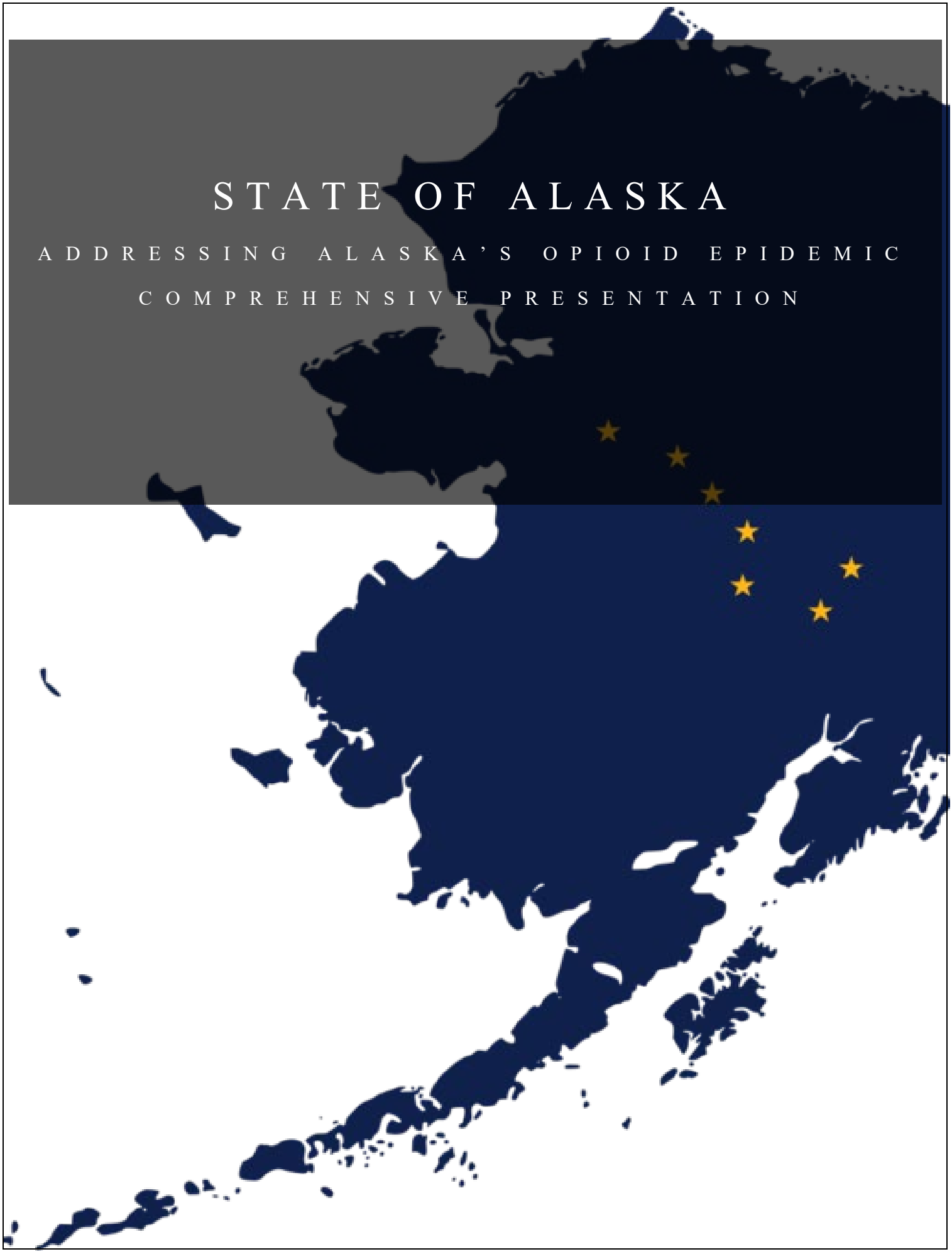


STATE OF ALASKA

ADDRESSING ALASKA'S OPIOID EPIDEMIC

COMPREHENSIVE PRESENTATION

CONTENTS

ADDRESSING ALASKA'S OPIOID EPIDEMIC

Nearly twenty months have passed since the State of Alaska issued a disaster declaration for the opioid epidemic. Since then, there has been increased collaboration across state agencies and with communities statewide, with efforts infused by federal funds exceeding $36 million. What have we done and where has it made a difference? This report highlights the work and the results of Alaska's opioid response from February 2017 through September 31, 2018. 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.

The national opioid epidemic has rapidly grown into this decade's defining public health crisis. According to preliminary data from the Centers for Disease Control and Prevention, overdose deaths in 2017 increased by almost 10 percent from 2016 – claiming the lives of more than 70,000 Americans. Nearly 48,000 of those were opioid overdose deaths, with the sharpest increase occurring among deaths related to illicitly made fentanyl and fentanyl analogs (synthetic opioids). The U.S. rate of opioid-related deaths increased more than four-fold between 1999 and 2016. In Alaska, the highest number of opioid-related deaths identified in one year was 108 in 2017 (preliminary data); of which, 100 (93%) were due to overdose. During 2010–2017, with 623 identified opioid overdose deaths, the opioid overdose death rate increased 77% (from 7.7 per 100,000 persons in 2010 to 13.6 per 100,000 persons in 2017). Synthetic opioids, excluding methadone, caused 37 deaths –37% of all opioid overdose deaths in 2017, with fentanyl contributing to 76% (28 of 37) of those deaths.

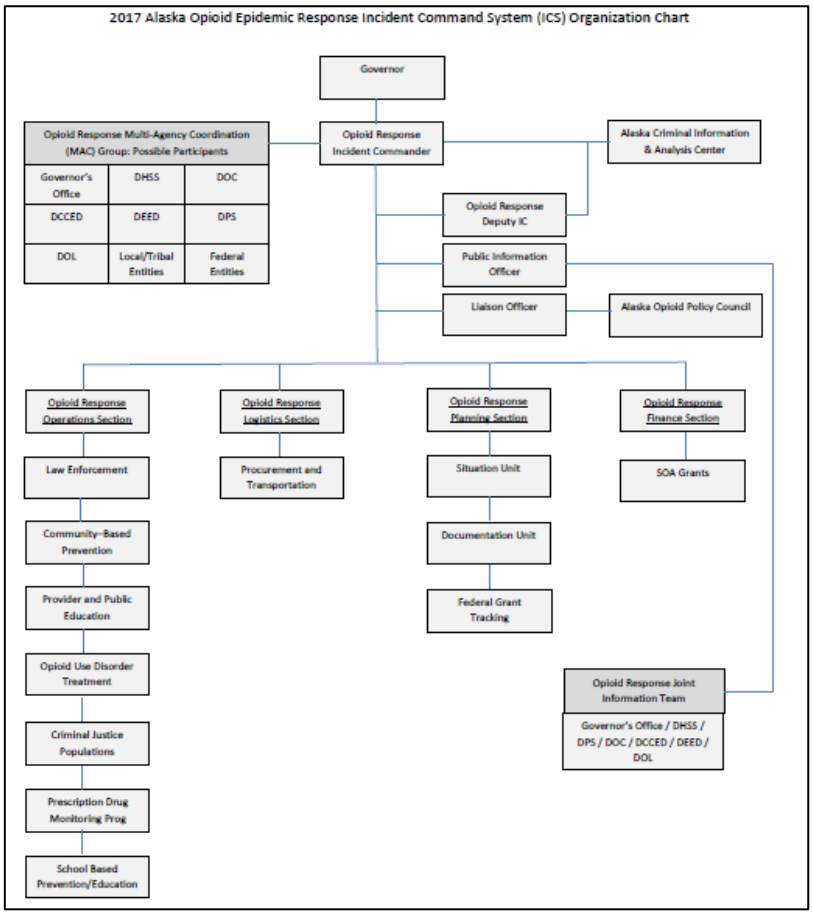
During 2012–2017, the rate of out-of-hospital naloxone administrations by emergency medical service (EMS) personnel more than doubled, from 8.0 to 17.7 administrations per 1,000 EMS calls in 2012 and 2017, respectively. The rates of opioid-related inpatient hospitalizations were 28.5 per 100,000 persons in 2016 and 26.0 per 100,000 persons in 2017, with total inpatient hospitalization charges exceeding $23 million.

Despite the escalating rate of opioid overdose deaths and high hospitalization rates, there are several encouraging findings. Preliminary data suggest a possible reduction in the number of deaths during the first six months of 2018—29 Alaskans were known to have died of opioid overdose in the first 6 months of 2018 compared with 44 and 56 during the first and second six months, respectively, of 2017. Additionally, the percentage of traditional high school students who report using heroin at least once dropped in 2011 and 2013 and has not increased since then. The rate of Medicare Part D patients who received opioid prescriptions has decreased annually since 2015, suggesting more judicious prescribing in Alaska. Furthermore, naloxone use is increasing; this is likely due in part to the increased statewide availability of this life-saving overdose reversal medication.

RESPONSE STRUCTURE

To address the rising incidence of heroin and opioid abuse in Alaska, the Advisory Board on Alcoholism and Drug Abuse (ABADA), Department of Health and Social Services, and the Alaska Mental Health Trust Authority co-facilitated the Alaska Opioid Policy Task Force (AOPTF) in 2016, with members representing the public systems significantly affected by issues related to opioid abuse while representing the diversity of Alaska's communities. AOPTF Final Recommendation, issued in January 2017, have since informed actions and priorities for Alaska's Opioid Response.

The Governor of Alaska declared the opioid crisis a statewide disaster by virtue of the threat to life and property on February 14, 2017, shortly after the task force issued final recommendations. The disaster declaration established a statewide Overdose Response Program under Alaska's Chief Medical Officer and enabled wide distribution of naloxone. Two days later, Administrative Order 283 implemented an Incident Command System (ICS) to coordinate the response and directed state departments to apply for federal grants for prevention, treatment and recovery, and enforcement/interdiction, to eliminate illegally imported drugs, and assist with prescription drug monitoring.



The institution of ICS was based on the recognition that the opioid epidemic involves multiple and constantly evolving substances of misuse with complex underlying contributing factors. The problem would not be solved easily or quickly. Recognizing the need to dedicate staffing and enhance sustainability for the long- term multi-sector, multi-agency response.

Under the 2017/2018 Alaska Opioid Response Structure a Multi-Agency Coordination Group was established to work directly with the response structure to provide subject matter expertise, overall strategic vision, and response/recovery mission objectives. The Multi-Agency Coordination Group recommend strategies and policies to the Governor, State Legislature, and Incident Commander to address the rising incidence of heroin use, prescription opioid abuse, and deaths due to opioid overdose. Recommendations were evidence and research based and reflect best practices, where applicable. The incident command system works to address: Alaska law enforcement efforts to curb the importation of heroin into the state; prescribing practices related to pain management and opioid medications; insurance and Medicaid roles in preventing and managing opioid addiction; access to detox services; prescription opioid misuse, abuse, and diversion; improving the opioid treatment system in Alaska; potential collateral public health concerns of opioid abuse and self-injecting drug use (Neonatal Abstinence Syndrome, HIV, Hepatitis); harm reduction practices (e.g., access to naloxone, syringe and needle exchange programs); public education and destigmatization; root causes of self-medication; any potential collateral consequences of policies considered by the task force; and other areas identified by stakeholders throughout the process. The most effective responses to Alaska's heroin and opioid

epidemic will be tailored to meet the needs of rural and urban communities and the diverse cultures of Alaska. The incident command system will coordinate efforts with local community coalitions to develop recommendations that are relevant statewide, and it will ensure communities are knowledgeable on relevant policies, practices, regulations, and other information pertaining to opioid abuse and overdose.

The Multi-Agency Coordination Group is composed of state departments leads that have been identified to have a role and responsibly in the Alaska opioid response structure, members include; Office of the Governor, Office of the Lt. Governor, Department of Health and Social Services, Department of Public Safety, Department of Corrections, Department of Commerce Community and Economic Development, Department of Education and Early Development, Department of Law, and the Department of Military and Veteran Affairs

COST ASSOCIATED TO ALASKA'S OPIOID EPIDEMIC

DATA SOURCES

The method to calculate the cost association for the State of Alaska addressing the opioid epidemic data was gathered from years 2017 and 2018, this timeframe represent when the State of Alaska began the response to the epidemic. The following data sources were utilized;

- Department of Health and Social Services Medicaid Drug Treatment Reimbursement Claims
- Department of Health and Social Services Medicaid Opioid Related Diagnosis Reimbursement Claims
- Department of Health and Social Services, Division of Behavioral Health Substance Use Disorder, Treatment/Recovery, Prevention, and Associated Grants
- Department of Health and Social Services, Division of Public Health Hospital Discharge Data

MEDICAID

Medicaid has played a central role in Alaska's efforts to addressing the opioid epidemic, by covering individuals and families who are struggling with addiction and enhancing our states capacity to provide access to early intervention and treatment. Medicaid is a key element in the fight against the poly-substance addiction, Alaska's Medicaid program have also implemented several measures to curb over prescribing of prescription opioid. Although the epidemic began many years before Medicaid expansion, the expansion has provided Alaska with additional resources to cover many adults with addiction who were previously excluded from the program.

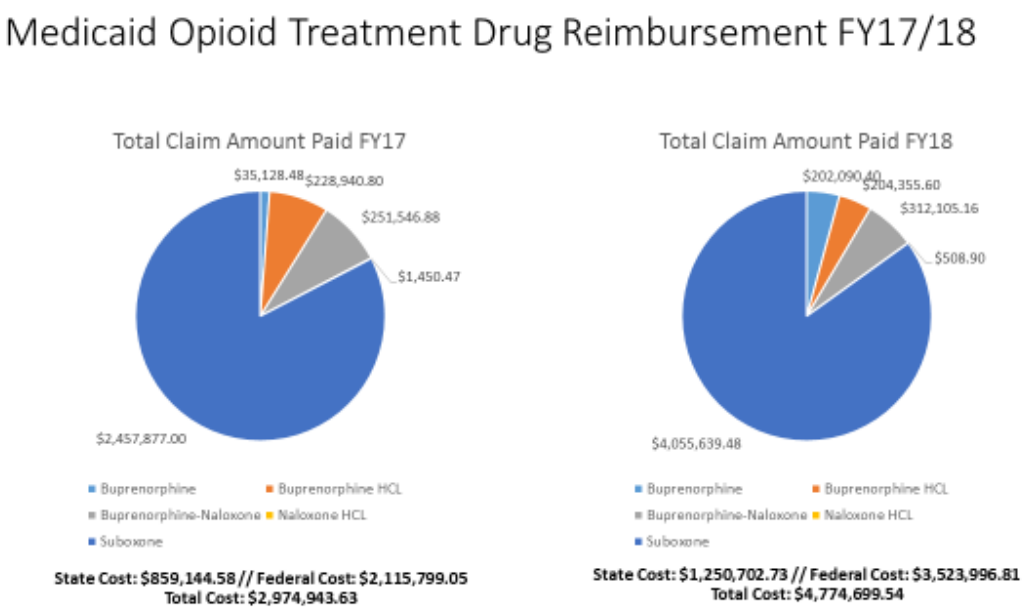


Figure 1: Attachment one for larger view

Medicaid drug treatment (prescriptions) reimbursement claims were gathered and analyzed for years 2017 and 2018. Drug treatment reimbursement includes the following categories; Buprenorphine (HCL, Naloxone), Naloxone HCL, and Suboxone. In calendar year 2017 Alaska's opioid treatment drug reimbursement (prescriptions) claims totaled $2,974,943.63, of this amount the State of Alaska incurred $859,144.58 equaling 29%, and the Federal government incurred $2,115,799.05 equaling 71%. In calendar year 2018 Alaska's opioid treatment drug reimbursement (prescriptions) claims totaled $4,774,699.54, of this amount the State of Alaska incurred $1,250,702.73 equaling 26%, and the Federal government incurred $3,523,996.81 equaling 74%.

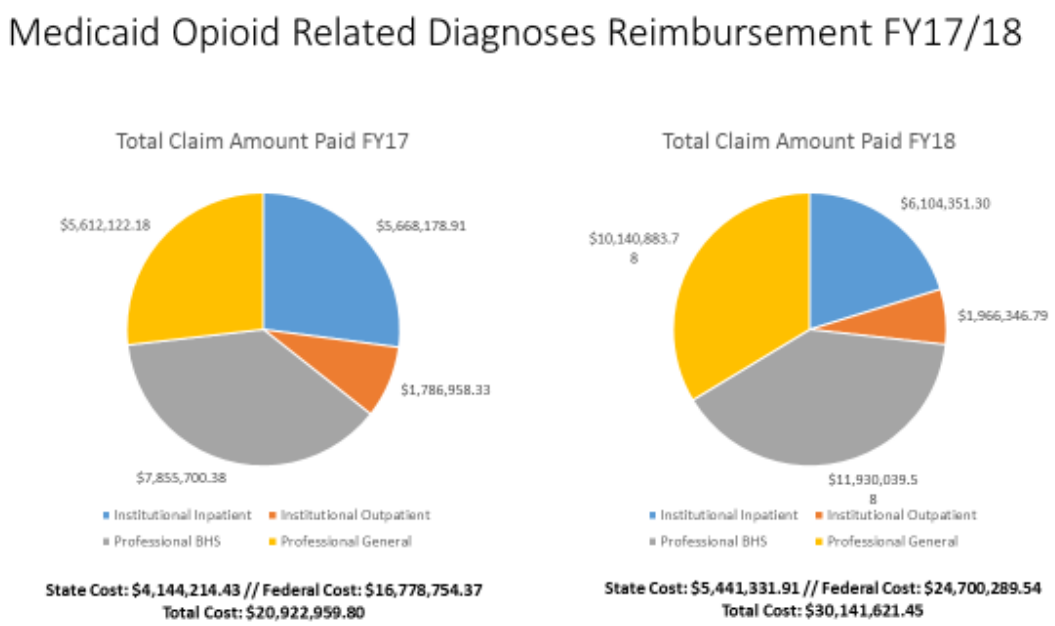


Figure 2: [Attachments two, and three for larger view]

Medicaid opioid related diagnosis claims were gathered and analyzed for years 2017 and 2018. Opioid related diagnosis reimbursement includes the following categories; institutional inpatient services, institutional outpatient services, professional behavioral health services, and professional general services. In calendar year 2017 Alaska's opioid related diagnosis reimbursement claims totaled $20,922,959.80, of this amount the State of Alaska incurred $4,144,214.43 equaling 20%, and the Federal government incurred $16,778,754.37 equaling 80%. In calendar year 2018 Alaska's opioid related diagnosis reimbursement claims totaled $30,141,621.45, of this amount the State of Alaska incurred $5,441,331.91 equaling 18%, and the Federal government incurred $24,700,289.54 equaling 82%.

GRANTS

The Department of Health and Social Services, Division of Behavioral Health provides grant funding for substance use disorder treatment to communities and provider services statewide. The Division of Behavioral Health granting funding was gathered and analyzed for years 2017 and 2018. Data gathered from the substance use disorder grants includes the following categories; treatment and recovery grants, and prevention and intervention grants.

In calendar year 2017 substance use disorder grants administered to local jurisdictions and organizations totaled $68,893,410, of this amount the State of Alaska incurred $57,693,410 equaling 84%, and the Federal government incurred $11,200,000 equaling 16%. In calendar year 2018 substance use disorder grants administered to local jurisdictions and organizations totaled $66,886,019, of this amount the State of Alaska incurred $55,686,019 equaling 83%, and the Federal government incurred $11,200,000 equaling 17%.

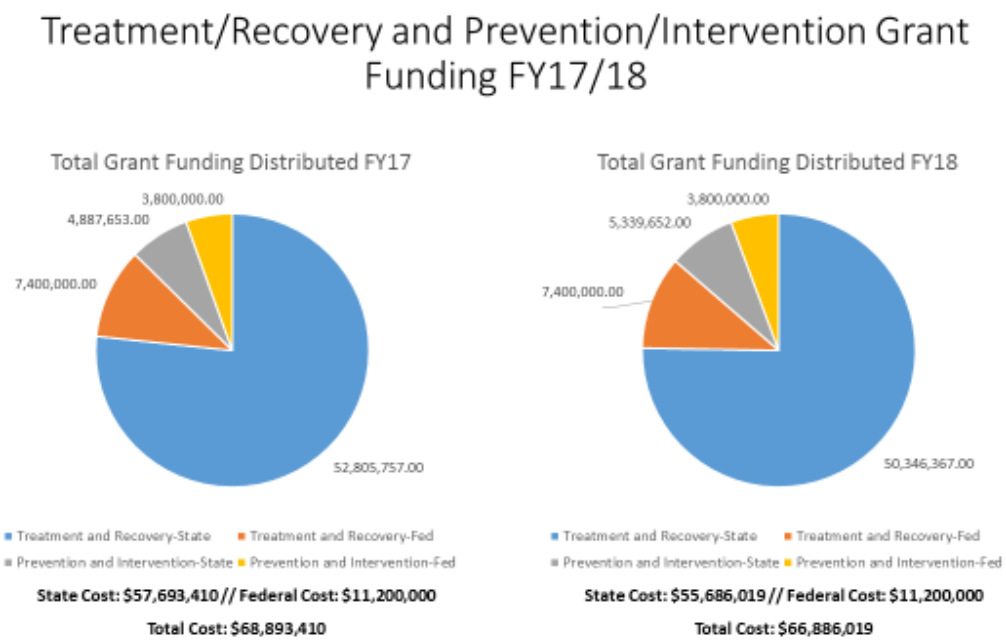


Figure 3: Attachments four, five, and six for larger view

Note that some grant funding is specific to for "opioid disorders", but most of the funding is for substance use disorders in general. Also note that attachments X and X includes programs funding with grants, but does not include programs that operate solely on Medicaid, insurance, and/or self-pay. This could give the impression there are fewer programs and resources available in the state than actually exists.

TOTAL COST

Total cost associated to the State of Alaska addressing the opioid epidemic combines the data sources and total amounts from Medicaid drug treatment reimbursement claims, Medicaid opioid related diagnosis reimbursement claims, and the Department of Health and Social Services, Division of Behavioral Health substance use disorder prevention and treatment/recovery associated grants. Total costs are broken out by calendar year 2017 and 2018, costs are also separated out to identify the States expense and the federal government expense.

In calendar year 2017 total cost to address Alaska's opioid epidemic equaled to $92,791,322.4, of this amount the State of Alaska incurred $62,696,769 equaling 68%, and the Federal government incurred $30,094,553.4 equaling 32%.

In calendar year 2018 total cost to address Alaska's opioid epidemic equaled to $101,802,340, of this amount the State of Alaska incurred $62,378,053.6 equaling 61%, and the Federal government incurred $39,424,286.3 equaling 39%. In both calendar years of 2017 and 2018 total cost to address the epidemic equaled to $194,593,662, of this amount the State of Alaska incurred $125,074,823 equaling 64%, and the Federal government incurred $69,518,839 equaling 36%.

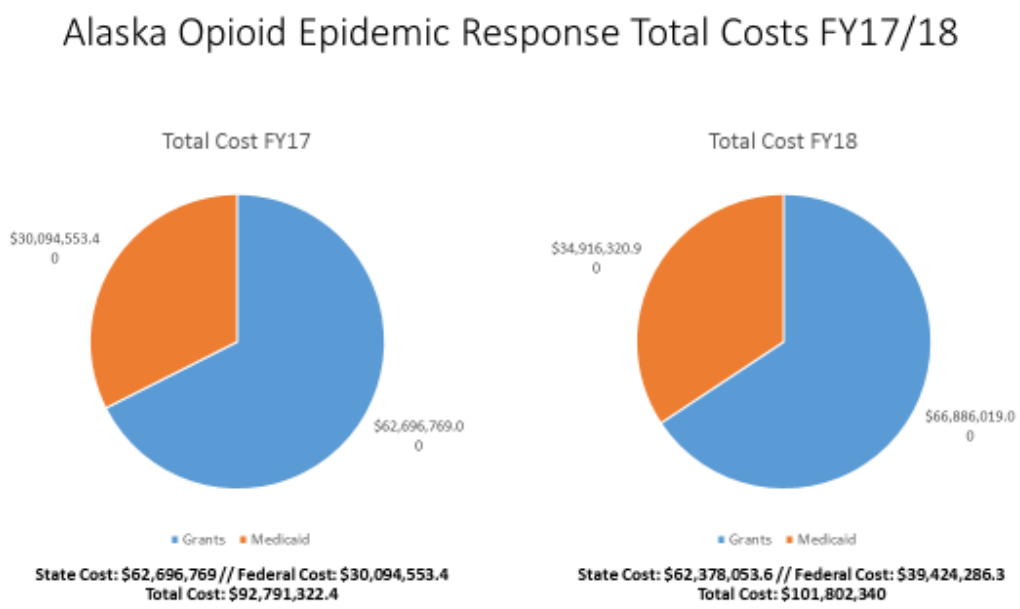


Figure 4: Attachment seven for larger view

THE ECONOMIC COSTS OF DRUG ABUSE IN ALASKA

In 2016 the State of Alaska, Mental Health Trust Authority contracted with the McDowell Group to evaluate and publish the report titled "The Economic Cost of Drug Abuse in Alaska". The report highlights that the economic costs of drug misuse and abuse in the State has totaled billions of dollars each year. Costs to society include increased health care costs, increased criminal justice system costs, lost or reduced workplace productivity, greater spending on public assistance and social services, and a range of other contributing impacts. It has been estimated that in 2015 the cost of drug abuse to the Alaska economy totaled just under $1.22 billion. The link below will direct you to the most current version of the report funded by the State of Alaska, Mental Health Trust Authority, and developed by McDowell Group.

https://alaskamentalhealthtrust.org/wp-content/uploads/2018/05/Economic-Costs-of-Drug-Abuse-Final-4.24.17.pdf

NEW FUNDING SOURCES

Since 2017 the State of Alaska has secured over 11 federal grants equaling over $33,000,000 to directly address Alaska's opioid epidemic. Many of these grants are used, in whole or part, to fund or support community based efforts. Attachment eight within this document highlights the federal grant funding sources being utilized by State of Alaska departments.

RESOURCES

People living with an opioid use disorder in Alaska should have access to comprehensive treatment options that meet all their needs. Best practices across the continuum of care for the treatment of opioid use disorder and substance use disorder presents services that should be available to individuals experiencing or at risk of experiencing harms from opioid use. This resource tools and lists below identify Alaska's available services to community members suffering from addiction.

PREVENTION

The Department of Health and Social Services, Division of Behavioral Health Prevention & Early Intervention coordinates a comprehensive approach to promotion of healthy individuals, prevention of behavioral health problems, and earlier intervention when a problem is recognized. Alcohol & Drug Information School (ADIS) Programs provide education to first-time Driving While Intoxicated (DWI) and Minor Consuming offenders, as well as those convicted of other alcohol/drug related offenses, if that person would not be diagnosed as a substance abuser. The goal of the ADIS program is to reduce the subsequent alcohol and/or other drug related offenses and the associated high risk behaviors. ADIS programs cover the effects of alcohol and other drugs on driving and social behaviors as well as health and legal consequences. Each ADIS program conforms to the same standards and are approved and monitored by Division of Behavioral Health. These programs are designed to be available to all Alaskans involved in alcohol and/or other drug related offenses.

- The following link provides a list of approved Alcohol and Drug Information Schools. http://dhss.alaska.gov/dbh/Documents/Prevention/programs/asap/ADIS%20Approved%20Program%20List%208-31.doc

The Alaska Office of Substance Misuse and Addiction Prevention, established in July of 2017, uses a public health approach to prevent and reduce substance use disorders and supports community-based activities across Alaska. The office is involved in the State of Alaska's opioid disaster response. It also provides collaborative leadership to develop evidence-based strategies to reduce substance misuse and addiction on a variety of substances. It provides subject matter expertise on prescription drugs (including prescription opioids), illicit drugs (heroin, meth and cocaine), marijuana and alcohol (FASD). The office's strategies include efforts to improve public and professional knowledge on substance misuse and addiction, promoting safe and healthy communities, substance misuse prevention, coalition support and development, naloxone distribution, and drug demand and disposal reduction. The Department has created a specific website focusing on Alaska opioid epidemic. Within the webpage the following information can be gained; how to get help, supporting the family, before you prescribe, looking at the data, and material for use. The link provided below will direct to the site.

- Opioids and Heroin in the Last Frontier Website: http://www.dhss.alaska.gov/dph/Director/Pages/heroin-opioids/default.aspx

The State of Alaska's Strategic Prevention Framework Partnerships for Success (PFS) project. Through collaborations with state agencies, community coalitions, and other partners, the PFS project aims to prevent and reduce non-medical use of prescription opioids and heroin use among 12-25 year olds in Alaska. The following link identifies the services and recourses available under this program.

- Partnerships for Success Community Coalitions Websites: https://iseralaska.org/projects/alaska-partnerships-for-success/communities/

Alaska currently has three Drug Free Community (DFC) support funded community coalitions located in Sitka, the Ketchikan, and Mat-Su Valley.

TREATMENT AND RECOVERY

Lists of Alaska behavioral health treatment services (links found on the Department of Health and Social Services, Division of Behavioral Health website):

- All DBH Treatment and Recovery Grantee List: http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/Community%20Planning%20and%20Service%20Areas/Community_Planning_and_Service_Areas-TR_Providers.pdf
- Medication Assisted Treatment (MAT) for Buprenorphine Treatment: DBH encourages individuals seeking MAT to utilize the SAMHSA treatment locator guide because it includes agencies providing medication assisted treatment services for whom the Division of Behavioral Health does not provide oversight. See: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator?field_bup_physician_us_state_value=AK
- DBH list of Medication Assisted Treatment providers: http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/SUD%20Providers/Medication%20Assisted%20Treatment%20Providers.pdf
- Substance Use Disorder Treatment Providers: http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/SUD%20Providers/Substance%20Use%20Disorder%20Treatment%20Providers.pdf
- Residential Treatment Bed Availability: http://dhss.alaska.gov/dbh/Pages/ResidentialSUD/default.aspx
- Youth Residential Treatment: http://dhss.alaska.gov/dbh/Pages/Residentialcare/Default.aspx).
- Inpatient Psychiatric Treatment: http://dhss.alaska.gov/dbh/Pages/Inpatient-Psych/default.aspx)

Reentry Coalitions work with individuals released from institutions – primarily Department of Corrections (DOC) prisons or jail – that have criminal records. Most of the individuals releasing from DOC institutions have a history of substance use. The target population for these services includes medium to high-risk felony offenders (as identified by the DOC's risk assessment) releasing from DOC facilities and high-risk misdemeanants. Most of the target population has an SUD diagnosis, with provider reported upticks in heroin and methamphetamine usage. The opioid epidemic has had a big impact on this population, and reentry coalitions help make treatment and service connections for clients, providers, and families in search of community resources.

Funding for these Reentry Services originates from the Recidivism Reduction fund, which is intended to increase public safety by coordinating services – including treatment, housing, employment, and prevention and intervention supports – for offenders who are at a higher risk to reoffend if not connected to the above supports upon release. DBH received $2,000.000 from the fund in FY18.

DBH funded Reentry Coalition, Navigation, and Case Management Services include:

- Nome Reentry Coalition
- Ketchikan Reentry Coalition (Community Navigation Resources started November 2018)
- Bristol Bay Reentry Coalition (Limited Reentry Case Management Services available)
- Kenai Reentry Coalition
- Fairbanks Reentry Case Management (Operating since April 2017)
- Mat-Su Reentry Case Management (Operating full-staff since October 2017)
- Juneau Reentry Case Management (Operating since April 2017)
- Anchorage Reentry Case Management (Operating since April 2017)
- Partners Reentry Center, Anchorage (contract, reentry services, 2017)

ENFORCEMENT

The Statewide Drug Enforcement Unit (SDEU) is a State statute-mandated enforcement unit within the Division of Alaska State Troopers under the Alaska Department of Public Safety (DPS). As an enforcement body among different bureaus, detachments, and units within AST, SDEU's specific assignment is to provide services designed to deter, detect, and interdict traffickers and trafficked illicit controlled substances and alcohol. Components of prevention and education are incorporated into this drug enforcement mission as part of DPS' fundamental services.

SDEU cooperates and collaborates with a myriad of the federal, state, local, and tribal law enforcement partners as well as other stakeholders. Cooperation amongst law enforcement entities tends to build the collective capacity and capability for detection, interdiction, and apprehension of the criminal elements profiting off other people's misery through trafficking in illicit drugs and alcohol.

The SDEU headquarters office in Anchorage supports six investigative teams throughout the state. They are:

- Anchorage Airport Interdiction Team
- Fairbanks Areawide Narcotics Team
- Mat-Su Narcotics Enforcement Team
- Southcentral Areawide Narcotics Team
- Southeast Alaska Cities Against Drugs
- Western Alaska Alcohol and Narcotics Team

SDEU authors an annual drug report that highlights the trends and major drug seizures occurring within Alaska. The 2017 Annual Drug Report, is now available, and the archived reports from past years are also available (https://dps.alaska.gov/ast/sdeu/drug-stats).

JUDICIAL

The therapeutic model is not an "easy way out" of a felony or misdemeanor, but an alternative justice model in which a collaborative court team made up of a supervising judge, district attorney, defense counsel, probation officer and/or substance abuse or mental health treatment provider, oversees and closely monitors participants who chose the treatment program in lieu of incarceration. When individuals are accepted into a therapeutic court, participants are required to attend court status hearings weekly, bi-monthly or monthly depending on their stage in the program. The Court Team meets weekly to review their progress, and to suggest incentives or sanctions that may best encourage the participants' success. Although the details may vary within each of the therapeutic courts, the basic structure is the same:

- A team approach to supervise and encourage a participant's progress
- A system of sanctions and incentives for performance in the program
- Upon successful completion of the program, participants' sentences are imposed according to the initially negotiated agreements
- In the CTC, when children are reunited with their parent(s) or parental rights are relinquished, the case is closed with the Office of Children's Services
- Participants who are unable or unwilling to complete the program are dismissed, and their sentence is immediately imposed
- Participants who are unable or unwilling to complete the program are dismissed and the sentence that was negotiated at the time of admission to the court is immediately imposed

The following link identifies the available services and resources within Alaska's Judicial System related to therapeutic courts: http://www.courts.alaska.gov/therapeutic/index.htm#about

PARTNERSHIPS, OUTCOMES, RESULTS

One single entity cannot address the huge challenge of substance misuse and addiction alone. Parochial and siloed approaches are doomed to failure. In states and territories where public health agencies are structurally separate from behavioral health and alcohol and drug abuse agencies, bridging artificial bureaucratic divides is foundational to progress. Within the State of Alaska, cross-sector collaboration with attorneys general, state law enforcement and public safety, health boards, justice and corrections, education, Medicaid programs, and social service agencies has fostered a coordinated approach. The State also works with state health professional organizations, state hospital associations, third-party payers, business organizations, and the pharmaceutical industry, among others. Alaska's success in addressing substance misuse and addictions will not occur without leadership at the local level and the state continues to work closely with and provide support to city, borough, and tribal agencies.

PREVENTION

The AOPTF Final Recommendations endorsed a public health approach to the prevention and reduction of opioid use and misuse. Comprehensive prevention strategies are needed to mitigate the harm that opioids are causing Alaskans and their families and communities. Community based prevention has since become central work of the opioid response.

NALOXONE AND DRUG DISPOSAL DISTRIBUTION

With federal funding secured, Project HOPE (Harm-reduction, Overdose Prevention and Education), began providing naloxone (Narcan® Nasal Spray) and training on its use in January 2017. The rapid deployment of naloxone has only been possible because of the widespread and ongoing engagement of entities statewide to become Opioid Response Programs (ORPs), acting as a force multiplier, trained and certified by the state to distribute naloxone wherever it is needed. Ensuring that Alaskan entities and residents are aware of naloxone and drug disposal bag availability and use has also been the focus of direct state action, primarily by the state's Chief Medical Officer, OSMAP Director and staff, and the DHSS Division of Public Health's Section of Public Health Nursing (PHN). Public Health Nursing and Alaska State Troopers became the state's first two Opioid Response Programs (ORPs). Public Health Nurses have met with entities statewide to educate leaders and staff about Project HOPE, provide subsequent training, and used events such as Alaska's community health fairs as opportunities to inform community members as well.

To date naloxone distribution of over 17,000 overdose rescue kits have been distributed statewide and is credited with over 250 lives saved leading to a substantial decrease of 42% in opioid overdose deaths last year (Attachment Nine: Opioid-Related Overdose and Emergency Room Visits). Concurrent with distribution of naloxone rescue kits, Project HOPE also distributed medication disposal bags enabling safe disposal of opioids statewide through Public Health Centers, Alaska State Trooper posts and partner organizations. Alaska's ORPs have distributed over 45,000 drug disposal bags providing the potential to destroy over 2 million unused and unwanted prescription medications.

To increase awareness and understanding of opioids, the Department of Health and Social Services Office of Substance Misuse and Addiction Prevention (OSMAP), in a multi-agency effort:

- Launched video campaigns and Public Service Announcements:
  - *With Opioids, Not Sharing is Caring*
  - *Alaska Tough*
  - *Project HOPE Naloxone Kits*
  - *Living with Addiction*

- Are preparing outreach and messaging for the fall and winter of 2018 that will include production of TV/radio PSAs to improve patient awareness of (1) effective non-opioid pain treatment options and (2) that addiction is a chronic health condition and all people to some degree are at risk and can become addicted.
- Developed and distributed materials for Alaskans to give to others about naloxone and medication disposal bags, including wallet cards distributed to locations such as Alaska's 15 Job Centers.

COMMUNITY CAFÉS

OSMAP, in partnership with state agencies and community organizations, conducted a series of community cafes, (below, often combined with a preliminary day to meet with community leadership, to gather information about the specific needs, successes and challenges of addressing opioids in Alaska's diverse communities. This community input informed Advisory Teams for the Alaska Opioid Action Planning Summit held in August 2018 and is reflected in the *Alaska Opioid Action Plan* (http://dhss.alaska.gov/dph/Director/Documents/heroin-opioids/Statewide-Opioid-Action-Plan-2018-2022.pdf). The Action Plan outlines specific strategies and actions for the next five years and incorporates goals, objectives, and strategies from existing state plans that directly or indirectly address substance misuse.

OSMAP Opioid Action Planning for Statewide Opioid Action Plan: Community Events, 2017-September 31, 2018	
Community	**Dates**
2017	
Prince of Wales	December 11
Petersburg	December 14
Ketchikan	December 12-13
2018	
Dillingham	January 30-31
Sitka	February 3
Anchorage	February 8
Utqiagvik	February 14-16
Nome	February 26-28
Homer	March 7
Kenai	March 8
Juneau	March 26-27
Fairbanks	April 11-12
Mat-Su	April 17
Anchorage (Summit Planning)	June 7
Anchorage (Summit)	August 13-14

EDUCATION

Priorities for education included:

- **Health professionals**, increasing knowledge about opioids, pain management, and addiction to improve screening, referral, treatment, prevention, and prescribing practices

- **School staff and students**, increasing their awareness of the risks of opioids and the power of addiction before it develops
- **All Alaskans, and particularly Alaskans in high-risk populations**, to increase their awareness of opioids and associated risks and reduce the stigma associated with addiction

Health Professional Education: In addition to hospital Grand Rounds, presentations at Alaska's medical facilities, conferences, and symposia, subject matter experts developed an *Alaska Opioids* Continuing Medical Education (CME) online course that enables licensed providers to meet new opioid CME requirements. Funding is also bringing provider expertise to Alaska for seminars such as with Dr. Don Teater and Martha Teater, LPC *Understanding Opioids, Pain and Addiction* and *Tools for Treatment* 2-day seminar. Beginning October 1, 2018, Project ECHO, a tool that has been used in states around the country to provide clinical, case-based education eligible for earning CME credits, will use virtual provider-to-provider networking and education to support providers with access to expertise on specific cases. Providers will also have access to a patient/provider discussion tool on pain treatment (including non-opioid alternatives).

School-Based Education: Presentations at school conferences brought school boards, school districts, and individual schools has increased educational involvement in the opioid response, including the competition to name two new drug detection K9s for the Alaska State Troopers involved more than 1,000 students in more than 70 classrooms. The Department of Education and Early Development (DEED) developed an accompanying lesson plan to inform students of the dangers of illicit drug use. Meanwhile, DEED and partners developed *Opioids and the Opioid Epidemic 101*, an interactive educational program for teachers and school system staff, was developed is online with 500 public seats so Alaskan parents and others can take the online eLearning course. The Alaska National Guard Counter Drug Support Program is revamping substance misuse education materials and course for upcoming AMYA students.

Public and Targeted Education (for at-risk populations): In addition to the campaigns, state staff talked with communities statewide in opioid presentations. Some of those involved videos, such as *Chasing the Dragon* and *Alkali Lake,* followed by panel discussions or question and answer sessions. Public Health Nurses provided information on how to reduce risks associated with opioid use to Alaskans in corrections, substance abuse treatment, needle exchange programs, and shelters.

PRESCRIPTION DRUG MONITORING PROGRAM

During 2017 and 2018, the Prescription Drug Monitoring Program provided guidance, updates, and training to providers and prescribers. Grants provided partial support for the PDMP manager and funding to enhance PDMP capacity, including issuance of report cards comparing prescribing practices of providers with their peers. DCCED released the Alaska Prescription Drug Monitoring Program Report to the 30th Legislature (2018). PDMP staff provided mailed and internet guidance (www.PDMP.alaska.gov, https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_EffectiveDates_08.2017.pdf) to providers and prescribers and worked with professional associations to post links to information.

- There are 6,580 registered Prescription Drug Monitoring Program (PDMP) users, a roughly 4-fold increase in 2 years, attributable to SB 74 and HB 159 mandating PDMP use and registration. Practitioners and pharmacists logged into the Prescription Drug Monitoring Program over 32,000 times in July. This represents a 14% increase in the past year.
- In August 2018, 75% of prescription history searches identified patients with a prescription history.
- Opioids are being prescribed more carefully, implementing judicious prescribing practices:

- Opioid prescriptions decreased 15.4% decrease from July 2017 to June 2018; 8,179 fewer opioid prescriptions were dispensed in July than in June of 2018 (PDMP data).
- The number of opioid prescriptions for state employees in May 2018 were roughly 60% of the figure in February 2017, and the number of pills in each prescription had been cut in half.
- Opioid prescribing rates for Medicare beneficiaries decreased by 9%.
- Approximately 10% fewer Medicaid members had an opioid claim submitted between January and June 2018, compared to April through September 2017. This was in concert with a 20% decrease in the number of members who had claims with calculated daily Morphine Milligram Equivalents (MME) greater than 200 during these same periods (Alaska Medicaid pharmacy claims data).
- Prescriptions filled for less than seven days represented 84% of 'new starts' from January through June 2018 (Alaska Medicaid pharmacy claims data).

DATA

Preliminary opioid overdose death and emergency department visit data is now updated monthly, with the proviso that numbers may change once toxicology results are verified, with preliminary numbers. An interactive Alaska Opioid Data Dashboard provides month by month information for the most recent 12-month period.

COMMUNICATIONS

Alaska's opioid epidemic, including local and state efforts to address opioid and other substance misuse, had widespread coverage in print, television, radio, and social media. Since the first operational period of the declared disaster, we documented **over 425 events**, ranging from educational (including Project HOPE naloxone kits, medication disposal bags, safe disposal of needles); informational (opioid reports and statistics), community events, and policy (Alaska bills; Op-Eds).

TREATMENT AND RECOVERY

Behavioral health programs work together effectively to meet client needs. This can include coordinating services when two providers are serving the same client, or by providing a warm handoff to clients moving from one setting to another. In some cases, providers are finding ways to share assessment and treatment planning information or to integrate primary care and behavioral health services. Examples are listed below:

In Fairbanks the DBH facilitated technical assistance from the STR team to provide some leadership and guidance on coordinating services in the area. The outcome is that a small coalition of Fairbanks providers has been established with a local emergency department physician as the chair. This group is working together to identify the strengths of existing programs as well as gaps in services to treat opioid use disorder. They are taking action to provide services where there are gaps and to compensate other existing programs that might be lacking in particular areas. Tanana Valley Clinic (TVC), for example, has been successful in providing medications to individuals to treat their opioid use disorder, but was lacking in providing behavioral health services. Now, Fairbanks Native Association partners with TVC by providing individual and group counseling for these individuals at a TVC site.

Also through the Fairbanks coalition, Interior Aids Association (IAA) began working with the Department of Corrections to provide substance use disorder treatment at the correctional facility (North Star). IAA goes into North Star to provide services to ensure this population has access to Substance Use Disorder (SUD) treatment. This has also improved the Fairbanks emergency department's knowledge of the existing

services and how to access them, and has improved referrals for individuals presenting in the Emergency Department with opioid use disorders.

In addition, the Fairbanks coalition has identified the need for a case manager and is in the process of developing a plan to share resources to fund a position to provide case management for all the coalition agencies. This position would help link individuals to the appropriate services needed, limiting any potential bias that might exist if the position belonged to one organization.

Despite excellent examples like the Fairbanks Coalition, there are also issues and problems that require support and assistance from DBH. These can arise around protocols for sharing information between agencies, transitioning clients effectively into a higher level of care, or helping clients move back into a community setting, and/or working holistically with a family when members have different needs.

LEVERAGING STRATEGIES TO IMPROVE ACCESS TO SERVICES

- Because of challenges in identifying treatment resources for individuals with substance use disorders, DBH developed an on-line "bed availability" website with up to date information on the daily census at residential substance use disorder treatment programs. This site can be viewed at: http://dhss.alaska.gov/dbh/Pages/ResidentialSUD/default.aspx
- In addition, DBH maintains a site for psychiatric emergency services beds (http://dhss.alaska.gov/dbh/Pages/Inpatient-Psych/default.aspx) and for youth residential treatment services beds (http://dhss.alaska.gov/dbh/Pages/Residentialcare/Default.aspx).
- DBH is coordinating with the Division of Public Health (DPH) and the Office of Children's Services (OCS) to develop efforts to address the needs of pregnant women with opioid use disorder, babies born with neonatal abstinence syndrome, and families that experience opioid use disorder and have OCS involvement. DBH brought two national experts to Juneau and to Anchorage to provide training to OCS workers on best practices for working with the above mentioned populations. DBH and OCS continue to work together to further develop similar training opportunities to take place in Spring 2019 and have allocated $25,000 from the MAT PDOA grant to help with these efforts.
- In the last year, DBH coordinated with DPH to increase screening brief intervention and referral to treatment (SBIRT) services for pregnant women and women post-delivery.
- DBH and DPH also worked together to secure $12 million in new state funding to expand access to SUD treatment including crisis stabilization, residential treatment, ambulatory withdrawal management services, and short term housing assistance.
- DBH worked with stakeholders to develop a Peer Support Certification process to expand access to a well-trained and cost effective behavioral health workforce. DBH is currently calculating the costs for a standard training curriculum and creation of a Peer Certification Body. Early projections are:
    - For Certification: $50,000-75,000 for Certification Body + $25,000 for assistance to individuals for Certification fees.
    - For training: Year 1 - $85,000 ($60,000 to develop on-line Zoom training for remote locations, $25,000 for assistance to individuals for training costs). Year 2 (and on-going) = $25,000 per year.
- DBH has established a partnership with the Alaska Housing Finance Corporation (AHFC) that leverages state and federal (Housing and Urban Development-HUD) funding for housing subsidies

for individuals with disabilities. AHFC oversees the actual project-based and tenant-based subsidies and DBH provides services, supports and treatment to help people sustain housing while they recover from substance use or mental health disorders.

- Due to the positive correlation between employment and recovery/treatment outcomes, DBH partners with the Division of Vocational Rehabilitation to expand employment opportunities for individuals with substance use or mental health disorders. In addition, DBH is using some of the SOR funding to expand employment supports for individuals with opioid use disorders.

LEVERAGING MEDICAID RESOURCES TO EXPAND /IMPROVE TREATMENT

- DBH is working with providers to shift from reliance on General Fund grants to reliance on Medicaid, insurance, and self-pay to cover the cost of behavioral health treatment services. Since 2017, DBH has reduced grant funding by 14.4% as a result of cost-shifting efforts.

- DBH assisted with a comprehensive review of Medicaid fee-for-service behavioral health rates to ensure that Medicaid would cover the actual cost of service delivery (rebased rates were implemented on Jan 1, 2019).

- One of the most significant long-term efforts within DBH is the development of a Behavioral Health 1115 Medicaid Waiver Demonstration Project. The Centers for Medicare and Medicaid Services (CMS) approved the DBH application in December of 2018. DBH has received approval from CMS to implement the SUD portion of the Section 1115 waiver Demonstration Project, and is currently working with CMS on the detailed implementation plan. This project will restructure substance use treatment services by:
    - Expanding screening and early intervention services through a process known as SBIRT (screening brief intervention referral to treatment) in 10 emergency departments.
    - Increasing residential substance use disorder bed capacity through waiving the Institute for Mental Diseases federal regulation that limits adult residential programs beyond 16 beds from billing Medicaid for residential services. This will expand bed capacity by approximately 66 new beds.
    - Requiring all programs providing services under this new waiver to provide or provide access to medication assisted treatment services
    - Adding new services to enhance care coordination efforts for individuals to ensure access to recovery support services such as housing, employment, and education as well as to ensure that individuals are supported through transitions as they step up or step down between different levels of care.
    - Ensuring service agencies are operating and providing services that meet national standards and criteria as established by the American Society on Addiction Medicine (ASAM). This will be done by requiring residential programs to be ASAM certified.

In addition, the 1115 waiver will allow DBH to intervene earlier with families by adding a new population of “at-risk” children and youth. Key indicators identified in an Alaska public health study as impacting the long-term outcomes of children will be used to identify “at-risk families”. This will allow providers to intervene earlier with families who are struggling with a variety of issues, including with misuse of drugs or alcohol.

LEVERAGING THROUGH ADDITIONAL FEDERAL RESOURCES

- During FY19, DBH leveraged $17.3 M in federal funds to replace general fund decreases. This included:
    - FY2019 Opioid Grants:

Grant	Award Period	Amount
State Targeted Response (STR)	FY 2018-2019	$3,000,000
Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)		$1,000,000
Prescription Drug Overdose (PDO)-Project Hope (Harm-reduction Overdose Prevention and Education)	FY 2019-2021	$ 700,000
State Opioid Response (SOR)	FY 2019-2020	$4,000,000
Total		$8,700,000

    - Path (FY19-23): Services for mentally ill patients (or patients with mental illness and a co-occurring substance use disorder) at risk of homelessness: $300,000
    - Partnership for Success (FY19-20): Substance abuse prevention activities $1,700,000
    - Health Resources and Services Administration (HRSA) Annual Amount (FY19-23): Telehealth/rural access to psychiatric care to improve treatment for children and youth with behavioral health disorders: $400,000
    - Substance Abuse Block Grant (SABG): Community based substance abuse treatment: $6,200,000
- DBH is in the process of soliciting for services under the new SOR grant to expand and develop recovery support systems statewide to include peer support services, recovery residences, and supported employment programs. DBH is about to make awards for a Sober Housing solicitation which will develop 10 Recovery Residences.

DBH and DPH worked together to obtain federal funding for the “Open Beds” project. “Open Beds” is an innovative strategy to more effectively use the beds available in the treatment system in response to the current opioid addiction and overdose death epidemic, which has created a great demand for and strain on treatment services. DBH’s objective is to create an effective statewide substance abuse professional tool to communicate bed availability, make referrals, and receive immediate or near immediate acceptance or denial between providers, hospitals, and other treatment referral sources.

Multiple federal grants (detailed in the Fiscal section) are being used to expand substance use disorder treatment services. DHSS submitted but has not yet received approval for, a Section 1115 Behavioral Health Medicaid Demonstration Waiver application to the Centers for Medicare & Medicaid Services (CMS) to develop a data-driven, integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and/or substance use disorders. The Division of Behavioral Health also worked to expand treatment services, with more treatment beds and medication-assisted treatment options.

- The Alaska 1115 Behavioral Health Demonstration Waiver application sets forth three goals:
    - Rebalance the current behavioral health system of care to reduce Alaska's over-reliance on acute, institutional care and shift to more community- or regional-based care;
    - Intervene as early as possible in the lives of Alaskans to address behavioral health early warning signs before symptoms cascade into functional impairment; and
    - Improve overall behavioral health system accountability by reforming the existing system of care.
- The $12 million substance use disorder services expansion included in the state FY 2019 budget is supporting solicitation for proposals posted in September 2018. All services must include treatment for the opioid use disorder population.
- There are now over 300 residential treatment beds in Alaska to help Alaskans address substance use disorder. There are also more options for outpatient treatment, with nearly 300 medication-assisted treatment (MAT) prescribers in Alaska trained and approved to prescribe buprenorphine as part of an MAT plan for persons with opioid addiction.
- Federal Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response grant moneys funded Interior Aids Association, Fairbanks Native Association and Cook Inlet Council on Alcoholism and Drug Abuse to increase access to medication-assisted treatment (MAT). Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) funds to Narcotic Drug Treatment Center are supporting doubling of services to cover 400 clients while Rainforest Recovery will serve 75 clients.
- The Department of Corrections is implementing Behind the Walls MAT using VIvitrol. In addition, Inmates who are stable on methadone and incarcerated less than 30 days have increased access to methadone through MAT community partners. Upon reentry, individuals are given resources, including naloxone, to facilitate successful transition to the community.

ENFORCEMENT/INTERDICTION

In 2018 the State of Alaska received the designation of an High Intensity Drug Trafficking Area (HIDTA) and associated annual funding of $2.5 million in federal dollars annually to support the reduction of drug trafficking and production in the United States by:

- Facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- Enhancing law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies;
- Providing reliable law enforcement intelligence to law enforcement agencies to facilitate the design of effective enforcement strategies and operations; and
- Supporting coordinated law enforcement strategies that make the most of available resources to reduce the supply of illegal drugs in designated areas of the United States and in the Nation as a whole.

Alaska's HIDTA is governed by a HIDTA Executive Board which includes representatives of local, state and federal law enforcement agencies in the area of the HIDTA. By law, each HIDTA Board is equally divided between federal law enforcement on the one side and state and local agencies on the other.

In 2017/2018 the Department of Law and Public Safety implemented a comprehensive crime-fighting strategy to address the significant rise in crime and drug importation. Actions included:

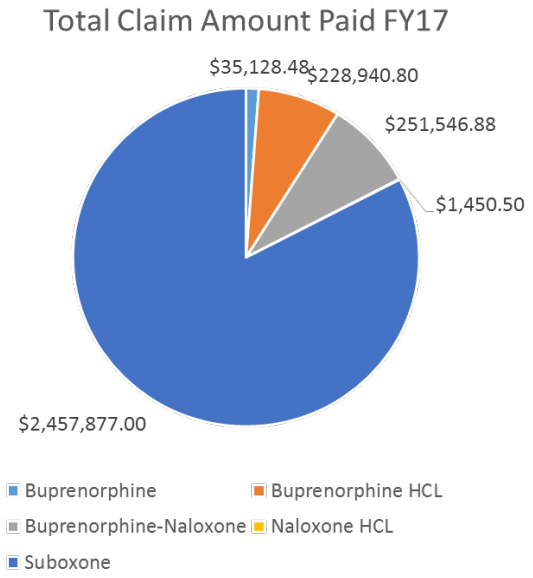
- Seizure of 14,464 grams of heroin, 37,231 grams of cocaine, and 100,190 grams of methamphetamine for a combined total of 151,886 grams of illicit substances in 2017.

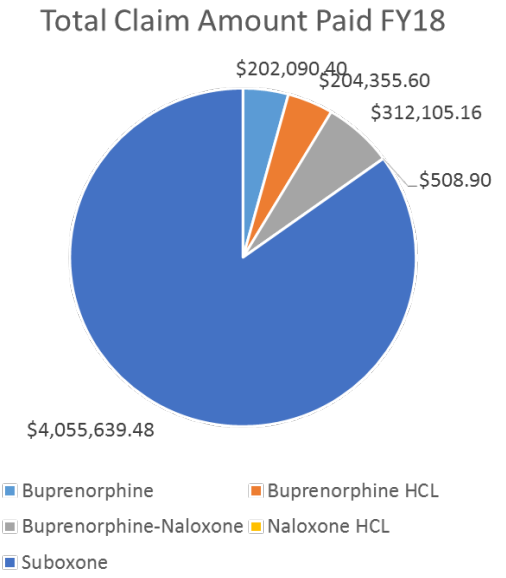
- In 2017, State Drug Enforcement Unit Canine Teams were involved in 89 felony and 23 misdemeanor arrests. Of the total seizures, canine teams were used in the seizure of 7,824.19 grams of heroin, 4,757.35 grams of cocaine, 17,766.35 grams of methamphetamine, 6,020.32 grams of marijuana and $330,918.00 cash from drug proceeds.
- Department of Law designation of a cross-deputized special prosecutor to work with federal authorities focusing on high-level drug traffickers.
- Getting the legal tools to get ahead of the drug trade by granting the Alaska Attorney General the power to describe and criminalize emerging controlled substances by emergency regulation.

ATTACHMENT'S

ATTACHMENT ONE: MEDICAID OPIOID TREATMENT DRUG REIMBURSEMENT FY17/18

Medicaid Opioid Treatment Drug Reimbursement FY17/18



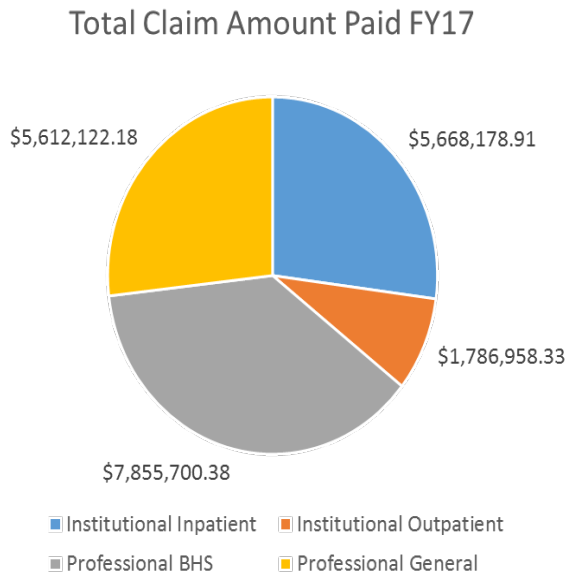


	2017			2018		
	GF	Fed	Total	GF	Fed	Total
BUPRENORPHINE	$ 11,326.16	$ 23,802.32	$ 35,128.48	$ 67,165.60	$ 134,924.80	$ 202,090.40
BUPRENORPHINE HCL	$ 82,980.07	$ 145,960.73	$ 228,940.80	$ 74,542.62	$ 129,812.98	$ 204,355.60
BUPRENORPHINE-NALOXONE	$ 87,299.59	$ 164,247.29	$ 251,546.88	$ 82,687.46	$ 229,417.70	$ 312,105.16
NALOXONE HCL	$ 90.47	$ 1,360.00	$ 1,450.47	$ 50.47	$ 458.43	$ 508.90
SUBOXONE	$ 677,448.29	$ 1,780,428.71	$ 2,457,877.00	$ 1,026,256.57	$ 3,029,382.91	$ 4,055,639.48
Grand Total	$ 859,144.58	$ 2,115,799.05	$ 2,974,943.63	$ 1,250,702.73	$ 3,523,996.81	$ 4,774,699.54

ATTACHMENT TWO: MEDICAID OPIOID RELATED DIAGNOSES REIMBURSEMENT FY17

Medicaid Opioid Related Diagnoses Reimbursement FY17

Services	Providers	2017 State	2017 Fed	2017 Total
Institutional Inpatient	Alaska Psychiatric Institute	$644.00	$644.00	$1,288.00
	General Hospital	$1,276,379.46	$3,279,160.46	$4,555,539.92
	Psychiatric Hospital-Other	$1,821.03	$1,821.03	$3,642.05
	Tribal Hospital	$8,337.50	$1,099,371.44	$1,107,708.94
Institutional Inpatient Total		**$1,287,181.99**	**$4,380,996.92**	**$5,668,178.91**
Institutional Outpatient	General Hospital	$292,554.91	$1,086,897.70	$1,379,452.61
	Tribal Hospital	$12,854.08	$394,651.65	$407,505.72
Institutional Outpatient Total		**$305,408.99**	**$1,481,549.34**	**$1,786,958.33**
Professional Behavioral Health Services (BHS)	Behavioral Health Clinic-physician	$2,810.20	$9,769.10	$12,579.29
	Behavioral Rehabilitation Services	$55.80	$409.20	$465.00
	Community Behavioral Health Clinic	$1,418,535.36	$6,408,932.50	$7,827,467.86
	Psychiatrists	$1,062.13	$14,126.11	$15,188.23
Professional BHS Total		**$1,422,463.48**	**$6,433,236.90**	**$7,855,700.38**
Professional General	Advance Practice Registered Nurse	$37,833.93	$146,304.74	$184,138.67
	Community Health Aide/Practitioner	$0.00	$1,018.66	$1,018.66
	Federally Qualified Health Center	$120,711.96	$433,180.81	$553,892.77
	Licensed Clinical Social Workers			
	Doctor of Medicine (MD)	$790,295.82	$2,177,046.03	$2,967,341.85
	Physician Assistant	$86,516.72	$193,074.38	$279,591.10
	Tribal Clinic	$93,801.54	$1,532,337.59	$1,626,139.13
Professional General Total		**$1,129,159.97**	**$4,482,962.21**	**$5,612,122.18**
Grand Total		**$4,144,214.43**	**$16,778,745.37**	**$20,922,959.80**

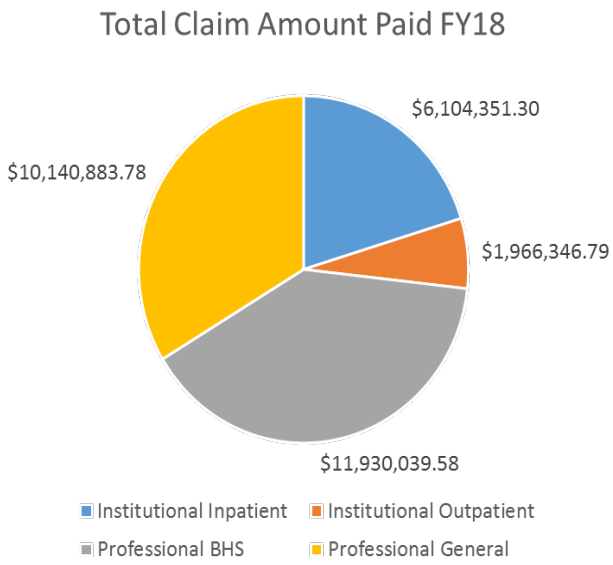


State Cost: $4,144,214.43 // Federal Cost: $16,778,754.37
Total Cost: $20,922,959.80

ATTACHMENT THREE: MEDICAID OPIOID RELATED DIAGNOSES REIMBURSEMENT FY18

Medicaid Opioid Related Diagnoses Reimbursement FY18

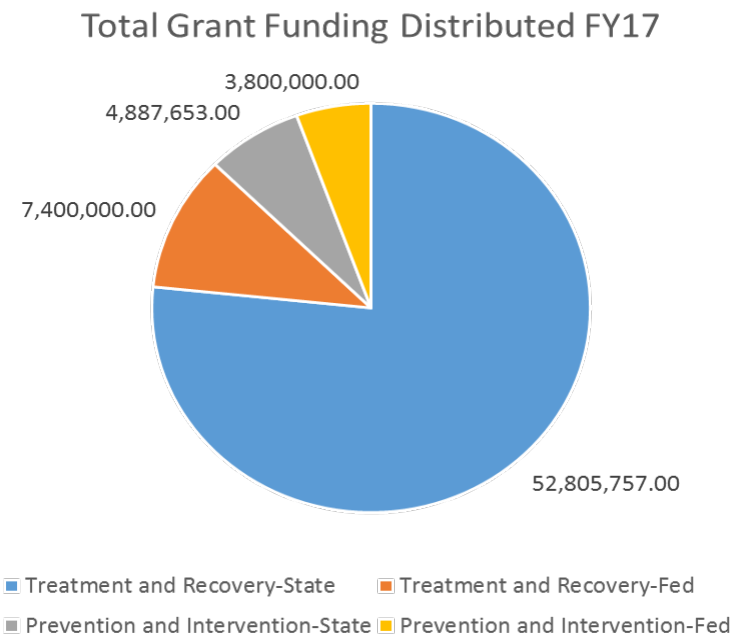
Services	Providers	2018 State	2018 Fed	2018 Total
Institutional Inpatient	Alaska Psychiatric Institute			
	General Hospital	$1,262,302.84	$3,886,186.46	$5,148,489.30
	Psychiatric Hospital-Other			
	Tribal Hospital	$6,285.84	$949,576.16	$955,862.00
Institutional Inpatient Total		**$1,268,588.68**	**$4,835,762.62**	**$6,104,351.30**
Institutional Outpatient	General Hospital	$306,005.23	$1,196,631.70	$1,502,636.93
	Tribal Hospital	$13,500.03	$450,209.83	$463,709.86
Institutional Outpatient Total		**$319,505.26**	**$1,646,841.53**	**$1,966,346.79**
Professional Behavioral Health Services (BHS)	Behavioral Health Clinic-physician	$3,029.41	$6,987.70	$10,017.11
	Behavioral Rehabilitation Services	$852.50	$852.50	$1,705.00
	Community Behavioral Health Clinic	$2,097,142.23	$9,805,620.76	$11,902,762.98
	Psychiatrists	$2,862.39	$12,692.10	$15,554.49
Professional BHS Total		**$2,103,886.53**	**$9,826,153.06**	**$11,930,039.58**
Professional General	Advance Practice Registered Nurse	$511,573.92	$1,902,505.55	$2,414,079.47
	Community Health Aide/Practitioner	$663.59	$5,529.88	$6,193.46
	Federally Qualified Health Center	$131,146.09	$397,447.73	$528,593.82
	Licensed Clinical Social Workers	$13.69	$13.69	$27.37
	Doctor of Medicine (MD)	$796,165.61	$2,463,749.88	$3,259,915.49
	Physician Assistant	$186,095.12	$685,951.41	$872,046.53
	Tribal Clinic	$123,693.43	$2,936,334.21	$3,060,027.64
Professional General Total		**$1,749,351.45**	**$8,391,532.33**	**$10,140,883.78**
Grand Total		**$5,441,331.91**	**$24,700,289.54**	**$30,141,621.45**



State Cost: $5,441,331.91 // Federal Cost: $24,700,289.54
Total Cost: $30,141,621.45

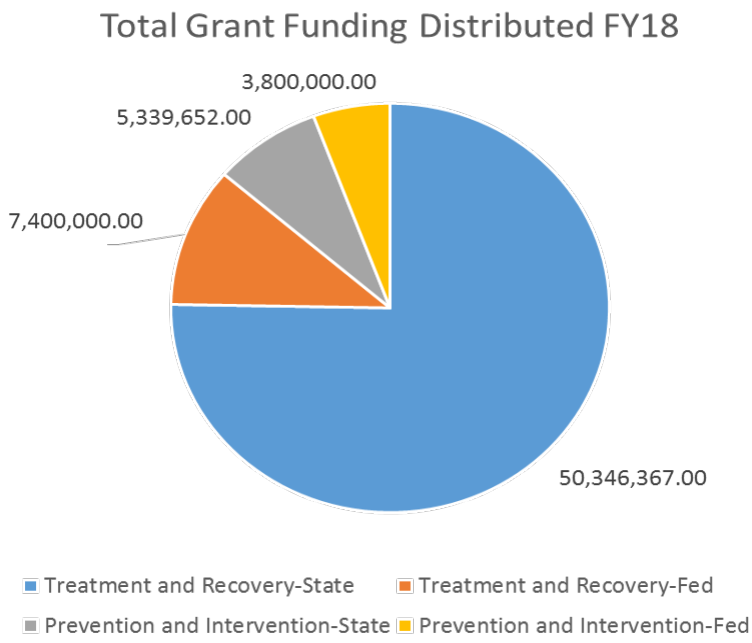
ATTACHMENT FOUR: TREATMENT/RECOVERY AND PREVENTION/INTERVENTION GRANT FUNDING FY17/18

Treatment/Recovery and Prevention/Intervention Grant Funding FY17/18



State Cost: $57,693,410 // Federal Cost: $11,200,000

Total Cost: $68,893,410



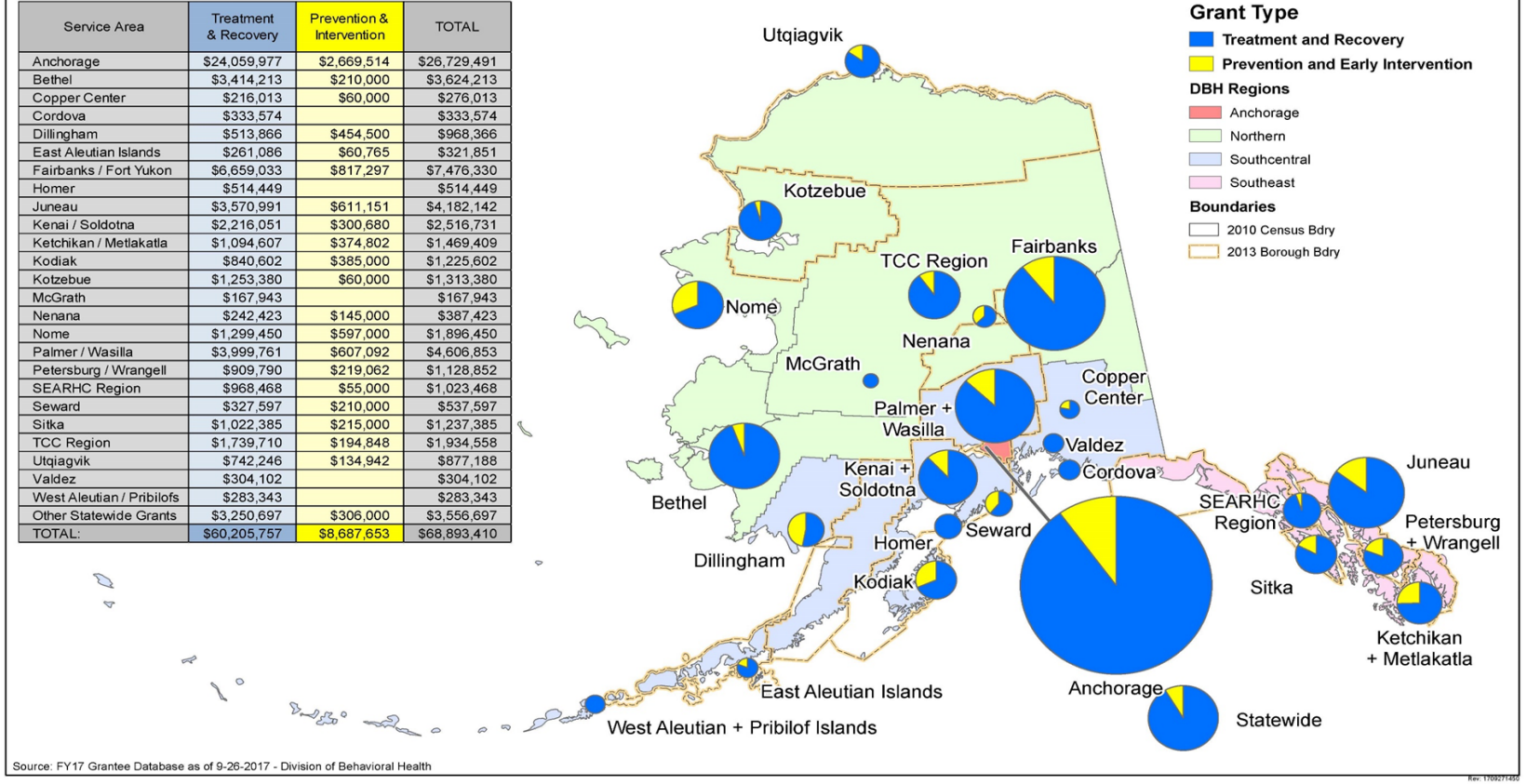
State Cost: $55,686,019 // Federal Cost: $11,200,000

Total Cost: $66,886,019

ATTACHMENT FIVE: FY 2017 TOTAL DBH GRANT FUNDING

FY 2017 Total DBH Grant Funding by Service Area and Grant Type

Service Area	Treatment & Recovery	Prevention & Intervention	TOTAL
Anchorage	$24,059,977	$2,669,514	$26,729,491
Bethel	$3,414,213	$210,000	$3,624,213
Copper Center	$216,013	$60,000	$276,013
Cordova	$333,574		$333,574
Dillingham	$513,866	$454,500	$968,366
East Aleutian Islands	$261,086	$60,765	$321,851
Fairbanks / Fort Yukon	$6,659,033	$817,297	$7,476,330
Homer	$514,449		$514,449
Juneau	$3,570,991	$611,151	$4,182,142
Kenai / Soldotna	$2,216,051	$300,680	$2,516,731
Ketchikan / Metlakatla	$1,094,607	$374,802	$1,469,409
Kodiak	$840,602	$385,000	$1,225,602
Kotzebue	$1,253,380	$60,000	$1,313,380
McGrath	$167,943		$167,943
Nenana	$242,423	$145,000	$387,423
Nome	$1,299,450	$597,000	$1,896,450
Palmer / Wasilla	$3,999,761	$607,092	$4,606,853
Petersburg / Wrangell	$909,790	$219,062	$1,128,852
SEARHC Region	$968,468	$55,000	$1,023,468
Seward	$327,597	$210,000	$537,597
Sitka	$1,022,385	$215,000	$1,237,385
TCC Region	$1,739,710	$194,848	$1,934,558
Utqiagvik	$742,246	$134,942	$877,188
Valdez	$304,102		$304,102
West Aleutian / Pribilofs	$283,343		$283,343
Other Statewide Grants	$3,250,697	$306,000	$3,556,697
TOTAL:	$60,205,757	$8,687,653	$68,893,410

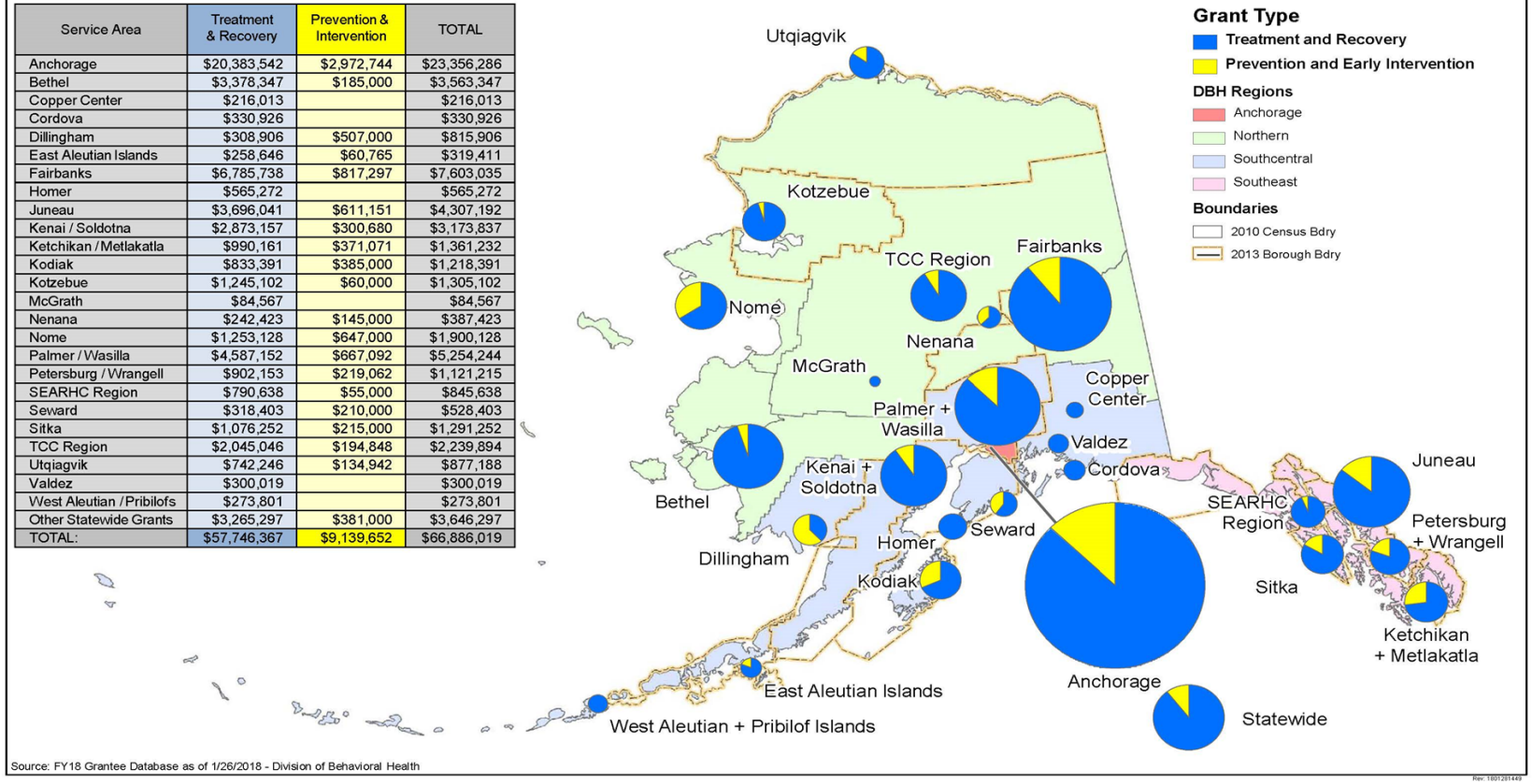


Source: FY17 Grantee Database as of 9-26-2017 - Division of Behavioral Health

ATTACHMENT SIX: FY 2018 TOTAL DBH GRANT FUNDING

FY 2018 Total DBH Grant Funding by Service Area and Grant Type

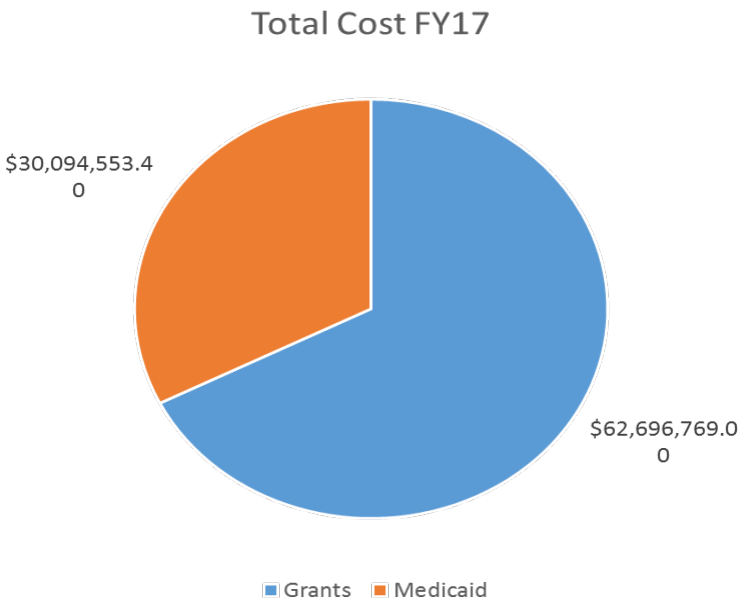
Service Area	Treatment & Recovery	Prevention & Intervention	TOTAL
Anchorage	$20,383,542	$2,972,744	$23,356,286
Bethel	$3,378,347	$185,000	$3,563,347
Copper Center	$216,013		$216,013
Cordova	$330,926		$330,926
Dillingham	$308,906	$507,000	$815,906
East Aleutian Islands	$258,646	$60,765	$319,411
Fairbanks	$6,785,738	$817,297	$7,603,035
Homer	$565,272		$565,272
Juneau	$3,696,041	$611,151	$4,307,192
Kenai / Soldotna	$2,873,157	$300,680	$3,173,837
Ketchikan / Metlakatla	$990,161	$371,071	$1,361,232
Kodiak	$833,391	$385,000	$1,218,391
Kotzebue	$1,245,102	$60,000	$1,305,102
McGrath	$84,567		$84,567
Nenana	$242,423	$145,000	$387,423
Nome	$1,253,128	$647,000	$1,900,128
Palmer / Wasilla	$4,587,152	$667,092	$5,254,244
Petersburg / Wrangell	$902,153	$219,062	$1,121,215
SEARHC Region	$790,638	$55,000	$845,638
Seward	$318,403	$210,000	$528,403
Sitka	$1,076,252	$215,000	$1,291,252
TCC Region	$2,045,046	$194,848	$2,239,894
Utqiagvik	$742,246	$134,942	$877,188
Valdez	$300,019		$300,019
West Aleutian / Pribilofs	$273,801		$273,801
Other Statewide Grants	$3,265,297	$381,000	$3,646,297
TOTAL:	$57,746,367	$9,139,652	$66,886,019



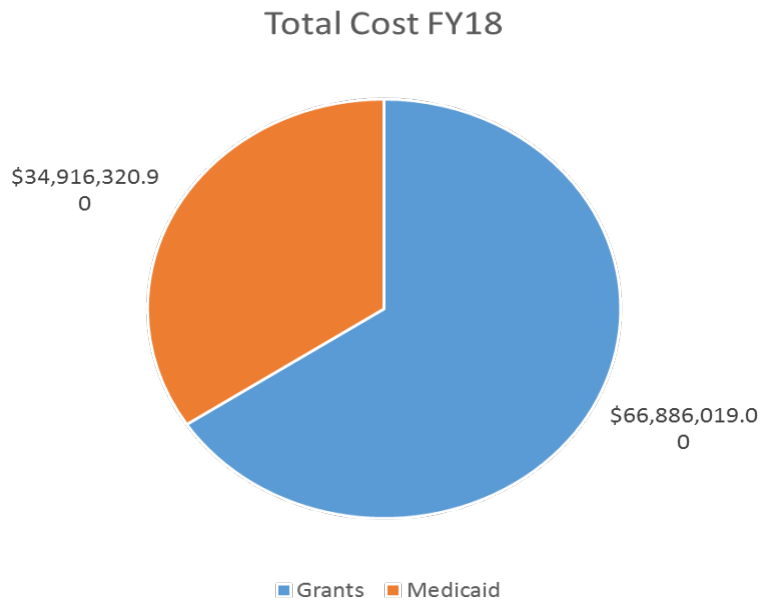
Source: FY18 Grantee Database as of 1/26/2018 - Division of Behavioral Health

ATTACHMENT SEVEN: ALASKA OPIOID EPIDEMIC RESPONSE TOTAL COST FY17/18

Alaska Opioid Epidemic Response Total Costs FY17/18



State Cost: $62,696,769 // Federal Cost: $30,094,553.4
Total Cost: $92,791,322.4



State Cost: $62,378,053.6 // Federal Cost: $39,424,286.3
Total Cost: $101,802,340

ATTACHMENT EIGHT: FY 17/18 NEW FEDERAL GRANT FUNDING SOURCES

Department	Grant and Funding	Focus
Health and Social Services	State Opioid Response Grant US Department of Health and Human Services $8,000,000	• Increase access to medication-assisted treatment using three FDA-approved medications for opioid use disorder treatment • Reduce unmet treatment need • Prevention, treatment and recovery activities
Health and Social Services	Crisis Response Grant Centers for Disease Control and Prevention (CDC) $2,500,000	• Open Bed platform for real-time, on-line information on treatment bed availability • Statewide community-based Mental Health First Aid training • Compassion fatigue training for first responders • Provider hotline for screening, referral, and treatment • Training for providers to obtain their DEA Data Waiver • Enhanced toxicology testing by Public Health Labs
Health and Social Services	Harold Rogers Prescription Drug Monitoring Program (PDMP), Dept. of Justice, BJA $255,000 (one-time funding)	• Assess awareness and use of PDMP among practitioners • Identify trends in controlled substance prescribing • Increase provider self-awareness of prescribing habits • Issue confidential report cards to track prescribing habits
Health and Social Services	Partnerships for Success (PFS), Substance Abuse and Mental Health Services Administration (SAMHSA) $5,000,000 ($1M/yr–5 yrs)	• Fund community coalitions (Anchorage, Palmer/ Wasilla, Kenai/Soldotna, Fairbanks, Sitka, Juneau) to prevent onset and reduce progression of substance misuse • Strengthen prevention capacity and infrastructure at state, tribal, and community levels

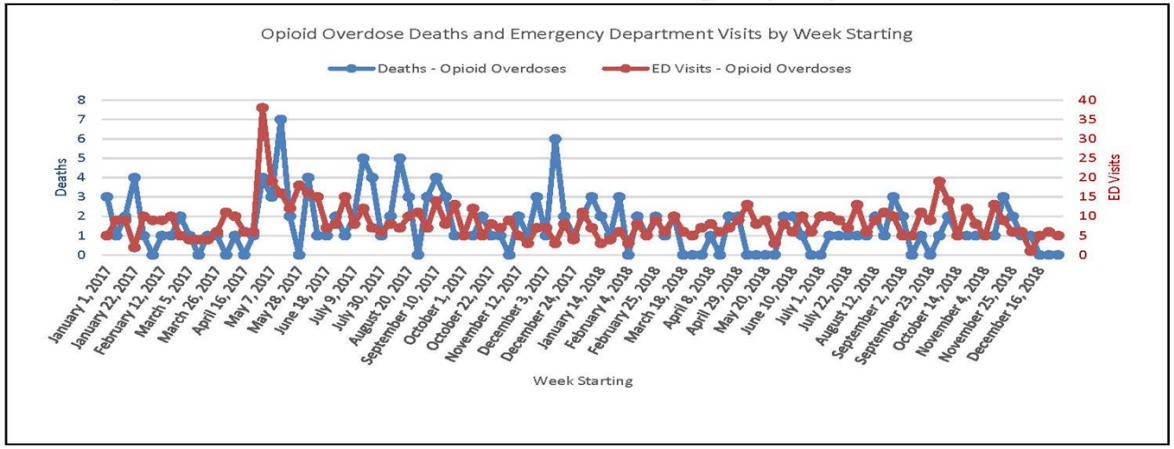
Health and Social Services	Prescription Drug Overdose Grant (PDO)
	SAMHSA
	$4,200,000
		• Project HOPE–Harm-reduction, Overdose Prevention, Education
		  ○ Train and certify Alaskans to administer naloxone
		  ○ Establish naloxone distribution program
		  ○ Buy and distribute naloxone to first responders, Alaskans

Health and Social Services	Prescription Drug Overdose Data-Driven Prevention Initiative (DDPI), CDC $2,250,000 ($750,000/yr–3 yrs)	• Data collection and analysis • Policy review • Alaska Prescription Drug Monitoring Program evaluation • Outreach and public education
Health and Social Services	Enhanced State Opioid Overdose Surveillance (ESOOS), CDC $700,000 ($350,000/yr–2 yrs)	• Track fatal and nonfatal opioid-involved overdoses • Increase timeliness of reporting nonfatal and fatal events • Identify overdose and associated risk factors • Disseminate findings to key stakeholders
Health and Social Services	Medication-Assisted Treatment Prescription	• Expand access to medication-assisted treatment (MAT):

	Drug and Opioid Addiction (MAT-PDOA), SAMHSA $3,000,000 ($1M/yr–3 years)	○ Narcotic Drug Treatment Center in Anchorage, to provide services for an additional 200 patients ○ Bartlett Rainforest Recovery Center in Juneau, to implement Office Based Opioid Treatment (OBOT) for 75 individuals
Health and Social Services	State Targeted Response (STR) Grant SAMHSA $4,000,000 ($2M/yr–2 yrs)	• Increase access to treatment, address recovery, and reduce opioid overdose related deaths through prevention • Launch office-based opioid treatment (OBOT) for high risk persons, including recently incarcerated, veterans, young adults
Labor and Workforce Development	National Health Emergency Dislocated Worker Demonstration Grant $1,300,000	• 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
Public Safety	High Intensity Drug Trafficking Area, Office of National Drug Control Policy (ONDCP) $2,500,000 (annually)	• 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

ATTACHMENT NINE: OPIOID-RELATED OVERDOSE AND EMERGENCY ROOM VISITS

Opioid-Related Overdose Deaths and Emergency Department Visits – Preliminary Statistics Update



Cause of Death[1]	2015 Deaths	2015 AA Rate[2]	2016 Deaths	2016 AA Rate[2]	2017 Deaths	2017 AA Rate[2]	2018 Deaths	2018 AA Rate[2]	2017-2018 %	2017-2018 Increase Decrease
Drug Overdoses (X40-X44, X60-X64, X85, Y10-Y14)	121	16.0	129	17.2	141	19.3	92	11.9	35	↓
Opioid Overdoses (T400-T404, T406)	85	11.1	96	12.9	100	13.6	58	7.3	42	↓
Heroin (T401)	36	4.7	49	6.5	36	4.9	24	3.1	33	↓
Prescription Opioids (T402-T403)	58	7.6	53	7.1	50	6.7	31	3.9	38	↓
Natural and Semi-Synthetic Opioids (T402)	52	6.7	46	6.2	46	6.2	28	3.5	39	↓
Methadone (T403)	10	1.3*	14	1.8*	8	1.0*	6	0.8*	25	↓
Non-Methadone Synthetic Opioids (T404)	14	1.8*	8	1.1*	37	4.9	14	1.7*	62	↓
Fentanyl (T404 with "Fentanyl")	12	1.5*	5	**	28	3.6	7	0.8*	75	↓

Data Summary:

Opioid Deaths – 2018: 58 (+12 since last update).
Opioid Deaths – 2019: 0.

Deaths due to non-methadone synthetic opioids (e.g. fentanyl and tramadol) increased from 8 to 37 between 2016 and 2017, and decreased from 37 to 14 between 2017 and 2018 (2018 numbers are preliminary and are subject to change).

Emergency department visits with notes suggestive of opioid overdose increased sharply in the week beginning April 30th, 2017 and have decreased since that time.

Statistical Notes:

Data presented are preliminary. Death reporting is approximately two weeks behind the current date. Recent deaths may not have received a final cause of death ICD-10 code. Uncoded deaths with opioid related substances in the cause of death, significant conditions or injury descriptions text literal fields of the death certificate may be included on a preliminary basis. When final cause of death codes are received, these numbers may change. All Alaska in-state deaths (including residents and non-residents) are included. Alaska residents who died out of state are not included.

Syndromic Surveillance data are based on text queries of emergency department notes suggestive of opioid overdose, and are therefore approximate. Data are de-identified, and are best suited for trends rather than an absolute count. Not all hospitals participate in syndromic surveillance. Data are approximately 48 hours behind real time, and can change as the medical record is updated. No inpatient data is included.

1. Causes of death defined by the following International Classification of Diseases, 10th Revision (ICD-10) codes:
   a. Drug Overdoses: Deaths with an underlying cause of death due to unintentional drug poisoning (X40-44), suicide drug poisoning (X60-64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14).
   b. Opioid Overdoses: Drug overdoses with a contributing cause of death due to opium (T400), heroin (T401), prescription opioids including natural and semi-synthetic opioids (T402) or methadone (T403), non-methadone synthetic opioids (T404), or other and unspecified narcotics (T406). Fentanyl overdoses are non-methadone synthetic opioid deaths that cite Fentanyl (or Fentanyl analogues in the death certificate's text literal fields.
2. Age-adjusted (AA) rates are events per 100,000 population, times the year 2000 standard population ratio. Rates based on fewer than 20 occurrences (*) are statistically unreliable, and should be used with caution. Rates based on fewer than 6 occurrences (**) are not reported. Age-adjusted rates for incomplete years (†) are annualized to extrapolate estimates for the entire year from partial year-to-date data.

Source: Alaska Health Analytics and Vital Records (last updated January 11th, 2018).