

WELCOME

Addiction Medicine ECHO Clinic



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2nd and 4th week of the month.



Please connect your camera.

Need technical assistance? Call [907.729.2622](tel:907.729.2622) or text your phone number into the chat.



ALASKA NATIVE
MEDICAL CENTER



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



Foundation for
Opioid Response Efforts

Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

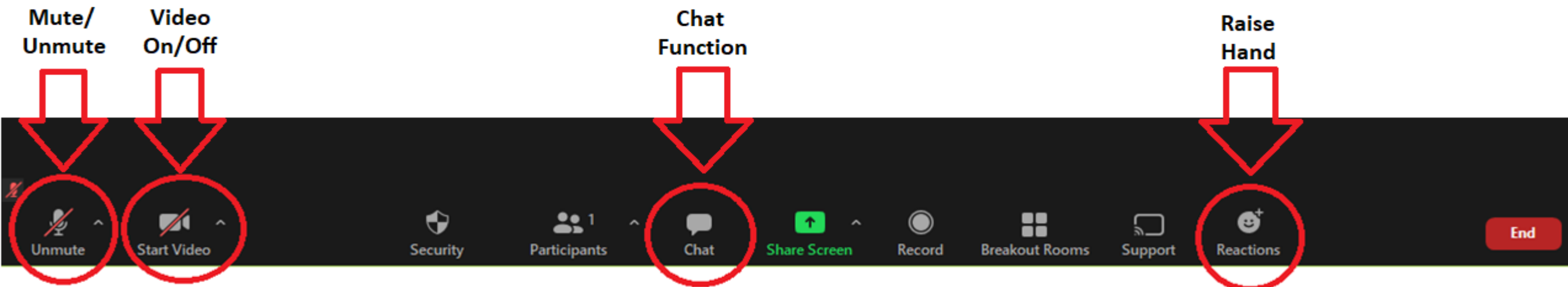
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

Need technical assistance? Use the chat function or call 907-317-5209



ANTHC Clinical ECHO Series

Approved Provider Statements:



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 25 contact hours, including 12 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

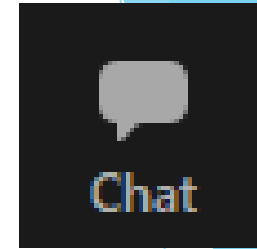
To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>


For more information contact Jennifer Fielder at jfielder@anthc.org or (907) 729-1387


Introductions


Addiction Medicine ECHO

- Please introduce yourself in the chat :
 - Name
 - Location
 - Profession/Credentials
 - *Note:* The chat will be saved as our attendance record for continuing education credits.



 Chat

To: Everyone 



Name, Location, Credentials: Jane Doe, MD, ANTHC|

Substance Use Disorder Policy in Alaska

- ▶ Beverly Schoonover
Executive Director
Alaska Mental Health Board/Advisory Board
on Alcoholism and Drug Abuse



Objectives

- ▶ Review how statewide substance use disorder (SUD) policies are developed in Alaska
- ▶ Review ways to advocate for policy change

Conflict of Interest Disclosure

- ▶ No conflicts of interest.
- ▶ State of Alaska employees cannot advocate for policy or legislation, but I can advocate and educate lawmakers on advisory board recommendations for behavioral health related policies according to statutes: AS 47.30.661 and AS 44.29.100.

What is AMHB/ABADA?

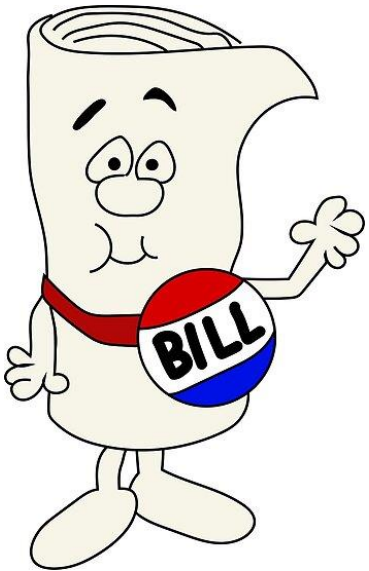
- The Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) are statutorily charged with advising, planning and coordinating behavioral health services and programs funded by the State of Alaska.
- The Boards are also tasked with evaluating federal and state laws concerning mental health, alcohol, and other drug and substance misuse prevention and treatment services.
- The Boards are comprised of Governor-appointed citizen volunteers and non-voting state agency representatives.
- AMHB and ABADA work together to advocate for programs and services that promote healthy, independent, productive Alaskans.



What Influences SUD Policy in Alaska?

- ▶ **Federal Regulations**
 - ▶ Centers for Medicare and Medicaid Services
 - ▶ Affordable Care Act and other Federal Legislation
- ▶ **Grant Requirements**
 - ▶ SAMHSA Block Grant
 - ▶ Tribal Grants, and other Federal Grants and Programs
- ▶ **State Statutes (Laws)**
 - ▶ Governor, Legislature or Citizen-Led Initiatives
- ▶ **Regulations and Alaska Administrative Code**
 - ▶ How the State of Alaska implements statutes
 - ▶ Licensing and permitting, Medicaid eligibility, etc.
- ▶ **Providers and People with Lived Experience** (including their family members and loved ones)
- ▶ **Emergent Issues of Concern**
- ▶ **Time and Knowledge**

State of Alaska Legislative Process-101



- ▶ In Alaska there is an established process where members of the public can bring forth ballot initiatives for new laws.
 - ▶ These initiatives cannot include budget appropriations, so usually the public brings policy ideas or recommendations to the Governor or Legislature.
- ▶ **The Governor can submit bills to the legislature for deliberation.**
 - ▶ This is usually the preferred alternative, as this process is done in cooperation with Departments (with a stake in the outcome) and the Governor has veto power on bills.
- ▶ **Members of the Legislature can also submit bills for deliberation.**
 - ▶ The ideal bill process is done in collaboration with State agencies, Tribes, providers, stakeholders and community advocates.

Example of Governor Proposed SUD Policy-HB 159

- ▶ Governor Bill Walker formed the Alaska Opioid Policy Taskforce in 2016 to develop policy recommendations for the Governor and Legislature on the emerging opioid crisis.
 - ▶ The effort was led by AMHB/ABADA, the Division of Public Health and the Alaska Mental Health Trust.
- ▶ The task force consisted of members representing the public systems significantly affected by issues related to opioid abuse while representing the diversity of Alaska's communities.



Example of Governor Proposed SUD Policy- HB 159 (Continued)

- ▶ Taskforce recommendations were finalized in January 2017. You can see the list of participants and recommendations here: <https://health.alaska.gov/AKOpioidTaskForce/Pages/default.aspx>
- ▶ This report influenced several policy and programs almost immediately, including recommending emergency orders to address the epidemic (February 2017) and expanding the Prescription Drug Monitoring Program (PDMP).
- ▶ One recommendation of the taskforce was to encourage all state licensed, registered, and certified health care professionals to complete pain management and addiction medicine education prior to license renewal.

Example of Governor Proposed SUD Policy- HB 159 (Continued)

- ▶ In March 2017, Governor Walker submitted to the Legislature via the House Rules Committee- **HB 159:Opioids:Prescriptions:Database:Licenses.**
- ▶ Among many other provisions, the bill required the Board of Dentistry, the State Medical Board, Board of Nursing, and the Board of Examiners in Optometry to require health care professionals to undergo education in pain management and opioid use and addiction for licensure.
- ▶ HB 159 was passed by the Legislature in June 2017 and signed by the Governor in July 2017.
- ▶ Public input on this bill included:
 - ▶ Public engagement of the Alaska Opioid Policy Taskforce
 - ▶ Key input from health care providers and other stakeholders impacted by the proposed legislation
 - ▶ Advocates providing written and oral comments on this bill throughout the process

OFFICE OF SUBSTANCE MISUSE AND ADDICTION PREVENTION
STATE OF ALASKA, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH

The Alaska Office of Substance Misuse and Addiction Prevention, established in July of 2017, uses a public health approach to prevent and reduce substance use disorders, prevent harms caused by substance use and support community-based activities across Alaska. Our services protect life, health and safety of Alaskans. As a team of eight public health professionals and two support staff, we focus largely on strengthening the essential public health infrastructure, services, systems and partnerships across Alaska. Current activities are focused on opioid and marijuana misuse and addiction prevention, data and evaluation, including program and systems changes to mitigate harms.

The principles of public health provide a useful framework for understanding and addressing the causes and consequences of substance misuse and addiction. Prevention occurs through upstream prevention programs, policy interventions, misuse and harms prevention, as well as community focused interventions. We provide collaborative leadership to plan, develop and implement evidence-informed interventions and knowledge. By providing Alaskans and their communities with the best available knowledge on substance use and addiction, we assist individual Alaskans, health professionals and other community leaders in a coordinated response. We work to promote safe and healthy communities.

Mission

Implement public health approaches to prevent and reduce substance use disorders and support community-based activities across Alaska.

Core values

Community engagement, communication and collaboration



Community meetings and outreach efforts to address opioid challenges in Alaska.



Through an established partnership, collaborations with members of the Alaska National Guard's Countering Support Program further the reach of prevention efforts.

Alaska Office of Substance Misuse and Addiction Prevention Annual Report | 1

2018-2022 STATEWIDE OPIOID ACTION PLAN

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



OVERDOSE IS CLOSER THAN YOU THINK.

Four things you can do to be safer
from possible fentanyl exposure.



TEST EVERYTHING

Use fentanyl test strips every time to determine if your drugs have been mixed or cut with fentanyl.



CARRY NALOXONE

You can stop a heroin or opioid overdose with naloxone nasal spray. Keep it with you.



DON'T USE ALONE

Make sure someone is around to administer naloxone in case of an overdose.



CALL 911

Call 911 even after administering naloxone. A person can slip back into overdose after the naloxone wears off.



Go to getnarcan.dhss.alaska.gov
to find a distributor near you.
Email: projecthope@alaska.gov



Learn the signs of an overdose.

You can stop
a heroin
or opioid
overdose
with NARCAN
nasal spray.



FACE



BODY



SLEEP



BREATHING



HEART



*Reverse an overdose.
Save a life.*

Get NARCAN and keep it with you!

Save a life.

Get naloxone and keep it with you



Example of Legislator Proposed SUD Policy- HB 265

- ▶ In 2020, Representative Ivy Sphonholz sponsored **HB 29: Insurance for Telehealth**. This bill required insurance companies in Alaska to cover telehealth services by licensed providers in Alaska.
 - ▶ This bill did not address mental health services or Medicaid coverage, and Rep Sphonholz and advocates knew another bill had to be proposed.
- ▶ Between bills Covid hit in 2021 and CMS allowed some behavioral health services via telehealth, which provided some access to these services in the interim.
- ▶ After working with stakeholders and across the aisle in the Alaska Senate with Senator David Wilson, Rep. Sphonholz filed **HB 265: Health Care Services By Telehealth** in January 2022.
- ▶ Among other provisions, HB 265 required the Department of Health to pay for Medicaid behavioral health services and for certified chemical dependency counselors via telehealth.

Example of Legislator Proposed SUD Policy- HB 265 (Continued)

- ▶ What followed was a very engaging and collaborative public process to “get the bill right”.
- ▶ After five iterations of the bill, the bill was passed in May 2022 and Governor Dunleavy signed into law October 2022.
- ▶ Public input on this policy included:
 - ▶ Providers and stakeholder groups provided in-depth feedback on the original bill, which was welcomed by both the bill sponsors and the Department of Health.
 - ▶ Department of Health provided feedback on the bill.
 - ▶ Advocates submitted written and oral comments on this bill throughout the process, both formally and informally.





**Public
Engagement is
Essential to
Developing
Good SUD Policy**

Public Engagement on SUD Policy

- ▶ Educate your local legislators on needs and concerns about SUD policy.
 - ▶ This is very important this session.
 - ▶ You can request constituent meetings with them or their staff, meet with them informally, send emails and comments to their offices.
- ▶ Participate in the public process, which can include:
 - ▶ Sending in written public testimony to the bill sponsor.
 - ▶ Providing oral comments during public hearings.
 - ▶ Share your expertise with the bill sponsor and committee members on the provisions of the bill
- ▶ Join our Joint Advocacy Network!

Joint Advocacy Network

- ▶ AMHB/ABADA, the Alaska Mental Health Trust, the Governors Council on Disabilities and Special Education and the Alaska Commission on Aging, collaborate on a joint advocacy network for Trust beneficiaries, which include Alaskans with:
 - ▶ Mental illness
 - ▶ Developmental disabilities
 - ▶ Chronic alcohol or drug addiction
 - ▶ Alzheimer's disease and related dementia
- ▶ Each legislative session staff track bills and budget items that impact Trust beneficiaries, including all proposals regarding SUD.

Joint Advocacy Network (Continued)

- ▶ Every Friday of the legislative session, we host a public webinar that reviews all bill and budget items we are tracking.
- ▶ AMHB/ABADA staff offer a legislative advocacy training for Alaskans with lived experience of SUD or mental health concerns. These are free and offered online and in-person.
- ▶ We send out notices to over 1000+ Alaskans on public testimony opportunities during the session.
- ▶ Our annual legislative report highlights bills and budget items passed during session.

Joint Advocacy Report

Advisory Board on Alcoholism and Drug Abuse • Alaska Commission on Aging
Alaska Mental Health Board • Alaska Mental Health Trust Authority
Governor's Council on Disabilities and Special Education
July 2022

Crisis Stabilization for Behavioral Health Crisis

House Bill 172 offers a “no wrong door” approach to providing medical care to a person in mental health or substance use crisis by enhancing options for law enforcement and first responders to efficiently connect Alaskans in crisis to the appropriate level of care.

HB 172, which passed in 2022, adds additional levels of care for crisis stabilization, and expands access by enabling approved crisis residential facilities to facilitate 72-hour psychiatric evaluations. It defines crisis care facility types and addresses who can deliver individuals to crisis facilities.

CRISIS STABILIZATION – continued on page 2

INSIDE THIS REPORT	
1	Crisis Stabilization
1	Telehealth Improvements
3-4	ABLE Act Improvements, Dementia Awareness, and Alcohol Statutes Updated
5-6	Advocates in Action!
7	Other BILL HIGHLIGHTS
8-13	FY23 State Budget
14	Tips for Getting Involved – CONTACT US
ADDENDA:	EDUCATION MATERIALS – Community-Based Services • Behavioral Health Services • Supportive Housing • Employment • Workforce • Medicaid Health Insurance



The House Finance Committee heard bills and budget items throughout the 2022 legislative session that impact Trust beneficiaries—people with mental illness, substance use disorders, intellectual/developmental disabilities, including fetal alcohol spectrum disorders, Alzheimer's disease/dementia, and traumatic brain injury. An advocate is pictured testifying during public testimony on the state budget. Photo courtesy of House Majority Press.

Telehealth Improvements for Alaskans with Disabilities, Dementia, Mental Health and Substance Use Disorders

Restrictions for using telehealth for healthcare were relaxed during the state and federal public health emergencies for COVID-19 response. This allowed Alaskans to receive primary medical and behavioral health care by video conferencing, telephone, and online platforms.

House Bill 265, which passed in 2022, allows some of these telehealth flexibilities to continue by establishing permanent regulations allowing healthcare to be conducted by telephone or Internet, waiving in-person visits in some cases, and allowing follow-up visits from established medical providers from other states.

TELEHEALTH – continued on page 2

- ▶ If you are interested in being involved in our joint advocacy efforts either email me or please go to the joint advocacy page and click on “Sign up for the Action Network” at <https://alaskamentalthetrust.org/alaska-mental-health-trust-authority/advocacy/joint-advocacy/>
- ▶ Feel free to review and share our joint advocacy materials and read our end of session report.
- ▶ Questions or comments?

Beverly Schoonover
bev.schoonover@alaska.gov
907-465-5114

References

- ▶ Alaska Mental Health Board (AMHB):
<https://health.alaska.gov/amhb/pages/default.aspx>
- ▶ Advisory Board on Alcoholism and Drug Abuse (ABADA):
<https://health.alaska.gov/abada/Pages/default.aspx>
- ▶ State of Alaska Opioid Policy Task Force (AOPTF):
<https://health.alaska.gov/AKOpioidTaskForce/Pages/default.aspx>
- ▶ Alaska Mental Health Trust Authority:
<https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/advocacy/joint-advocacy/>

Case Presentation

Project ECHO's goal is to protect patient privacy

- ▶ To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- ▶ **References:** For a complete list of protected information under HIPAA, please visit www.hipaa.com

Thank you for joining us today.
We appreciate your participation and hope
to see you at the **NEXT ECHO Session:**
November 10, 2022 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CMEs.

