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REPORT TO THE ALASKA LEGISLATURE
ALASKA'S OPIOID RESPONSE
2022-2023



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PURPOSE

This report highlights select work from Alaska’s opioid response, spanning the period from October 1, 2022 to September 30, 2023. It meets the requirements of AS 17.20.085(d) to provide an annual report to the Legislature describing activities and expenditures related to Substance Abuse and Mental Health Services Administration (SAMHSA) grants and naloxone distribution; the Department of Health has opted to report on information broader than these two categories to provide readers with a greater understanding of the scope of the States efforts to address opioid misuse and overdose.

BACKGROUND

Drug overdoses are a significant contributor to mortality in Alaska and represent an ongoing public health concern. Between 2021 and 2022, there was a 5% decrease in the overall drug overdose death rate in Alaska¹. In 2022, individuals at comparatively higher risk of dying from drug overdose included men, American Indian/Alaska Native people, aged 35-44 years old and those residing in the Anchorage Public Health Region.

While strategies historically focused on addressing the opioid-related overdose, overdose responses increasingly require consideration of a wide range of substances. Emerging concerns include illicitly manufactured fentanyl, polysubstance use, methamphetamine and the potential advent of xylazine. In 2022, 60% of all drug overdose deaths in Alaska involved illicitly manufactured fentanyl and 51% involved methamphetamine. The ever-changing nature of the overdose crisis will require Alaska pursue strategies that cut across substances, affect the root causes of substance misuse, recognize the nature of substance misuse and prioritize solutions that are evidence based and culturally relevant.

ALASKA’S OPIOID RESPONSE INFRASTRUCTURE

The task of responding to opioids and overdose is shared by many federal and state departments, local governments, Tribes, health organizations, community-based organizations, coalitions/taskforces, and individuals. Addressing the ongoing harms from the overdose crisis, and preventing future harms, requires a diverse portfolio of programs, systems changes and policies. As such, the coordination of this work does not rest on just one department.

Approach for Alaska’s Sustained Opioid Response

The [2018-2022 Statewide Opioid Action Plan](#) instilled a shared vision for carrying out the State of Alaska’s work. Alaska continues to work toward a comprehensive approach to end the opioid epidemic. The Department of Health is working to further improve planning to be responsive to:

- The dynamic nature of the epidemic and emergent threats
- The multitude of entities engaged in the work
- Changing funding situations, such as the emergence of the Opioid Settlement Agreement, and changes in the federal grants which fund a large share of state activities
- Available state and local infrastructure

¹ Division of Public Health; State of Alaska, Department of Health. 2022 DrugOverdose Mortality Bulletin. Published September 2023.

The Statewide Opioid Working Group, an outcome of the 2017 Opioid Task Force recommendations, regularly convenes many state offices working on opioid response and continues to adjust strategies to adapt to current needs. Additionally, state departments and partners frequently develop workgroups to address crosscutting needs.

In February 2022, states reached [Settlement Agreements](#) with: Janssen/Johnson & Johnson (J&J), a manufacturer of prescription opioids; and three major pharmaceutical distributors including Amerisource Bergen, Cardinal Health and McKesson. Alaskan Native and Native American Tribes reached a separate opioid settlement agreement. The agreement authorizes specific uses for the remediation funds. While this report does not yet reflect upcoming work that will be supported with opioid settlement funds, the Department of Health largely structured the report around categories developed in the Governor’s Advisory Council on Opioid Remediation in anticipation that collaborating entities will benefit from a consistent method of organization.

How Activities are Organized in this Report

Activities in this report are organized into four categories: upstream/primary prevention, harm reduction, treatment and recovery. These categories help to organize the report, but do not necessarily reflect how work is organized within departments. Activities may support multiple categories, as indicated.

Reported activities include funding source and funding amount. In some cases, activities are supported only through staff time, which may not be tracked at an activity level depending on the funding source. Where possible, the department noted when staff time is the primary funding contribution.

No singular effort will resolve the opioid epidemic. Strategies span from providing services to individual Alaskans to building statewide systems. Efforts may aim to prevent opioid misuse, prevent overdose or support treatment and recovery.

EMERGING CONCERNS

The opioid epidemic is dynamic in nature and continues to grow in complexity as novel substances are introduced into the drug supply. The history of the epidemic is described in three waves; the initial wave started with a rise in deaths linked to prescription opioids; the subsequent wave involved a rise in heroin related deaths; and the current wave is defined by an increase in deaths linked to synthetic opioids, which are largely fentanyl related. The Alaska Department of Health needs to remain nimble when addressing the ever-changing landscape of drug use throughout the state.

Polysubstance Use

Polysubstance use occurs when two or more substances are taken together or within a short period of time, either intentionally or unintentionally.² Polysubstance use is a significant driver of overdose mortality due to the physiological effects on the cardiovascular and respiratory systems when mixing categories of substances. Of the 886 total drug overdose deaths that occurred in Alaska between 2018–

² Centers for Disease Control and Prevention; U.S. Department of Health and Human Services, “Polysubstance Use Facts,” webpage, last reviewed August 25, 2023. <https://www.cdc.gov/stopoverdose/polysubstance-use/index.html>

2022, 58% involved drugs from more than one narcotic, sedative, or psychotropic category, including 32% that involved drugs from three or more categories.³ Methamphetamine or fentanyl are involved in most of the overdose deaths in Alaska. During 2018–2022, synthetic narcotics (including fentanyl) plus psychostimulants with abuse potential (including methamphetamine) were the two most common lethal multidrug combinations and were found in 23.3% of drug overdose deaths. Additionally, synthetic substances such as Xylazine are an emergent threat in parts of the United States. These substances are increasingly involved in opioid-related deaths nationally and must be accounted for in the state’s response to opioids and overdose.

Fentanyl

The primary driver of the opioid deaths today is fentanyl, a synthetic opioid that is up to 50 times more potent than heroin.⁴ There are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. The market for illicitly manufactured fentanyl continues to change, and it can increasingly be found in combination with heroin, counterfeit pills, and cocaine.⁵

Most recent cases of fentanyl-related overdose are linked to illicitly manufactured fentanyl, which is distributed through illegal drug markets. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous. The high potency of fentanyl combined with a tendency for mixing or co-use with other substances complicates intervention and treatment efforts.

Methamphetamine

The United States has experienced an increase in methamphetamine use and harms in recent years. Short term effects of this illicit stimulant can include increased wakefulness and physical activity, decreased appetite, faster breathing, rapid and/or irregular heartbeat, increased blood pressure and body temperature.⁶ Chronic methamphetamine use can lead to long-term effects on the brain and cardiovascular system. Many people who use methamphetamine also use other substances. In Alaska, over 50% of all drug overdose deaths in 2022 involved methamphetamine and many of these deaths also involved fentanyl.³

³ Division of Public Health; State of Alaska, Department of Health. 2022 DrugOverdose Mortality Bulletin. Published September 2023.

⁴ Centers for Disease Control and Prevention; U.S. Department of Health and Human Services, “Fentanyl Facts,” webpage, last reviewed August 25, 2023. <https://www.cdc.gov/stopoverdose/fentanyl/index.html>

⁵ Drug Enforcement Administration. 2019 National Drug Threat Assessment. Drug Enforcement Administration Strategic Intelligence Section, U.S. Department of Justice. Published December 2019. Accessed March 17, 2020 from https://www.dea.gov/sites/default/files/2020-01/2019-NDTA-final-01-14-2020_Low_Web-DIR-007-20_2019.pdf

⁶ National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services, “Methamphetamine DrugFacts,” webpage last reviewed August 25, 2023.

<https://nida.nih.gov/publications/drugfacts/methamphetamine>

Xylazine

A tranquilizer called xylazine is increasingly being found in the US illegal drug supply and linked to overdose deaths in other parts of the country. Xylazine is a non-opioid veterinary tranquilizer not approved for human use that has been added to the illicit opioid supply to prolong drug effects. While xylazine is not an opioid, it is dangerous because it can suppress important bodily functions such as breathing. It can cause other medical issues that typically require medical management.

Due to its impact on the opioid crisis, fentanyl mixed with xylazine has been declared an emerging threat by the White House's Office of National Drug Control Policy. A bill introduced in Congress seeks to schedule xylazine as a schedule III substance federally.

At this time, xylazine is only FDA approved for veterinary (non-human) use. Xylazine does not have an International Classification of Diseases Tenth Revision (ICD-10) code; these codes help to set the standards for what is tested and support consistent reporting.

Xylazine was identified in 5 Alaska State Crime Lab samples in 2023 and 10 samples in 2022, though it's noted that it may have been present in more instances than detected. State Public Health Labs had no indication of Xylazine in DUI-Drug case offenses since January 2022. The state Medical Examiner's office found no xylazine-related overdoses cases as of February 2023.

The Department of Health has typically seen a delay in trending substances reaching Alaska, so we continue to monitor this potential threat. Xylazine was first identified in the drug supply on the East Coast but has since spread nationwide, to varying degrees. Recent data from the U.S. Drug Enforcement Administration (DEA) reveals that xylazine identifications increased by 112% in the West and 193% in the South from 2020 – 2021. Approximately 23% of the powder and 7% of the pills the DEA has seized nationally contained xylazine.⁷

⁷ DEA Joint Intelligence Alert (10/2022): <https://www.dea.gov/sites/default/files/2022-12/The%20Growing%20Threat%20of%20Xylazine%20and%20its%20Mixture%20with%20Illicit%20Drugs.pdf>

SURVEILLANCE INFRASTRUCTURE

Alaska uses many data systems to support substance use interventions across the state. Collecting and tracking data related to substance use and harms serves a vital role. Data systems support timely surveillance, aid in rapid investigation and response when overdose spikes or related concerns are detected; track substance-related trends over time; help to form the story of the evolving epidemic; and evaluate the quality and reach of efforts.

Various data systems are managed and safeguarded by different agencies across the state. Data managers make concerted efforts to cooperate and provide relevant data to other partners, funders and the public. Some of the data used for substance use surveillance comes from secondary data sets primarily designed to support other purposes. These include federally supported surveys, state-level programmatic data, healthcare utilization metrics and community-based input.

Substance use data is utilized and shared by many partners across the state. State and Tribal agencies analyze and disseminate data via regular reports, interviews, presentations, and data visualizations (e.g., DOH supports multiple, public-facing substance use data dashboards). Some examples of routinely shared aggregate data include overdose-related emergency department visits, overdose fatalities, drug seizures by public safety, naloxone administrations by emergency medical services, number of opioids prescribed in the state. Data from the Youth Risk Behavior Survey (YRBS), Behavior Risk Factor Surveillance System (BRFSS), and National Survey on Drug Use and Health (NSDUH) are also readily available. To further enhance these data systems, partners often collaborate on novel data collection projects, including key informant interviews with at-risk populations and online surveys aimed to understanding Alaskans' knowledge, attitudes, and beliefs related to substances.

In Alaska, data users maintain close, collaborative relationships that have supported continuous improvement. Many programs across the state are modernizing and automating their data dissemination processes. There has been a coordinated effort to enhance data release standards and create procedures that apply to a broad range of programs. Unique data linkage projects and comprehensive efforts to address health equity have expanded the scope of applicable data. Further efficiencies to explore include opportunities to centralize data systems, remove data sharing barriers, support communities in obtaining their own data and increase data management and data science capacities across the state.

UPSTREAM AND PRIMARY PREVENTION

Upstream and primary prevention interventions are designed to promote health and prevent substance misuse, overdose and addiction. Programs in this category seek to engage populations before they use substances for the first time or before their use becomes harmful. These programs address environments in Alaska communities and seek to increase protective factors and reduce the impact of circumstances that create risk factors.

Activity Overview

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Upstream and Primary Prevention – Activity Detail

ADAPT RX: Academic Detailing

Area of Focus: Upstream/primary prevention, harm reduction and treatment.

Funding Source and Amount: 100% federal through CDC Overdose Data to Action Grant, \$80,000.

Program Description: The ADAPT RX: Academic Detailing project provided pharmacists peer-led, evidence-based training to support safe opioid use across Alaska.

Additional Information: The Academic Detailing program provided educational outreach to prescribers and clinicians to provide unbiased, evidence-based, standardized information about managing pain. Safe opioid use training was provided in specific regions of Alaska, with an increased focus in rural and underserved communities. ADAPT RX developed a continuing education program using its online education platform. This provided online training materials, printable pain management and addiction resources, training videos and additional practice scenarios for pharmacists to use in trainings. Over the course of the project 13 providers were trained to offer safe opioid use training to their colleagues. These providers work in organizations across the state, including the Alaska Native Tribal Health Consortium, Southcentral Foundation, Maniilaq Health Services, Mat-Su Regional, UAA/ISU Doctor of Pharmacy Program, White's Pharmacy in Sitka, Whale Tail Pharmacy in Craig, Yukon Kuskokwim Health Corporation, Providence Medical Center and Bristol Bay Health Corporation.

Alaska Opioid Coalition Change Partners

Area of Focus: Upstream/primary prevention, harm reduction, treatment and recovery.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: Alaska Opioid Coalition Change Partners is a statewide collaborative team that supports local coalitions, facilitating positive impact in communities. The program serves coalitions that address opioid misuse through prevention, harm reduction, treatment and recovery, advocacy and education.

Additional Information: Membership for the Alaska Opioid Change Partners Coalition currently represents fifteen coalition groups representing Anchorage, the Aleutians, Dillingham, Fairbanks, Juneau, Kenai Peninsula, Ketchikan, Mat-Su, Prince of Wales, Sitka and Valdez. The group held a total of four regular meetings with assistance from Mountain Pacific Quality Health Care, the Advisory Board on Alcoholism and Drug Abuse, and the Department of Health. The meetings supported local coalitions in connecting with state offices and each other. The meetings included overview presentations of work happening in various offices, including medication assisted treatment in the Department of Corrections, the Overdose Response Strategy program, the CDC's Drug Free Communities Grant and opioid settlement fund distribution. The program also provided a no-charge facilitation training from the Alaska Humanities Forum.

Alaska Pain Provider Hotline

Area of Focus: Upstream and primary prevention, harm reduction

Funding Source and Amount: 50% federal and 50% General Fund match, \$752,365 total including all renewals over a period of 10 years.

Program Description: University of Washington's Telepain program delivers Alaska providers access to a panel of pain specialists to improve Medicaid recipient care. The program supports providers in becoming more proficient at managing pain and substance use disorders. An ongoing concern by Alaska Medicaid prescribers is the appropriately limited use of opioids for chronic pain. Consultation with University of Washington Telepain specialists upholds appropriate limits on opioid prescribing for chronic pain, which strengthens the safety net for Alaska Medicaid members. The hotline is also a crucial tool needed to support Alaska Medicaid Drug Utilization Reviews, combined with ongoing Medicaid pharmacy and medical review, allowing Alaska Medicaid to appropriately monitor and limit opioid prescribing to current standards of care.

Additional Information: While program utilization was low until the COVID-19 public health emergency ended, there is now an uptick in utilization and de-identified case reviews. This program supports immediate and future cost reduction through responsible Alaska Medicaid pain management and prescribing. It supports Alaska Medicaid future cost reduction for substance use disorder prevention and substance use disorder providers. It improves the value of Alaska Medicaid recipient substance use disorder care, offering midterm and future cost reduction.

Community Cafés

Area of Focus: Upstream/primary prevention, harm reduction, treatment and recovery.

Funding Source and Amount: 100% federal through Overdose Data to Action Grant, \$75,000.

Program Description: A series of meetings gathered community-based input to address opioid and polysubstance misuse in Alaska. The approach, referred to as community cafés, allowed participants to be engaged in conversational small group settings, ensuring every person in the room was heard. The cafés captured information about specific needs, successes and challenges. Input provided insight on what communities see as pertinent local and statewide issues, and supports improved ongoing planning.

Additional Information: A primary goal of the project was to hold cafés in locations representative of the geographical diversity of the overdose epidemic. Cafés were held in Southeast, Southcentral, and Southwest communities. The locations included a total of nine communities and over 400 Alaskans, including Anchorage, Dillingham, Fairbanks, Juneau, Kenai, Ketchikan, Kodiak, Wasilla and Prince of Wales Island.

Focused Communication and Education for At-Risk Populations

Area of Focus: Upstream prevention and harm reduction.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: The Department of Health collaborates with federal, state and local agencies, as well as community-based coalitions and organizations, to improve the quality of messaging. Messaging takes the form of public information, provider outreach and data communications. Objectives include preventing substance misuse, addiction and overdose.

Additional Information: Current efforts include the development of communication materials to support adults in communicating with young people about substance use. This supports parent and child connection, a protective factor in preventing substance use. This resource will be considered as a potential foundation for an informational campaign.

High Intensity Drug Trafficking Areas (HIDTA) Drug Interdictions

Area of Focus: Upstream/primary prevention.

Funding Source and Amount: 100% federal through Office of National Drug Control Policy HIDTA Program, \$474,100.

Program Description: Created by Congress in 1988, the High Intensity Drug Trafficking Areas (HIDTA) Program coordinates and assists federal, state, local and Tribal law enforcement agencies to address regional drug threats with the purpose of reducing drug trafficking and drug production in the United States. The goals of the HIDTA program are to disrupt the market for illegal drugs by dismantling and disrupting drug trafficking and/or money laundering organizations and improve the efficiency and effectiveness of HIDTA initiatives. The program facilitates information sharing between federal, state, local and Tribal partners to identify and interdict sources of illicit narcotics in Alaska.

Additional Information: Between January 2022 and June 2023, HIDTA initiatives removed 530 kilograms of illicit substances from the Alaskan supply chain, including over 36,700,000 user doses of fentanyl and over 5,800,000 user doses of heroin. Out of 11 identified Drug Trafficking Organizations in the state, eight were disrupted and two were dismantled. The Alaska HIDTA operates within the Department of Public Safety.

Home-based Visiting Programs: Substance Misuse Prevention, Access to Treatment, Recovery Interventions

Area of Focus: Upstream/primary prevention, harm reduction, treatment and recovery.

Funding Source and Amount: 100% federal through CDC Overdose Data to Action Grant, \$150,000.

Program Description: With CDC funding the Department of Health supported two home-based visiting programs to integrate substance misuse intervention into their programs. Cook Inlet Tribal Council (CITC) and Alaska Family Services used funds to support staff training in harm prevention; naloxone use; overdose; polysubstance risk education; screening, brief intervention and referral to treatment (SBIRT); motivational interviewing; and mental health first aid. Funds were also used for home-based drug-use screening, case management, and program monitoring and evaluation.

Additional Information: In the last quarter of 2022 and first quarter of 2023, the Cook Inlet Tribal Council shifted its focus from an initially planned performance evaluation. Instead, the agency evaluated infrastructure developments that would provide effective screening for risk of overdose, as well as coordinated referrals to CITC's continuum of recovery services. This shift in focus resulted in a recommendation to replace the historical screening method to better meet substance misuse assessment needs. The CITC project team also began efforts to develop coordinated referral procedures for program participants. The formalized screening and referral protocol will be completed and implemented in an upcoming project period.

Neonatal Abstinence Syndrome (NAS) Prevalence in Alaska

Area of Focus: Upstream/primary prevention.

Funding Source and Amount: 100% federal through Health Resources and Services Administration (HRSA) Maternal Child Health Services Block Grant, \$127,300.

Program Description Prior studies documented a rise in NAS in Alaska by analyzing medical billing ICD-10-CM codes using Medicaid or Hospital Discharge Data. However, Medicaid data represent only a portion of the Alaska birth population, and Hospital Discharge Data lack identifiers necessary for validation. In 2019, the Alaska Birth Defects Registry began tracking NAS-related ICD-10-CM codes for statewide NAS surveillance and case confirmation through medical record review. A random sample of 100 reports (37% of all eligible reported cases in 2019) of two ICD-10-CM codes (P96.1 [newborn experiencing withdrawal symptoms from maternal use of drugs of addiction] and P04.49 [newborn affected by maternal use of drugs of addiction]) used for detecting NAS were reviewed for NAS validation. This project aimed to provide a validated NAS prevalence estimate for Alaska's 2019 birth year and an examination of the substances these infants were exposed to.

Additional Information: The statewide prevalence estimate for NAS in 2019 is 115 per 10,000 births, which translates to an estimated 113 newborns that suffered from withdrawal symptoms after birth in 2019. The most common drugs identified in confirmed NAS reports were opioids, amphetamines, nicotine, and medication assisted treatment (MAT) drugs, including Subutex, methadone, and Suboxone. Beyond the confirmed NAS reports, several infants that did not meet the NAS case definition were still found to be substance exposed with many of the same drugs as NAS cases as well as others, including cannabinoids and alcohol. This information has been

shared with local and national partners, such as the Alaska Perinatal Quality Collaborative and the Counsel of State and Territorial Epidemiologists and has improved our understanding of NAS surveillance in Alaska. Information from this activity supports Alaska prevention efforts.

Overdose Detection Mapping Application Program (ODMAP) Statewide Implementation

Area of Focus: Upstream prevention and harm reduction.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: ODMAP is a free software developed by Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) to map overdoses and track them in near real-time. This functionality allows for state and local overdose prevention/response entities to target overdose interventions in their region. In the past year, the Overdose Response Strategy (ORS) team has worked with the Division of Public Health to facilitate the import and live feed of EMS overdose data into ODMAP. This data, paired with manually entered data from the Alaska State Troopers, helps to broaden understanding of overdose in Alaskan communities. In the coming year, the ORS will work to increase the number of public health and public safety agencies using ODMAP. Additionally, the ORS will also work to find ways to integrate additional local law enforcement data into ODMAP, refining its level of detail and accuracy.

Additional Information: To date, five agencies are signed on to use ODMAP. These include Alaska HIDTA, Bethel Police Department, Juneau Police Department, Sitka Public Health Nursing and the Alaska Department of Health. To date, 1603 suspected overdose cases are logged in 2023. ODMAP has two data feeds. This information supports Alaska overdose response.

Pain and Opioid Management Extension for Community Healthcare Outcomes (ECHO)

Area of Focus: Upstream/primary prevention.

Funding Source and Amount: 100% federal through CDC Overdose Data to Action Grant, \$85,000.

Program Description: Project ECHO (Extension for Community Healthcare Outcomes) is a telemonitoring approach deployed across the nation to create communities of learners, bringing together providers and subject matter experts through virtual meetings. Through OD2A grant funding, Division of Public Health established Project ECHO to enhance practitioner and prescriber knowledge on pain management, addiction, and treatment of opioid use disorder. The focus for this program is on chronic, long-term care patients. Topics discussed include pain management alternatives and acute short-term care options, with an aim to ensure providers have a full toolkit of options to treat patients who are experiencing pain.

Additional Information: Each year the program has featured nine 60-minute sessions. Sessions include a brief lecture, a de-identified case presentation designed for participants to receive

feedback on complex cases and an open discussion facilitated by an interdisciplinary team. The average attendance for each session was approximately 24 people. Attendees included doctors, physician assistants, RNs, pharmacists, community health workers and mental health professionals. More information about Project ECHO and upcoming opportunities can be found at <https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/AK-ECHO/index.cshtml>.

Prescription Drug Monitoring Program (PDMP)

Area of Focus: Upstream/primary prevention.

Funding Source and Amount: ~\$900,000k through a combination of the CDC Overdose Data to Action Grant, the SAMHSA State Opioid Response Grant, and the Bureau of Justice Assistance Grant which funded the database, enhancements, staff and Statewide Gateway Integration.

Program Description: The Alaska Prescription Drug Monitoring Program (PDMP) is Alaska's solution for monitoring federally scheduled II-IV controlled substances dispensed in the state. The program is designed to improve patient care and encourage cooperation and coordination among federal, state and local agencies, as well as other states, to reduce the misuse and diversion of controlled substances. The PDMP contains tools to alert providers and practitioners of patients at risk of adverse effects from prescription medication. It also helps providers and practitioners make judicious prescribing decisions and connect patients to care. The PDMP is integrated with 18 states including the Military Health System and the state Health Information Exchange, HealthConnect. The State also began offering Statewide Gateway Integration in September 2022, which provides single sign on access to the PDMP through the Electronic Health Record or Pharmacy Management System.

Additional Information: The PDMP worked to increase provider awareness, registration, and use. The Division of Corporations, Business, and Professional Licensing updated applications and processes to include the PDMP in the application process, automate provider registration approvals, deactivate stale accounts, and increase efficiencies for staff and the end users. These goals were accomplished through increased engagement with stakeholder groups to inform them of tools available and requirements for using the PDMP. The PDMP achieved a 60% increase in provider registration, a 35% decrease in reported opioids dispensed, and a 61% decrease in delinquent reporting. According to clinical alert indicators, from 2021 to 2022, the PDMP observed an 11% decrease in the co-prescribing of opioids and benzodiazepines, and a 43% decrease in multiple provider episodes.

Providing Timely Health Alerts

Area of Focus: Upstream/primary prevention and harm reduction.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: New threats for Alaskans regularly emerge through the rapidly changing landscape of the illicit drug market. Timely health alerts raise awareness of important issues and inspire Alaskans to take action to protect their health and the health of their communities.

Additional Information: In response to emerging threats, the Department of Health issued three Health Alerts for this reporting period “Warning to Alaskans Most counterfeit pills now contain deadly fentanyl. Even a small amount can kill,” “Alaska Health Warning Illicit fentanyl is added to many substances and comes in a variety of forms, including multi-colored chunks and pills that look like candy” and “Fentanyl mixed with xylazine is an emerging drug threat in the U.S.”

Public Health/Public Safety Data Sharing

Area of Focus: Upstream/primary prevention and harm reduction.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: The Overdose Response Strategy (ORS) is a collaboration between the CDC and Alaska’s High Intensity Drug Trafficking Area (HIDTA) program. Through this collaboration, the ORS seeks to enhance public health and public safety partnerships to help Alaskan communities reduce fatal and non-fatal overdoses.

Additional Information: The Overdose Response Strategy team engaged in multiple data sharing activities in partnership with the Department of Health and the Department of Public Safety. Using intelligence from state law enforcement agencies and national partners, the ORS worked with DOH to publish community health warnings about novel drug threats like multicolored “rainbow” fentanyl and xylazine. Additionally, the team leveraged public health data to help law enforcement entities, such as the DEA or AST, target prevention activities to at-risk groups. Over the past year, the activity resulted in public health and public safety involvement for over 10 investigations for overdose surges (increases in overdoses which may require focused response).

Public Health Nursing

Area of Focus: Upstream/primary prevention, treatment, harm reduction and recovery.

Funding Source and Amount: 100% federal through Overdose Data to Action Grant, \$445,862.

Program Description: Section of Public Health Nursing convenes a workgroup consisting of 16 public health nurses (PHNs); these nurses serve as the substance misuse prevention focal points working closely with community coalitions, such as community task forces, public and private health care professionals, local health managers, health organizations across the state, tribal organizations, local EMS and law enforcement and schools. PHNs are working within their communities across Alaska to increase capacity to prevent and respond to overdose. Activities include supporting and attending local substance misuse prevention and education events; participating in local events and activities such as health fairs to provide harm reduction strategies including overdose education, naloxone distribution, education on syringe exchange

program and fentanyl test strips; and providing information, education and referral to available substance misuse and mental health services for individuals seeking care at public health centers. PHNs also provide continued implementation of initiatives (such as [Project Gabe](#) and [Project Hope](#)) throughout the communities served.

Additional Information: Nurses engaged in 16 substance misuse related task forces in more than 12 communities across the state, including one nurse operating as co-chair of the Southeast Opioid and Polysubstance Workgroup. The nurses engaged in 22 health fairs in more than 16 communities across the state. Nurses provided prevention education and naloxone education in schools in more than 17 communities, including alternative and boarding schools, high schools and sporting events, university nursing and science departments and educational programs in partnership with the Interior Aids Association. Nurses also supported youth-focused coalitions, health fairs, and outreach with a focus on identification of risk from Adverse Childhood Experiences and connecting families to prevention resources. Nurses supported linkage to care efforts through education and outreach, including the support for reentry coalitions, including a services fair at DOC Wildwood for individuals soon to reenter the community. Other projects have included assessment of a pilot program to dispense harm reduction items via a vending machine in Homer and supporting the assessment of comprehensive opioid action planning within SOA.

Restore Hope Linkage to Care Grant

Area of Focus: Upstream/primary prevention, treatment

Funding Source and Amount: 100% federal through Overdose Data to Action Grant, \$275,000

Program Description: The Restore Hope Linkage to Care Grant seeks to increase capacity for co-response models within the state; co-response models involve EMS and fire department personnel working with both law enforcement officers and mental health professionals responding to citizens during crisis situations. These models increase the support provided to individuals by providing assessments and linking people to community-based resources. Awarded to True North Recovery, Inc, the grant provides linkages of care to individuals with known health disparities, including substance use disorders and many with co-mental health disorders. True North Recovery, Inc, works with law enforcement, EMS providers and emergency dispatchers in the Mat-Su and Fairbanks, providing an alternative to transporting individuals in crisis to jails and hospitals. True North Recovery, Inc also aids individuals awaiting admittance into an appropriate treatment center. This may include supporting needs such as emergency housing, food and cellular service.

Additional Information: Positive feedback from partners from Mat-Su and Fairbanks dispatchers, law enforcement and EMS highlights that this program provides the appropriate care and allows these professionals to focus on other priorities.

Statewide Opioid Action Plan

Area of Focus: Upstream/primary prevention, harm reduction, treatment and recovery.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: The [Statewide Opioid Action Plan](#) specified actions for the State to pursue between 2018 – 2022. The plan was informed by Alaskans in communities statewide, related plans, subject matter experts across agencies and entities addressing substance misuse.

Statewide Opioid Working Group

Area of Focus: Upstream/primary prevention, harm reduction, treatment and recovery.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: The Statewide Opioid Working Group is a gathering of staff from multiple departments within the State of Alaska system. The working group gathers monthly to discuss the opioid-related activities staff are engaged in, new funding opportunities, collaboration opportunities and unmet or emerging needs.

Additional Information: The Statewide Opioid Working Group operates with the goals of emergent collaboration and strengthened partnerships.

Training and Support Access for Emergency Responders

Area of Focus: Upstream/primary prevention.

Funding Source and Amount: 100% federal through CDC Overdose Data to Action Grant, \$83,000.

Program Description: The Department of Health worked with the UAA Center for Human Development Alaska Training Cooperative to increase availability of training and support for public safety professionals and emergency responders including emergency department staff and EMS, police and fire responders. Training opportunities included mental health first aid, compassion fatigue, suicide prevention and trauma-informed care.

Additional Information: As of June 15, 2023, 777 participants attended training. This exceeds the initial goal of 500 participants. Mental health first aid for public safety, fire and EMS was instructed by first responder instructors in Anchorage, Denali, Palmer, Sitka and Prince of Wales Island; 132 officers were certified in total. Trauma-informed care trainings were attended by 284 emergency responders and direct service providers statewide. Additional training opportunities requested and delivered included compassion fatigue, attended by 125 participants, and a private session with a secondary trauma expert, delivered to 60 emergency responders. Technical assistance was provided to the Alaska Women’s Bar Association, Anchorage Neighborhood Health Center, Alaska Native Medical Center ICU department, Mat-Su College, the Association for

Addiction Professionals (NAADAC) and Southeast Elders Coalition with presentations on secondary trauma. First responders requested “question, persuade, refer” suicide prevention training, and it was delivered to 128 people statewide in six training events via Zoom. Evaluation data demonstrated that participants were satisfied with the trainings and felt that their overall knowledge had increased.

HARM REDUCTION

Harm reduction equips people who use drugs with life-saving tools and information to create positive change in their lives.⁸ Programs in this category ensure Alaskans at risk for overdose and infectious disease related to drug use are equipped with skills, resources, and tools to reduce harm. These programs may also seek to link people who use drugs to critical physical and behavioral health services.

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⁸ Substance Abuse and Mental Health Services Administration; U.S. Department of Health and Human Services, “Harm Reduction” webpage last reviewed August 25, 2023. <https://www.samhsa.gov/find-help/harm-reduction>
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Harm Reduction – Activity Detail

Healthy and Equitable Communities

Area of Focus: Harm reduction.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: The Healthy and Equitable Communities (HEC) unit was established in 2021 in response to the widening barriers to health highlighted by the COVID-19 pandemic. The unit focuses on creating partnerships across Alaska to ensure that the conditions in which Alaskans, live, work and play support opportunities to lead healthy lives.

Additional Information: The HEC unit supported the work of multiple programs by expanding the reach of many opioid and overdose specific initiatives throughout the state. This work included: supporting distribution of overdose response kits provided by Project Hope and supporting the activities of Project Gabe; supporting naloxone/overdose response trainings in settings such as homeless shelters and community events; and supporting local opioid coalitions in their efforts to address issues related to opioid misuse and overdose.

Overdose Fatality Reviews

Area of Focus: Upstream/primary prevention and harm reduction.

Funding Source and Amount: 100% federal through Overdose Data to Action Grant, \$9,500.

Program Description: The Department of Health Overdose Fatality Review (OFR) reviews events preceding overdose deaths, examining a person's social history, medical events, encounters with law enforcement, treatment and other factors. Through discussion, the multidisciplinary review team identifies missed opportunities for prevention and other interventions, informing recommendations for substance-related prevention efforts, public safety and public health policy.

Additional Information: The first year of the OFR laid the foundation for developing strategies, identifying methods and addressing limitations to reach those goals. Ongoing work includes adding additional data sources to improve the quality of case reviews and developing a more diverse multidisciplinary team of reviewers to enhance the recommendations and review processes.

Overdose Surge Response Planning

Area of Focus: Harm reduction and treatment.

Funding Source and Amount: Project is supported by staff time from multiple staff/departments.

Program Description: The overdose surge response workgroup met biweekly to draft statewide overdose surge response procedures. The procedures are meant to guide the state's response to

overdose surges (increases in overdose that may require focused response) in Alaskan communities. The overall mission of this plan is to: define and manage systems for real-time monitoring of overdose rates across Alaska; define thresholds, and methods for identifying and assessing overdose surges; ensure internal and external coordination; and support information sharing and communication.

Additional Information: To date, a draft of the statewide plan was completed along with supporting resources, including a stakeholder contact list, pre-scripted messaging and resources for responders and victims. These resources were deployed in limited capacities to address overdose surges in Anchorage, Mat-Su and Skagway.

Project Gabe

Area of Focus: Harm reduction, treatment and recovery.

Funding Source and Amount: Subset of Public Health Nursing OD2A funds.

Program Description: Project Gabe, named in honor of the son of a Public Health Nurse who lost his life to an opioid overdose, operates from 16 Public Health Centers across the State. Project Gabe partners with industry to incorporate opioid response boxes and opioid prevention education within industry safety curricula. To-date, Project Gabe maintains a close partnership with the seafood industry, bringing opioid response boxes and naloxone to seafood processors and fishing vessels across coastal Alaska.

Additional Information: Through Project Gabe, 3,588 naloxone nasal sprays were distributed. Nasal sprays were distributed through multiple methods, including in 715 red emergency boxes and 182 dry bags. These materials have been distributed to partners across Alaska at seafood processors, mines, docks and harbors, homeless shelters, hotels, restaurants, grocery stores, museums, city halls, fitness and recreation centers, as well as to Department of Corrections and youth facilities. Project Gabe has partnered with local CPR instructors, in Juneau, Sitka and Bethel to provide Naloxone training and kits as well as information about Project Gabe and Project Hope. Additionally, the Alaska Marine Safety Education Association (AMSEA) has added Project Gabe to their training; naloxone training, emergency boxes and dry bags are provided for those who own or work on a vessel.

Project Hope

Area of Focus: Harm reduction.

Funding Source and Amount: Approximately 68% federal through Prescription Drug Overdose Grant, \$842,483.00; State Opioid Response Grant, \$475,000.00. Approximately 32% general funds \$750,000.00+.

Program Description: Project Hope is Alaska's Overdose Education Naloxone Distribution (OEND) Program – Also known as a Take Home Naloxone Program (THN). The program uses federal

funding to purchase materials. Ultimately, the program is designed to serve individuals at risk of experiencing an opioid overdose, and the people around them, preventing overdose death. Partnering entities and individual volunteers support building overdose response kits containing naloxone, as well as disseminating the kits and corresponding education on how to recognize and respond to an overdose. Participation is scaled to align with the goals of partners and volunteers, which can be as simple as hosting an event to build kits, or as involved as becoming an [overdose response program](#) engaged in ongoing kit distribution. Partners represent a diverse cross-section of collaborators, including law enforcement, syringe exchange programs and everything in between.

Additional Information: In the reporting period, Project Hope supported 262 Overdose Response Programs throughout the State, including providing 31,977 overdose response kits for dissemination to community members. At least 1,026 individuals were trained to recognize and respond to opioid overdose with naloxone. Reported administrations of naloxone based on report-backs included at least 63 doses.

Substance Exposed Newborns Initiative (SENI)

Area of Focus: Harm reduction and treatment.

Funding Source and Amount: 100% federal through SAMHSA State Opioid Response Grant (SOR) \$219,000.

Program Description: The Alaska Substance-Exposed Newborns Initiative (SENI) aims to promote universal, verbal prenatal screening utilizing a validated screening tool. The SENI tool relies on the 4P's Plus[®], the only screening instrument for tobacco, drugs and alcohol that is specifically validated for pregnancy.

SENI screens for all substances, family violence, depression and desire for subsequent pregnancy. The program screens in existing sites and works to expand screening to both inpatient and outpatient facilities caring for pregnant patients. SENI collaborates with partners to reduce and prevent the impacts of substance misuse on newborns and their families. Partners include community-based health and social services agencies; family, infant and toddler courts; the Division of Behavioral Health; the Office of Children's Services; Set Free Alaska; Recover Alaska's Alliance; the Alaska Hospital and Healthcare Association; the Alaska Perinatal Quality Collaborative (AKPQC); and national experts in substance use disorder.

Additional Information: Preliminary data for calendar year 2022 demonstrated that SENI screening covered 10.3% of all Alaskans giving birth. Among the four birthing hospitals enrolled, 53.8% of eligible patients received screening.

All screening forms are reviewed by the AKPQC quality improvement data team. Data is available in [the new Alaska AKPQC datahub](#). To assure consistent, high-quality data, irregularities in form completion are promptly addressed with each site and technical assistance is provided as needed.

TREATMENT

Treatment for substance use disorders (SUD) is a critical component of addressing the opioid epidemic. SUDs are chronic diseases. When left untreated, SUDs can have immense impact on individuals, families, and communities. Fortunately, like other chronic diseases, many effective treatments are available. Programs in this category seek to scale up treatment availability in Alaska, increase access to treatment and reduce stigma associated with seeking treatment.

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Treatment – Activity Detail

Alaska Perinatal Quality Collaborative (AKPQC) Substance Affected Pregnancies Initiative (SAPI)

Area of Focus: Treatment and harm reduction.

Funding Source and Amount: 100% federal through CDC Statewide Perinatal Quality Collaboratives Cooperative Agreement, \$275,000 annually.

Program Description: The Alaska Perinatal Quality Collaborative (AKPQC), administered by the Division of Public Health’s Section of Women’s, Children’s, and Family Health, was established to promote high-quality maternal and newborn care across Alaska. The AKPQC engages hospitals and birthing facilities in data-driven, collaborative quality improvement activities focused on reducing severe maternal morbidity. With input from multiple stakeholders statewide, the AKPQC developed a key driver diagram, change package, and measurement plan, with specific strategies and resources to improve the care statewide of pregnant women and newborns affected by substances.

The AKPQC launched SAPI with seven participating hospitals in September 2021.

Additional Information: Hospitals currently participating in SAPI account for an estimated 69% of births statewide. The AKPQC aims to reduce the proportion of opioid exposed newborns requiring pharmacologic therapy by 20% and increase the proportion of birthing people screened for all substances using a validated tool by 20%, within participating hospitals.

To support project goals, the AKPQC contracted with the Alaska Hospital & Healthcare Association to expand implementation of quality improvement initiatives, particularly in rural areas. The AKPQC also hosted an ArcGIS (a data application) repository online for facilities participating in SAPI. Facilities documented progress on initiatives and viewed statewide indicators for comparison. The [AKPQC Data Hub can be viewed online](#).

Between September 1, 2022 and July 31st, 2023 SAPI held six meetings addressing the following educational topics: immediate postpartum contraception, wrap around services, eat sleep and console, 30-60-90-day plans, reflective practice and detox.

Medication Assisted Treatment (MAT) Conference

Area of Focus: Treatment.

Funding Source and Amount: 100% Federal through SAMHSA State Opioid Response Grant (SOR), \$65,000.

Program Description: Through SOR funding, the Division of Behavioral Health is hosting its seventh annual conference, with a focus on resilience, connection, cultural competency,

promotion of anti-stigma practices and current research/practices for closing the cultural and racial disparity gap.

Peer Support Certification

Area of Focus: Treatment, harm reduction and recovery.

Funding Source and Amount: 100% Federal through SAMHSA State Opioid Response Grant (SOR), \$40,000.

Program Description: Through SOR funding, the Division of Behavioral Health aids in the implementation of peer support specialist training. Peer support specialists bring real life recovery experience to help others experiencing similar situations.

Additional Information: This program is now in its second year. There were thirteen recertifications in FY23 and 26 new certifications as of July 31.

Peer Support Training

Area of Focus: Treatment, harm reduction and recovery.

Funding Source and Amount: 100% Federal through SAMHSA State Opioid Response Grant (SOR), \$50,000.

Program Description: Through SOR funding, the Division of Behavioral Health enhances and builds upon existing efforts to train individuals to become peer specialists.

Additional Information: The Division of Behavioral Health awarded subcontracts to provide peer support specialist trainings in three different locations across the state. Thirteen SUD peers completed training. The project is on track to meet the goal of having 60 trained peer specialists.

Project ECHO (Peer Support Training)

Area of Focus: Treatment.

Funding Source and Amount: 100% Federal through SAMHSA State Opioid Response Grant (SOR), \$64,967.

Program Description: Peer support providers bring a different perspective, empathy, and empowerment when it comes to recovery and helping others through their own journeys, and is an important part of the recovery journey and its success. The Peer Support ECHO is a virtual learning network intended to support and connect peer support providers throughout Alaska. Each 60-minute session includes a brief lecture, de-identified case presentation for participants to receive feedback on complex cases and open discussion facilitated by an interdisciplinary team.

Additional Information: 11 ECHOs were provided from 1/1/23 – 3/24/23. Topics were related to opioid and stimulant treatment with an average session attendance of 66. More information about Project ECHO and upcoming opportunities can be found at <https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/AK-ECHO/index.cshtml>.

Project ECHO (Co-Occurring Behavioral Health, Opioid and Stimulant Use Disorders ECHO)

Area of Focus: Treatment.

Funding Source and Amount: 100% Federal through SAMHSA State Opioid Response Grant (SOR), \$64,967.

Program Description: The Co-Occurring Behavioral Health, Opioid and Stimulant Use Disorders ECHO is a virtual learning network intended for professionals to interface with a team of experienced specialists in Alaska. This series is focused on providing a safe space amongst providers to discuss topics such as harm reduction, overdose prevention, opioids and fentanyl use and guidance on best practices and updates in the field.

Additional Information: 10 ECHOs were provided between 1/1/23 – 6/30/2023. Topics were related to opioid and stimulant treatment with an average session attendance of 86. More information about Project ECHO and upcoming opportunities can be found at <https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/AK-ECHO/index.cshtml>.

Region 10 Opioid Summit

Area of Focus: Treatment and recovery.

Funding Source and Amount: 100% Federal through SAMHSA State Opioid Response Grant (SOR), \$75,000.

Program Description: Through SOR funding, the Division of Behavioral Health sponsored the Region 10 Opioid Summit to support workforce development across Region 10 states. Through this effort, the division was able to connect providers with each other to share challenges, successes and opportunities for growth.

Additional Information: Through its sponsorship, DBH supported a productive and successful in person conference. It's estimated 200-300 Region 10 SUD providers gathered in Vancouver, Washington on July 19-20, 2023, exceeding the goal of reaching 100 participants.

Regional Alcohol and Drug Abuse Counselor Training (RADACT) Academy

Area of Focus: Treatment, harm reduction and recovery.

Funding Source and Amount: 100% federal through SAMHSA State Opioid Response Grant (SOR), \$76,800.

Program Description: The Division of Behavioral Health sponsors participants to attend a Regional Alcohol and Drug Abuse Counselor Training Academy for Counselor Technician and Chemical Dependency Counselor certifications.

Additional Information: In the reporting period, the division sponsored 20 individuals. In person trainings were provided in Nome, Juneau, Fairbanks and Kodiak.

SAMHSA Block Grants

Area of Focus: Treatment and recovery.

Funding Source and Amount: 100% federal, through the Substance Abuse and Mental Health Services Administration (SAMHSA). FY23: Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS), \$7,365,856; Mental Health Block Grant (MHBG), \$2,360,826.

COVID-19 Appropriations Act Supplemental for the Block Grant (3/2021 – 3/2024): SUPTRS, \$5,519,877; MHBG \$1,869,289.

COVID-19 related American Rescue Plan funding for the Block Grant (9/2021 - 9/2025): SUPTRS, \$4,767,166; MHBG, \$3,228,772.

Program Description: SAMHSA's block grant is a formula grant mandated by the U.S. Congress. Eligible entities, such as Alaska Division of Behavioral Health, must submit an annual application to demonstrate statutory and regulatory compliance to receive the formula-based funding, which is largely based on state population size. SAMHSA is responsible for both SUPTRS and MHBG.

Once Alaska receives its block grant, funds are distributed to its grantees. Grantees use the block grant programs for prevention, treatment, recovery support and other services to supplement Medicaid, Medicare and private insurance services. Specifically, block grant recipients use the awards to: fund priority treatment and support services for individuals without insurance; fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance; fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment; and collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services.

Additional Information: There is extensive required federal reporting to SAMHSA on the block grants. Each September an application is submitted, that describes planned programs,

planned/estimated budgets, planned targets and prioritized populations/services. Each December, reports on the MHBG and on the SUPTRS are submitted to SAMHSA, including information regarding actual expenditures, maintenance of efforts, actual counts of clients and services including demographics, descriptive narratives, information describing implemented programs and status of in-progress services. Among the deliverables in December are standardized Unified Reporting Systems tables of client counts/service/demographics, as well as data information submitted via SAMHSA's Web Block Grant Application System.

Treatment Accessibility Platform

Area of Focus: Treatment.

Funding Source and Amount: 100% through Alaska Mental Health Trust, \$250,000.

Program Description: The Treatment Accessibility Platform is a public-facing, cloud-based platform facilitating rapid behavioral health and substance use disorder treatment accessibility. The platform provides real-time availability of services and streamlines communications between providers and the public.

Additional Information: The contract with the original contractor for the service expired and the Department of Health solicited a new contract through procurement guidelines. A new contractor has been selected under a 5-year contract. The contractor will build a new system to include real-time availability of inpatient beds, assessment appointments, outpatient services including medication assisted treatment options and social resources including peer support. The contractor has a timeline of 1 year to make the platform active and accessible to treatment providers and users.

RECOVERY

While SUD’s share the promise of treatment with other chronic diseases, they also share the risk of relapse or return to use. Treatment is an effective method for many in the journey to returning to their lives, but it is not the final stop. Programs in this category seek to build environments that support Alaskans in their recovery and their efforts to maintain the four dimensions of recovery: Health; Home; Purpose; Community.⁹

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⁹ Substance Abuse and Mental Health Services Administration; U.S. Department of Health and Human Services, “Recovery and Recovery Support” webpage last reviewed August 25, 2023. <https://www.samhsa.gov/find-help/recovery>

Recovery – Activity Detail

Matrix Model Learning Community & Support

Area of Focus: Recovery.

Funding Source and Amount: 100% federal through SAMHSA State Opioid Response Grant (SOR), \$21,280.

Program Description: DBH hosts the Matrix Model Core and Key Supervisor trainings for providers. The Matrix Model has a strong evidence base demonstrating its efficacy with adults, particularly those who engage in stimulant use. The model includes content aimed at parents. It places strong emphasis on developing natural social supports to promote recovery. Matrix Model combines cognitive behavioral therapy techniques, contingency management (including urinalysis) and motivational interviewing.

Additional Information: Three sets of Matrix Model trainings were held in the past year. Almost all the scheduled trainings were full. In addition, six technical assistance/collaborative calls occurred with training attendees. One provider estimated a 60% attendance increase in their substance use disorder treatment groups after utilizing the Matrix Model at their treatment facility.

SMART Recovery

Area of Focus: Recovery and treatment.

Funding Source and Amount: 100% federal through SAMHSA State Opioid Response Grant (SOR), \$12,600

Program Description: The project hosts trainings on the Self-Management and Recovery Training (SMART) method for providers and peer support. It also offers virtual-based trainings for family members. Using cognitive-behavioral methodology, SMART Recovery's approach to behavioral change is structured on building and maintaining motivation for change, coping with urges to use, managing thoughts, feelings and behaviors in an effective way without addictive behaviors, and living a balanced, positive and healthy life. SMART Recovery supports medication assisted treatment, harm reduction and self-determination.

Additional Information: One three-day training is scheduled to be held in the Fall of 2023, with a target of 20 participants.

Recovery Housing

Area of Focus: Recovery, harm reduction and treatment.

Funding Source and Amount: 100% federal through SAMHSA State Opioid Response Grant (SOR), \$700,000.

Program Description: While recovery residences vary greatly in structure, all are centered on peer-support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery and recovery services and supports. Many residents live in recovery housing during and/or after outpatient addiction treatment. Length of stay varies but can last from several months to a year or more. Residents often share resources, give experiential advice to each other about how to access health care and social services, find employment, budget, and manage finances, handle legal problems, and build life skills.

Additional Information: SOR funding was provided to 5 grantees in Fairbanks, Wasilla, Anchorage, Seward and Soldotna. For each year of funding, grantees must serve a minimum number of individuals.

Year One: Over the course of grant year 1 (2/17/2023- 6/30/2023) each residence must provide service to at least 10 individuals.

Year Two: Over the course of grant year 2 (7/1/2023-6/30/2024) each residence must provide service to at least 15 individuals.

Year Three: For the partial year duration of (7/1/2024-9/30/2024) each residence must provide service to at least 15 individuals.

All grantees exceeded the minimum requirements for grant year one and are on track to meet year two requirements.