



Department of Health & Social Services

Division of Behavioral Health

Proposal for Substance Use Disorder Service Expansion in Alaska

January 3, 2018

Proposal Summary: \$18,000,000 over a four year period (FY18 – FY21)

Given the immediate Opioid crisis and the ongoing challenge of substance misuse and addiction in Alaska, it is imperative for the public health and safety of Alaskans that treatment services be available to those who need them. **This proposal for operating funds totaling \$5,000,000 a year across four years (including \$15,000,000 for programmatic investment and \$3,000,000 for infrastructure development)** – is a response to the clear and urgent need to expand substance use disorder (SUD) services by addressing gaps in the continuum of care identified by local communities. Access to treatment will improve public health and safety as well as help families unify more effectively. This proposal aims to take another step in building out a comprehensive continuum of care for SUD services, including outpatient, intensive case management, residential, medically-monitored sobering center, medication assisted treatment (MAT), and withdrawal management (detoxification) treatment services, as well as recovery supports. In addition, the ability to expand SUD services and impact recovery will be further enhanced by seeking to develop housing programs, including housing supports, for addicted persons who are homeless or near homeless, including reentrants from the correctional system.

Each of the proposals below assumes a commitment from local behavioral health agencies and their communities to assist in helping to fund the start-up costs of these local programs (e.g., with capital support for building renovation, the donation of a facility for use, etc.). Local programs that submit successful grant proposals will need time to identify and renovate usable facilities, as well as time to hire and train additional staff to provide the services each of these new programs requires. It is doubtful, however, if the State did not also expressly indicate that it was equally committed to assisting with needed and costly infrastructure support and training, that there would be a significant response by providers to these proposals, especially with the Department of Health & Social Service's emphasis on getting these community programs up and running as quickly as possible. Therefore, in addition to the \$5,000,000 in annual programmatic costs to bring these programs to full sustainability, this request seeks \$3,000,000 to assist successful grantees and their communities with their expensive start-up costs, including expenditures in support of developing the necessary local infrastructure to provide the programs described below.

A. Medically-Monitored Withdrawal Management (“Detoxification”) Services – \$4.5 Million total (\$1.5 Million a year over four years FY18 – FY21): The Department believes the single most pressing need for additional SUD services in Alaska right now is for the development of new withdrawal management beds, especially in Southcentral Alaska (Anchorage and the MatSu Valley). The Department would solicit development of two withdrawal management centers at 15 beds each. The Department would propose up to \$1,500,000 per year over the three years for these two programs:

B. Ambulatory Withdrawal Management – \$1.5 Million total (\$500,000 a year over four years FY18 – FY21): For individuals who do not require inpatient withdrawal management, access to ambulatory withdrawal management is essential (and not presently widely available in Alaska). Individuals who

experience mild to moderate withdrawal who have a stable living situation can receive medical attention while continuing to reside in their home communities. This is a key service to improve access to treatment for individuals in rural settings. Ambulatory withdrawal management is less expensive than a medically-monitored inpatient stay and can be completed concurrent to enrollment in a residential or outpatient treatment setting. The Department proposes targeting these programs in rural Alaska communities.

C. Residential and Outpatient Substance Use Disorder Treatment and Recovery Maintenance Services –\$4.5 Million total (\$1.5 Million a year over four years FY18 – FY 21): Following a period of medically managed withdrawal management (generally lasting 5 to 10 days), successful recovery requires a willing individual to be quickly linked to an appropriate level of treatment that meets their need for on-going treatment. Individuals who have completed withdrawal management will require continuing care in the form of residential or outpatient treatment. There are only 17 residential treatment programs in the state, with 311 beds, but 99 of those beds serve only adolescents or women and their children, reducing the number of adult beds (for adult women and men) to just over 200, resulting in waiting lists and repeated failures to be admitted to residential SUD services. The Department proposes making available up to \$1,500,000 a year for three years for programs providing residential substance use disorder treatment, or programs opting instead to increase local staffing in order to serve greater numbers of individuals via intensive outpatient programs.

D. Sobering Center or 72-Hour Substance Misuse Crisis Evaluation Services –\$3.0 Million total (\$1.0 Million a year over four years (FY18 – FY 21): The State needs to be responsive to communities who need options for residents who simply need a safe, medically monitored location, other than local hospital emergency departments or local community jails, to recover from their current substance abuse incident. This is a need identified in many communities by first responders, especially local police departments, hospital emergency departments, and emergency medical teams. The 72-hour crisis center would serve a similar purpose, but would also serve the specialized needs of persons with both SUD and mental illnesses who often need a longer period of time to stabilize and require medication management in addition to the medical monitoring. These facilities would offer first responders local options and could significantly reduce the number of people held in emergency departments or placed in local correctional centers due to intoxication and/or difficult behavioral concerns, while lowering unnecessary visits to the local emergency department. The Department proposes to provide up to \$1,000,000 a year to communities that express an interest in providing these services locally.

E. Housing Assistance and Supports –\$1.5 Million total (\$500,000 a year over four years FY18 – FY 21): The State recognizes that having a roof over one's head is another key to recovering from substance misuse and abuse (which is similarly true for those experiencing a chronic mental illness). But housing alone is not the answer. Severely addicted individuals are often challenged to remain in stable housing, particularly in the absence of appropriate treatment: as a part of their recovery they need a variety of community support systems, including ongoing substance use disorder treatment (including MAT), intensive case management services, and rental assistance (including assistance in interfacing with landlords). The Governor has recognized that executive branch departments need to more deeply invest in commitments to housing programs, and that departments need to coordinate with the State's natural housing partners (e.g., Alaska Housing Finance Corporation, Housing and Urban Development, community housing coalitions, tribal housing programs). This proposal would provide up to \$500,000 a year in new funding for housing programs (rental assistance and programmatic supports) to both individuals in recovery and reentrants from the correctional system.



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

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THROUGH THE OFFICE OF DPS COMMISSIONER

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May 2, 2018

The Honorable Anna MacKinnon
Co-Chair, Senate Finance Committee
Alaska State Legislature
State Capitol, Room 516
Juneau, AK 99801-1182

The Honorable Paul Seaton
Co-Chair, House Finance Committee
Alaska State Legislature
State Capitol, Room 515
Juneau, AK 99801-1182

The Honorable Lyman Hoffman
Co-Chair, Senate Finance Committee
Alaska State Legislature
State Capitol, Room 518
Juneau, AK 99801-1182

The Honorable Neal Foster
Co-Chair, House Finance Committee
Alaska State Legislature
State Capitol, Room 410
Juneau, AK 99801-1182

Dear Finance Committee Co-Chairs:

Meeting Alaska's public safety needs and reversing increasing crime rates in our state continues to be a top priority for the administration. The Public Safety Action Plan introduced in October 2017 includes a request for \$18 million to enhance substance abuse treatment services over a four-year period. This represents a crucial piece of a comprehensive strategy addressing a multifaceted problem.

Alaska has historically lacked adequate treatment opportunities for those suffering from substance abuse. Improving public safety requires the state to invest in proven recidivism reduction programs, including substance abuse treatment. The proposed investment in substance use disorder services will provide local agencies and nonprofit organizations with an opportunity to develop and implement behavioral health solutions based on the needs of their communities.

There is a well-established link between substance abuse and criminal activity. Of particular note is a sharp upturn in opioid use accompanied by a dramatic increase in crime. Timely treatment of individuals with substance abuse issues can be a determining factor between recovery and recidivism, between reform and revictimization. If necessary services are delayed or denied, a critical opportunity may be lost to divert an individual from further offenses. Unmet need and long waiting periods for substance abuse treatment have been identified as important barriers to successful re-entry.

The Honorable Anna MacKinnon
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The Honorable Paul Seaton
The Honorable Neal Foster

An increasing number of Alaskans are affected by crime. Among the most common types are property crimes, domestic violence and sexual assault, and child abuse and neglect.¹ Failure to stem the rising tide of substance abuse increases life, health, and safety risks to our most vulnerable citizens. Constituents throughout the state are left to deal with burglarized homes and the loss of hard-earned possessions—largely fueled by the need to support narcotic addictions.

“According to the FBI’s 2016 crime statistics, Alaska has the highest rate of violent crime of any state in the country. The majority of that crime, especially in the population centers of the state, is related to illegal drugs.” – *Michael Gottlieb, National HIDTA Director, Office of National Drug Control Policy, February 7, 2018.*

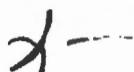
“Members of Alaska’s law enforcement community and others who are part of Alaska’s criminal justice system have long known that one of the greatest contributing factors to violent crimes—including homicide, domestic violence, and sexual assault—is drug and alcohol abuse.” – *Alaska State Troopers Annual Drug Report, 2016*

“The increase in property crime and violent crime in Alaska can largely be attributed to the increase in drug and alcohol abuse. Any effort designed to address the demand for illegal drugs and alcohol will have a direct correlation to a reduction in crime and victimization.” – *Deputy Commander, AST Statewide Drug & Alcohol Enforcement Unit*

Increasing the availability of timely and appropriate substance abuse treatment will provide a vital tool to strengthen Alaska’s criminal justice system and alleviate the epidemic of substance abuse plaguing our state.

Thank you for your continued commitment to ensuring public safety in Alaska.

Sincerely,



Walt Monegan
Commissioner
Department of Public Safety

Sincerely,



Jahna Lindemuth
Attorney General
Department of Law

¹ Approximately 70% of children in foster care involve parental substance abuse as a reason for removal. In 2017, an all-time high of 20,355 protective service reports were made concerning children.