

Alaska's Opioid Response 2018-2019

REPORT TO LEGISLATURE

PREPARED BY THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
OCTOBER 1, 2019



Purpose

This report highlights the work and the results of Alaska’s opioid response from October 1, 2018 through September 30, 2019. It also meets the requirements of AS 17.20.085 to provide an annual report to the Legislature on opioid-related work and opioid funding.

Introduction and Background

The national opioid epidemic has quickly grown into this decade’s defining public health crisis. According to the Centers for Disease Control and Prevention, drug overdoses resulted in over 70,000 deaths in 2017; nearly 48,000 (68%) involved opioids and a majority of these deaths involved synthetic opioids (including fentanyl and fentanyl analogs). During 2016–2017, the national rate of opioid overdose deaths increased 12%. In 2017, the annual economic cost of the opioid epidemic was an estimated \$115 billion, with the greatest cost coming from lost productivity and earnings.¹

In 2017, Alaska experienced the highest drug overdose death rate in 10 years. However, during 2017–2018, the overall drug overdose death rate decreased 28% and the opioid overdose death rate in particular dropped 39%.

Methamphetamine, sedatives, and opioid analgesic/pain relievers (including fentanyl) continue to be involved in many drug overdose deaths (42%, 25%, and 43%, respectively). The risk of serious medical complications affecting the cardiovascular and respiratory systems increases when two or more substances are taken in combination. Of the 619 drug overdose deaths that occurred in Alaska during 2014–2018, 84% included more than one drug category and 46% included three or more drug categories.² A variety of healthcare costs are associated with non-fatal overdose as well, yet it is encouraging that during 2017–2018, opioid-related hospitalization rates decreased 19%. It will be necessary to analyze 2019 data to assess if these downward trends are sustainable in Alaska.

Comprehensive state and national responses are essential to reduce the negative health impacts associated with drugs. In FY 2018, \$7.4 billion of federal funding was allocated to states to strengthen prevention, treatment, and recovery efforts; Alaska received approximately \$53 million to address the opioid crisis.³ Additionally, in 2018, the Office of National Drug Control Policy designated Alaska as a High Intensity Drug Trafficking Area (HIDTA). This program facilitates cooperation and resource-sharing among federal, state, and local law enforcement agencies with the goal of reducing drug trafficking and production.

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). 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. Feedback was gathered from at least 300 diverse Alaskans at stakeholder meetings and community cafés in more than a dozen Alaska communities. A final community summit in August 2018, coordinated by the Advisory Board on Alcoholism and Drug Abuse (ABADA), the Alaska Mental Health Trust and DHSS, brought together nearly 100 Alaskans from over 80 agencies and community organizations to provide final input for the action plan. This plan provides a template for communities and all Alaskans to follow moving forward.

¹ Altarum. (13 Feb 2018). “Economic toll of opioid crisis in US exceeded \$1 trillion since 2001.” Retrieved 25 Sept 2019 from <https://altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001>

² Department of Health and Social Services, Division of Public Health, Health Analytics and Vital Records (In Press). “Alaska Facts and Figures: 2018 Drug overdose mortality update.”

³ Bipartisan Policy Center. (2019). “Tracking federal funding to combat the opioid crisis.” Retrieved 18 Sept 2019 from <https://bipartisanpolicy.org/wp-content/uploads/2019/03/Tracking-Federal-Funding-to-Combat-the-Opioid-Crisis.pdf>

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

All Alaskans have unique perspectives, cultures, experiences, and expertise related to the opioid crisis. Fortunately, the past two years of 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

State Departments and Agencies Involved in SOA 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		

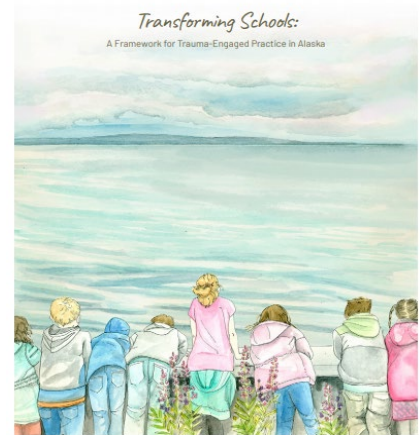
GOAL 1: Alaskans unite to reduce stigma and change social norms surrounding substance misuse and addiction

Alaskans, particularly those in rural areas, may experience historical and personal trauma. Stigma and negative social norms associated with substance misuse can be alleviated only after acknowledging and mitigating the effects of these rooted experiences.

Several strategies were identified to meet this goal and activities are underway.

The Department of Education and Early Development (DEED) and DHSS partnered to create and offer *Opioids and the Opioids Epidemic 101*, 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; *Transforming Schools: A Framework for Trauma-Engaged Practice in Alaska*; an eLearning course that provides educators with tools to assist students whose learning and/or behavior may be negatively impacted by exposure to childhood trauma—including neglect, abuse, and other adverse childhood experiences often closely associated with substance abuse.

DEED collaborated with University of Alaska’s Training Cooperative, to train more than 1000 adults in Youth Mental Health First Aid in the last year.



DEED partnered with multiple educational partners to create “Transforming Schools: A Framework for Trauma-Engaged Practice in Alaska,” a guide for trauma-informed education approaches.

“There is no health, without mental health” –Alaska State Troopers Colonel

DHSS partnered with the University of Alaska Anchorage to train 27 public safety personnel on Mental Health First Aid. This group of instructors are committed to delivering this training to additional communities, but perhaps more notably, strengthened their commitment to care for themselves as officers. A visit and presentation from their Trooper Colonel reinforced DHSS’ support for resilience efforts and the necessity to address mental health and substance misuse for all.

DHSS partnered with Southcentral Foundation to train 124 people across at least 60 organizations in a trauma-informed three day training addressing compassion fatigue. Other trainings for emergency room staff focused on de-escalation strategies as well as identification of substance misuse behavior and stigma associated with substance use disorders.

Alaska Mental Health Board (AMHB) and Advisory Board on Alcoholism and Drug Abuse (ABADA) and Division of Behavioral Health, staff hosted a series of 12 Roundtable meetings with substance use providers to address the needs of Alaskans living with substance use disorders, who are eligible for Medicaid.

Educational strategies were enhanced by the continual multi-state efforts across sectors. DHSS Section of Public Health Nursing nurses conducted weekly presentations to the total of 1632 meetings in the six public health regions pertaining to substance misuse in their communities.

Public Health Nursing Substance Misuse and Prevention Community Outreach 2018-2019	
PH Region	Total count
Anchorage / Mat-Su Region	158
Gulf Coast Region	399
Interior Region	406
Northern Region	47
Southeast Region	409
Southwest Region	213
Total	1632

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

Success in combating the opioid epidemic hinges on continued and expanded communication, coordination, and cooperation across state agencies and partners involved in the opioid response.

In response to this goal, new and strengthened connections have been established across departments, goals, and grants, yielding new opportunities, and most importantly, leveraging the State’s ability to effectively address opioids and substance misuse. These partnerships are creating efficient and consistent statewide messaging on opioids. Cross-agency information and expertise has produced the opioids.alaska.gov website full of resources; TV and radio PSAs promoting health literacy around the effectiveness of non-opioid pain management and risks of dependence; public-facing data dissemination platforms such as Alaska’s [Drug Overdose Mortality Brief](#), [Opioid Data Dashboard](#), and monthly [Drug Seizure Dashboard](#); rapid statewide distribution of and education on naloxone and medication disposal bags; and interagency collaboration on interdiction.

DHSS funds, coordinates, and provides technical assistance to at least ten different community based coalitions implementing opioid prevention activities including increasing safe medication disposal by supporting biannual Drug Take Back and local incineration programs; decreasing social and retail access of opioids by educating community stakeholders about safe prescription behaviors (e.g., not sharing medications with others, encouraging locked medicine cabinets). In partnership with other divisions, departments, and organizations, DHSS Division of Behavioral Health sponsored the Prevention and Early Intervention Grantee conference which educated communities about effective interventions to reduce morbidity and mortality related to substance abuse, mental illness, and suicide.

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

Strategies that reduce the risks of substance misuse and addiction can yield significant short- and long-term results. Educating Alaskans on the importance of safely storing and disposing of medications can quickly reduce the number of unused prescription opioids available for misuse in the community, particularly when individuals have access to drug take-back and disposal programs.

To meet this goal of enabling safe disposal of opioids statewide, DHSS Project HOPE distributed medication disposal bags through Public Health Centers, Alaska State Trooper posts and other partner organizations. Project HOPE also partnered with AC Stores Alaska to utilize their existing distribution network to distribute medication disposal bags to 28 rural Alaskan communities.

Risk of opioid misuse can be reduced by promoting evidence-based opioid dispensing policies and responsible prescribing practices among healthcare providers. The SOA DHSS established Project ECHO, a collaborative telementoring model of education that makes specialty knowledge more accessible to rural healthcare providers. During 2018–2019, at least 55 providers attended a Project ECHO meeting to learn and discuss at least twelve overdose related topics.

The Alaska Medicaid Drug Utilization Program continues to promote evidence-based opioid prescribing activities, which has resulted in a decrease in overall opioid prescribing and doses within the Alaska Medicaid population. Milligram Morphine Equivalent (MME) is a value assigned to opioids to describe their relative potencies. Most experts agree that opioid dosages of ≥ 90 MME/day are associated with increased overdose risk.⁴ According to Alaska Medicaid, of the members prescribed opioids in Alaska, those prescribed a dosage of ≥ 90 MME/day decreased approximately 26% during the six month period beginning July 2017 to the six month period ending June 2019.

The SOA Department of Commerce 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 NarxCare 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. The PDMP supports prescribers in ongoing efforts to encourage judicious and safe prescribing practices while providing a tool to determine if referral to a treatment program is appropriate, thereby contributing directly to improved health outcomes. Overall, the PDMP has seen a 6 fold increase in the number of registered users since 2013, and a 15% decrease in the total number of opioid prescriptions entered into the system since 2016 (AK PDMP-2019 Legislative Report).



The DEA Drug Take-Back Day is a twice annual event supported by community coalition to increase safe disposal of medications and to decrease opioid misuse.



Sitka's HOPE Coalition convened community partners in a shared effort to improve medication disposal options in their community. This effort was supported through their role as a sub-beneficiary of an opioid federal grant received by DHSS.

⁴ Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.



Public service announcements on the effectiveness of non-opioid pain management aired statewide in early 2019.

Equally important to lessening the risks of substance misuse and addiction is reducing the public’s access to controlled substances and decreasing the importation of illicit drugs into Alaska’s communities. These efforts can require complex, long-term coordination with federal partners. Alaska’s Department of Public Safety was instrumental in working with law enforcement agencies statewide to conduct several activities aimed at combating opioid trafficking leading to distribution. With the addition of Alaska being designated a High Intensity Drug Trafficking Area (HIDTA), several advances were made in the existing drug enforcement task forces statewide.

TREATING PAIN: WHAT ALASKANS SHOULD KNOW

WHY BE CAUTIOUS WITH OPIOIDS?
Opioid medications are chemically similar to heroin, with serious risk of addiction and overdose, even when taken as directed.

Drug overdose was Alaska's leading cause of accidental death for 2018. Opioid addiction is driving the epidemic.

Alaska Department of Health and Social Services

Nationally, 4 out of 5 heroin users started out misusing prescription opioids.

American Society of Addiction Medicine

"IS IT AN OPIOID?"
Some examples of opioid medication include:
Codeine
Fentanyl (Duragesic)
Hydrocodone (Vicodin, Norco)
Hydromorphone (Dilaudid)
Meprobazine (Demerol)
Methadone
Morphine (MS Contin, Kadian)
Oxycodone (Opana)
Oxycodone (OxyContin, Percocet)
Tramadol (Ultram)

Learn more: WWW.OPIOIDS.ALASKA.GOV

DHSS partnered with the Alaska Chapter of the American College of Emergency Physicians and the Fairbanks Wellness Coalition to develop a patient/prescriber discussion tool on opioids and non-opioid pain management.

Provider Engagement:

In response to Alaska legislation requiring prescribers with a DEA license to complete two hours of continuing education on addiction, opioid use and pain management, DHSS developed and sponsored a suite of resources to encourage and support judicious opioid prescribing among Alaska’s healthcare providers (available on the Department of Health and Social Service’s learning management system, www.learn.dhss.alaska.gov). DHSS partnered with Alaskan medical experts in pain management, addiction, and public health to develop a free 1.0 CEU. This course alone has delivered over 900 hours of provider engagement.

GOAL 4: Alaskans experience fewer problems associated with drug use

Reducing the number and severity of problems Alaskans experience as a result of drug use hinges on providing trusted information to appropriate and receptive audiences. Syringe exchange programs, for example, reduce the risks associated with used needles, including the spread of infectious disease, while providing a safe environment for sharing information about available services or the risks of newly emerging street drugs. Needle-sharing among people who inject drugs (PWIDs) facilities transmission of diseases such as HIV and hepatitis C virus. The DHSS HIV/STD Program continuously addresses these risks among Alaska’s PWID population.

In partnership with Department of Corrections, DHSS became one of five states of the National Governor's Association Health Learning Lab to highlight best practices in addressing infectious diseases related to substance use, and aims to eradicate Hepatitis C within Alaska, with particular focus on inmates.

Sharps disposal units enable anyone to safely dispose of used needles. Increasing healthcare provider knowledge of harm reduction strategies enhances discussions related to substance misuse between provider and patient.



Project HOPE, a DHSS initiative, partners with community organizations to distribute overdose rescue kits and trainings. Since its beginning in 2017, 108 community partners have distributed 24,692 kits.



In October 2018 Kenai Peninsula hosted a drive-through event to distribute Project HOPE overdose rescue kits and training.

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

Alaska's success in addressing substance misuse requires that children, youth, and adults have timely access to substance use disorder and mental health screening, referral, and treatment services. Effective screening for substance misuse of all Alaskans, particularly those at risk, provides an opportunity for prevention and early intervention. The Centers for Medicare and Medicaid Service's approval of the 1115 Medicaid waiver demonstration provides an avenue to universally screen patients for substance use disorder. The intent of the waiver is to create an integrated behavioral health system of care for Alaskans experiencing, or at risk of developing, serious mental illness, severe emotional disturbance, and substance use disorder.

Case management, coordination of care, and efforts to raise the quality of treatment for substance use disorders can yield short- to mid-term results, while the expansion of services, particularly evaluation and treatment beds, is more long-term. A contract with Open Beds will provide a web-based platform where real-time information about residential bed and outpatient availability can be accessed by referring entities, such as hospitals and other social service providers.

Multiple programs support improvements in care for families of infants, including infants born with neonatal abstinence syndrome, by strengthening treatment and recovery support networks and enhancing screening practices. Currently, several major hospitals screen for prenatal exposure to harmful substances prior to hospital discharge thereby improving the care for babies and preventing substance-affected pregnancies. Plans are underway to expand the screening program to all delivery hospitals statewide.

Project HOPE — building community connectedness
While Project HOPE is most known for distributing opioid overdose response kits containing naloxone (Narcan® Nasal Spray) , documented to have saved over 200 lives in Alaska, it also serves a unique mechanism for building connectedness in our communities. The program convenes individuals, community organizations and leaders who want to build stronger communities. With the support of the DMVA AK National Guard Counterdrug Support Program (CDSP), Public Health Nursing, Alaska State Troopers, and the Anchorage Health Department (AHD), 108 community partners have distributed 24,692 Narcan® kits statewide.

Viewing substance use disorder as a chronic disease has the potential to change provider, criminal justice and public perceptions of substance misuse and the stigma associated with that misuse. Through four community grant awards, the Division of Behavioral Health expanded medication-assisted treatment services (i.e., the combination of targeted medication, counseling, and behavioral therapies) in Alaska. Healthcare providers, in an effort to improve access to treatment, formed a small coalition led by a local emergency department to address the psychosocial needs of patients. Additional collaborations included a partnership between a nonprofit and a correctional center to conduct screenings and provide medication-addiction treatment services to inmates. In collaboration with Alaska’s Medicaid Program, DHSS DBH developed a medication-assisted treatment guide for communities implementing opioid treatment services. The guide is a compilation of best practices, clinical guidance, and resources for the Alaska provider community.

This goal also recognizes the importance of increasing options for diversion without incarceration, while simultaneously working to increase the availability of treatment options available to individuals in the criminal justice system during and following incarceration. The Department of Correction’s in partnership with DBH supports medication assisted treatment reentry services, methadone bridging services, as well as Vivitrol programs in participating correctional centers. These actions can increase the potential for successful recovery following release.

GOAL 6: Alaskans build communities of recovery across Alaska

Without supportive and resource-rich communities of recovery, Alaskans in recovery will be at increased risk for potential relapse. Upon reentry to communities following incarceration or residential treatment programs, particularly those that only provide short-term “detox” without long-term management, Alaskans are at high risk for relapse and overdose. Strategies to build communities of recovery include working with employers to increase employment opportunities, exploring ways to reduce system barriers to employment, and increasing access to housing and other supports. Short- and long-term success for Alaskans in recovery will depend on Alaska’s success implementing the previous five goals: reducing the stigma associated with substance misuse; collaborating on substance misuse efforts, success ameliorating the problems associated with substance misuse; success reducing the risks associated with substance misuse, and timely access to screening, referral, and treatment.

To meet this goal, DHSS allocated federal grant funds statewide for agencies to develop and enhance recovery and peer support services, and provide housing and recovery support for people who are transition from treatment and/or recovery housing into independent housing.

The Alaska Department of Labor and Workforce Development through federal grant funding is conducting occupational training for in-demand jobs for those impacted by the opioid crisis. They are also supporting employers with professional development opportunities and training that can help mitigate the opioid crisis by learning techniques that may assist in their client’s recovery.

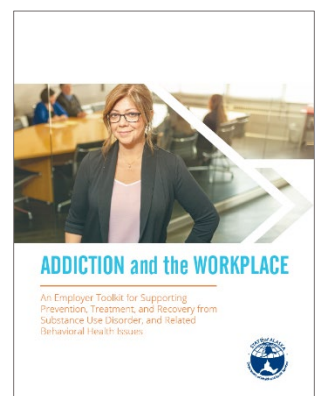
DHSS is in the process of engaging Alaska employers in diverse workplace settings to better develop their skills in addressing organizational health and employee well-being as it relates to substance use. This toolkit will provide baseline knowledge about substance misuse prevention, treatment and addiction for workplaces. The toolkit will be promoted to businesses across the state upon its completion in January, 2020. This should help to build readiness for Alaskans who are considering offering second chance employment.

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.

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



Employer toolkit on employee health as it relates to substance use, available January, 2020.

governments, the private and nonprofit sectors, faith-based organizations, communities, families and individuals to address the conditions that lead to substance misuse. Where possible, programs will be locally-driven, holistic, multidisciplinary, trauma-informed, family-inclusive, and peer-supported.

Federal Funding

At a national level, several congressional bills were passed to combat the epidemic resulting in 57 federal programs partially or fully allocating funding to prevention, treatment, and recovery, and a total of \$7.4 billion in FY18 to states. Alaska as a state received almost three times more funding to address opioid-related response with approximately 53 million and \$71.71 per capita in FY18. Funding was provided through at least seven different federal agencies, and received by at least six different SOA Departments. Since federal fiscal year 2017, State of Alaska has received approximately \$66 million in federal grant funds to address the opioid response. This does not include funding directed towards tribal entities.

Federal Entity	Total 10/1/2017 – 9/30/2019
Substance Abuse and Mental Health Services	\$39,417,834.00
Centers for Disease Control and Prevention	\$16,422,399.00
Office of National Drug Control Policy	\$5,000,000.00
Department of Justice	\$2,500,661.00
Bureau of Justice Assistance	\$1,386,574.00
US Department of Labor	\$1,263,194.00
Administration on Children, Youth and Families	\$343,433.00
Total	\$66,334,095.00

The federal funding allocated to the opioid response is derived from seven different funding sources.

	10/1/2017- 9/30/2018	10/1/2018- 9/30/2019	10/1/2019- 9/30/2020	Total
DEED	\$1,821,143.00	\$1,821,143.00	\$0.00	\$9,100,000.00
DHSS	\$11,869,276.00	\$17,228,150.33	\$13,212,913.33	\$48,332,282.00
DOA	\$600,661.00	\$0.00	\$0.00	\$600,661.00
DOC	\$137,958.00	\$1,000,000.00	\$0.00	\$1,137,958.00
DOLWD	\$0.00	\$631,597.00	\$631,597.00	\$1,263,194.00
DPS	\$900,000.00	\$2,500,000.00	\$2,500,000.00	\$5,900,000.00
Total	\$15,329,038.00	\$23,180,890.33	\$16,344,510.33	\$66,334,095.00

A variety of SOA departments receive federal funding. This table shows approximate amounts received by each Department that may be directed to the opioid response.

While a portion of federal grant awards support Departmental personnel to facilitate the response, a considerable portion is allocated by way of grants and contracts to community based agencies to address aspects of prevention, treatment and recovery. Recently, DHSS was awarded through a competitive grant solicitation a 3-year, 3.6M grant award from the CDC to focus on the complex and changing nature of the drug overdose epidemic through data, surveillance, and supporting local community prevention efforts. A large portion of the total grant award will be used to support community based prevention efforts by way of strengthening prescription drug monitoring programs, improving state-local integration, establishing linkages to care, and improving health care provider and health system support.

We expect federal dollars to address this epidemic to remain stable. The President’s FY 2020 budget shows the State Opioid Response grants stable at \$1.5 billion. The Alaskan congressional delegation is also determined to address this epidemic. Senator Lisa Murkowski co-sponsored the [Comprehensive Addiction and Recovery Act](#) passed in 2018 appropriating federal dollars for opioid-related activities and Senator Dan Sullivan has convened two Alaska Wellness Summits focused on the opioid crisis and drug trafficking. Having national level support helps ensure future funding in Alaska for this important issue.

Receiving DEPT	Funder	Grant	Total Amount	FFY	Focus
DPS	ONDCP	High Intensity Drug Trafficking Areas	\$2,500,000.00	FY19-FY20	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-FY20	-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
DOC	DOJ	Second Chance Act Statewide Recidivism Reduction Strategic Plan Implementation Program	\$1,000,000	FY19	-Provides resources and technical assistance to improve reentry systems and reduced recidivism among populations released from incarceration.
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	FY17-FY21	<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	FY19-FY20	-Increases access to medication-assisted treatment and other treatment modes. -Supports prevention activities
DHSS	SAMHSA	Partnerships for Success (PFS)	\$5,000,000	FY16-FY20	Reduce social access, reduce inappropriate retail access, and increase perception of harm among six communities. Fosters funding for Alaska Prenatal Screening Program using the 4Ps plus tool. Supports the Opioid Work Group coordination.

DHSS	CDC	Cooperative Agreement for Emergency Response: Public Health Crisis Response	\$2,572,577	FY19	-Supports overall surveillance and prevention initiatives
DHSS	ACF	Infant Plans of Safe Care	343,433	FY19	-Supports Plans of Safe Care
DHSS	SAMHSA	Substance Abuse Prevention and Treatment Block Grant	\$6,154,694	FY17-FY19	-Supports overall prevention, treatment, and recovery initiatives
DHSS	BJA	Harold Rogers Prescription Drug Monitoring Program (PDMP)	\$255,462	FY18-FY19	-Assess awareness and use of PDMP among practitioners
DHSS	CDC	Enhanced State Opioid Overdose Surveillance	\$700,000	FY18-FY19	Monitoring, evaluation, and dissemination of nonfatal and fatal opioid-involved overdose data
DHSS	SAMHSA	Medication-Assisted Treatment Prescription Drug/Opioid Addiction Grant (MAT-PDOA)	\$2,963,140	FY17-FY19	Fund additional opioid treatment programs in the state to expand treatment capacity
DHSS	CDC	Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI)	\$2,250,000	FY17-FY19	-Improve opioid surveillance; develop a comprehensive program; enhance and maximize PDMP; enhance local access to data; conduct policy evaluation
DHSS	SAMHSA	State Targeted Response Grant	\$4,000,000	FY17-FY19	<ul style="list-style-type: none"> • Increase access to treatment including office-based opioid treatment for high risk persons. -Supports prevention and recovery initiatives
DEED	SAMHSA	Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants	\$9,100,000	FY15-FY19	-Employs districtwide (universal) strategies to increase mental health awareness and referrals across the entire districts