

2018-2022 STATEWIDE OPIOID ACTION PLAN

Saving lives now and working to prevent future
opioid and substance misuse



Record of Change

This plan will be reviewed annually and revised as needed

Change Number	Date	Page Number	Subject	Entered by

Record of Distribution

This plan will be distributed to all identified agencies.

Date	Agency Signatory Official
	Office of the Governor
	Office of the Lieutenant Governor
	Commissioner, Department of Administration
	Commissioner, Department of Commerce, Community and Economic Development
	Commissioner, Department of Corrections
	Commissioner, Department of Education and Early Development
	Commissioner, Department of Environmental Conservation
	Commissioner, Department of Fish and Game
	Commissioner, Department of Health and Social Services
	Commissioner, Department of Labor and Workforce Development
	Attorney General, Department of Law
	Commissioner, Department of Military and Veterans Affairs
	Commissioner, Department of Military and Veterans Affairs
	Commissioner, Department of Public Safety
	Commissioner, Department of Revenue
	Commissioner, Department of Transportation and Public Facilities

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Executive Summary

The national opioid epidemic has rapidly grown into this decade's identifying public health crisis. Across the United States, communities are reckoning with the rising misuse of opioids and the resulting increase in substance overdoses. Continued escalation of opioid overdose fatalities has left states searching for new levers to address important public health and public safety objectives. The Statewide Opioid Action Plan presents the State of Alaska's collective call to action. The opioid crisis affects everyone in the state in some way. Its victims are of all ages, races, and walks of life. The causes of the epidemic are complex, and state government must work with everyone—health care providers, local agencies, law enforcement, community groups, individual citizens, and national partners—toward a solution. As a response to this growing crisis, Alaska conducted community café events statewide to gather information from communities who are directly impacted, and the state brought together a group of leaders from across local, tribal, government agencies and community organizations forming nine different advisory teams to address the issue. Together, the statewide opioid action planning advisory teams established a 5-year plan to address opioid misuse in Alaska.

Controlling the opioid epidemic will require a wide range of strategies employed over a prolonged period of time as well as collaboration with many sectors and disciplines. The broad public health prevention and control paradigms include: 1) environmental controls and improving social determinants (e.g., employing judicious prescribing practices, reducing exposure/initiation among adolescents and young adults, curtailing the illicit drug supply, and promoting mental wellness); 2) screening and management (e.g., understanding addiction as a chronic disease, using evidence-based screening tools, and assuring access to treatment and recovery services); and 3) acute health event control and prevention (e.g., preventing opioid overdose deaths through assuring widespread availability and appropriate use of naloxone). Other important strategies involve strengthening our understanding of the evolving epidemic through better public health surveillance and supporting pain management and addiction research.

As new challenges develop, Alaska's state agencies will remain committed to working with tribal, municipal, and federal partners, as well as the legislature and courts, to establish and implement best practices to build a stronger and safer Alaska.

Acknowledgements

The *Statewide Opioid Action Plan* is the result of the work and experiences of Alaskans – citizens who experience the effects of opioids directly and indirectly; advisory teams that drafted plan objectives and strategies; local, regional, tribal and state organizations that work to mitigate and prevent the effects of substance misuse; first responders, who answer the calls that result from opioid misuse; all those who have become more informed about opioids, and Alaskans who have saved lives by carrying and administering naloxone.

Purpose

Since February 14, 2017, when the Office of the Governor issued a disaster declaration for the opioid epidemic, state agencies and communities have increased collaborations statewide, with efforts infused by federal funds dedicated to the opioid response. Informed by the wisdom of Alaskans in communities statewide, subject matter experts across agencies, entities addressing substance misuse, and other state plans that intersect with this effort, this plan specifies actions for the state to pursue over the next five years. It also encompasses work funded by multiple federal grants.

Scope

The Statewide Opioid Action Plan applies to all state agencies during all phases of the opioid response. However, the plan is a living document intended to benefit all Alaskans and outlines how the work of the state will support local, regional, tribal, state, federal, and voluntary agencies and efforts to address opioids in Alaska for the next five years. We hope everyone will use this information to further their work.

Alaska's Opioid Epidemic

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 in 2017). Synthetic opioids, excluding methadone, caused 37 deaths –37% of all 2017 opioid overdose deaths, with fentanyl contributing to 76% (28 of 37) of those deaths. From 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 six 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.

Alaska Opioid Response Infrastructure

To address the rising incidence of heroin and opioid misuse in Alaska, the Advisory Board on Alcoholism and Drug Abuse (ABADA), 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 misuse 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.

Alaska’s Governor 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 and treatment, to eliminate illegally imported drugs, and assist with prescription drug monitoring. The Opioid Response ICS has continued since February 2017, with regular meetings led by the Governor and involving cabinet-level staff from nine departments of Alaska State Government.

The institution of ICS was based on the recognition that the opioid epidemic involves multiple and constantly evolving substances of misuse with complex underlying contributing factors. The problem will not be solved easily or quickly. Recognizing the need to dedicate staffing and enhance sustainability for the long-term multi-sector, multi-agency response, including prevention efforts, the Department of Health and Social Services established the Office of Substance Misuse and Addiction Prevention (OSMAP) under the direction of the Chief Medical Officer in July 2017.

Building the Plan

The Statewide Opioid Action Plan takes a ground-up approach, and is Alaskan grown, reflecting best practices along with proven and promising Alaskan innovations to best serve Alaska. To ensure that the plan encompasses the voices of Alaskans and reflects the diversity of its communities, the state conducted community cafés, convened multidisciplinary advisory teams, and held a statewide *Opioid Action Planning Summit*.

Community Cafés on Opioids

The Department of Health and Social Services (DHSS) and the Department of Public Safety (DPS), in partnership with state agencies and community organizations and coordinated by OSMAP, conducted a series of community cafés, often combined with meetings with community leadership and stakeholders, to gather information about the specific needs, successes and challenges of addressing opioids in Alaska’s diverse communities.

Community	Dates
2017	
Prince of Wales Island	December 11
Petersburg	December 14
Ketchikan	December 12-13

Community	Dates
2018	
Dillingham	January 30-31
Sitka	February 3
Anchorage	February 8
Utqiagvik	February 14-16
Nome	February 26-28
Homer	March 7

Community	Dates
2018 (cont.)	
Kenai	March 8
Juneau	March 26-27
Fairbanks	April 11-12
Mat-Su	April 17
Anchorage (pre-Summit)	June 7
Anchorage (Summit)	August 13-14

Advisory Teams and the Opioid Action Planning Summit

Information obtained at Community Cafés was collated and then reviewed by nine advisory teams comprised of community members; state, tribal and federal entities; and voluntary, nonprofit, and for-profit organizations. As a culminating event, ninety-three Alaskans representing over 80 different agencies came together in August 2018 to provide specific objectives, strategies and actions for the *Statewide Opioid Action Plan*. DHSS staff simultaneously reviewed existing state health plans for Alaska likely to address substance misuse and opioids, such as the [Healthy Alaskans 2020 State Health Improvement Plan](#) and [Recasting the Net: Promoting wellness to prevent suicide in Alaska](#), [State of Alaska Suicide Prevention Plan](#), and the [Public Safety Action Plan](#).

Opioid Action Planning Advisory Teams		
Upstream Prevention	Screening, Referral and Treatment	Surveillance and Information Sharing
Harm Reduction	Recovery and Reentry	Justice-Involved Actions
Community Prevention Education	Prescribing Practices	Law Enforcement

Updating and Distributing the Plan

This plan will be available at www.opioids.alaska.gov, reviewed annually, revised as needed, and distributed to state agencies.

Alaska’s Approach to the Opioid Epidemic

Input from Community Café participants and Advisory Team members shaped the vision, mission, and most particularly, the values of the opioid effort.

Vision

Alaskans who live healthier lives in communities more resilient to substance misuse and other interconnected issues.

Mission

Save lives now and work to prevent future opioid and substance misuse.

Values

Integrated systems that are:		
Data-driven, science-based	Culturally responsive	Holistic
Community-based	Geographically relevant	Relationship-based
Trauma-responsive	Peer-supported	Family wellness-grounded

Strategic Approach

The State of Alaska will coordinate, align, and focus the resources of state government and leverage Alaskan and other resources to address Alaska’s opioid crisis and long-standing challenges with substance misuse crisis.

Toward that end, we will develop and implement complementary public health and criminal justice strategies that recognize opioid dependence and addiction are:

- A public health emergency
- Chronic health conditions that often require ongoing care
- Treatable with medication and psychosocial support
- Preventable
- Affected by environmental and social conditions, including unemployment, homelessness, poverty, boredom, and racism and
- Have significant impact on public safety and the criminal justice system.

Guiding Principles for Action

- The State of Alaska will act with a strong sense of urgency, coordinating state agency and cross-sector efforts.
- The plan will connect to, support, and further existing strategic and action plans, including [Alaska Opioid Policy Task Force](#) recommendations, Behavioral Health plans, the [Public Safety Action Plan](#), and local Opioid Task Forces and Community Cafés, and other efforts.
- The State of Alaska will partner with state, local, tribal and federal governments, the private and nonprofit sectors, faith-based organizations, communities, families and individuals to address opioids and the conditions that lead to substance misuse. Where possible, programs will be locally-driven, holistic, multidisciplinary, trauma-informed, family-inclusive, and peer-supported.
- The State of Alaska will implement science- and evidence-based programs and practices informed by data, while incorporating innovative strategies and programs that show promise for Alaska, recognizing the diversity of Alaska's cultures and geography.

Leadership

When the Incident Command System is activated, the Incident Commander for the Alaska Opioid Response will lead the response; otherwise, The Director for the Office of Substance Misuse and Addiction Prevention, or the designated authority, will serve as the lead:

- Provide overall leadership to support, coordinate, and align the work of state agencies that are involved in or potentially affecting substance abuse prevention, early detection and intervention, treatment and recovery, and criminal justice efforts.
- Steer the development, periodic review, and implementation of policy and strategic directions.
- Identify, seek and leverage grant opportunities and other resources from outside state government.
- Lead efforts to enhance the availability of accurate, timely data and information to inform action.
- Coordinate and develop public awareness and education efforts to reduce stigma.
- Encourage and support community-based collaborations aimed at prevention, treatment, recovery and enforcement.

Cross-Cutting Themes

Several cross-cutting themes emerged from community discussions held during the community cafés. Alaskans urged the State to approach opioids with a comprehensive strategy, building on prior planning, engaging multiple sectors, and collaborating to leverage resources. This approach requires balancing interventions specific to opioids, such as access to withdrawal management and medication assisted treatments (MAT) with broader strategies of inclusive education, peer support, surveillance, information sharing, and interventions that apply across multiple substances, increase personal and community resiliency, and mitigate trauma. Alaskan communities identified specific opportunities that have been integrated into the plan:

- Address stigma associated with dependence and addiction.
- Respond to opioids in the context of polysubstance use.
- Educate Alaskans about substance misuse and addiction.
- Integrate services and response.
- Use peer supports throughout the continuum of care.
- Mitigate staff turnover among behavioral health providers: Address treatment and support agency staff turnover in to improve the availability and quality of services.
- Address compassion fatigue experienced by health care providers, first responders, and law enforcement.

Opioid Response: Goals, Objectives, Strategies, and Actions

Capturing the wisdom of Alaskans from across the state, each with different perspectives, cultures, experiences, and expertise related to the opioid crisis is no small task. Six overarching goals emerged from the outreach and data of the past two years and the previous work of State agencies and partners:

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

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

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

GOAL 4: Alaskans experience fewer problems associated with drug use

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

GOAL 6: Alaskans build communities of recovery across Alaska

These goals incorporate cross-cutting themes identified during the planning process and are intended to inform the future work of State agencies and serve as a resource for partners engaged in the opioid response. Some of the work outlined here has already begun, while goals that have already been accomplished may not be included. Some actions are achievable in the short-term, while others require systems-level change that will take years to accomplish and are dependent on the availability of significant resources.

The six goals and associated strategies of the Action Plan are summarized in the following tables.

The tables that comprise the remainder of the plan outline the goals, strategies, objectives, and actions for the State of Alaska through 2022.

- GOALS:** The long term outcomes the state seeks to achieve
STRATEGIES: The approach the state will take to achieve its goal
OBJECTIVES: Measurable steps the state will take to achieve its strategies
ACTIONS: The specific tactics the state will prioritize to achieve its objectives

Responsible State Agencies

ACS	Alaska Court System	GOA	Office of the Governor
DOA	Department of Administration	LGOA	Office of the Lieutenant Governor
DCCED	Department of Commerce, Community, and Economic Development	MHTA	Mental Health Trust Authority
DOC	Department of Corrections	OMB	Office of Management and Budget
DEED	Department of Education and Early Development	OSMAP	Office of Substance Misuse and Addiction Prevention
DEC	Department of Environmental Conservation	SOA	State of Alaska (all agencies)
DFG	Department of Fish and Game	UAA	University of Alaska Anchorage
DHSS	Department of Health and Social Services		
DOLWD	Department of Labor and Workforce Development		

DOL	Attorney General, Department of Law
DMVA	Department of Military and Veterans Affairs
DPS	Department of Public Safety
DOR	Department of Revenue
DOTPF	Department of Transportation and Public Facilities

State agencies and partners have identified both short-term efforts to improve prevention, treatment, recovery, and public safety and potential future or long-term actions to evaluate. Agencies are aiming to complete or make substantial progress on “short-term” or “ongoing” initiatives within a year; long-term actions are anticipated to take more time or require additional evaluation to determine the best path forward. Initiatives that are completed will be identified in progress updates. As new action items emerge, they will be added on an ongoing basis.

Statewide Opioid Action Plan Goals and Strategies

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

- STRATEGY 1.1 Strengthen and support Alaskans and their communities by addressing trauma
- STRATEGY 1.2 Increase understanding of substance misuse in Alaska
- STRATEGY 1.3 Increase community capacity to address opioids and substance misuse
- STRATEGY 1.4 Prioritize prevention efforts for at-risk Alaskans, where efforts will have the most impact

Goal 2: Alaskans Communicate, Coordinate, and Cooperate on Substance Misuse Efforts

- STRATEGY 2.1 Eliminate silos and work across Alaska’s systems and programs to address opioids and substance misuse
- STRATEGY 2.2 Increase coordination and understanding of Alaskan best practices with federal partners
- STRATEGY 2.3 Identify and secure sustainable funding or Increase availability of sustainable funding
- STRATEGY 2.4 Increase health plan participation in opioid control efforts
- STRATEGY 2.5 Provide quality data for opioid policies and programs and the communities they serve

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

- STRATEGY 3.1 Increase safe medication disposal
- STRATEGY 3.2 Promote responsible prescribing and dispensing policies and practices
- STRATEGY 3.3 Increase measures to prevent importation of opioids and other drugs
- STRATEGY 3.4 Respond quickly to new and emerging substances of misuse

Goal 4: Alaskans experience fewer problems associated with drug use

- STRATEGY 4.1 Increase awareness and knowledge of substance misuse harm reduction strategies
- STRATEGY 4.2 Decrease the incidence of overdoses and overdose mortality
- STRATEGY 4.3 Reduce infectious diseases resulting from drug use

Goal 5: Alaskans have timely access to the screening, referral and treatment services they need

- STRATEGY 5.1 Shift from acute, short-term care to more community- or regional-based, case management
- STRATEGY 5.2 Raise the quality of care for substance use disorders
- STRATEGY 5.3 Improve coordination and continuity of care for substance use disorders as a chronic disease
- STRATEGY 5.4 Ensure screening, referral and treatment is available to all Alaskans in need
- STRATEGY 5.5 Increase access to Medication Assisted Treatment (MAT)
- STRATEGY 5.6 Improve civil commitment system capacity to address substance misuse
- STRATEGY 5.7 Increase diversion without incarceration and expand access to treatment and support services for those in contact with Law Enforcement and the legal system

Goal 6: Alaskans build communities of recovery across Alaska

- STRATEGY 6.1 Support reentry and recovery in communities
- STRATEGY 6.2 Increase employment opportunities for individuals in reentry and recovery
- STRATEGY 6.3 Increase access to housing and other supports for at-risk individuals

GOAL 1:

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

In community cafés across the state, *stigma* was the term used most frequently. Alaskans saw stigma, a mark of shame or discredit as pervasive. Why was stigma, and efforts to reduce it, seen as so important in the opioid response? When mental health issues are discredited and stigmatized, people stop mentioning or seeking help for their mental health issues. Users are ashamed or unwilling to share they are dependent and addicted, and individuals using a substance are labeled “addicts.” Families and providers may talk less about substance use they are seeing and disconnect from those who are using.

Negative, but commonly held, perceptions may mean those who would benefit from substance use disorder services are less likely to gain access to care such as medication assisted treatment (MAT). MAT, the use of medications in combination with counseling and behavioral therapies is a “whole-patient” approach to the treatment of substance use disorders. Stigma against MAT, in particular buprenorphine (e.g., Suboxone®), in the judicial system and among providers decreases access to treatment and recovery—participants reported a common misperception that MAT is simply “substituting one addiction for another.” Stigma also limits access to harm reduction strategies – even those that have been lifesaving, like access to naloxone, or actions that would reduce the transmission of hepatitis C, such as syringe exchange programs. Stigma makes it difficult for those in recovery to return to their communities after treatment and to achieve long-term success.

Addressing the stigma associated with substance misuse and changing social norms requires acknowledging and mitigating the effects of historical and personal trauma Alaskans experience, particularly in rural areas. Community café participants called for more culturally rooted activities and the integration of cultural healing practices. Alaskans indicated the need for “more integration— body, mind, soul” and engagement with the faith community, along with mental health services such as Mental Health First Aid. Similarly, understanding and addressing the social and environmental conditions that contribute to substance misuse is essential to success.

Community members and agencies emphasized education about substance misuse and addiction, especially for the judicial system about MAT, providers about prescribing practices and opioid use disorder treatment, youth about overall drug use, and all Alaskans about dependence and addiction as a brain disease. Education is central to increasing the capacity of Alaska’s communities to address opioids and other substances of misuse and is particularly important for at-risk populations. Workforce development including mitigating staff turnover among behavioral health providers, was identified as part of the essential work of increasing community capacity to address opioids.

GOAL 1:		
Alaskans unite to reduce stigma and change social norms surrounding substance misuse and addiction		
STRATEGY 1.1 Strengthen and support Alaskans and their communities by addressing trauma		
OBJECTIVE	ACTION	RESPONSIBLE AGENCY
Implement a comprehensive prevention system that prevents and mitigates the impacts of trauma, including adverse childhood experiences (ACES), builds resilience, and provides a sense of hope and opportunity.	<ul style="list-style-type: none"> • Develop trauma-responsive state agencies by providing training in trauma-informed care to state agencies and incorporating trauma-informed practices into state policies, procedures and practices. • Expand messaging and media efforts to explain the role of trauma and the connections between substance abuse, suicide, domestic violence, child abuse, teen risk behaviors, poor school performance, and other harmful behaviors. • Prevent substance misuse before it starts through sustained and expanded upstream prevention. 	SOA
Link with and leverage work to improve social and economic conditions that affect Alaskans' vulnerability to and capacity for dealing with drug-related harm.	<ul style="list-style-type: none"> • Increase awareness of how the conditions in which Alaskans live affect their health. • Provide education and tools to increase screening and referral for social factors and physical conditions of the environment that impact health, functioning, and quality of life. • Address access to healthy food, shelter and meaningful work as essential for healthy individuals, families and communities. • Prioritize health inequities and disparities as a guiding principle when allocating resources. • Prioritize prevention and health promotion as central work for the Department of Health and Social Services and support Public Health Nurses as foundational to local health promotion and improvement. 	DHSS, DOLWD, DEED, DPS, DOL
STRATEGY 1.2 Increase understanding of substance misuse in Alaska		
Engage Alaskans in understanding substance misuse and its causes and consequences.	<ul style="list-style-type: none"> • Continue local Community Cafés, focus groups, and engage in other conversations statewide to address substance misuse as experienced in Alaska's communities and their residents. • Employ culturally relevant positive messaging to destigmatize language on addictions, create customizable materials to stimulate community conversations, empower Alaskans to tell their stories, and drive media efforts to change social norms and promote treatment and recovery. • Create toolkits and resource guides that challenge negative social norms and show that addiction is a chronic disease, not a moral failing. • Work with faith-based organizations to develop core messages to reduce stigma. 	DHSS, DEED, DOC, DPS, ACS, Governor's Office
STRATEGY 1.3 Increase community capacity to address opioids and substance misuse		
Strengthen community prevention capacity through financial and other resources, tools and technical assistance.	<ul style="list-style-type: none"> • Support community engagement through leadership and agency participation in community activities, presentations, and other efforts. • Identify, engage, and mentor current and emerging leaders in health, public safety, spiritual support, volunteer organizations, recreation, business, and education. 	DHSS, DPS

	<ul style="list-style-type: none"> • Identify, prioritize, and where possible, fund community based strategies to encourage prevention, treatment, and recovery in communities, including resiliency efforts that promote protective factors. • Gather, develop and provide resources and tools at the Heroin and Opioids in the Last Frontier state webpage and link to social media. 	
Support workforce development initiatives to train health professionals to provide clinically appropriate addiction prevention, screening, treatment, and recovery services.	<ul style="list-style-type: none"> • Support Alaskan partnerships to train, recruit and retain community chemical dependency counselors, care coordinators/case managers, psychiatrists, behavioral health aides, counselor technicians, behavioral health technicians, and peer support providers. • Increase workforce development and support to ensure system-wide peer support models. • Expand and promote loan repayment programs for behavioral health, nursing, and medical providers who specialize in substance abuse treatment. 	DOLWD, DEED, UAA, MHTA
Explore ways to support integration of behavioral health into public health, emergency care, first responder care, and primary care settings.	<ul style="list-style-type: none"> • Ensure behavioral health and primary care professionals have access to training on providing addiction care in a comprehensive, integrated, team approach environment. • Explore ways to enable emergency department staff to educate patients on substance use disorders and facilitate warm handoffs to appropriate services. • Work with the Alaska Primary Care Association and Community Health Centers to continue behavioral health integration and the opioid epidemic response. 	DHSS, DPS, DOC
STRATEGY 1.4 Prioritize prevention efforts for at-risk Alaskans, where efforts will have the most impact		
Increase services for at-risk families through data-driven and science-based policies and programs.	<ul style="list-style-type: none"> • Promote and support early universal screening, education, outreach, prevention, along with intervention supports for at-risk families. • Develop regional family recovery support services and workshops for parents of youth in opioid crisis. • Provide health care professionals, public safety officers, and other officials with training and resources (materials, referrals information, and tools) to share with individuals they contact. • Explore ways to provide supports for children exiting or aging out of foster care to increase successful life outcomes and reduce the risk that they end up in the criminal justice system. • Involve those at highest risk for opioid and substance misuse in developing substance misuse strategies, services, and supports. 	DHSS, DEED, DPS, DOC
Support the healthy development of all Alaskan children.	<ul style="list-style-type: none"> • Increase access to universal pre-kindergarten education, quality affordable childcare, infant and early childhood mental health services, and home visiting for infants, young children, and their parents. • Create age-appropriate public education, including classes for parents of youth about the opioid crisis and regional family recovery support services. • Provide health care professionals, public safety officers, and other officials with training and resources (materials, referrals information, and tools) to share with individuals they contact. • Work with Alaska Early Childhood Coordinating Council on efforts aimed at young children. 	DHSS, DEED, DPS, DOC
Strengthen school-based prevention programs that address substance misuse and programs that build resilience by increasing protective factors and reducing risk factors.	<ul style="list-style-type: none"> • Develop self-guided, online eLearning training for school staff, parents and others, such as Narcan Administration for an Opioid Overdose and Opioids and the Opioid Epidemic 101 	DEED, DHSS, DPS

	<ul style="list-style-type: none">• Partner with Alaska Association of School Boards (AASB), School Health and Wellness Institute, and School Counselor conferences on joint opportunities such as incorporating substance misuse efforts into AASB's Trauma Informed Schools program.	
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GOAL 2: Alaskans Communicate, Coordinate, and Cooperate on Substance Misuse Efforts

Throughout the planning process, the request for integrated services and processes was widespread across all areas of response: law enforcement collaborations, behavioral health supports for EMS and police first responders, primary care, public health, and schools; and treatment integrated into emergency departments and pre-arrest and pretrial diversion; and the need to provide and cover alternative (integrative) medicine.

Communication across State agencies has been facilitated by the 2017-2018 Alaska Opioid Response. Strengthened and new connectedness across departments, goals, and grants have yielded new opportunities, and most importantly, leveraged the State's ability to effectively address opioids and substance misuse. Partnerships within and across agencies have already are leading to efficient and consistent messaging statewide; data analysis that benefits from cross-agency information and expertise and yields more timely and robust understanding of substance misuse in Alaska; rapid statewide distribution of and education on naloxone and medication disposal bags; and interagency collaboration on interdiction. Success addressing the opioid epidemic hinges on continued and expanded communication, coordination, and cooperation across state agencies and all partners in the opioid response.

GOAL 2:

Alaskans Communicate, Coordinate, and Cooperate on Substance Misuse Efforts

STRATEGY 2.1 Eliminate silos and work across Alaska’s systems and programs to address opioids and substance misuse

<p>Support and enhance community-based and other collaborations aimed at prevention, harm reduction, screening, treatment, and recovery.</p>	<ul style="list-style-type: none"> • Develop and implement prevention community action plans in partnership with community task forces, coalitions, and/or work groups. • Seek significant involvement of community-based organizations and public, for-profit, and not-for-profit sectors and develop innovative partnerships to support the opioid response. • Ensure state agency coordination through the Incident Command System, when activated, or the Office of Substance Misuse and Addiction Prevention (OSMAP) or designated agency, with the support of additional groups as needed. • Incorporate substance misuse information/strategies into existing State plans, resources, platforms, programs, and policies. • Work collaboratively to increase alignment across partner organization in addressing opioid misuse. • Collaborate with statewide prevention entities such as the Alaskan Wellness Coalition and the Alaskan Resiliency Initiative. 	<p>DHSS, DPS</p>
<p>Increase collaboration for public education and messaging.</p>	<ul style="list-style-type: none"> • Partner across state agencies and private, public, tribal, faith-based, professional, community, non-profit, and volunteer organizations to develop and deliver substance misuse awareness and education programs for adults and youth. • Inventory existing efforts, coordinate messages, and share materials among stakeholders. • Identify and implement multi-agency advisory team for public education and messaging to include people who currently use drugs and those in recovery, family members, and those for whom messages are intended. 	<p>DHSS, DPS, DOC, DOL DEED, DOLWD, DOTPF</p>
<p>Increase cross-sector collaboration and coordination for harm reduction.</p>	<ul style="list-style-type: none"> • Create harm reduction workgroup to further actionable work plans, activities, and collaborative efforts. • Create listserv including state-approved naloxone distribution and training Opioid Response Program (ORP) points of contact to increase collaboration. 	<p>DHSS</p>
<p>Improve collaboration across all Alaska data stewards/stakeholders.</p>	<ul style="list-style-type: none"> • Support annual and other regularly scheduled meetings of opioid data providers. • Identify data limitations and barriers and work to minimize the effects. • Continuously work to identify and address emerging and ongoing data needs. 	<p>DHSS</p>
<p>Implement policy and procedures that reduce barriers and encourage engagement in the interdiction effort</p>	<ul style="list-style-type: none"> • Work with transportation sectors to identify barriers to interdiction. • Ensure statewide use of Secure Identification Display Area (SIDA) badges in airports and the Transportation Worker Identification (TWIC) for maritime vessels and ports. 	<p>DOTPF, DOL, DPS</p>
<p>Increase collaboration to mitigate the collateral consequences of incarceration for drug-related offences.</p>	<ul style="list-style-type: none"> • Work with Alaskan communities, social service agencies, and local law enforcement to create incarceration diversion programs where appropriate and feasible. • Partner with Alaskan communities to create and expand reentry programs. • Work with Alaska Court System and reentry programs to implement treatment education and training, case planning, and peer support programs. 	<p>DPS, DHSS, DOC, DOL, ACS</p>

STRATEGY 2.2 Increase coordination and understanding of Alaskan best practices with federal partners		
Coordinate drug enforcement efforts with federal partners	<ul style="list-style-type: none"> • Increase collaboration between local, tribal, state, and federal agencies to continue the development and operations of multi-sectoral statewide drug interdiction task forces. • Work with federal law enforcement agencies to implement Anti-Violent Crime Strategy. 	DPS, DOL
Identify and address barriers at the federal level to implementing substance abuse policies and practices appropriate for Alaska.	<ul style="list-style-type: none"> • Actively participate in development of national policies relating to substance misuse. • Work with federal authorities to: <ul style="list-style-type: none"> ○ Remove barriers to offering clinically appropriate methods of managing withdrawal symptoms ○ Eliminate IMD exclusion (16 bed limit for residential programs that bill Medicaid). 	Congressional Delegation, DHSS
STRATEGY 2.3 Identify and secure sustainable funding or Increase availability of sustainable funding		
Seek federal, state, and other resources and coordinate across agencies to address all aspects of substance misuse.	<ul style="list-style-type: none"> • Continue to advocate for sustained funding, evaluate funding opportunities, apply for funding appropriate to Alaska, and align and leverage new and ongoing efforts. • Develop innovative partnerships and approaches for long-term, sustainable funding to develop support infrastructure, and implement programs. • Explore options to ensure that Alaskans, including the uninsured, in every region of the state have access to all American Society of Addiction (ASAM) levels of care. • Educate public and private providers about opportunities for funding, procurement rules, and grant application processes and share funding opportunities available to partners. • Investigate, develop, and provide sustainable reimbursement mechanisms to support initial level of care assessment prior to treatment, integrated care team models and other evidence-based clinical coordination services. 	SOA DPS DOL DHSS
STRATEGY 2.4 Increase health plan participation in opioid control efforts		
Seek health plan reimbursement for screening, treatment, and recovery for substance use disorder.	<ul style="list-style-type: none"> • Work with public and private health plans to reimburse, and support providers to offer services across the continuum of care, including: <ul style="list-style-type: none"> ○ Clinical assessment of risk of abuse and overdose when opioids are prescribed ○ Screening, Brief Intervention, and Referral to Treatment (SBIRT) in all health care settings ○ Peer support services, including peer-supported referral to substance use disorder treatment after emergency admission for opioid overdose ○ Medication assisted treatment, its administration, and when indicated, urine drug testing ○ Access to naloxone ○ Opioid-sparing or opioid-free pain management. 	DHSS, DOA, MHTA
Seek to minimize health insurance barriers to treatment and ensure parity for treatment of substance use disorders and other behavioral health conditions	<ul style="list-style-type: none"> • Work with public and private health plans to: <ul style="list-style-type: none"> ○ Provide parity for inpatient and residential substance use disorder treatment ○ Minimize barriers to access medication assisted treatment. 	DHSS, DOA
STRATEGY 2.5 Provide quality data for opioid policies and programs and the communities they serve		
Share opioid and substance misuse data, outcomes and reporting.	<ul style="list-style-type: none"> • Increase data accessibility by providing links to all opioid related data sources in a central location on the State of Alaska website. 	DHSS, DPS, DCCED, DOL

Increase coordination and accessibility of data streams.	<ul style="list-style-type: none"> • Standardize data definitions across agencies. • Use existing platforms to share data in user-friendly formats • Identify areas where additional data is needed and develop solutions to address critical gaps. 	DHSS, DPS, DOL, DOC, DCCED
Establish processes for sharing information across data systems.	<ul style="list-style-type: none"> • Assess and describe available data sets and key elements. • Establish data governance council to identify consistent elements to facilitate data exchange. • Communicate data governance framework to stakeholders. 	DHSS HIE
Develop and improve tools and processes for sharing data and information among law enforcement agencies.	<ul style="list-style-type: none"> • Develop interfaces to connect various agency databases. • Improve availability of the Alaska Records Management System. 	DPS, DHSS
Evaluate effectiveness of the opioid response.	<ul style="list-style-type: none"> • Maintain, improve, and share Alaska Opioid Data Dashboard and other opioid-related data, along with progress reports on the opioid response such as Alaska Opioid Response 2017-2018 Report to the Legislature. • Continue to obtain community feedback through Community Cafes and other means. 	DHSS, DOC, DOL, DEED, DCCED
Explore ways to meet community needs for data to evaluate prevention and intervention success.	<ul style="list-style-type: none"> • Convene data managers and community and state stakeholders to explore ways to facilitate access to and use of data in low population areas. 	DHSS
Implement an Alaska Drug Overdose Death Review program using a multi-disciplinary team to identify causes and contributing factors to overdose deaths and prevent future deaths.	<ul style="list-style-type: none"> • Ensure sufficient authority for review committee. • Compile data from existing systems and sources for review. • Convene group, determine findings and actions, and provide annual report. 	DHSS, DPS, DOL, DOC

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

Strategies that reduce the risks of substance misuse and addiction can yield significant short- and long-term results. Educating Alaskans on the importance of safely storing and disposing of medications, particularly when individuals have access to take-back and disposal programs, can quickly reduce the amount of unused prescription opioids that are available for misuse. Healthcare providers play a key role in minimizing substance misuse through responsible prescribing and dispensing policies and practices informed by evidence-based guidelines. Reducing access to controlled substances and decreasing the importation of illicit drugs to Alaska's communities, in coordination with federal partners, is more complex and long-term, and equally important to reducing the risks of substance misuse and addiction.

Alaskans in communities statewide recognized that many substances are negatively affecting their communities. Both national data and data from Alaska reflect increasing prevalence of polysubstance use. Of the 614 opioid-related overdose deaths between 2010 and 2017, other substances involved included alcohol (32%), benzodiazepines (32%), marijuana (25%), and amphetamines (24%). Rapidly changing designer drugs, increasing illegal use of substances such as fentanyl, a man-made opioid 50 times more potent than heroin and 100 times more potent than morphine, requires surveillance to identify substance use, inform providers and potential users, and prosecute dealers.

GOAL 3: Alaskans reduce the risks of substance misuse and addiction		
STRATEGY 3.1 Increase safe medication disposal		
Educate Alaskans on how to safely dispose of their unused medications.	<ul style="list-style-type: none"> • Continue to create and disseminate public service announcements and other materials on safe disposal of medications. • Advertise and support National Medication Take-Back day. 	DHSS, DPS, DCCED, DF&G, DOA
Provide Alaskans with timely and convenient access to medication take-back and disposal programs.	<ul style="list-style-type: none"> • Partner with Project HOPE Opioid Response Programs, tribal entities, and community groups to provide medication disposal bags and community medication disposal containers. • Improve regional coordination and availability of safe syringe and medication disposal bags. 	DHSS, DPS, DOL, DCCED, DFG, DOC, DOA
STRATEGY 3.2 Promote responsible prescribing and dispensing policies and practices		
Increase prescriber and pharmacist PDMP awareness, registration, and use.	<ul style="list-style-type: none"> • Continue to develop and deliver PDMP awareness and enrollment information, including: <ul style="list-style-type: none"> ○ Media presentations about the PDMP and its value to healthcare industry associations, professional licensing boards, and public, private, and tribal healthcare facilities ○ Informational mail to licensees and facilities ○ Providing PDMP information with applications for medical/dental professional licensure • Engage federal and tribal healthcare entities to encourage 100% awareness of and participation in PDMP reporting and utilization. 	DCCED, DHSS
Facilitate real-time integration of PDMP data into prescribers' workflow.	<ul style="list-style-type: none"> • Convene a multidisciplinary group to review available PDMP clinical alerts for system enhancement. • Expand delegated access to the PDMP, including allowing Medical Assistants access to download and enter information for providers. • Explore avenues for Electronic Health Record (EHR)/PDMP integration and identify funding sources to facilitate assistance and incentives to practice sites. • Work with federal agencies to require PDMP reporting and use by opioid treatment programs (OTP) as part of accreditation and certification and work to remove federal barriers to clinical information sharing, including the limits on data sharing under 42 CFR Part 2. • Collaborate with public and private health plans to establish or maintain systems to identify and intervene with high-risk prescriptions providing frequent refills and/or large dosages. 	DCCED, DHSS
Increase providers' knowledge and subsequent incorporation of evidence-based medicine guidelines for specific conditions and circumstances into practice (e.g., palliative care, hospice, peri-procedural care, acute and chronic pain).	<ul style="list-style-type: none"> • Develop, support and maintain a state-endorsed provider resource tool to include continuing education and adopted practice standards and guidelines. Use Advisory Board or similar entity to ensure relevancy, quality, and applicability to real-world Alaska situations. • Continue state-supported and endorsed professional consultative resource to support prescribers with complex opioid management. • Establish mechanism to assist prescribing professionals who fall outside peer prescribing norms prior to licensure action, such as directed educational modules and peer resources. • Leverage lessons learned from other public health initiatives (antibiotic stewardship, Project ECHO, palliative care networks, and others) in the education of Alaskan health providers. 	DHSS

	<ul style="list-style-type: none"> • Educate providers on the role of acupuncture, guided imagery, hypnosis, biofeedback, massage, yoga, chiropractic treatment, and many other disciplines in pain management as alternative or complementary therapies. • Provide statewide training for providers to obtain their DEA DATA 2000 Waiver. • Implement a provider hotline to support medical professionals providing pain management and/or substance use disorder screening, referral, and treatment. • Continue to establish and maintain an in-state addiction medicine fellowship. 	
STRATEGY 3.3 Increase measures to prevent importation of opioids and other drugs		
Decrease supply of illicit drugs coming through transportation hubs.	<ul style="list-style-type: none"> • Increase security measures on bush airlines, small planes, ferries, boats, and other transport • Increase state resources directed at catching and prosecuting drug traffickers, including statewide drug prosecutor position, drug dogs, and scent detection teams at hubs. • Develop statewide law enforcement K9 training protocols and standards. 	DPS, DOTPF, DOL
Develop standards and training for transportation participants and stakeholders.	<ul style="list-style-type: none"> • Identify and convene standards and training development team. • Draft standards and finalize following stakeholder review and subsequent revision. • Develop training, identify instructional platforms and mechanism, and deliver training. 	DPS, DOL, DOT
Implement policy and procedures that reduce barriers to and encourage interdiction efforts.	<ul style="list-style-type: none"> • Develop policies and procedures supporting interdiction among transportation providers • Identify and implement strategies for informing and engaging transportation partners. 	DPS, DOL, DOT
STRATEGY 3.4 Respond quickly to new and emerging substances of misuse		
Ensure statutory authority to add substances of abuse to the state controlled substances schedule by regulation, including emergency regulation.	<ul style="list-style-type: none"> • Develop and implement regulations to support HB 312, authorizing the attorney general to schedule or repeal controlled substances by emergency regulation 	DOL, DHSS

GOAL 4: Alaskans experience fewer problems associated with drug use

Reducing the number and severity of problems Alaskans experience associated with drug use hinges on providing trusted information to the right audiences. Syringe exchange programs, for example, reduce the risks associated with used needles, including the spread of infectious disease, while providing a safe environment for sharing information about available services or the risks of newly emerging street drugs. Sharps disposal units enable anyone to safely dispose of used needles. Increasing provider knowledge of harm reduction strategies enhances discussions related to substance misuse between provider and patient. One of the most immediately successful life-saving strategies of the opioid response has been making naloxone readily available to anyone who may have contact with opioid users: family, friends, peers, first responders, agency staff, tribal and community leaders, spiritual leaders, and many others.

GOAL 4:		
Alaskans experience fewer problems associated with drug use		
STRATEGY 4.1 Increase awareness and knowledge of substance misuse harm reduction strategies		
Improve Alaskans' education and knowledge about harm reduction strategies.	<ul style="list-style-type: none"> • Develop and implement educational materials and outreach to address community benefits of syringe services, including preventing bloodborne infections (HIV and hepatitis) and disease outbreaks and demonstrating the return on investment. • Design a peer program to promote harm reduction strategies. • Continue to educate stakeholders on the risk factors for opioid overdoses and provide training on how to prevent an overdose. • Identify and implement ways to incinerate used needles and syringes or place sharps disposal units in remote areas. • Evaluate barriers to access and strategies to promote effective use of long-acting reversible contraceptives (LARCs) especially among women who are currently using, or at risk of using, harmful substances. 	DHSS
Increase provider education and knowledge about harm reduction strategies.	<ul style="list-style-type: none"> • Continue to incorporate harm reduction education for providers into an academic detailing program (tailored training and technical assistance in their offices or via the web). • Work with prescribers and pharmacists to ensure naloxone and associated training provided along with opioid prescriptions exceeding 90mg/day morphine equivalent dose. • Create a customizable harm reduction toolkit for providers and prescribers. 	DHSS
STRATEGY 4.2 Decrease the incidence of overdoses and overdose mortality		
Ensure consistent, affordable access to naloxone and education on its use through joint local, state, tribal, and federal efforts.	<ul style="list-style-type: none"> • Sustain and expand Project HOPE (Harm reduction and Opioid Prevention Education). • Continue to train, equip, and qualify local and regional Opioid Response Programs (ORPs) to distribute and provide training on naloxone. • Continue and expand overdose prevention training and naloxone distribution to all entities who work with or encounter individuals and their families with opioid use disorder. Work with EMTs, Public Health Nursing, and others to support the workforce providing harm reduction services, such as naloxone distribution and HIV/HCV testing. • Expand support for programs to acquire point-of-use fentanyl testing materials. 	DHSS, DPS, DOC
STRATEGY 4.3 Reduce infectious diseases resulting from drug use		
Support tribal and local efforts to implement disease prevention programs.	<ul style="list-style-type: none"> • Work with tribal and local authorities to reimburse and incentivize expansion of syringe exchange programs that provide disease prevention supplies and exchange, screening/testing for sexually transmitted infections (STIs), referral to local resources for treatment, and arrange for safe disposal of used syringes and needles. • Facilitate innovative partnerships and programs that bring services where they are needed. • Increase outreach to providers to encourage testing for hepatitis C (HCV) and treatment with direct-acting antiviral agents (DAAs) that selectively target HCV. 	DHSS

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

Alaska's success in addressing substance misuse necessitates that children, youth and adults have timely access to substance use disorder and mental health screening, referral, and treatment services. Effective screening for substance misuse of all Alaskans, particularly those at risk, provides an opportunity for prevention and early intervention. Case management, coordination of care, and efforts to raise the quality of care for substance use disorders can yield short- to mid-term results, while the expansion of services, particularly evaluation and treatment beds, is more long-term. Viewing substance abuse as a chronic disease has the potential to change provider, criminal justice and public perceptions of substance misuse and the stigma associated with that misuse. This goal recognizes the importance of increasing options for diversion without incarceration, while simultaneously working to increase the availability of treatment options available to individuals in the criminal justice system during and following incarceration. These actions can increase the potential for successful recovery following release.

During the planning process, community members and subject matter experts alike communicated the potential of peer supports in increasing access to and use of screening, referral, and treatment services. Peer supports are delivered by persons who have common life experiences with the people they are serving; some Alaska organizations have begun using them. Services could expand to include peer navigators, peer recovery coaches in the emergency room, and peers working with law enforcement for prearrest and pretrial diversion. However, these interventions will require appropriate education, certification, and funding. Meanwhile, addressing compassion fatigue experienced by health care providers, first responders, and law enforcement will help to sustain the critical work of these front-line personnel.

GOAL 5:		
Alaskans have timely access to the screening, referral and treatment services they need		
STRATEGY 5.1 Shift from acute, short-term care to more community- or regional-based, case management		
Provide prevention, treatment, case management and recovery services as close as possible to the homes or regional hub communities of Alaskans.	<ul style="list-style-type: none"> Seek opportunities to fund services through federal grants, State of Alaska grants, (such as the 2018 treatment expansion grant), and local, tribal and federal partnerships and efforts. 	DHSS, DOC
STRATEGY 5.2 Raise the quality of care for substance use disorders		
Provide outreach and education so healthcare providers understand how to recognize the signs of substance misuse and mental illness, talk with and screen patients with regard to substance misuse, and connect individuals to appropriate treatment and support services.	<ul style="list-style-type: none"> Provide educational opportunities and enforce requirement for all state licensed, registered, and certified health care professionals to complete addiction medicine continuing education hours prior to license renewal. Partner with health care organizations to provide free or low-cost access to approved addiction medicine continuing education. Offer provider education (such as Continuing Medical Education credits) on pain management, including treating pain for individuals on medication assisted treatment or active heroin/opioid use in hospital setting. Sponsor regional lunch and learn opportunities on trauma and the science of addiction. Ensure Aging and Disability Resource Centers, care coordination providers, Alaska 211, Alaska CARELINE (1-877-266-HELP) and other referral resources can provide up-to-date information about local behavioral health treatment services to health care providers. Provide website/archive for all materials related to addiction; link to social media. 	DHSS
STRATEGY 5.3 Improve coordination and continuity of care for substance use disorders as a chronic disease		
Ensure case management supports that assess client needs and facilitate referrals and assistance.	<ul style="list-style-type: none"> Adopt a chronic disease management framework for substance use disorder treatment policies and system reform. Create easy pathways into treatment with the goal of same day access. Track real-time substance use disorder bed availability using Open Bed or another platform. Assist communities to develop case management hubs with capacity to triage care and help individuals identify where to seek help and reduce barriers to treatment. Support partnerships for consistent transportation to substance use disorder treatment services. Assist local efforts to identify and map local substance use disorder resources and educate providers and the public on how to access care. Finalize State of Alaska peer support standards; develop and implement regulations. Continue to research opportunities (including a pilot project) and provide technical assistance to integrate peer support and peer navigators into emergency departments and other settings to connect individuals to treatment and support in recovery. Build a comprehensive case management system to provide and track resources for Alaskans in contact with the criminal justice system. In correctional and court settings: <ul style="list-style-type: none"> Develop peer support network and increase access to 12-step and other recovery models. 	DHSS, DOC, DEED

	<ul style="list-style-type: none"> ○ Identify processes to increase capacity of non-profits, volunteers, peers, and coalitions to provide support for individuals transitioning out of corrections. ○ Educate individuals pre-and post-release from incarceration on available same day and longer term services. 	
Expand use of integrated care team models statewide.	<ul style="list-style-type: none"> ● Provide resources, tools and incentives to practice sites to incorporate integrated care team models: <ul style="list-style-type: none"> ○ Facilitate relationships between healthcare and behavioral health providers to ensure warm handoffs between service providers, including emergency department teams. ○ Assist in development of service level agreements toward stronger relationships and networks. ○ Support workforce development of supportive staff (e.g., health coaches, etc.) necessary for effective integrated care teams. 	DCCED, DHSS, DCCED, DOLWD
STRATEGY 5.4 Ensure screening, referral and treatment is available to all Alaskans in need		
Address gaps in the continuum of care.	<ul style="list-style-type: none"> ● Continue to award and administer \$12 million substance use disorder services expansion solicitation to continue building Residential Withdrawal Management (“detox”) Facilities, Residential Substance Use Disorder Treatment programs with co-occurring enhanced services, a Crisis Residential Stabilization Center for those experiencing a temporary or situational substance use disorder and/or co-occurring serious mental illness crisis, Ambulatory Withdrawal Management, and Short Term Housing Assistance programs. ● Evaluate how to incentivize treatment on demand so services are available when needed. ● Work collaboratively with hospitals for more designated evaluation and treatment beds and improve services for children and adults who need institutional care. 	DHSS, DOC
Screen broadly for substance misuse: Increase evidence-based screening and assessment across all providers.	<ul style="list-style-type: none"> ● Create easy access to standardized assessment tool for determining the appropriate American Society of Addiction Medicine (ASAM) level of care; incorporate Service Level Agreements (SLAs). ● Work to ensure pain management specialists have information, tools, and reimbursement for screening patients for depression and other mental health disorders that may contribute to or exacerbate conditions causing pain, and for providing “warm hand-off” referrals of patients to appropriate mental health treatment. ● Seek and implement screening tools to reach at-risk populations. ● Increase surveillance of maternal substance use and associated health and social conditions and employ those data to effectively improve maternal child outcomes. <ul style="list-style-type: none"> ○ Expand partnerships with hospitals and providers statewide to implement 4P’s Plus screening for opioids, alcohol, marijuana, prescription and illicit drugs, and tobacco for pregnant women and those admitted for delivery. ○ Continue to work with birthing hospitals to implement a standardized screening protocol for Neonatal Abstinence Syndrome (NAS) and follow-up for infants whose mothers are using prescription opioids or illicit drugs, or who are on replacement therapy. ● Increase availability, quality, and access to screening and comprehensive treatment services for women who are pregnant and at risk of substance use disorder. 	DHSS

Increase ability of first responders and community members to recognize and respond to signs of substance misuse.	<ul style="list-style-type: none"> • Offer statewide community-based Mental Health/First Aid training. • Provide compassion fatigue training for first responders. 	DHSS, DPS
STRATEGY 5.5 Increase access to Medication Assisted Treatment (MAT)		
Expand medication assisted treatment (MAT) options so that each community has access and options to the various medications used to treat opioid use disorder.	<ul style="list-style-type: none"> • Establish workgroup to assess need for withdrawal management services and continue to explore ways to expand services statewide. • Dedicate a State of Alaska position to support expansion of MAT. • Work with hospitals to ensure MAT is available to individuals presenting in emergency departments. • Ensure MAT is available in Alaska’s correctional system and that jails, prisons, and halfway houses have mechanisms for MAT as appropriate. <ul style="list-style-type: none"> ○ Continue workgroup for Corrections protocols for MAT and processes to review and evaluate treatment programs to ensure they are research-based, effective and ethical. ○ Work with external entities to ensure referral system and robust network is in place to transition individuals to primary care or treatment during reentry. • Explore tele-behavioral health network for wraparound MAT services. • Provide education and guidance to providers on DATA 2000 waiver training, to increase the number of providers qualified to prescribe buprenorphine, and on the “72 hour rule”, which provides for the administering buprenorphine in emergency departments. 	DOC, DHSS
STRATEGY 5.6 Improve civil commitment system capacity to address substance misuse		
Improve collaboration to better understand and address need for civil commitment.	<ul style="list-style-type: none"> • Convene a working group to review and provide revisions to the statutes for commitment of individuals incapacitated by drug and alcohol intoxication to treatment, with the goal of increasing utilization and access for appropriate patients. • Evaluate current use of Title 47 safety net for individuals incapacitated due to substance abuse until a better long-term solution is found. 	DHSS, DOC, DOL
Assess legislation relating to civil commitment and substance misuse.	<ul style="list-style-type: none"> • Consider legislation to authorize court orders requiring Department of Corrections to hold people who are intoxicated when they are arrested until they are sober. 	DOC, DOL Legislature
STRATEGY 5.7 Increase diversion without incarceration and expand access to treatment and support services for those in contact with Law Enforcement and the legal system		
Expand access to tribal courts, drug courts and therapeutic justice alternatives	<ul style="list-style-type: none"> • Work with federal authorities to increase access to tribal and drug courts and therapeutic justice alternatives. • Continue implementing diversion agreements that provide for civil remedies administered by tribal courts to address low level offenses and crimes with offender consent in rural areas. 	DHSS, DOL, DOC
Establish a training program and performance measures within the legal system to shift the Corrections culture and philosophy of response where substance misuse is involved.	<ul style="list-style-type: none"> • Identify best practices for pre-arrest and pre-trial diversion systems. • Continue and expand crisis intervention training for law enforcement. (PSAP 39) 	DHSS, DOL, DOC

GOAL 6: Alaskans build communities of recovery across Alaska

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

GOAL 6:**Alaskans build communities of recovery across Alaska****STRATEGY 6.1 Support reentry and recovery in communities**

Support expansion of recovery networks to include people in recovery from opioid addiction.	<ul style="list-style-type: none"> Partner with existing networks and programs to expand services. 	DHSS, DOC
Bring reentry and recovery issues to Alaska Criminal Justice Commission, policy makers, and legislative committees.	<ul style="list-style-type: none"> Develop and implement communication plan to address reentry and recovery. 	DHSS, DOC, DOL, DPS, Legislature

STRATEGY 6.2 Increase employment opportunities for individuals in reentry and recovery

Develop range of supports so individuals can choose, get and maintain employment.	<ul style="list-style-type: none"> Identify resources for increasing vocational and apprenticeship opportunities. Identify ways for peers to support individuals in their employment needs. Solidify employer relations to increase communication and collaboration to enhance job opportunities and other support services. <ul style="list-style-type: none"> Educate, support and incentivize “second chance employers” willing to hire people in recovery, including those re-entering the community after incarceration. Evaluate possibility of legislation to reduce barriers to job reentry for former inmates, such as potential exoneration or expungement of drug use-related criminal records after period of good behavior. 	DOLWD, DHSS, DEED
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STRATEGY 6.3 Increase access to housing and other supports for at-risk individuals

Collaborate with local government, community partners, and service providers on Alaska’s Plan to End Long Term Homelessness and pursue recovery/transitional housing options.	<ul style="list-style-type: none"> Continue collaborative statewide efforts with Alaska Housing Finance Corporation (AHFC) to address the needs of specific target populations. Expand housing options such as Housing First, sober living homes, and Oxford housing for individuals re-entering the community from incarceration or residential substance use disorder treatment, and for those experiencing homelessness. <ul style="list-style-type: none"> Continue collaboration of Department of Corrections and outside providers to ensure housing and completion of a release plan prior to release from incarceration. Continue to build capacity through subsidies for individual housing and for providers housing transitioning individuals. Facilitate veterans’ access to existing services during and after Corrections supervision. 	DOR, DPS, DHSS, DOC, DMVA
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