in their treatment programs. The two-day Matrix Model Training was provided to 30 individuals and included a one-day Key Supervisor Training for 15 individuals. DBH purchased 30 subscriptions to Hazelden's Living in Balance, offering 30 members from 21 agencies access to the complete curriculum that includes components on treatment, recovery, and co-occurring disorders.

DHSS requires that all providers of behavioral health and SUD services meet specified criteria, including ASAM requirements, prior to participating in the 1115 Behavioral Health Medicaid Waiver demonstration. To support this effort, the state sponsored 240 providers with enrollment in online ASAM courses. Two ASAM Skill Building trainings were held in 2021. These two-day, application-focused trainings provided participants with an in-depth look at the theoretical foundations of the ASAM Criteria, including clinically driven services; biopsychosocial assessment; the six dimensions; continued stay; and transfer/discharge criteria. Participants practiced implementing new ASAM Criteria at every stage of the treatment process: assessment, engagement, treatment planning, continuing care and transfer or discharge. The first ASAM training occurred in May 2021, and a total of 24 unique agencies were represented between both ASAM trainings.

The Co-Occurring Behavioral Health, Opioid and Stimulant Use Disorders Project ECHO started in November 2020 and continues to hold two sessions per month. Project Extension for Community Healthcare Outcomes (ECHO) clinics were established for Alaska behavioral health providers treating individuals with opioid use and stimulant use disorders. ECHO clinics include short, didactic presentations on best practices and case presentations by community clinicians for discussion and recommendations. These clinics follow the model developed by The University of New Mexico School of Medicine. Four specific ECHOs covering opioid and stimulant treatment are planned. This project is estimated to serve 120 providers each year.

GOAL 6: Alaskans build communities of recovery across Alaska

AMHB/ABADA coordinates the Alaska Reentry & Justice Partnership, a statewide grassroots group, advocating for justice-involved Alaskans. Partners include individuals with lived experience of incarceration (peers), family members, community service providers, local and state agencies. Along with multiple partners, AMHB/ABADA are participating in a statewide effort to establish an online Alaska-based: "Reentry Resource Hub" for access to community reentry and support services for reentry case managers, probation officers, peers, family members, and people leaving incarceration. AMHB/ABADA are working to expand access to housing and housing supports for individuals leaving incarceration. Boards' staff monitor and participate in a statewide effort addressing supports and services for justice-involved Alaskans with behavioral health and other neurodisorders. The effort is a collaboration between statewide reentry coalitions, DOC, DOLWD, local Job Centers, DHSS, and the Alaska Court System.

DOLWD DETS fostered the job center career support and training services for 259 opioid-affected individuals. Training goals included high-demand industries such as nursing, chiropractic assistant, mechanic, and carpentry. Several success stories were recorded from this support. For instance, for one woman, after successfully completing her Chiropractic Assistant Registered Apprenticeship, the customer went on to complete the requirements by the Chiropractic Therapy Assistant Program for certification in Alaska as a Chiropractic Clinical Assistant on April 4, 2021. She received funding for her Related Technical Instruction and exam fee. Another success story is of a man married with four children. He was working as a Certified Nursing Assistant. He completed Registered Nurse training at Kenai Peninsula College through the University of Alaska-Anchorage. Job center staff assisted through the National Health Emergency Grant to help purchase books for his training. In at least 10 instances, DETS supported situations requiring supportive services that included meals, housing, transportation, daycare, healthcare, state issued identification cards, and licensing.

Federal Funding

Funding was provided through at least seven different federal agencies and received by at least six different SOA Departments. Since federal fiscal year 2014, State of Alaska has received at least \$86 million in federal grant funds to address the opioid response. This does not include funding directed towards tribal entities or other agencies outside of State of Alaska as an entity.

Table 1. Federal agency funding to Alaska address the opioid response

Federal Entity	Approximate awarded for funding to be on opioid related activities- Total funding 2014-2021
Administration on Children, Youth and Families	\$343,433
Bureau of Justice Assistance	\$1,528,292
Centers for Disease Control and Prevention	\$16,422,399
Department of Justice	\$2,500,661
Office of National Drug Control Policy	\$7,541,250
Substance Abuse and Mental Health Services	\$56,588,111
US Department of Labor	\$1,263,194
Grand Total	\$86,187,340

Table 2. State of Alaska Departments federal funding to address the opioid response

SOA Department	10/1/2018-9/30/2019	10/1/2019-9/30/2020	10/1/2020-9/30/2021	10/1/2021-9/30/2022	Approximate awarded for 2014-2022
DEED	\$1,821,143	\$0.00	\$1,800,000	\$1,800,000	\$18,100,000
DHSS	\$19,737,810	\$15,902,169	\$12,384,297	\$13,226,751	\$73,434,701
DOA	\$200,220	\$200,220	\$200,220	\$200,220	\$600,661
DOC	\$1,000,000	\$135,770	\$141,718	\$141,718	\$1,279,676
DOLWD	\$421,064	\$421,064	\$421,064	\$421,064	\$1,263,194
DPS	\$2,500,000	\$3,770,625	\$1,270,625	\$1,270,625	\$8,441,250
Total	\$25,680,238	\$20,429,849	\$14,417,925	\$17,060,379	\$86,187,340

Recently passed federal legislation may support sustainably funding and intervention for opioid prevention, treatment, and recovery response in the coming year. This includes H.R. 6, the SUPPORT for Patients and Communities Act of 2018, a bill that fosters improved workforce training, access to evidence-based treatment, and enhanced linkage to care. This legislation is in addition to the 21st Century Care Act and CARA. A considerable portion of federal grant funding is allocated by way of grants and contracts to community-based agencies to address aspects of prevention, treatment and recovery. Additional legislation included allowing providers to forgo training requirement for treating up to 30 patients with buprenorphine; and the allowance of federal grant funding for fentanyl test strips. While there may have been silver linings to the COVID-19 pandemic response such as increasing access through telehealth, the funding, capacity, and influence it takes may threaten the awareness and financial support for the opioid epidemic.

Table 3. Funding amount and focus of grants received by State of Alaska departments

Receiving DEPT	Funder	Grant	Total Amount	FFY	Focus
DPS	ONDCP	High Intensity Drug Trafficking Areas	\$2,541,250.00	FY 20-FY22	Enhance and coordinate drug-control efforts among local, state, and Federal law enforcement agencies to eliminate or reduce drug trafficking and its harmful consequences in Alaska
DOLWD	US Department of Labor	Opioid Crisis Intervention and Community Involvement Project”	\$1,263,194	FY19-FY21	-Assist with career, training, and supportive services to new workforce entrants, with emphasis on at-risk youth and citizens returning from juvenile justice and corrections -Training to upskill for occupations addressing the opioid crisis
DEED	SAMHSA	Project AWARE	\$9,000,000	FY 21-FY26	-Increase access to and use of school- and community-based mental health

Receiving DEPT	Funder	Grant	Total Amount	FFY	Focus
					services to meet the needs of more students -Increase the use of EBPs and other tools to improve student mental health outcomes -Build system infrastructure and capacity through interagency collaboration to increase sustainability of mental health services for students
DHSS	CDC	Overdose Data to Action	\$10,899,822	FY20-FY22	-Supports surveillance and prevention initiatives
DHSS	BJA	AK Public Safety and Public Health Drug Overdoses Committee	\$993,154	FY19-FY21	Support public safety, behavioral health, and public health information-sharing partnerships.
DHSS	SAMHSA	Prescription Drug/Opioid Overdose-Related Deaths Prevention Initiative (PDO): Project HOPE	\$4,200,000	FY22-FY26	<ul style="list-style-type: none"> • Project HOPE—Harm-reduction, Overdose Prevention, Education <ul style="list-style-type: none"> o Train and certify Alaskans to administer naloxone o Establish naloxone distribution program o Buy and distribute naloxone to first responders, Alaskans
DHSS	SAMHSA	State Opioid Response Grant	\$8,000,000	FY21-FY23	-Increases access to medication-assisted treatment and other treatment modes. -Supports prevention activities
DHSS	SAMHSA	Substance Abuse Prevention and Treatment Block Grant	\$5,519,877	FY22-FY24	-Supports overall prevention, treatment, and recovery initiatives

In summary:

Controlling the opioid epidemic requires an interdisciplinary, comprehensive, and cohesive approach employed over a long period of time. The State of Alaska will continue to strengthen partnerships with federal, state, local and Tribal governments, the private and nonprofit sectors, faith-based organizations, communities, families, and individuals to address the conditions that lead to substance misuse. The time is more important than ever as those who live with opioid use disorder may be at heightened risk of COVID-19 related physical, economic, behavioral, and social detriments. Given the costs and quality of life issues, it is important that strong attention still be given to opioid misuse and addiction prevention, treatment, and recovery. This will support not only our state entities but communities that receive and benefit from this funding. Where possible, programs will be locally driven, holistic, multidisciplinary, trauma-informed, family-inclusive, and peer-supported.