



# STATE OF ALASKA

ADDRESSING ALASKA'S POLY-SUBSTANCE  
EPIDEMIC

COMPREHENSIVE REPORT

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## ADDRESSING ALASKA'S OPIOID EPIDEMIC

Nearly twenty four 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 \$33 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 December 31, 2018.

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.

## BACKGROUND

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, enforcement/interdiction, the elimination of illegally imported drugs, and to assist with prescription drug monitoring.

The opioid epidemic involves multiple and constantly evolving substances of misuse and complex underlying contributing factors. The problem would not be solved easily or quickly. Employing ICS enabled an agile, multi-sector, multi-agency response.

A multi-agency coordination group composed of state departments leads with roles and responsibilities in the Alaska opioid response, recommends strategies and policies to the Governor, State Legislature, and Incident Commander to address the rising incidence of poly-substance and heroin

use, prescription opioid abuse, and deaths due to poly-substance overdose. Where possible, recommendations are evidence- and research-based and reflect best practices. Participating 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.

To date, the response has spanned 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

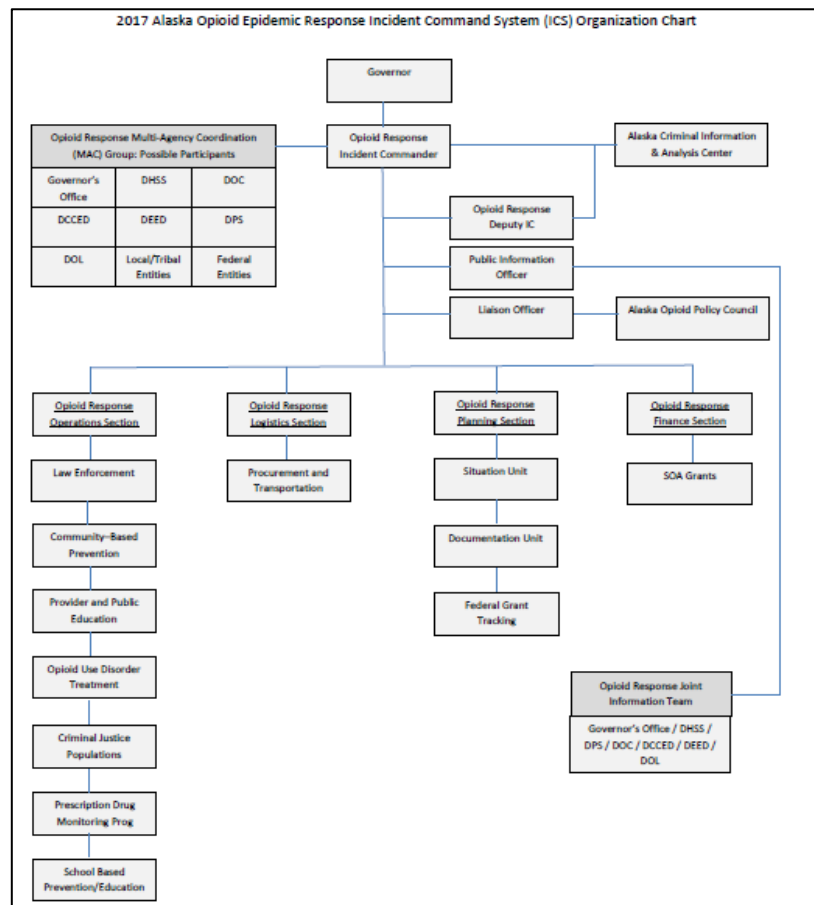


Figure 1: Alaska's opioid response incident command structure

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

# COST ASSOCIATED WITH ALASKA'S OPIOID EPIDEMIC

## DATA SOURCES

To calculate the cost for the State of Alaska response to the opioid epidemic, data were gathered from 2017 and 2018 – from the beginning of the formal response to present. The following data sources were used:

- Department of Corrections Treatment Costs
- Department of Law, Therapeutic Court Costs
- Department of Public Safety, Enforcement and Interdiction Costs
- 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

Figures represented in this document reflect estimates based on certain existing and evolving data, and do not reflect the costs that the State of Alaska might seek to recover in litigation based on fuller evaluation of the damages and other remedies available to the State.

## MEDICAID

Medicaid provides eligible individuals and families who are struggling with addiction access to early intervention and treatment.

### Medicaid Opioid Treatment Drug Reimbursement FY17/18

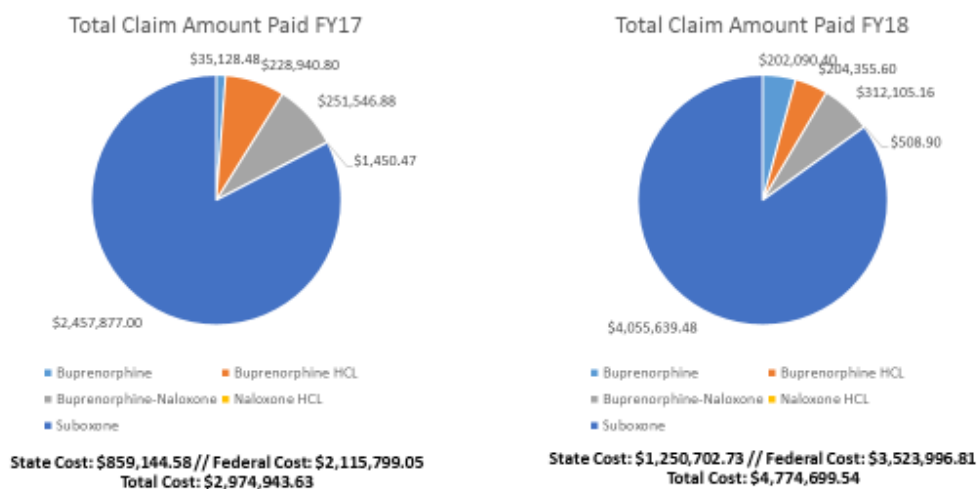


Figure 2: [Attachment one for larger view](#)

Medicaid drug treatment (prescriptions) reimbursement claims were analyzed for 2017 and 2018. Drug treatment reimbursement includes Buprenorphine (HCL, Naloxone), Naloxone HCL, and Suboxone. In calendar year 2017, Alaska's opioid treatment drug reimbursement (prescriptions) claims totaled \$2,974,943.63. State of Alaska costs were \$859,144.58 (29%) and Federal government costs were \$2,115,799.05 (71%). In calendar year 2018, Alaska's opioid treatment drug reimbursement (prescriptions) claims totaled \$4,774,699.54, with

State of Alaska claims totaling \$1,250,702.73 (26%), and Federal government claims totaling \$3,523,996.81 (74%).

## Medicaid Opioid Related Diagnoses Reimbursement FY17/18

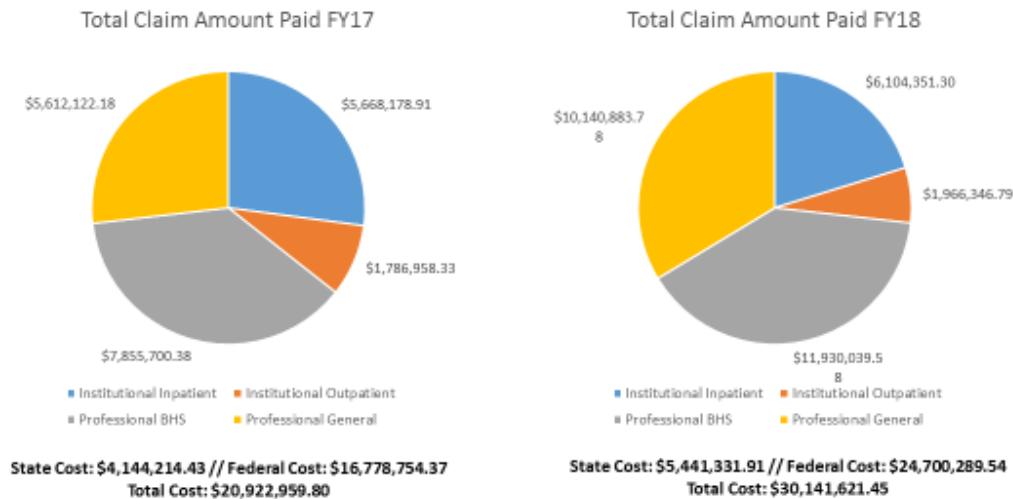


Figure 3: [Attachments two, and three for larger views](#)

Medicaid opioid related diagnosis claims were 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. State of Alaska claims totaled \$4,144,214.43 (20%), and Federal government claims totaled \$16,778,754.37 (80%). In calendar year 2018, claims totaled \$30,141,621.45. State of Alaska claims totaled \$5,441,331.91 (18%), and Federal government claims totaled \$24,700,289.54 (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 grant funding was analyzed for years 2017 and 2018 and included both 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. The State of Alaska provided \$57,693,410 (84%), and the Federal government provided \$11,200,000 (16%). In calendar year 2018, these grants totaled \$66,886,019, of which the State of Alaska provided \$55,686,019 (83%) and the Federal government provided \$11,200,000 (17%).



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

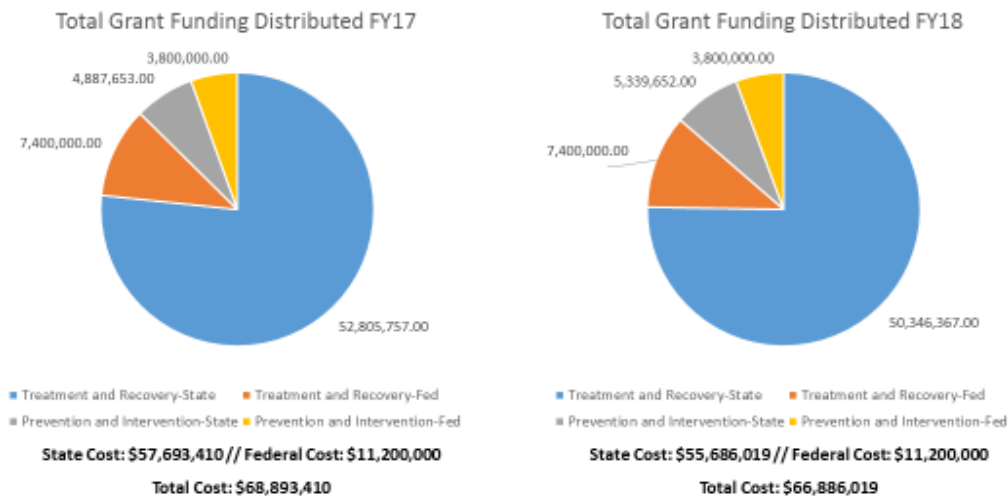


Figure 4: [Attachments four, five, and six for larger views](#)

While some grant funding is specific to “opioid disorders”, most funding encompasses substance use disorders generally. Also note that [attachment five](#) and [attachment six](#) includes programs funded by grants, but does not include programs that operate solely on Medicaid, insurance, and/or self-pay. The latter programs and resources provide additional resources to Alaskans. Treatment and recovery grant services included psychiatric emergency services, severe emotional disturbance youth services, serious mental illness adult, substance use disorder residential, substance use disorder outpatient, withdrawal management, opioid treatment, and support services. Prevention and intervention grant services included alcohol safety action program, comprehensive prevention, family wellness warriors’ initiative, partnerships for success, rural humans services system, recidivism reduction, suicide prevention, and therapeutic courts.

### ENFORCEMENT/INTERDICTION

The Department of Public Safety, Alaska State Troopers, Statewide Drug Enforcement Unit per Alaska Statute AS 18.65.085. Narcotic Drugs and Alcohol Enforcement (a) There is established in the Department of Public Safety, division of state troopers, a narcotic drugs and alcohol enforcement unit for the purpose of investigating and combating the illicit sale and distribution of narcotic drugs and alcoholic beverages in the state.

## Department of Public Safety Drug Incidents

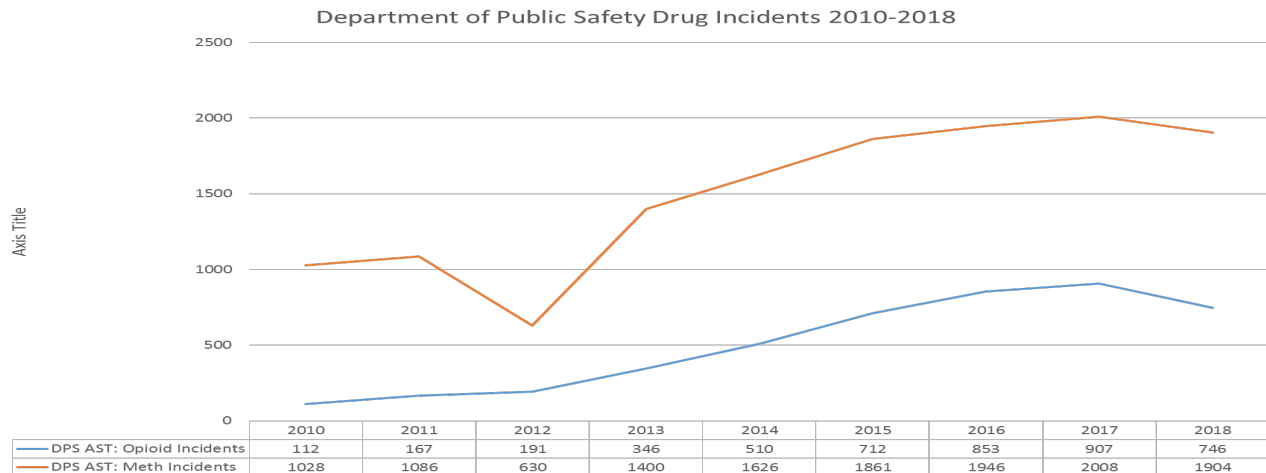


Figure 5: [Attachment seven for larger view](#)

Since 2010 the Alaska State Troopers have seen an 85% increase in drug related opioid incidents, and a 46% increase in drug related methamphetamine incidents.

## Department of Public Safety Methamphetamine Incident Costs 2010 - 2018

Row Labels	2010	2011	2012	2013	2014	2015	2016	2017	2018	Grand Total	Cost Per Incident	Total Costs 2010 - 2018
AST ABI ALASKA BUREAU OF INVESTIGATION	283	226	151	214	318	468	631	675	562	3528	\$1,123	\$3,961,944
AST DETACHMENT A	33	29	11	66	42	31	52	73	87	424	\$1,123	\$476,152
AST DETACHMENT B	408	501	229	492	583	630	397	362	366	3968	\$1,123	\$4,456,064
AST DETACHMENT C	48	53	31	88	109	92	128	143	157	849	\$1,123	\$953,427
AST DETACHMENT D	95	121	58	234	261	308	359	384	369	2189	\$1,123	\$2,458,247
AST DETACHMENT E	101	110	79	233	213	247	277	254	248	1762	\$1,123	\$1,978,726
AST DIRECTOR'S OFFICE	1		1	10	5	8	14	6	9	54	\$1,123	\$60,642
AST VPSO PROGRAM	17	14	11	10	26	14	12	22	20	146	\$1,123	\$163,958
AWT DETACHMENT B	2	1	2							5	\$1,123	\$5,615
AWT DETACHMENT NORTH	27	17	40	32	38	33	50	59	51	347	\$1,123	\$389,681
AWT DETACHMENT SOUTH	13	11	15	20	29	28	22	27	32	197	\$1,123	\$221,231
AWT DIRECTOR'S OFFICE					1	1	3	1		6	\$1,123	\$6,738
DFLS LSI BUREAU						1	1			2	\$1,123	\$2,246
DPS COMMISSIONER'S OFFICE				1				1		2	\$1,123	\$2,246
SOLDOTNA POLICE ADMINISTRATION								1	1	3	\$1,123	\$5,615
V		3	2							5	\$1,123	\$5,615
<b>Grand Total</b>	<b>1028</b>	<b>1086</b>	<b>630</b>	<b>1400</b>	<b>1626</b>	<b>1861</b>	<b>1946</b>	<b>2008</b>	<b>1904</b>	<b>13489</b>	<b>\$1,123</b>	<b>\$15,148,147</b>
Cost Per Incident	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	
Total Cost Per Year	\$1,154,444	\$1,219,578	\$707,490	\$1,572,200	\$1,825,998	\$2,089,903	\$2,185,358	\$2,254,984	\$2,138,192	\$15,148,147		

Note: With the assistance of the State of Alaska Departments of Corrections and Public Safety, the University of Alaska Anchorage, Alaska Justice Information Center developed marginal cost estimates for felony drug and other arrests (police). The marginal cost per arrest (police) was estimated at \$1,123.00. The Alaska Results First Initiative Adult Criminal Justice Program Benefit Cost Analysis, dated September 29, 2017 can be located at; [https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/\\_documents/ajic.2017.results-first-acj-report.pdf](https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/_documents/ajic.2017.results-first-acj-report.pdf)

Figure 6: [Attachment eight for larger view](#)

To calculate the cost per drug related incident, the State of Alaska is utilizing the Alaska Results First Initiative Adult Criminal Justice Program Benefit Cost Analysis, dated September 29, 2017 that was authored by the University of Alaska Anchorage, Alaska Justice Information Center. With the assistance of the State of Alaska Departments of Corrections and Public Safety, the University of Alaska Anchorage, Alaska Justice Information Center developed marginal cost estimates for felony drug and other arrests (police). The marginal cost per arrest (police) was estimated at \$1,123.00. For further information on how the marginal cost estimate was developed, the link below will direct you to the Alaska Results First Initiative Adult Criminal Justice Program Benefit Cost Analysis; [https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/\\_documents/ajic.2017.results-first-acj-report.pdf](https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/_documents/ajic.2017.results-first-acj-report.pdf)

## Department of Public Safety Opioid Incident Costs 2010 - 2018

Total Count by Detachment												
Row Labels	2010	2011	2012	2013	2014	2015	2016	2017	2018	Grand Total	Cost Per Incident	Total Costs 2010 - 2018
AST ABI ALASKA BUREAU OF INVESTIGATION	82	117	143	177	244	396	549	569	473	2750	\$1,123	\$3,088,250
AST DETACHMENT A	2	2	6	6	2	7	5	20	24	74	\$1,123	\$83,102
AST DETACHMENT B	21	32	27	92	147	159	108	105	94	785	\$1,123	\$881,555
AST DETACHMENT C		1	1	10	25	28	40	41	34	180	\$1,123	\$202,140
AST DETACHMENT D	1	5	3	24	29	38	46	60	49	255	\$1,123	\$286,365
AST DETACHMENT E	2	9	9	34	55	80	97	91	64	441	\$1,123	\$495,243
AST DIRECTOR'S OFFICE	2		1	3	4	4	3	3		20	\$1,123	\$22,460
AST VPSO PROGRAM			1		1		3	3	3	11	\$1,123	\$12,353
AWT DETACHMENT NORTH	2				2		2	6	1	13	\$1,123	\$14,599
AWT DETACHMENT SOUTH								9	3	12	\$1,123	\$13,476
AWT DIRECTOR'S OFFICE					1					1	\$1,123	\$1,123
SOLDOTNA POLICE ADMINISTRATION									1	1	\$1,123	\$1,123
AWT DETACHMENT C		1								1	\$1,123	\$1,123
<b>Grand Total</b>	<b>112</b>	<b>167</b>	<b>191</b>	<b>346</b>	<b>510</b>	<b>712</b>	<b>853</b>	<b>907</b>	<b>746</b>	<b>4544</b>		<b>\$5,102,912</b>
<b>Cost Per Incident</b>	<b>\$1,123</b>	<b>\$1,123</b>	<b>\$1,123</b>	<b>\$1,123</b>	<b>\$1,123</b>	<b>\$1,123</b>	<b>\$1,123</b>	<b>\$1,123</b>	<b>\$1,123</b>	<b>\$1,123</b>		
<b>Total Cost Per Year</b>	<b>\$125,776</b>	<b>\$187,541</b>	<b>\$214,493</b>	<b>\$388,558</b>	<b>\$572,730</b>	<b>\$799,576</b>	<b>\$957,919</b>	<b>\$1,018,561</b>	<b>\$837,758</b>	<b>\$5,102,912</b>		

Note: With the assistance of the State of Alaska Departments of Corrections and Public Safety, the University of Alaska Anchorage, Alaska Justice Information Center developed marginal cost estimates for felony drug and other arrests (police). The marginal cost per arrest (police) was estimated at \$1,123.00. The Alaska Results First Initiative Adult Criminal Justice Program Benefit Cost Analysis, dated September 29, 2017 can be located at: [https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/\\_documents/ajic.2017.results-first-acj-report.pdf](https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/_documents/ajic.2017.results-first-acj-report.pdf)

Figure 7: [Attachment nine for larger view](#)

### JUDICIAL

Alaska's therapeutic courts are a post-adjudication plea or pre-sentence program designed to supervise defendants who are substance-abusing adults (over 18 years of age), and probationers and parolees placed in the program as a condition of probation or due to a violation of probation/parole. The Alaska therapeutic model is funding utilizes Unrestricted General Funds (UGF) and Designated General Funds (DGF). In FY2017 therapeutic courts were funded in the amounts of \$1,817,900 from general funds, \$2,472,500 general funds/mental health funds, and \$518,000 in designated general funds (alcohol tax) for a total of \$4,808,400.

### Therapeutic Court Funding FY17/18/19

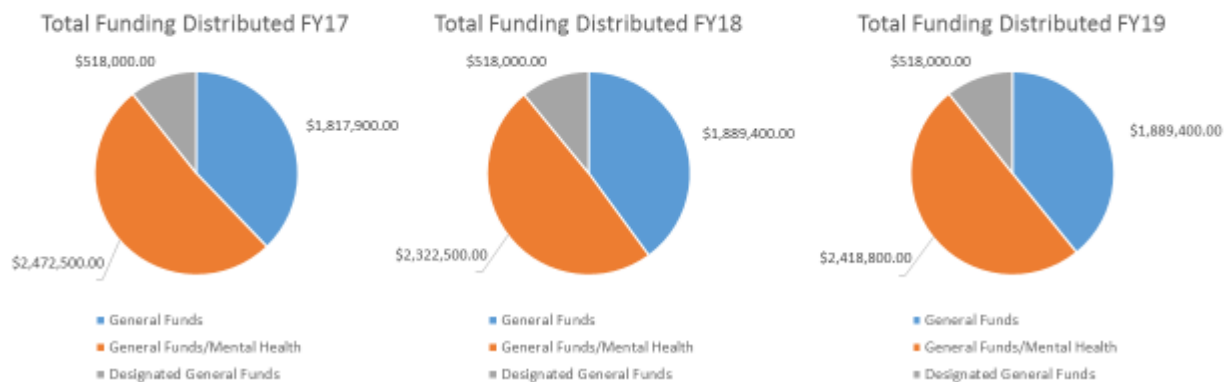


Figure 8: [Attachment ten for larger view](#)

FY2018 therapeutic courts were funded in the amounts of \$1,889,400 from general funds, \$2,322,500 general funds/mental health funds, and \$ 518,000 in designated general funds (alcohol tax) for a total of \$4,729,900. FY2019 therapeutic courts were funded in the amounts of \$1,889,400 from general funds, \$2,418,800 general funds/mental health funds, and \$ 518,000 in designated general funds (alcohol tax) for a total of \$4,826,200.

The \$78,500 reduction from FY17 to FY18 was the net of a \$150,000 decrease for contractual services and an increase of \$71,500 for health insurance. The increase of \$96,300 in FY19 was for a Veterans' Court project coordinator. Therapeutic court funding provides services to support drug courts, DUI courts, mental health courts, and family courts.

## CORRECTIONS

The Department of Corrections provides direct services to Alaska's incarcerated population. About 32% of the inmates who get substance abuse assessments are diagnosed with an opioid use disorder. Annually the Department spends roughly \$2.4m on services dedicated to or related to opioid treatment. Funding sources utilized to provide behind the walls treatment and recovery services comes from:

- General Fund/Substance Abuse
- Federal Grant/Bureau of Justice Assistance: \$138,000 (\$65,000 of which must be for opioid treatment)
- SB91 funding specific to institutional programming: \$1m to expand all substance abuse services in custody
- SB91 funding specific to CRC programming: \$1m to expand all substance abuse services available to offenders in the CRCs
- RSA from the MHTA (\$1.14m): a portion of which will be used to create a women's infirmary that will include beds used for detox/withdrawal.

### Department of Corrections Treatment Cost FY17/18

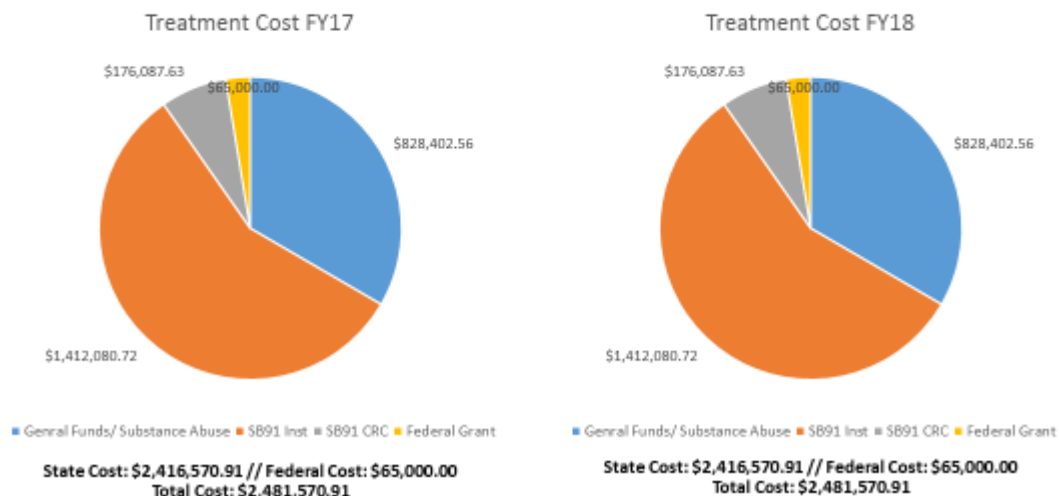


Figure 9: [Attachment eleven for larger view](#)

The Department of Corrections has comprehensive substance abuse programming in place throughout our system. Programming includes inpatient, outpatient, dual diagnosis, psychoeducation programs and assessments, Medication Assisted Treatment for Reentry (MATR), and an instructional Medication Assisted Treatment program.

## TOTAL COSTS

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

In calendar year 2017, the total cost to address Alaska's opioid epidemic was \$100,099,854.34. The State of Alaska costs were \$70,940,300.92 (70%) and the Federal government costs were \$30,159,553.42 (30%).

### Alaska Opioid Epidemic Response Total Costs 2017

Year	2017	
Data Category	State Cost	Federal Cost
Medicaid Opioid Treatment Drug Reimbursement	\$859,144.58	\$2,115,799.05
Medicaid Opioid Related Diagnoses Reimbursement	\$4,144,214.43	\$16,778,754.37
Treatment/Recovery and Prevention/Intervention Grant Funding	\$57,693,410.00	\$11,200,000.00
Therapeutic Court Funding	\$4,808,400.00	\$0.00
Department of Corrections Treatment Cost	\$2,416,570.91	\$65,000.00
Department of Public Safety Drug Incident Costs	\$1,018,561.00	\$0.00
Total Costs (State vs. Federal)	\$70,940,300.92	\$30,159,553.42
Total Costs Combined	\$101,099,854.34	

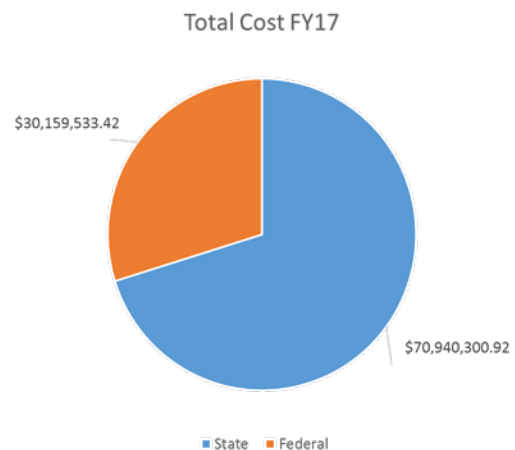


Figure 10: [Attachment twelve for larger view](#)

In calendar year 2018, the total cost was \$109,851,568.90. The State of Alaska costs were \$70,362,282.55 (64%), and the Federal government costs were \$39,489,286.35 (36%).

### Alaska Opioid Epidemic Response Total Costs 2018

Year	2018	
Data Category	State Cost	Federal Cost
Medicaid Opioid Treatment Drug Reimbursement	\$1,250,702.73	\$3,523,996.81
Medicaid Opioid Related Diagnoses Reimbursement	\$5,441,331.91	\$24,700,289.54
Treatment/Recovery and Prevention/Intervention Grant Funding	\$55,686,019.00	\$11,200,000.00
Therapeutic Court Funding	\$4,729,900.00	\$0.00
Department of Corrections Treatment Cost	\$2,416,570.91	\$65,000.00
Department of Public Safety Drug Incident Costs	\$837,758.00	\$0.00
Total Costs (State vs. Federal)	\$70,362,282.55	\$39,489,286.35
Total Costs Combined	\$109,851,568.90	

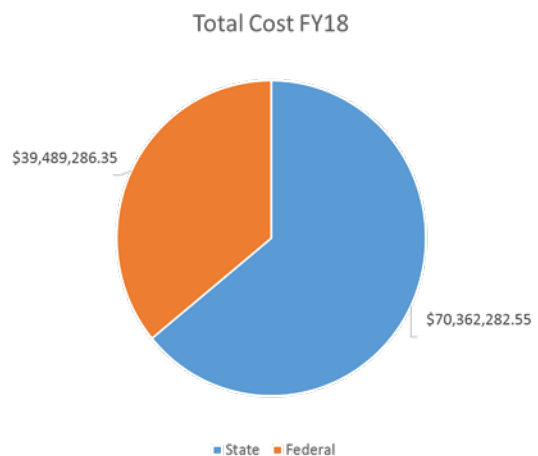


Figure 11: [Attachment thirteen for larger view](#)

The total cost to address the opioid epidemic (both calendar years combined) was \$210,951,422 with State of Alaska costs of \$141,302,583 (67%), and the Federal government costs of \$69,648,839.7 (33%). See [attachment fourteen](#) for a detail list of services provided based of cost association.

## 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 Economic Cost of Drug Abuse in Alaska”. The report indicates that the economic costs of drug misuse and abuse in the State has totaled billions of dollars annually. 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. In 2015, the estimated cost of drug abuse to the Alaska economy totaled just under \$1.22 billion. The most current version of the report can be found at:

- <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 13 federal grants totaling over \$35,000,000 to directly address Alaska’s poly-substance epidemic. Many of these grants, most of which are for multiple years, are used, in whole or part, to fund or support community-based efforts. [Attachment fourteen](#) provides federal grant funding sources.

## RESOURCES

Alaskans living with an opioid use disorder have access to a variety of resources. However, gaps remain in the availability of comprehensive treatment and recovery options across the continuum of care for the treatment of opioid use disorder and substance use disorder. The resource tools and lists below identify available services to Alaskans.

### PREVENTION

The Department of Health and Social Services Division of Behavioral Health Prevention & Early Intervention coordinates substance abuse prevention through the promotion of healthy individuals, prevention of behavioral health problems, and early intervention when a problem is recognized. Alcohol & Drug Information School (ADIS) Programs educate 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 subsequent alcohol and/or other drug related offenses and associated high risk behaviors through understanding of the effects of alcohol and other drugs on driving and social behaviors as well as the health and legal consequences. ADIS programs are approved and monitored by Division of Behavioral Health.

- Approved Alcohol and Drug Information Schools Can be found at <http://dhss.alaska.gov/dbh/Documents/Prevention/programs/asap/ADIS%20Approved%20Program%20List%208-31.doc>

The Office of Substance Misuse and Addiction Prevention (OSMAP), 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 Division of Public Health office is involved in the State of Alaska's opioid disaster response and provides collaborative leadership to develop evidence-based strategies to reduce substance misuse and addiction on a variety of substances. OSMAP also 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 of Health and Social Services has created a specific website focusing on Alaska opioid epidemic, including how to get help, supporting the family, information for opioid prescribers, looking at the data, and materials for use. T

- 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 aims to prevent and reduce non-medical use of prescription opioids and heroin use among 12-25 year olds in Alaska through collaborations with state agencies, community coalitions, and other partners.  
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

Alaska behavioral health treatment services include:



- 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](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 use the SAMHSA treatment locator guide because it includes agencies providing medication assisted treatment services for which 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](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>

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

Funding for 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 community-based reentry programs include:

- Nome Reentry Coalition
- Ketchikan Reentry Coalition (Community Navigation Resources beginning November 2018)
- Bristol Bay Reentry Coalition (Limited Reentry Case Management Services beginning in October 2017)
- Kenai Reentry Coalition
- Fairbanks Reentry Case Management (Operating since April 2017)
- Mat-Su Reentry Case Management (Operating with 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 (Reentry services contract starting in 2017)

## ENFORCEMENT/INTERDICTION

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.

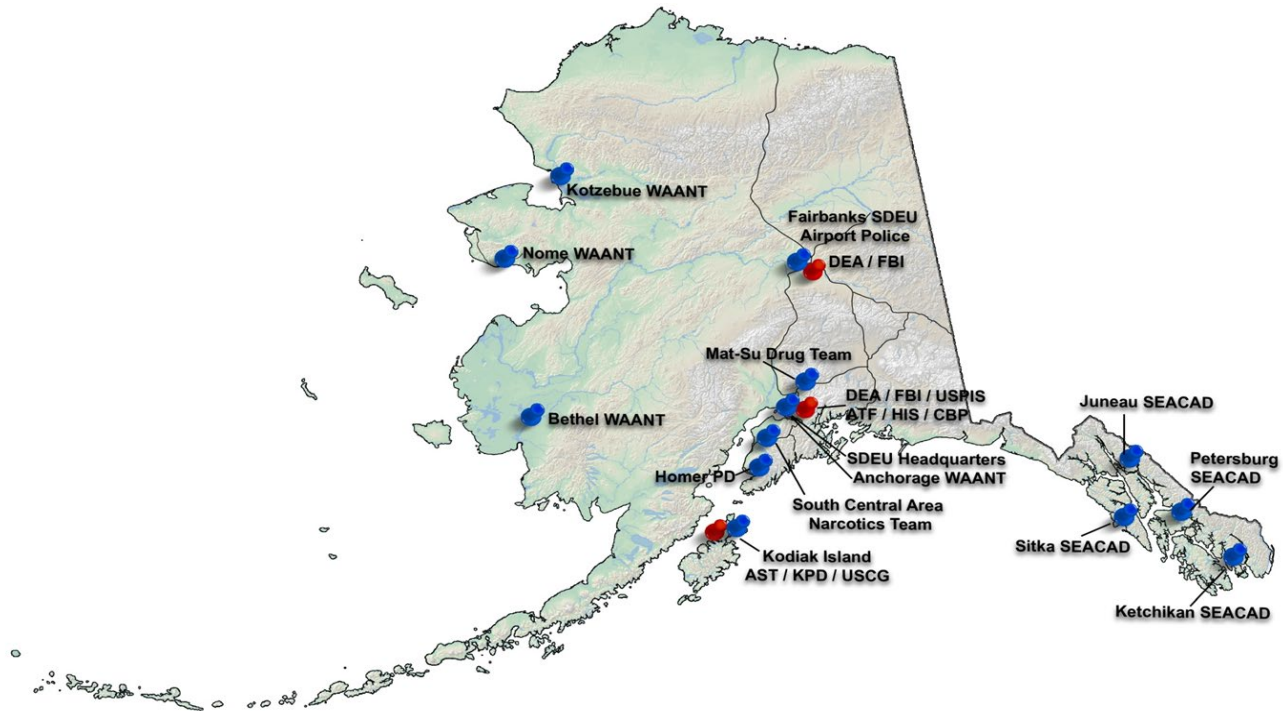


Figure 12: Statewide Drug Enforcement Resources

The SDEU headquarters office in Anchorage supports [six investigative teams](#) throughout the state. They are:

- Anchorage Airport Interdiction Team
  - Primary focus –Interdiction of controlled substances coming into Alaska and drugs and alcohol being moved into rural parts of Alaska through the Ted Stevens Anchorage International Airport. Agencies involved in the task force; Alaska State Troopers (4/1), Anchorage Airport Police (1), Anchorage Police (1), Drug Enforcement Administration (1), Federal Bureau of Investigation (1), North Slope Borough Police (1 + K-9), Sand Point Police (1). This group is well versed in transportation related interdiction work. This team will be the center of the Southcentral HIDTA Enforcement Initiative. Future plans include the addition of two more agencies.
- Mat-Su Narcotics Team
  - Primary Focus – Investigation of high level drug traffickers and drug dealers in the Matanuska-Susitna Valley, Copper River Basin, Valdez and Cordova. Agencies involved in the task force; Alaska State Troopers (4/1). This group will be a team attached to the Southcentral HIDTA Enforcement Initiative and future plans include the addition of Federal and Local partners.
- Fairbanks Area-wide Narcotics Team
  - Primary Focus – Investigation of high level drug trafficking and drug dealing in Interior Alaska. Agencies involved in the task force; Alaska State Troopers (3/1), Fairbanks Police (1), North

- Pole Police (1). This group will be the center of the Interior Alaska HIDTA Enforcement Initiative. Future plans include adding Federal and additional local agencies to the task force.
- Southcentral Area-wide Narcotics Team
  - Primary Focus – Investigation of high level drug traffickers and drug dealers on the Kenai Peninsula, Whittier and Seldovia. Agencies involved in the task force; Alaska State Troopers (2/0), Kenai Police (1). This group will be a team attached to the Southcentral HIDTA Enforcement Initiative and future plans include the addition of a Federal partner and the Soldotna Police Dept.
- Southeast Alaska Cities Against Drugs
  - Primary Focus – Investigation of high level drug trafficking and drug dealing in all communities of Southeast Alaska. SEACAD is based on a cooperative agreement by AST, all southeast communities and federal partners to combat drugs throughout Southeast Alaska. Agencies involved in the task force; Alaska State Troopers (2/1), Juneau, Ketchikan, Juneau Police (2/1), Petersburg Police (1), Sitka Police (1), Federal Bureau of Investigation (2), Coast Guard Investigative Service (2). The group in Juneau will be the center of the Southeast Alaska HIDTA Enforcement Initiative but will have the flexibility to travel to all southeast communities. Future plans include adding two DEA Agents and one US Postal Inspector to Juneau as well as additional local agencies to the task force.
- Western Alaska Alcohol & Narcotics Team
  - Primary Focus – Investigation of mid to high level drug and alcohol trafficking and dealing in Western Alaska and Kodiak. Agencies involved in the task force; Alaska State Troopers (5/1), Nome, Kotzebue, Bethel, Kodiak, Bethel Police (1), Kodiak Police (1), Coast Guard Investigative Service (4/1), Kodiak. Although this group will not be directly attached to any of the HIDTA Enforcement Initiatives, members will be working on Alaska HIDTA Enforcement Initiatives during a portion of their time.
- Task Force Officer assignments – DEA & FBI

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

## JUDICIAL

The therapeutic judicial 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
- 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

- In the Child in Need of Aid (CINA) Therapeutic Court (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

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>

## CORRECTIONS

The Department of Corrections (DOC) provides institutional treatment programming. DOC has comprehensive substance abuse programming in place throughout our system. Programming includes inpatient, outpatient, dual diagnosis, psychoeducation programs and assessments. These programs use evidence-based curriculum that can be used for all types of addictions, including opioid addiction.

- 64 in-patient substance abuse treatment beds (24 at Highland Mountain Correctional Complex and 40 at Wild Wood)
- Three intensive out-patient treatment programs (Highland Mountain Correctional Complex, Goose Creek Correctional Complex, and Abler Mountain Correctional Complex)
- 3 dual diagnosis programs for individuals with both mental illness and substance use disorder (Goose Creek Correctional Complex, Highland Mountain Correctional Complex, ACCW)
- On-site substance abuse assessments are available in all facilities except YKCC and KCC. These assessments help link individuals to the appropriate levels of treatment.

DOC's Medication Assisted Treatment for Reentry (MATR) program gives individuals with opiate use disorder access to Vivitrol shots just prior to releasing back to the community. Vivitrol is available upon release in most of our facilities (except YKCC and KCC). While DOC does not currently prescribe methadone or buprenorphine, we do "bridge" these medications when someone is arrested while on a community MAT program.

## 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

Comprehensive prevention strategies are needed to mitigate the harm that opioids are causing Alaskans and their families and communities. The Alaska Opioid Policy Task Force Final Recommendations endorsed a public health approach to the prevention and reduction of opioid use and misuse. 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 potential substantial decrease of 42% in opioid overdose deaths, and a 75% decrease in fentanyl related deaths last year. 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 *Statewide 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
<b>2 0 1 7</b>	
Prince of Wales	December 11
Petersburg	December 14
Ketchikan	December 12-13
<b>2 0 1 8</b>	
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 include:

- 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. Project ECHO, a tool that has been used in states around the country to provide clinical, case-based education eligible for earning CME credits, uses virtual provider-to-provider networking and education to support providers with access to expertise on specific cases. Providers 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 have increased educational involvement in the opioid response. A competition to name two new drug detection K9s for the Alaska State Troopers involved more than 1,000 students in over 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, with 500 public seats so Alaskan parents and others can also take the online eLearning course. The Alaska National Guard Counter Drug Support Program is revamping substance misuse education materials and course for upcoming Alaska Military Youth Academy students.

Public and Targeted Education (for at-risk populations): In addition to educational 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 (PDMP) 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](http://www.PDMP.alaska.gov), [https://www.commerce.alaska.gov/web/portals/5/pub/PDMP\\_EffectiveDates\\_08.2017.pdf](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.
- 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, over 425 media events included education (including Project HOPE naloxone kits, medication disposal bags, safe disposal of needles); information (opioid reports and statistics), community events, and policy (Alaska bills; Op-Eds).

## TREATMENT AND RECOVERY

Behavioral health programs work together 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 Division of Behavioral Health facilitated technical assistance to provide leadership and guidance on coordinating services. As a result, a small coalition of Fairbanks providers was 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. The Division of Behavioral Health also worked to expand treatment services, with more treatment beds and medication-assisted treatment options.

- 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.
- With nearly 300 residential treatment beds in Alaska to help Alaskans address substance use disorder. There are also more options for outpatient treatment, with approximately 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 increasing services to an additional 250 individuals while Rainforest Recovery will serve 75 clients.

The Department of Corrections Medication Assisted Treatment for Reentry (MATR) program gives individuals with opiate use disorder access to Vivitrol shots just prior to releasing back to the community. Vivitrol is available upon release in most of our facilities (except YKCC and KCC). Vivitrol shots are approximately \$1,000 each. However, currently DOC receives the medication at no charge from the pharmaceutical company. 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.

There is evidence to show that using Vivitrol decreases the mortality rate of opiate users upon release but there is not a lot of research to prove the efficacy of Vivitrol in reducing clinical relapse or legal recidivism. Therefore, DOC is currently working with UAA's Center for Circumpolar Health Studies to evaluate the outcomes of this program.

The Department of Corrections has received a grant from the Bureau of Justice Assistance that helps fund the residential treatment program at Highland Mountain Correctional Complex. This year, the grant increased from \$73,000 to \$138,000 – the additional \$65,000 must be spent on opioid-specific programming.

## 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.

## NEXT STEPS IN ADDRESSING THE POLY-SUBSTANCE EPIDEMIC

The way we change the course for our state and our nation on addressing the poly-substance epidemic requires partnerships and coordination. The foundation of Alaska's success will be pulling together in our cities, villages and tribes, like Alaskans have done in the past. In the last two years Alaska's collaborative approach has come with success to include potential across the board reductions in drug overdoses deaths, increase in treatment beds, more clinicians providing medication assisted treatment, inclusion of the High Intensity Drug Trafficking Area (HIDTA) designation, and the seizure of 151,886 grams of illicit substances.

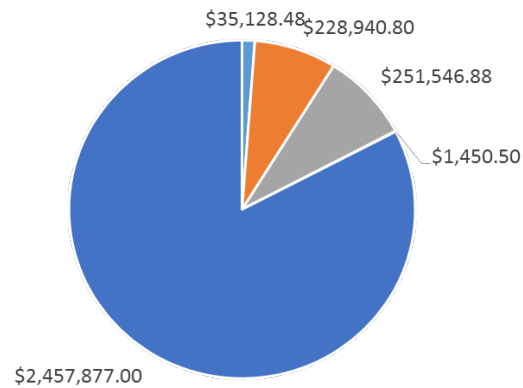
Alaska's poly-substance problem is multifaceted. Drug trafficking organizations are an external threat and internally, a significant portion of our population struggles with substance misuse and addiction. Just as the drug problem involves many layers, so, too, does the solution. The State of Alaska's February 2017 disaster declaration and incident command system broke down traditional bureaucratic siloes and improved efficiencies between state agencies addressing Alaska's opioid epidemic. Yet with all the previous success, lessons have been learned and structures/processes must change to adapt to the emerging drug trends, and to create efficiencies in collaboration to building an effective continuum of care that encompasses enforcement/interdiction, prevention, treatment, and recovery services that compliant each other and are no longer siloed. Managing the opioid epidemic utilizing the incident command system served the purpose of initial response management to develop lifesaving and stabilizing solutions that saved many Alaskans lives. With any disaster the primary goal is to transition out of the time intensive incident command immediate response structure and to a more long term recovery system/approach. Many states (Kentucky, Florida, Iowa, Idaho, Indiana, New Hampshire, West Virginia, California) have created a long term solution by developing an Office of Drug Control Policy, and appointing a Drug Control Policy Coordinator/Director (Drug Czar) who strategically coordinates drug enforcement, prevention, treatment, and recovery services, enhances capabilities and increases capacity, and works to build an effective and efficient substance use disorder continuum of care. The State of Alaska is working with states listed above, the National Governors Association, and the National Conference of State Legislatures to gather information, review organizational structures and approaches to identify and implement a sustainable approach with proven deliverables and outcomes that will benefit all Alaskans.

# ATTACHMENTS

## ATTACHMENT ONE: MEDICAID OPIOID TREATMENT DRUG REIMBURSEMENT FY17/18

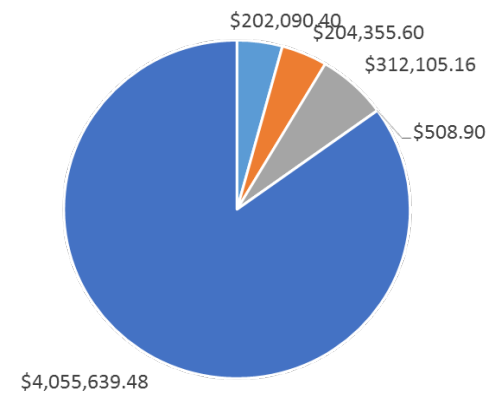
### Medicaid Opioid Treatment Drug Reimbursement FY17/18

Total Claim Amount Paid FY17



■ Buprenorphine
 ■ Buprenorphine HCL
 ■ Buprenorphine-Naloxone
 ■ Naloxone HCL
 ■ Suboxone

Total Claim Amount Paid FY18



■ Buprenorphine
 ■ Buprenorphine HCL
 ■ Buprenorphine-Naloxone
 ■ Naloxone HCL
 ■ Suboxone

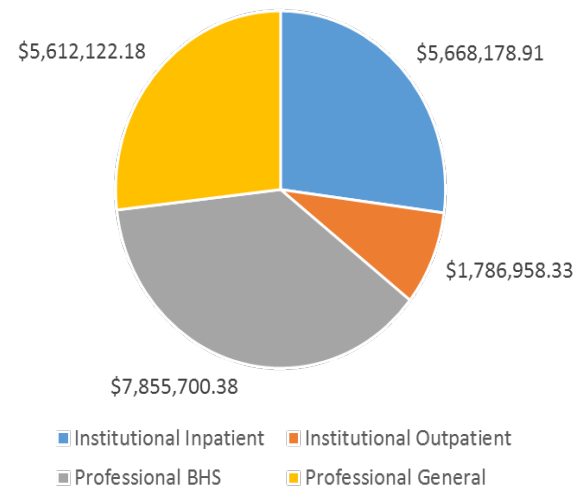
	2017			2018		
	GF	Fed	Total	GF	Fed	Total
BUPRENORPHINE	\$ 11,326.16	\$ 23,802.32	\$ 35,128.48	\$ 67,165.60	\$ 134,924.80	\$ 202,090.40
BUPRENORPHINE HCL	\$ 82,980.07	\$ 145,960.73	\$ 228,940.80	\$ 74,542.62	\$ 129,812.98	\$ 204,355.60
BUPRENORPHINE-NALOXONE	\$ 87,299.59	\$ 164,247.29	\$ 251,546.88	\$ 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	Fed	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
<b>Institutional Inpatient Total</b>		<b>\$1,287,181.99</b>	<b>\$4,380,996.92</b>	<b>\$5,668,178.91</b>
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
<b>Institutional Outpatient Total</b>		<b>\$305,408.99</b>	<b>\$1,481,549.34</b>	<b>\$1,786,958.33</b>
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
<b>Professional BHS Total</b>		<b>\$1,422,463.48</b>	<b>\$6,433,236.90</b>	<b>\$7,855,700.38</b>
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
<b>Professional General Total</b>		<b>\$1,129,159.97</b>	<b>\$4,482,962.21</b>	<b>\$5,612,122.18</b>
<b>Grand Total</b>		<b>\$4,144,214.43</b>	<b>\$16,778,745.37</b>	<b>\$20,922,959.80</b>

Total Claim Amount Paid FY17



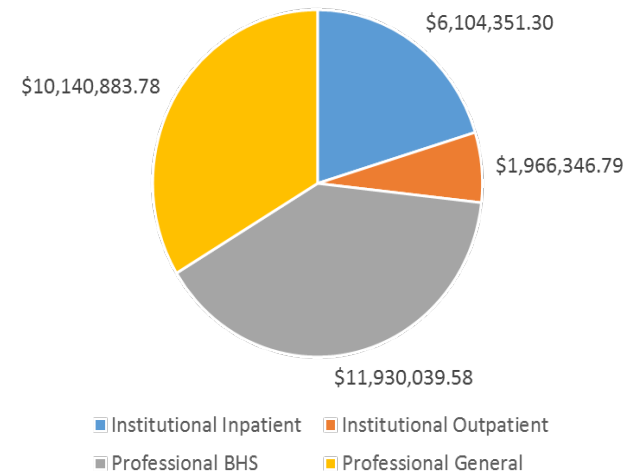
**State Cost: \$4,144,214.43 // Federal Cost: \$16,778,754.37**  
**Total Cost: \$20,922,959.80**

### ATTACHMENT THREE: MEDICAID OPIOID RELATED DIAGNOSES REIMBURSEMENT FY18

## Medicaid Opioid Related Diagnoses Reimbursement FY18

Services	Providers	2018		
		State	Fed	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		<b>\$1,268,588.68</b>	<b>\$4,835,762.62</b>	<b>\$6,104,351.30</b>
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		<b>\$319,505.26</b>	<b>\$1,646,841.53</b>	<b>\$1,966,346.79</b>
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		<b>\$2,103,886.53</b>	<b>\$9,826,153.06</b>	<b>\$11,930,039.58</b>
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		<b>\$1,749,351.45</b>	<b>\$8,391,532.33</b>	<b>\$10,140,883.78</b>
Grand Total		<b>\$5,441,331.91</b>	<b>\$24,700,289.54</b>	<b>\$30,141,621.45</b>

Total Claim Amount Paid FY18

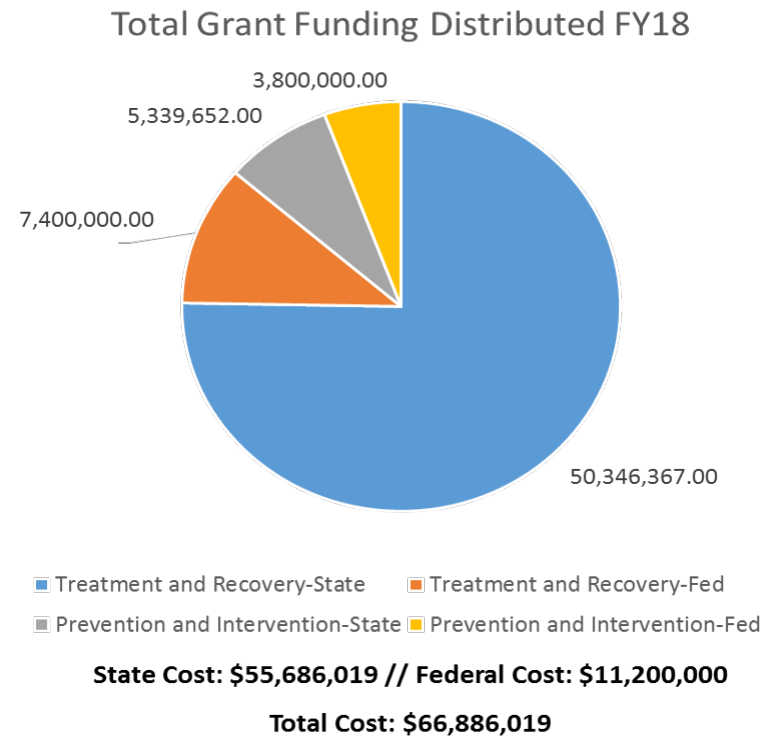
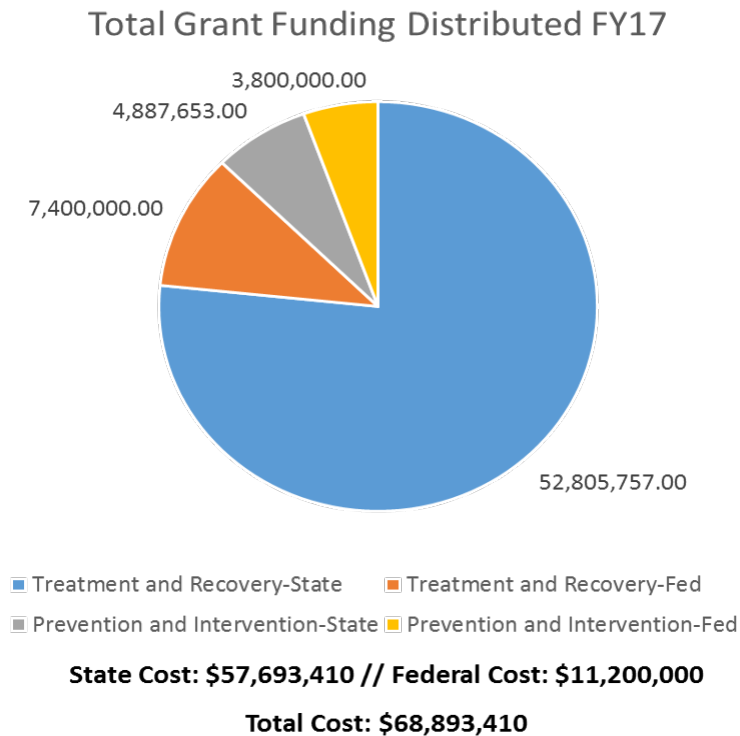


State Cost: \$5,441,331.91 // Federal Cost: \$24,700,289.54  
Total Cost: \$30,141,621.45



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

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

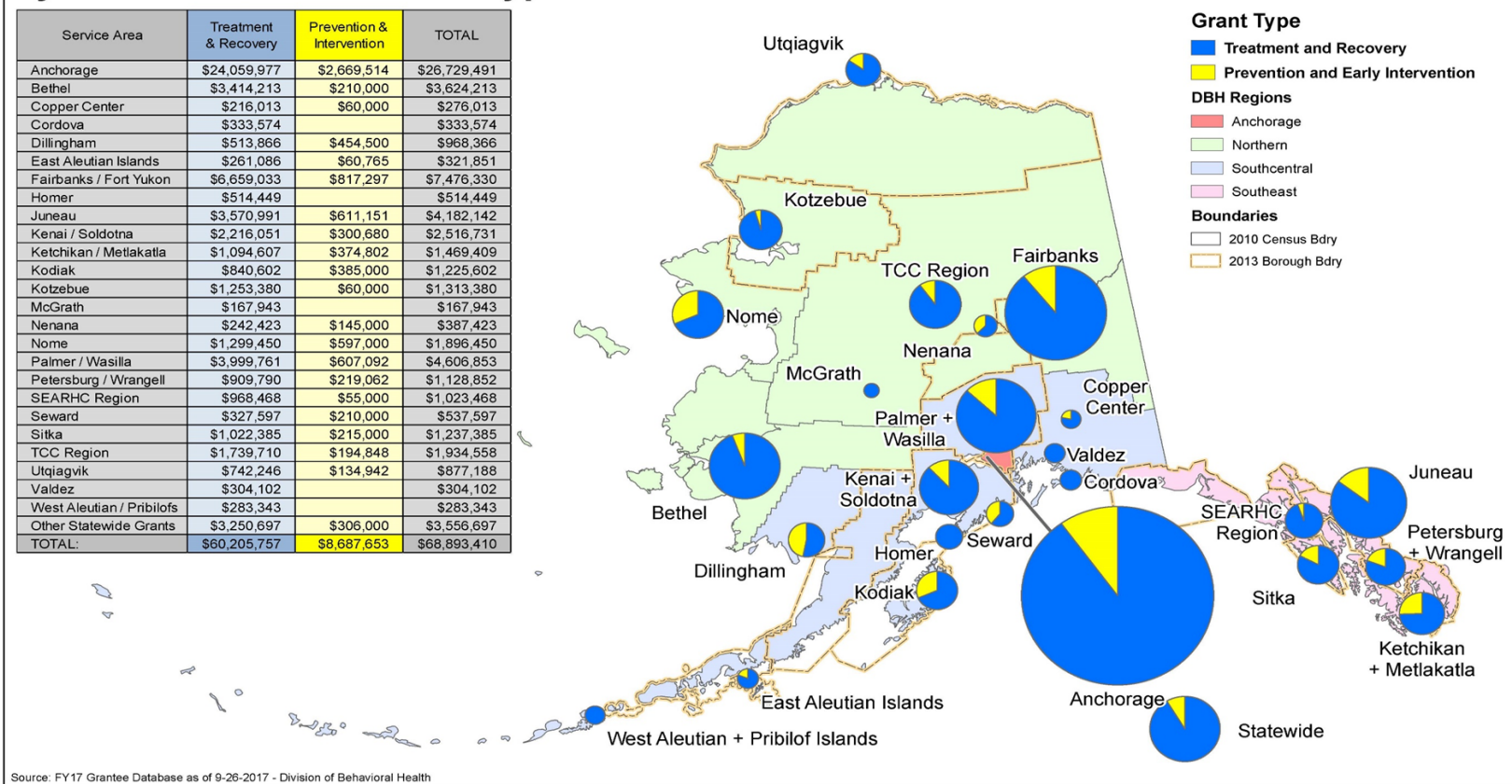


Note: While some grant funding is specific to "opioid disorders", most funding encompasses substance use disorders generally

## 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
<b>TOTAL:</b>	<b>\$60,205,757</b>	<b>\$8,687,653</b>	<b>\$68,893,410</b>



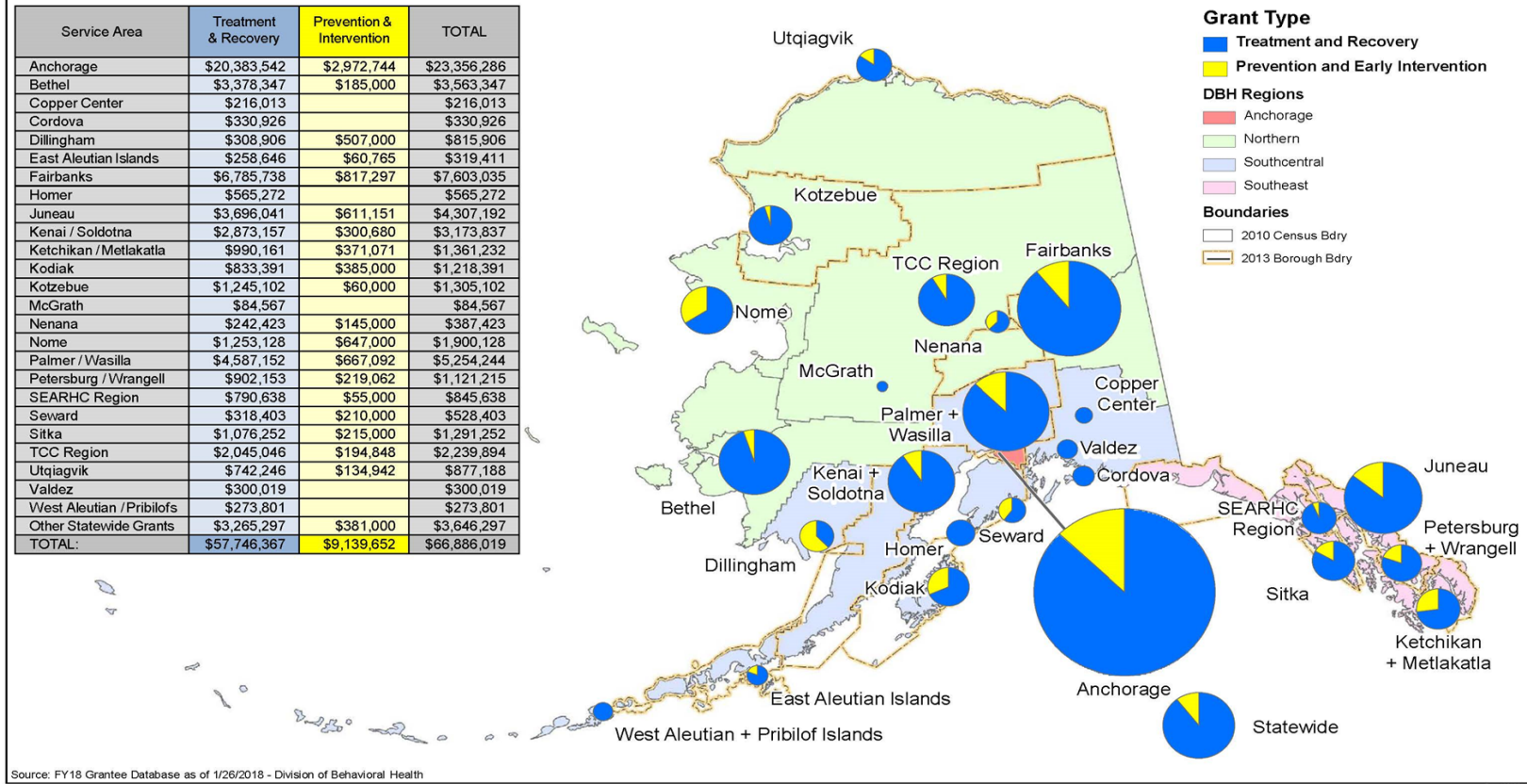
Source: FY17 Grantee Database as of 9-26-2017 - Division of Behavioral Health

Note: While some grant funding is specific to "opioid disorders", most funding encompasses substance use disorders generally

## ATTACHMENT SIX: FY 2018 TOTAL DBH GRANT FUNDING

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

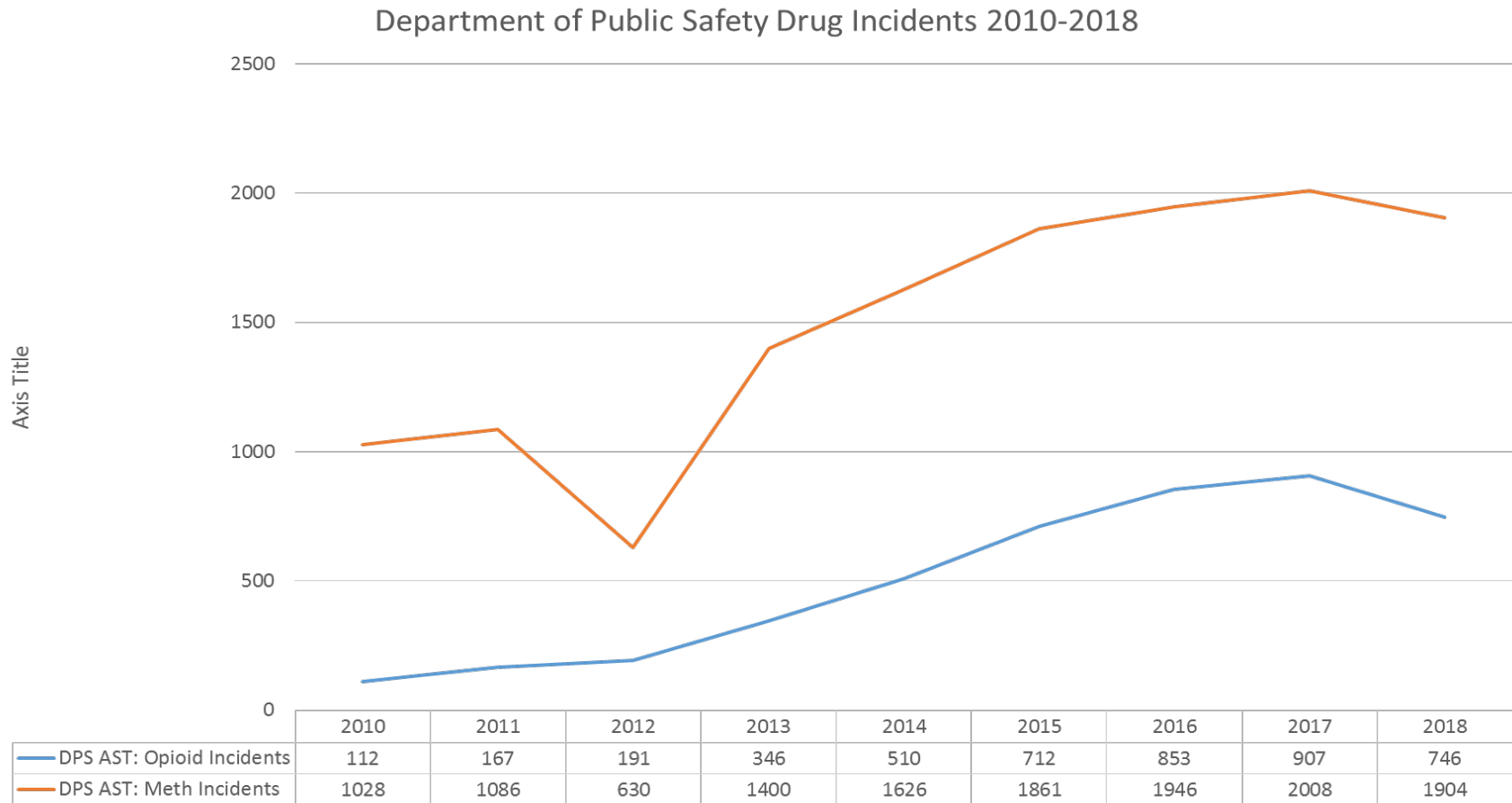
Service Area	Treatment & Recovery	Prevention & Intervention	TOTAL
Anchorage	\$20,383,542	\$2,972,744	\$23,356,286
Bethel	\$3,378,347	\$185,000	\$3,563,347
Copper Center	\$216,013		\$216,013
Cordova	\$330,926		\$330,926
Dillingham	\$308,906	\$507,000	\$815,906
East Aleutian Islands	\$258,646	\$60,765	\$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
<b>TOTAL:</b>	<b>\$57,746,367</b>	<b>\$9,139,652</b>	<b>\$66,886,019</b>



Note: While some grant funding is specific to “opioid disorders”, most funding encompasses substance use disorders generally

## ATTACHMENT SEVEN: DEPARTMENT OF PUBLIC SAFETY DRUG INCIDENTS

# Department of Public Safety Drug Incidents



## ATTACHMENT EIGHT: DEPARTMENT OF PUBLIC SAFETY OPIOID INCIDENT COSTS 2010 - 2018

# Department of Public Safety Opioid Incident Costs 2010 - 2018

Total Count by Detachment												
Row Labels	2010	2011	2012	2013	2014	2015	2016	2017	2018	Grand Total	Cost Per Incident	Total Costs 2010 - 2018
AST ABI ALASKA BUREAU OF INVESTIGATION	82	117	143	177	244	396	549	569	473	2750	\$1,123	\$3,088,250
AST DETACHMENT A	2	2	6	6	2	7	5	20	24	74	\$1,123	\$83,102
AST DETACHMENT B	21	32	27	92	147	159	108	105	94	785	\$1,123	\$881,555
AST DETACHMENT C		1	1	10	25	28	40	41	34	180	\$1,123	\$202,140
AST DETACHMENT D	1	5	3	24	29	38	46	60	49	255	\$1,123	\$286,365
AST DETACHMENT E	2	9	9	34	55	80	97	91	64	441	\$1,123	\$495,243
AST DIRECTOR'S OFFICE	2		1	3	4	4	3	3		20	\$1,123	\$22,460
AST VPSO PROGRAM			1		1		3	3	3	11	\$1,123	\$12,353
AWT DETACHMENT NORTH	2				2		2	6	1	13	\$1,123	\$14,599
AWT DETACHMENT SOUTH								9	3	12	\$1,123	\$13,476
AWT DIRECTOR'S OFFICE					1					1	\$1,123	\$1,123
SOLDOTNA POLICE ADMINISTRATION									1	1	\$1,123	\$1,123
AWT DETACHMENT C		1								1	\$1,123	\$1,123
<b>Grand Total</b>	<b>112</b>	<b>167</b>	<b>191</b>	<b>346</b>	<b>510</b>	<b>712</b>	<b>853</b>	<b>907</b>	<b>746</b>	<b>4544</b>		<b>\$5,102,912</b>
<b>Cost Per Incident</b>	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123		
<b>Total Cost Per Year</b>	<b>\$125,776</b>	<b>\$187,541</b>	<b>\$214,493</b>	<b>\$388,558</b>	<b>\$572,730</b>	<b>\$799,576</b>	<b>\$957,919</b>	<b>\$1,018,561</b>	<b>\$837,758</b>	<b>\$5,102,912</b>		

Note: With the assistance of the State of Alaska Departments of Corrections and Public Safety, the University of Alaska Anchorage, Alaska Justice Information Center developed marginal cost estimates for felony drug and other arrests (police). The marginal cost per arrest (police) was estimated at \$1,123.00. The Alaska Results First Initiative Adult Criminal Justice Program Benefit Cost Analysis, dated September 29, 2017 can be located at;

[https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/\\_documents/ajic.2017.results-first-acj-report.pdf](https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/_documents/ajic.2017.results-first-acj-report.pdf)

# ATTACHMENT NINE: DEPARTMENT OF PUBLIC SAFETY METHAMPHETAMINE INCIDENT COSTS 2010 - 2018

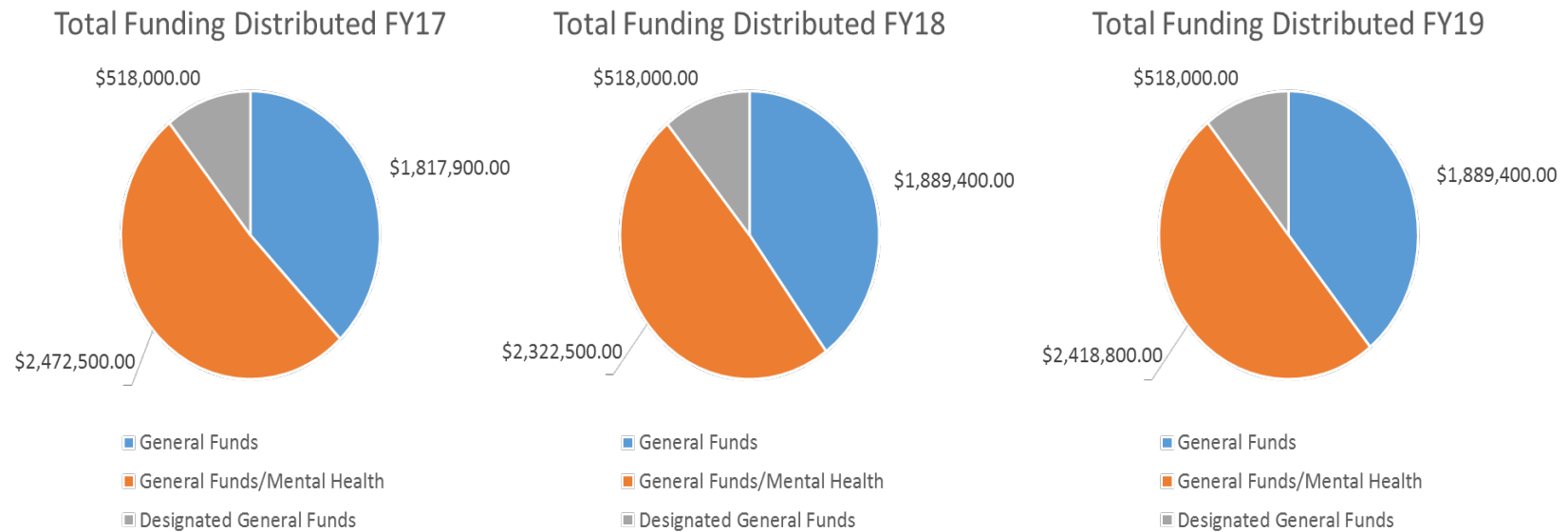
## Department of Public Safety Methamphetamine Incident Costs 2010 - 2018

Row Labels	2010	2011	2012	2013	2014	2015	2016	2017	2018	Grand Total	Cost Per Incident	Total Costs 2010 - 2018
AST ABI ALASKA BUREAU OF INVESTIGATION	283	226	151	214	318	468	631	675	562	3528	\$1,123	\$3,961,944
AST DETACHMENT A	33	29	11	66	42	31	52	73	87	424	\$1,123	\$476,152
AST DETACHMENT B	408	501	229	492	583	630	397	362	366	3968	\$1,123	\$4,456,064
AST DETACHMENT C	48	53	31	88	109	92	128	143	157	849	\$1,123	\$953,427
AST DETACHMENT D	95	121	58	234	261	308	359	384	369	2189	\$1,123	\$2,458,247
AST DETACHMENT E	101	110	79	233	213	247	277	254	248	1762	\$1,123	\$1,978,726
AST DIRECTOR'S OFFICE	1		1	10	5	8	14	6	9	54	\$1,123	\$60,642
AST VPSO PROGRAM	17	14	11	10	26	14	12	22	20	146	\$1,123	\$163,958
AWT DETACHMENT B	2	1	2							5	\$1,123	\$5,615
AWT DETACHMENT NORTH	27	17	40	32	38	33	50	59	51	347	\$1,123	\$389,681
AWT DETACHMENT SOUTH	13	11	15	20	29	28	22	27	32	197	\$1,123	\$221,231
AWT DIRECTOR'S OFFICE						1	1	3	1	6	\$1,123	\$6,738
DFLS LSI BUREAU					1	1				2	\$1,123	\$2,246
DPS COMMISSIONER'S OFFICE				1				1		2	\$1,123	\$2,246
SOLDOTNA POLICE ADMINISTRATION							1	1	3	5	\$1,123	\$5,615
V		3	2							5	\$1,123	\$5,615
<b>Grand Total</b>	<b>1028</b>	<b>1086</b>	<b>630</b>	<b>1400</b>	<b>1626</b>	<b>1861</b>	<b>1946</b>	<b>2008</b>	<b>1904</b>	<b>13489</b>	<b>\$1,123</b>	<b>\$15,148,147</b>
Cost Per Incident	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	\$1,123	
Total Cost Per Year	\$1,154,444	\$1,219,578	\$707,490	\$1,572,200	\$1,825,998	\$2,089,903	\$2,185,358	\$2,254,984	\$2,138,192	\$15,148,147		

Note: With the assistance of the State of Alaska Departments of Corrections and Public Safety, the University of Alaska Anchorage, Alaska Justice Information Center developed marginal cost estimates for felony drug and other arrests (police). The marginal cost per arrest (police) was estimated at \$1,123.00. The Alaska Results First Initiative Adult Criminal Justice Program Benefit Cost Analysis, dated September 29, 2017 can be located at; [https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/\\_documents/ajic.2017.results-first-aj-report.pdf](https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/alaska-justice-information-center/_documents/ajic.2017.results-first-aj-report.pdf)

## ATTACHMENT TEN: THERAPEUTIC COURT FUNDING FY17/18/19

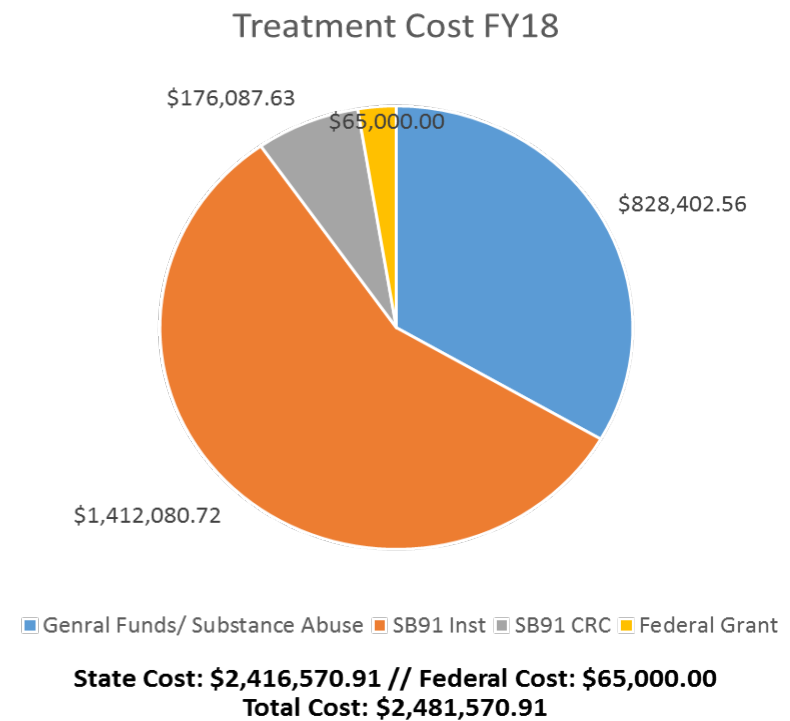
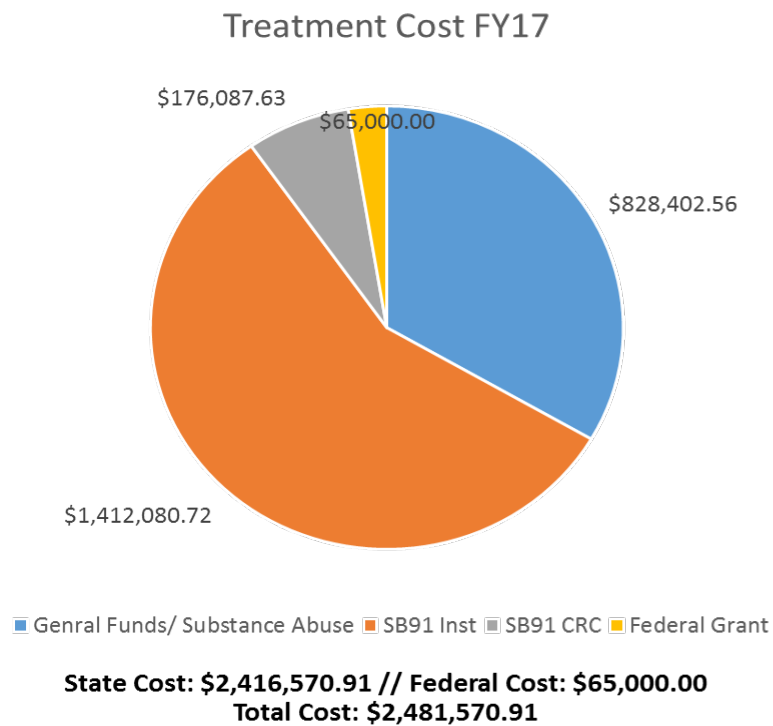
### Therapeutic Court Funding FY17/18/19



<b>Alaska Court System</b>			
<b>Therapeutic Courts - FY17 thru FY19</b>			
Fund Source	FY17	FY18	FY19
General Funds	1,817,900	1,889,400	1,889,400
GF/MH	2,472,500	2,322,500	2,418,800
DGF (Alcohol Tax)	518,000	518,000	518,000
Total UGF and DGF Funding	4,808,400	4,729,900	4,826,200

ATTACHMENT ELEVEN: DEPARTMENT OF CORRECTIONS TREATMENT COSTS FY17/18

## Department of Corrections Treatment Cost FY17/18

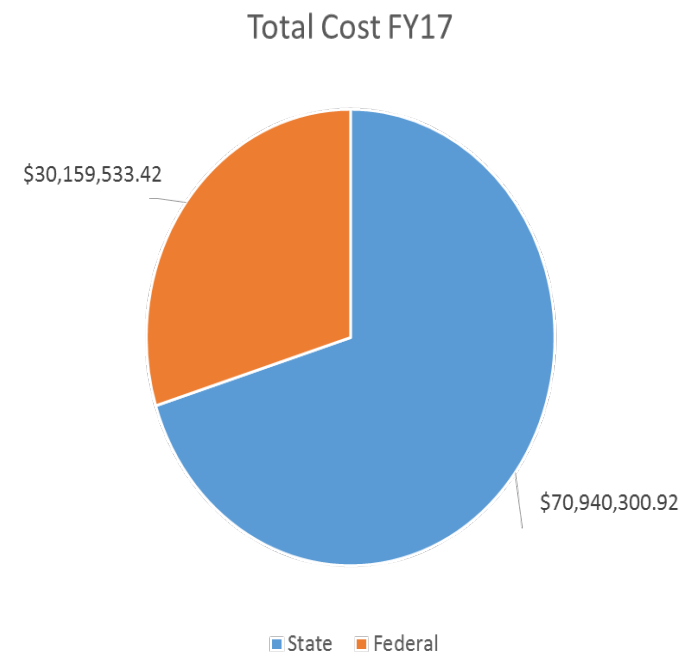




## ATTACHMENT TWELVE: ALASKA OPIOID EPIDEMIC RESPONSE TOTAL COST FY17

### Alaska Opioid Epidemic Response Total Costs 2017

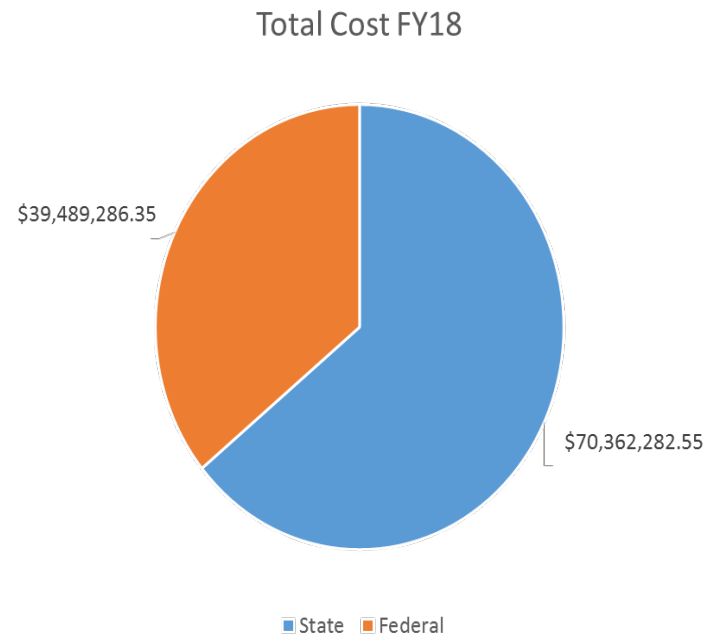
Year	2017	
Data Category	State Cost	Federal Cost
Medicaid Opioid Treatment Drug Reimbursement	\$859,144.58	\$2,115,799.05
Medicaid Opioid Related Diagnoses Reimbursement	\$4,144,214.43	\$16,778,754.37
Treatment/Recovery and Prevention/Intervention Grant Funding	\$57,693,410.00	\$11,200,000.00
Therapeutic Court Funding	\$4,808,400.00	\$0.00
Department of Corrections Treatment Cost	\$2,416,570.91	\$65,000.00
Department of Public Safety Drug Incident Costs	\$1,018,561.00	\$0.00
Total Costs (State vs. Federal)	\$70,940,300.92	\$30,159,553.42
Total Costs Combined	\$101,099,854.34	



## ATTACHMENT THIRTEEN: ALASKA OPIOID EPIDEMIC RESPONSE TOTAL COST FY18

### Alaska Opioid Epidemic Response Total Costs 2018

Year	2018	
Data Category	State Cost	Federal Cost
Medicaid Opioid Treatment Drug Reimbursement	\$1,250,702.73	\$3,523,996.81
Medicaid Opioid Related Diagnoses Reimbursement	\$5,441,331.91	\$24,700,289.54
Treatment/Recovery and Prevention/Intervention Grant Funding	\$55,686,019.00	\$11,200,000.00
Therapeutic Court Funding	\$4,729,900.00	\$0.00
Department of Corrections Treatment Cost	\$2,416,570.91	\$65,000.00
Department of Public Safety Drug Incident Costs	\$837,758.00	\$0.00
Total Costs (State vs. Federal)	\$70,362,282.55	\$39,489,286.35
Total Costs Combined	\$109,851,568.90	



## ATTACHMENT FOURTEEN: ALASKA OPIOID EPIDEMIC RESPONSE SERVICES

# Alaska Opioid Epidemic Response Services

Medicaid Opioid Treatment Drug Reimbursement	Medicaid Opioid Related Diagnoses Reimbursement	Treatment/Recovery Grants	Prevention/Intervention Grants	Therapeutic Court Funding	Department of Corrections Treatment	Department of Public Safety
Buprenorphine	Institutional Inpatient	Psychiatric Emergency Services	Alcohol Safety Action Program	Drug Courts	SBIRT/MAT	Anchorage Airport Interdiction Team
Buprenorphine HCL	Institutional Outpatient	Severe Emotional Disturbance Youth	Comprehensive Prevention	DUI Courts	MATR Counselor	Fairbanks Areawide Narcotics Team
Buprenorphine-Naloxone	Professional Behavioral Health Services	Serious Mental Illness Adult	Family Wellness Warriors Initiative	Mental Health Courts	Treatment Services	Mat-Su Narcotics Enforcement Team
Naloxone HCL	Professional General Services	Substance Use Disorder Residential	Partnerships for Success	Family Court	IOP Services	Southcentral Areawide Narcotics Team
Suboxone		Substance Use Disorder Outpatient	Rural Human Services System		Dual Diagnosis	Southeast Alaska Cities Against Drugs
		Withdrawal Management	Recidivism Reduction		Residential	Western Alaska Alcohol and Narcotics Team
		Opioid Treatment	Suicide Prevention		Community IOP	
		Support Services	Therapeutic Court		CPD Specialty	
		Other Direct Services			Assessments FFS	
		Other Not Direct Services			Assessment/ SBIRT/MAT/IOP Services/CRC FFS	
					Assessments/Psych Ed FFS	
					MAT Bridging	
					Peer Based Services	
					Alternatives to Violence	
					WRAP	
					Assessment Tool	
					Continuum	

## ATTACHMENT FIFTEEN: 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 (\$4M/yr.-2yrs)	<ul style="list-style-type: none"> <li>• Increase access to medication-assisted treatment using three FDA-approved medications for opioid use disorder treatment</li> <li>• Expand recovery support services including recovery residences and peer support services Prevention, treatment and recovery activities</li> </ul>
Health and Social Services	Crisis Response Grant Centers for Disease Control and Prevention (CDC) \$2,500,000	<ul style="list-style-type: none"> <li>• Open Bed platform for real-time, on-line information on treatment bed availability</li> <li>• Statewide community-based Mental Health First Aid training</li> <li>• Compassion fatigue training for first responders</li> <li>• Provider hotline for screening, referral, and treatment</li> <li>• Training for providers to obtain their DEA Data Waiver</li> <li>• Enhanced toxicology testing by Public Health Labs</li> </ul>
Health and Social Services	Harold Rogers Prescription Drug Monitoring Program (PDMP), Dept. of Justice, BJA \$255,000 (one-time funding)	<ul style="list-style-type: none"> <li>• Assess awareness and use of PDMP among practitioners</li> <li>• Identify trends in controlled substance prescribing</li> <li>• Increase provider self-awareness of prescribing habits</li> <li>• Issue confidential report cards to track prescribing habits</li> </ul>
Health and Social Services	Partnerships for Success (PFS), Substance Abuse and Mental Health Services Administration (SAMHSA) \$5,000,000 (\$1M/yr.–5yrs)	<ul style="list-style-type: none"> <li>• Fund community coalitions (Anchorage, Palmer/ Wasilla, Kenai/Soldotna, Fairbanks, Sitka, Juneau) to prevent onset and reduce progression of substance misuse</li> <li>• Strengthen prevention capacity and infrastructure at state, tribal, and community levels</li> </ul>
Health and Social Services	Prescription Drug Overdose Grant (PDO) SAMHSA \$4,200,000	<ul style="list-style-type: none"> <li>• Project HOPE–Harm-reduction, Overdose Prevention, Education <ul style="list-style-type: none"> <li>○ Train and certify Alaskans to administer naloxone</li> <li>○ Establish naloxone distribution program</li> <li>○ Buy and distribute naloxone to first responders, Alaskans</li> </ul> </li> </ul>
Health and Social Services	Prescription Drug Overdose Data-Driven Prevention Initiative (DDPI), CDC \$2,250,000 (\$750,000/yr–3 yrs)	<ul style="list-style-type: none"> <li>• Data collection and analysis</li> <li>• Policy review</li> <li>• Alaska Prescription Drug Monitoring Program evaluation</li> <li>• Outreach and public education</li> </ul>
Health and Social Services	Enhanced State Opioid Overdose Surveillance (ESOOS), CDC \$700,000 (\$350,000/yr–2 yrs)	<ul style="list-style-type: none"> <li>• Track fatal and nonfatal opioid-involved overdoses</li> <li>• Increase timeliness of reporting nonfatal and fatal events</li> <li>• Identify overdose and associated risk factors</li> <li>• Disseminate findings to key stakeholders</li> </ul>

Health and Social Services	Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA), SAMHSA \$3,000,000 (\$1M/yr–3 years)	<ul style="list-style-type: none"> <li>Expand access to medication-assisted treatment (MAT): <ul style="list-style-type: none"> <li>Narcotic Drug Treatment Center in Anchorage, to provide services for an additional 200 patients</li> <li>Bartlett Rainforest Recovery Center in Juneau, to implement Office Based Opioid Treatment (OBOT) for 75 individuals</li> </ul> </li> </ul>
Health and Social Services	State Targeted Response (STR) Grant SAMHSA \$4,000,000 (\$2M/yr–2 yrs)	<ul style="list-style-type: none"> <li>Increase access to treatment, address recovery, and reduce opioid overdose related deaths through prevention</li> <li>Launch office-based opioid treatment (OBOT) for high risk persons, including recently incarcerated, veterans, young adults</li> </ul>
Labor and Workforce Development	National Health Emergency Dislocated Worker Demonstration Grant \$1,300,000	<ul style="list-style-type: none"> <li>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</li> <li>Training to upskill for occupations addressing the opioid crisis</li> </ul>
Public Safety	High Intensity Drug Trafficking Area, Office of National Drug Control Policy (ONDCP) \$2,500,000 (annually)	<ul style="list-style-type: none"> <li>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</li> </ul>
Law	FFY2018 Comprehensive Opioid Abuse Site-Based Program Award, Tribal Diversion Project, Dept. of Justice, BJA \$900,000 (3yrs. funding)	<ul style="list-style-type: none"> <li>The State of Alaska Tribal Diversion Project will support multi-agency efforts in planning and implementing partnerships with Alaska Tribes to establish effective diversion programs for offenders who abuse illicit or prescription opioids. The funding will be used to support implementation, enhancement, and management tribal diversion agreements.</li> </ul>
Health and Social Services	FFY2018 Comprehensive Opioid Abuse Site-Based Program Award, Death Review Project, Dept. of Justice, BJA \$995,000 (3yrs. funding)	<ul style="list-style-type: none"> <li>The State of Alaska Death Review Project will support multi-agency efforts in planning and implementing partnerships to form a committee that will review overdoses to identify opportunities for correction and to make sure policy implemented are effective.</li> </ul>